



# Child to parent abuse





## Questions:

- › What is known about the prevalence and dynamics of child to parent abuse nationally and internationally?
- › What specific (evidence based) programs are there internationally?  
What relevant adjacent Dutch programs may be suitable?
- › What clues are there for prevention and help?
- › What recommendation can we formulate from this?

## What is child (or adolescent) to parent abuse?

Violence committed by adolescents and young adults from 12 to 23 years of age, against their parents. This type of family violence is non-incidental and severe and cannot be explained solely by problems related to adolescence.

Child (or adolescent) to parent abuse can be physical, psychological, sexual and financial.

## Exclusion of:



## Exploratory study (2012 / 2013)

- › **Literature** (Eric, Psychinfo, PubMed, ScienceDirect, Scopus, Campbell Collaboration + Dutch databases; 1985 – 2012)
- › **Prospective 3 months registration dv-hotlines**
- › **Retrospective: police registration**
- › **Focus groups, interviews professionals**
- › **Interviews parents as victims**
- › **Expert-meetings**



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# Results



## Prevalence estimates

- › Definition and registration problems
- › Only few large studies but non recently
  
- › VS: 11% to 20% of *parents* (Pagani, 2009; Ulman&Straus, 2003)
- › Canada: 6,5% to 11% of *youngsters* (Peek e.a., 1985)
  
- › Netherlands: estimates ...
  - › DV-Hotlines: at least 2000 cases a year
  - › Police: 10% (9500) of all family violence incidents /  
11% of all temporary domestic exclusion orders /  
12% of all perpetrators (Van der Veen, 2010)



## Characteristics

(N= 249 registered by dv-hotlines in 3 months)

- › 87% of perpetrators was male
- › Age: 95% is 14+ years; peak at 19 years
- › 62% of the victims were the biological mother
- › Half live only with the biological mother



- › With two third violence was going on > 1 year
- › With one third frequency was weekly
- › Girls more often (also) commit psychological abuse

## Other problems with perpetrators

- › Addictions (20% - 28%)
- › (Emerging) psychiatric disorders (25%) and severe behavioural disorders (41%)
- › Intellectual disability (10%); learning disabilities
- › Debts (10%); unemployment (16%); school attendance (only 20%, corrected for age)
- › Criminality (9%); violence towards others (12%)
- › Child abuse and neglect (4% onely? )

## Other problems with parents / in the family

- › Sibling abuse (17% resp. 24%)
- › Domestic violence (10%)
- › Parenting problems with other siblings (14%)
- › Divorce: 30% of cases!
- › SES does not seem to be of much influence
- › No large % of other problems



**Does child to parent abuse come from  
child abuse?**

**Are we looking at the cycle of  
intergenerational violence?**

## What parents told us

- › Severe violence
- › Taboo, parents are often not taken serious or heard
- › Professionals' primary focus is on children as victims and parenting as only explanatory model
- › No information for parents
- › Feeling that it 'befalls' parents – no problems until 12
- › under 16 /18: out of home placement or youth care
- › over 18 is problematic



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**“They told me to set  
boundaries”**

## Can we profile?

- › Violence as a symptom of (emerging) psychiatric disorders (in all SES)
- › Families with divorce issues (in all SES?)
- › Families where a lot of violence is going on
- › Families with parenting problems



Perpetrators of child to parent abuse are troubled and victims themselves, but not always of child abuse.

Child to parent abuse *can* be:

- › a sign of child abuse (for perpetrator and other siblings)
- › a sign of more violence in the family
- › a sign of a psychiatric disorder
- › a sign of other problems
- › predictive of domestic violence

## Programmes in the Netherlands

- Regular mental health
- Protocol for first-response, crises, case management at some hot-lines
- Non-violent resistance (Weinblatt & Omer, 2008; Oleffs, 2009)

Non-specific, multi-problem and delinquency-focused:

- Angermanagement courses
- Multisystemic Therapy (MST)
- Functional Family Therapy (FFT)
- EQUIP

## What we need to do

- › Raise awareness, supply information for parents
- › Prevention at onset of adolescence
- › Help parents of children with difficulties
- › Listen to parents
- › Reflect on the paradigm of youth care professionals:  
parenting is hard! Better parenting doesn't fix it all ...
- › Upscale or adapt programs
- › Definition, registration, research



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# Thank you!

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## Signs & risk factors (o.a. Peek e.a., 1985; Pagani, 2009; Ulman & Straus, 2003)

- › Divorce
- › Family Violence (being witness / direct child abuse)
- › Psychiatric disorders and severe behavioural problems (oppositional, low frustration tolerance, low adaptivity)
- › Alcohol & drugs are triggers but no risk factor
- › Parenting styles (permissive, rigid, neglect)
- › Family cohesion, feeling of belonging
- › Peers en social surroundings
- › Problems at school and bullying
- › Criminality