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Introduction

There are no official policies or legal definitions of Child to Parent Violence (CPV) in Ireland. The definition that we use is child to parent violence is a harmful act carried out by a child with the intention to cause physical, psychological, or financial pain or to exert power and control over a parent (Cottrell 2001; Calvete et al 2013). The RCPV Project activities in Ireland have increased public awareness about the problem of child to parent violence through articles in national newspapers (Holland, 2013 and Wayman, 2013). For practitioners, awareness raising and new skills in responding to CPV were addressed in research publications (Coogan & Lauster 2014a and Lauster et al. 2014), the NVR Handbook for Practitioners (Coogan & Lauster 2014b) released in June 2014 and training and seminars delivered throughout the project’s duration.

Political, Social and Cultural Context

The political context in Ireland has changed since the establishment of the state in 1923. In the past public policy focused exclusively on supporting traditional two parent families. A significant step in the public provision of health and social care and intervention by the state in private family life was taken by the 1970 Health Act which created regional health boards. These evolved into the Health Service Executive (HSE) in 2005 with responsibility for the provision of publicly funded health and social care services for everyone living in Ireland. Tusla, the national Child and Family Agency, was established in 2014 with a remit to provide for the protection and welfare needs of children and families. Today there is little social acceptance of domestic violence and COSC, a statutory national agency, has been tasked with developing and revising a national strategy on domestic, sexual and gender based violence. Inspection and regulatory regimes for institutional care settings have also been established over the last decade.

Economically Ireland, until the latter decades of the twentieth century had been a mostly rural society with an open market economic system. The country experienced an economic boom from the mid-1990s to 2007 and may be in the initial stages of recovering from the global recession. The global recession led to an increase in poverty throughout the EU and more than 8% of people who are in employment are at risk of falling into poverty – the so-called ‘working poor’ (European Commission 2012). The economic downturn resulted in increased rates of unemployment, increased social inequalities and accelerating processes of social exclusion (Strier 2013). In Ireland, the government adopted austerity policies with sweeping cuts in public and social service spending. This resulted in reduced staff training and reduced health and social service delivery for the public. Decreased social welfare and health supports have also had significant impacts on family coping abilities and may be a factor in violence within the family.
Republic of Ireland

The cumulative impact of cutbacks in an age of austerity also undermines possibilities for effective social work and social care practice, especially the building of strong partnerships with families (Featherstone et al. 2012). Although it may seem that the Irish population has quietly accepted the cutbacks that accompanied policies of austerity, pockets of protest and resistance have emerged throughout the country; such protests have been related to the threats of closure of local public hospitals, cuts to home care and community services and plans to end universal access to public health care for people aged over 70 years of age, suggesting that people can be highly mobilised around issues relating to health and well-being (Ellis & O’Donnell 2013).

Politically Ireland became independent from the UK in 1923 and began to develop an indigenous model of economic and social development, significantly influenced by the Catholic Church. The War of Independence (1919-21), the Civil War (1921-23) and the Northern Ireland Troubles (late 1960s-1998) had a significant impact on social and economic development, with the Catholic Church regarded as a positive and supportive agent within the state. Until relatively recently, there was a largely uncritical acceptance of Catholic conservative social teaching. Political and social changes gathered pace in the 1960s and 70s with determined social movement efforts to change attitudes and legislation in relation to women and children’s issues, greater access to education and economic development. Important landmarks included the emerging women’s rights movement, joining the EU in 1973, the legalising of divorce in 1995, the Domestic Violence Act 1996, the decriminalisation of homosexuality in 1993 and the establishment of the Office of the Ombudsman for Children in 2002. Today there is an increasing recognition in Irish public discourse and policy of diversity in family life and structure with, for example, changes in taxation and in family support payment regimes. The population is diversifying on ethnic background and religions. The most recent census in 2011 indicated that the twenty years between 1991 and 2011 marked significant rises in the non-Catholic population in Ireland as a result of not only increasing numbers of those with no religion but also with rising numbers in those professing the religious beliefs of immigrants from Eastern Europe, Africa and Asia (CSO 2012).

Statistics

CPV is not measured explicitly by any agency in Ireland, however there are statistics recorded in relation to intimate partner violence/domestic violence. The Central Statistics Office (CSO) records data gathered by An Garda Síochána, the national police service, in relation to Domestic Violence Orders, which can only be issued to adults (aged 18+) and not children. In 2012 there were 13,275 applications of Domestic violence Orders. In the same year there were 1,317 breaches of these orders (protection, safety and barring).

The remit of the activities and strategy of the National Office for the Prevention of Domestic Violence/An Oifig Náisiúnta um Fhoréigean Baile, Gnéasach agus Inscnebhunaithe a Chosc (COSC) encompasses domestic, sexual and gender-based violence where both perpetrator and victims are adults; they have no explicit role in relation to develop policy research or interventions in relation to CPV. The Research Unit of the Department of Children and Youth Affairs have not to date funded or undertaken any research in the area of CPV.

The Women’s Aid Annual Report has statistics only for adult abusers of women. Of adult family members other than partners who abused women, 7% were men and 4% were women. The remaining 89% were made up of mostly male intimate partners (82%), other male (4%), female intimate partner (1%) and other female (2%). It is unknown how many of these were adult children of the women (Women’s Aid, 2012).

Legislation and Policies

There is no legislation specific to CPV. The Child Care Act 1991 covers the reporting of child abuse by adults but does not address CPV. The COSC Strategy Statement 2010-2014 states the national policy for adult perpetrated domestic violence which does not include CPV. Tusla, the Child and Family Agency, has the statutory responsibility for investigating and responding to child abuse cases and supporting families but it has no policy on CPV. There is no legal offence of CPV in Ireland.

The Domestic Violence Act 1996 revised January 2014 states a parent can apply for a protection, safety or barring order if the child is over the age of 18 years and is not in relation to the parent, a dependent person.
Referral pathways when CPV is reported

There is no one provider of services for CPV so no pathway has been formed. CPV has come to the attention of Child and Adolescent Mental Health Services (CAMHS) in practice (Coogan, 2012; 2014). COPE Galway, a women’s refuge and domestic violence centre service provider who were Associate Partners in the RCPV project, have reported it as emerging in their work with survivors and they refer to Family Support Services. Those that have asked for training report they are seeing it in Child Protection, Social Welfare Services, Social Workers in Child Protection Teams and Family Support Services and in other parts of the country (Coogan & Lauster 2014b).

Institutional Stakeholders

Domestic violence interventions are the responsibility of Tusla, the National Child and Family Agency, where children are exposed to domestic violence either as direct or indirect victims. Tusla has published a domestic violence strategy and guidelines for practitioners who encounter domestic violence.

Health:

The Health Service Executive (HSE) is the state agency that is required to provide services to adults and children needing health and social care, specifically, the Social Welfare, Family Support Services, Medical Care and CAMHS. Medical Social Workers do not seem to be collecting data specific to CPV in hospitals. There does not seem to be any HSE Child Protection and Family Welfare policies on how to refer and/ or intervene in relation to CPV cases. While it seems that there has been an increase in CPV coming to the attention of social workers in Tusla Child Protection and Welfare teams, there are no mechanisms for the recording of CPV data (O’Rourke, 2013).

The Police:

There is no policy or legislation for CPV and the police service. Under criminal law, a person under 18 is dealt with under the Children’s Act of 2001.

NGOs:

The National Youth Council of Ireland does not include the issue of Child to Parent Violence in their strategic plan and therefore the issue has not featured in their research and policy work to date (McAleer, 2013). The National Centre for Youth Mental Health, also known as Headstrong, published a report, the ‘My World Survey’ which does not refer to CPV (Dooley & Fitzgerald, 2012). The Family Support Agency, now part of Tusla, assists 107 Family Resource Centres to provide counseling services for those experiencing marriage/relationship difficulties or bereavement and for children experiencing bereavement or parental separation. None of the research listed on their website addressed CPV.

Specialist service:

Parentline Ireland has provided a specialist service since staff and volunteers were trained through the RCPV NVR training in December 2013. They work with parents through a confidential and anonymous telephone helpline available nationally.

Education:

There were no specific policies found in the education/school areas.

Participation in previous Daphne Projects

Declan Coogan participated in a Daphne project in 2003. It was a project involving the Northside Inter-Agency Project (led in Ireland by Joan Cherry, Director of NIAP – Children’s University Hospital) in Dublin, the Juvenile Sex Offenders Service in Birmingham, England and led by the local police service in Antwerp, Belgium regarding adolescents that sexually offend. It was entitled Young Sexual Delinquents – Reduce the Chance of Recidivism (Project Ref: 2003-007-YC).


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