Adfam
Families, drugs and alcohol

AVA
Against Violence & Abuse

Between a rock and a hard place

How parents deal with children who use substances and perpetrate abuse

Executive Summary

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Foreword

The family should be a place of love and safety for all family members. This is not the reality for a significant number of adults and children whose safety is violated by abuse and violence within the home. National policy in the UK has taken giant strides in recent years to recognise and begin to address the devastating effects of domestic violence on the lives of those who suffer it. Conceptually, however, domestic violence responses remain focussed on violence and abuse perpetrated by adults to other adults or children.

Children's violence and abuse to parents is poorly recognised and caught within a grey area of understanding. As with adult perpetrators, children can be both loving and charming one minute and violent and abusive the next. Satisfactory explanations for this change in behaviour have yet to be found. When the child also uses alcohol and other drugs, the picture becomes even more complex. Grasping the thorny nettle of how we can explain such behaviour is vital in leading an appropriate, evidence-based response.

Yet this search for understanding cannot, and should not, be our only focus. What this important project by Adfam and AVA reveals is that every day parents (usually mums) are living with violence and abuse from their child (usually sons). Whether the child is 11 or 40 years old, such violence and abuse can result in severe emotional and mental distress, financial hardship, physical health problems and injuries, or worse.

These parents need our care and support. Within the substance use sector, family support services, such as those which participated in this project, need to be encouraged. Government strategy recognises the vital role families and communities play in helping people to change their substance using behaviours. But families need support to do that. Family support groups can offer a lifeline to parents, as this project shows, but they need to be equipped to offer the right advice and information.

The findings of this project emerge within a political context of increased local commissioning and public service cuts. Family support services are a cost effective resource given the potential savings to health and social care from parents who otherwise may seek help elsewhere. They also require relatively limited resources to ensure their continued existence.

Whichever service parents approach first, be it domestic violence, substance use or health and social care, professionals must take seriously their experiences of violence and abuse. Living in fear of their own child must be every parent's nightmare. It violates the parent-child bond and raises endless questions of self-blame and self-doubt. Listening to these parents and providing support services will improve their safety and well-being. However it will also enable policy and practice to respond better to the needs of both parent and child.

This important report allows us an insight into the lives of parents living with abuse and violence from their children, their attempts to cope, and their experiences of services they've to turned for help. What is clear is that we need to do better.

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Executive summary

Background

1. Previous research commissioned by Adfam and AVA found that the problem of child to parent violence (CPV) was under recognised and under supported by services. It found that many groups which offered support for families were coming into contact with parents who reported high levels of violence from their drug or alcohol using children which in many ways was similar to what is widely considered domestic violence under the definition of intimate partner violence (IPV).

2. The purpose of this project, therefore, was to consult parents affected by CPV, find out what their experiences of seeking support had been, identify areas of deficiency in support and make corresponding recommendations to address them and build relationships between the family, domestic violence and drug and alcohol sectors.

3. This stage of the project consisted of facilitating nine focus groups throughout England with 88 parents affected by CPV. In these focus groups parents were consulted on to their experiences of CPV – what form it took, when they first realised what was happening, which services they turned to first, and which services were the best in providing support. The focus groups were conducted in a safe and confidential manner by an experienced facilitator, with Adfam and AVA providing a confidentiality protocol and a consent form for parents taking part.

4. The focus groups were organised with the help of family support groups throughout England – organisations often run by parents–turned–practitioners who have used their personal experiences of having a drug or alcohol user in the family to provide support for other parents and family members.

Findings

Parents/carers and children

5. A varied demographic of parents affected by CPV attended the focus groups. However, there were some evident trends, with a strong bias towards women in the sample, with 88% being female and 12% male. Of those parent who chose to give information on ethnicity 95% identified as White (British, English, Irish and Other).

6. Although some daughters were abusive towards their parents the children who perpetrated the violence were mainly sons, who ranged in age from 11 years old to people in their late 40s. Many of the sons were described at least partly in loving terms, and as funny, intelligent, clever and entertaining, but with poor attention spans and a lack of success in school. Many parents felt that there had been a trigger event of some sort for the children, usually around the age of 13 or 14 which set them on a path of drug or alcohol use and subsequent parental abuse.

The day he came out the womb he was cheeky, honestly! He was awake, he'd entertain people. When he was this *big, he'd have a guitar.*

7. The types of CPV reported by parents included: emotional abuse, financial exploitation, death threats, serious physical assaults with weapons, destruction of property in the home and social isolation of the parent stemming from emotional manipulation.

I've had text messages saying he'll have his legs broken if we don't pay £500 by this Friday and we've got ourselves into serious debt

I've had knives at my throat off him…he said to me 'you better move now cos I'll use it', so I said ' do me a favour and do it because I can't take it anymore, you're destroying me'

8. In response to abusive behaviour parents reported feelings similar to the victims of IPV. Repeated exposure to this kind of abuse resulted in long-term worry, fear, lack of sleep, and profound emotional distress for all parents, serious financial worries, prolonged involvement with the criminal justice system and admissions to hospital with CPV-related injuries for some.

I'm drinking more now than I've ever done. I never used to drink as much… I want to be ready for it, so I'm sitting there sipping whisky or brandy so if he comes to the door I'm strong enough to handle it…I'm waking up in the middle of the night sitting in a chair with a half empty whisky bottle on the floor.

9. Many parents felt guilty, or that they had failed in the parenting role, and that the behaviour of their children was at least partly their fault. Some of the mothers identified past domestic violence that had taken place in the family – either IPV they had suffered at the hands of their child's father or male partner and/or violence towards the children from the same perpetrator.

I one hundred per cent totally believe it was my fault – the partner I had at the time abused him

10. Having a child who both uses substance and perpetrates CPV was incredibly hard for parents – many spoke of the double stigma they faced in society from these two co-existing factors. Parents were often scared of admitting what they where experiencing to professionals, but also to their own neighbours, families and friends. Many parents reported dismissive and judgmental responses from professionals, friends and members of the community.

I was in a taxi a couple of days ago and honest to God I've never wanted to punch somebody so much, only that he was driving a taxi so I would have killed myself. So we talked about drugs and alcohol and he said 'you know what they want, they want to do with them lot?' I said 'what?' He said …'stick a needle in them and get rid of them, they're the scum of the earth'. I just looked at him and said 'you know what you'd have been good at? Working in Auschwitz'.

11. Knowing what to call CPV and how to conceptualise it was very problematic for parents. Most saw it as an extension of their child's substance use – with the corresponding assumption made that if treatment was found for the substance use it would also resolve the problem of CPV. Because of this very few parents considered what they were experiencing as domestic violence, and the thought of accessing dedicated domestic violence services only crossed the mind of a handful of parents.

I used to think it was punishment because I'd done something wrong

Services

12. Parents typically turned to their friends, social services, the police and GPs for help. The feedback on the support provided was extremely varied. Some parents spoke of the police in glowing terms and others felt unfairly judged or dismissed – a mix of responses that was also true of GPs and other services responses.

13. Support groups that exist for families of alcohol or drug users, run on a mutual support model and often started by the parent of a substance user, were routinely reported as effective and highly valued by parents – a safe area for them to share experiences and problems without worrying about the stigma and prejudice that hampered their attempts to find support outside the groups. The feeling of security provided by family support groups, as well as the expertise of the leaders of the groups and more experienced members, also contributed to the family support groups' status as 'godsends', 'lifelines' and oases of calm and sanity for parents.

You can talk to strangers when you can't talk to your own family, I get too upset. My twin sister doesn't know my son is a drug addict and he's been an addict for twenty years and she doesn't know and she'll come tomorrow, she's coming on Friday and I want to tell her but I don't , I feel ashamed.

14. Barriers to accessing services were identified as: stigma and shame; lack of awareness of existing support (notably family support groups); parents not seeing themselves as legitimate recipients of support; lack of knowledge on drugs, alcohol and their effects; an 'it'll never happen to us' mind-set; and a lack of consensus on the best course of action within couples.

I used to think addicts were from bad families

15. A general feeling of not knowing where to turn and of being failed by services was reported by families. This wasn't necessarily directed at a particular service, but was a reflection on years of being passed between services and the feeling that the help and dialogue that should have happened did not. Many parents did not feel listened to by services, describing agencies as only interested in talking to them at certain points, or when it suited them.

If my son is in rehab then they don't want to talk to the family, probation don't want to talk to me, but they want information from me, you know? We need a little bit of a two-way street rather than an avenue that suits them, we need that little bit of respect, and our experience and our input. We know that person – they don't. We live with that person – they go home at night. Come to us a bit more, don't exclude us.

Conclusions and recommendations

16. There are parents who are affected by violence and abuse from their substance using children, often to a severe degree, who feel they have little or no recourse to help from services.

17. The policy and service frameworks that exist are failing to meet the needs of parents experiencing CPV. CPV does not currently fit neatly into any governmental policy nor into the strategic vision of service provision for victims of domestic violence. This is partly due to the current governmental definition of domestic violence which explicitly defines it as occurring between only those aged 18 or over. This clearly does not capture the experiences of all the parents in this project, some of whom were affected by CPV perpetrated by children aged under 18.

18. Increased recognition of CPV (and an accompanying modification of the governmental definition) should be implemented to bring about a sustained improvement in the support offered to parents. Part of this recognition is dependent on bridging the gap and increasing dialogue between the family, substance use and domestic violence sectors over where the issue sits and what each sector can contribute.

19. With family support groups clearly recognised by parents as the most effective method of help for families suffering CPV efforts must be made to support them, increase their capacity to screen for CPV and offer appropriate sign-posting to domestic violence services and others. For groups to offer sustained support to parents they need to be properly resourced. They are often small, and run by passionate people who are experts of their own experience, but operate on small budgets. Large or complex tendering processes can be very demanding in terms of time, and efforts should be made to make these processes accessible and open to all providers, including small voluntary and community sector services.

20. There is a lack of perpetrator programmes for those aged under 21 years old. The current conceptual framework around domestic violence and perpetrator programmes assumes the perpetrator has a level of experience in adult relationships. Clearly perpetrators of CPV have very different characteristics and therefore need a different type of programme to work on addressing the violence they perpetrate.

This project has been conducted jointly by Adfam and AVA and funded by the Department of Health.

Adfam is the national umbrella organisation working to improve the quality of life for families affected by drug and alcohol use. It works with local and national partners to develop policy and manage projects. As the voice of families and family support, Adfam provides best practice guidance on drug and alcohol related family work. Adfam continues to raise awareness of the needs of families affected by drugs and alcohol and works to inform and influence Government policy, the media, and national, regional and local services. Adfam's mission is that every family member should be able to access the help and support that they need and deserve.

AVA (Against Violence and Abuse) was formed in April 2010. It is a national second tier service working to end all forms of violence against women and girls. The key aims of AVA are:

- To challenge, enable, encourage and support all agencies and communities to contribute to achieving our vision of a world free from violence against women and girls.
- To offer a range of high quality and expert services to facilitate specialist and generic agencies to contribute towards our vision.
- To identify and fill gaps in the field, find innovative solutions to current and emerging situations and inspire an effective strategic approach to reducing and preventing violence against women and girls.

The Stella Project is AVA's project specifically focussed on facilitating improvement in the way services are delivered to those affected by both substance use and domestic and sexual violence.

The project would not have been possible without the kind cooperation of 88 parents who agreed to be consulted. Given the inevitable sensitivity of the topics covered in the focus groups the sessions were at times demanding and all attendees were courageous and forthright in sharing their experiences. Thank you.

Adfam and AVA would also like to thank the family support groups which coordinated the focus groups with their service users – without their contacts and dedication in coordinating the groups the project would not have been possible.

The groups involved were: ESCAPE Family Support in Northumberland; RODA (Relatives of Drug Abusers) and SPODA for the Sheffield group; Welcome (part of Solihull Integrated Addiction Services) in Solihull; Hetty's in Mansfield; Manchester Carers, Hands, Smart Group and Greater Manchester Alcohol and Drug Carers Focus Group in Manchester; Parent Support Link in Southampton; DHI in Warmley; and PATCHED in Brighton.

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