



Responding to Child to Parent Violence: Executive Summary

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Responding to Child to Parent Violence (CPV)

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Foreword

The reports on the Responding to Child to Parent Violence (RCPV) project are the products of two years' work by a committed and knowledgeable group of individuals drawn from academia, municipalities and non-governmental organisations (NGOs). The task was not straightforward: the study was on violence by children towards their parents – a challenging notion for most people. The action research methodology raises its own challenges and the project worked in and across five European countries: Spain, Bulgaria, England, Ireland and Sweden.

Marja Ruotanen (Council of Europe, Director of Human Dignity and Equality) said in October 2014: “The most dangerous threat to human dignity hides in human beings' capacity to tolerate violence. Violence generates violence. Witnessing violence leaves psychological scars that are often more painful and difficult to overcome than the physical ones. The Istanbul Convention is for zero tolerance for violence against women and domestic violence”. Whilst not all Child to Parent Violence (CPV) falls into the category of VAWG it has a wide and devastating impact on children, parents, guardians, carers and the wider family. If CPV continues to be hidden then the human and financial costs to society are high indeed. Children who learn to use violence as a strategy are more likely to go on and use violence in future adult relationships. Evidence shows that CPV may also be linked with violence in the public sphere (Parentline Plus 2008, 2010).

There are no simple answers to the goals and questions addressed by this study. However, we believe that these reports and the other outputs of the project (policy and training films, practitioner manuals and toolkits) represent robust and positive outcomes which will be valuable to those working in the field although there will continue to be debates about the best way/s of tackling CPV. The project results could not have been achieved without the high level of commitment shown by RCPV partners and others; their willingness to cooperate in this enterprise and the sheer amount of work which was undertaken by many people to take us over the finishing line was amazing.

We are even more grateful to the parents and young people who have helped the project by giving their voices on their experiences and how they have overcome CPV.

It has been a privilege for us to lead this study and we look forward to seeing the project recommendations being taken forward over the coming years.

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<http://www.rcpv.eu>

The Responding to Child to Parent Violence Project (RCPV)

Responding to Child to Parent Violence (RCPV) examined whether violent and abusive behaviour by teenage children towards parents/carers can be changed in 5 European countries. It explored the ways practitioners respond to the problem focussing on two European-based interventions - Break4Change and Non Violent Resistance. The partnership was led by the University of Brighton working with Brighton and Hove City Council (BHCC), England; National Association XXI Century Rhodopa Mountain Initiative, Bulgaria; Brighton and Hove City Council (BHCC), England; National University of Ireland Galway (NUIG); Polibienestar Research Institute, University of Valencia, Spain and Åmåls Kommun, Sweden.

Key Findings

Child to Parent Violence (CPV) is the most hidden, misunderstood and stigmatised form of family violence. It involves teenage and younger girls and boys who use physical, psychological, emotional and financial abuse over time to the extent that parents/carers live in fear of their child.

Parents/carers feel guilt and shame when their child is violent and abusive to them. They do not know where to get help and worry that reporting their child to an authority such as the police or social services may make things worse. Current levels of support are problematic due to a lack of government policy and co-ordination of work on CPV.

Whilst both parents can be targets, this study shows that women are more likely to experience this form of violence and abuse. Similarly whilst girls and boys use CPV, boys are more likely to use physical violence. It is, therefore, important that practitioners address the differing impacts of gender on the use and experience of CPV.

Practitioners in mainstream services reveal varying levels of confidence, competence and knowledge of CPV and how to tackle it. There is little training available for practitioners and specialised intervention programmes are scarce and for the most part have not been evaluated.

It is important for practitioners to give careful consideration to terminology since most parents do not refer to their experiences as CPV or parent abuse but rather talk about being unable to control their child. It is also important to be aware of and avoid the use of terms such as victim and perpetrator which blame and stigmatise the parent or child.

This behaviour needs to be identified and named as CPV by practitioners, parents/carers and children alike to break the silence around this hidden issue. It needs to be discussed honestly and openly in a safe environment with joint aims of improving communication and re-building respectful relationships.

Violent and abusive behaviour by children towards parent/carers can be changed. Practitioners can equip children and parents/carers with strategies and skills to recognise an escalating situation and to reduce the potential risk of harm.

A solution-focused intervention programme, such as Break4Change, has been shown to work for the majority of families in the short term but this study indicates that parents and children also need support after such a programme has ended to ensure that changes are embedded in the longer term. It can take time for parents and children to work through the complex issues raised.

Motivation and aims of the study

RCPV is an EU funded Daphne III project aiming to help practitioners working on CPV and parents and children experiencing CPV. The project adopted an action research methodology motivated by the quest to understand practice and policy in relation to CPV in each partner country (Spain, Bulgaria, England, Ireland and Sweden) and to learn how to improve both by reflecting on the changes made through project actions. The aims were to:

- Raise awareness
- Research understanding and capture good practice
- Develop an evaluation framework and pilot this
- Build capacity by implementing intervention programmes
- Develop tools for practitioners and families

All with an underpinning focus on gender dynamics and preventing and responding to violence against women and children.

Methodology and Methods

The project adopted an interactive and consultative methodology, going several times around the action research circle of planning, doing, observing and reflecting with the goal of enhancing practice and policy on CPV. The specific research methods were as follows:

- Study visits were carried out to Åmåls Kommun in Sweden and to the National University of Ireland Galway to gather initial data. Each partner carried out a literature review on current CPV policy and practice to develop their Country Report. These Country Reports were drawn on to develop a cross country analysis of responses to CPV (Workstream 1 Report).
- A small sample of semi-structured qualitative interviews (n=52) was carried out in England, Ireland and Sweden; with professionals (England n=20; Ireland n=10); parents (England n=12, Sweden n=3) and children (England n=7) to better understand the experiences of these groups. A focus group was held with Break4Change facilitators in England after two programme interventions to reflect on how the programme had run and how it could be improved (Workstream 1 Report).
- Polibienestar Research Institute at the University of Valencia lead the development of a new framework and tools for the evaluation of specialised CPV programmes sensitive to the different contextual situations of families in Europe. The RCPV evaluation framework was implemented with two Break4Change programmes (Workstream 2 Report).
- NUIG collaborated with the Irish Probation Service, Parentline and Le Chéile in Ireland and with RCPV Project partners in the development of self-efficacy assessment questionnaires to measure and track changes in the self-efficacy of professionals in relation to CPV. These were implemented with over 300 professionals (Workstream 3 Report).
- Training courses on CPV were developed on Non Violent Resistance by NUIG in collaboration with family services and on Break4Change by BHCC and the Break4Change multi-agency steering group. Over 300 (n=320) professionals from England, Ireland and Sweden were trained on the Non Violent Resistance (195) and Break4Change (125) programmes (Workstream 4 Report).
- Gender workshops were developed by BHCC in collaboration with Rise and YOS and three gender workshops were held with professionals: 2 in Brighton, England and 1 in Galway, Ireland. Qualitative data was captured at the workshops and analysed thematically (Workstream 4 Report).
- A dissemination strategy was developed by Åmåls Kommun in consultation with RCPV partners (Workstream 5 Report).

How much of a problem is CPV?

Most research to date has been conducted in North America and Australia and this indicates that CPV affects approximately 1 in 10 families. A large US literature review reported CPV as impacting on 7 – 18% of families (Kennard and Mellor 2007). In Europe there is currently limited data on prevalence; in Spain, however, the number of complaints filed by parents against their children increased from 1,627 in 2006 to 5,377 in 2011 an increase of 230% (Ministerio de Justicia 2012 cited in Calvete et al 2013).

Why does CPV matter?

If CPV continues to be hidden, the human and financial costs to society are high and as the following quote signifies has a devastating effect within families:

“It manifested in lots of shouting, smashing things, taking my bag, threatening to break things, threatening behaviour, physical violence, smashing various parts of the house and being very out of control. This just got worse and worse. All the boundaries I had been using before just were not working” (Jane, mother, England).

Children who learn to use violence as a strategy may be more likely to use violence in future relationships and there is some evidence of links between CPV and other forms of violence in the public sphere (Parentline Plus 2010).

Project partners' consultations with local services revealed a range of unmet needs in relation to the treatment and prevention of CPV.

Financial costs and savings of specialised CPV programmes

In addition to the human costs of CPV there are large financial costs involved in not tackling CPV as early as possible. RCPV carried out an estimate of savings calculated over a 6 month period (costings from the Troubled Families Negative Cost Savings).

	Euros
Savings to the Criminal Justice System	79,305
Savings to the Health Services	15,245
Savings to Children and Families Services, Children in Care, Foster Care, Social Work, School	97,691
Savings to Housing and Homeless Services	3,121
Total Savings Over 6 Months	195,362
Cost per family per Break4Change programme (8 families)	2,297
Projected saving per Break4Change programme	48,840

Gendered Perspectives on CPV

The findings of the qualitative interviews in England and Sweden and the gender workshops with practitioners in England and Ireland chime with the limited existing statistical data on physical violence and property damage found by Condry and Miles (2013) that it is mainly mothers who experience CPV and mainly sons who use physical violence. However, practitioners told us this does not reveal the full story of CPV, since daughters can also be violent to their mothers and fathers are also victimised by sons and daughters although to a lesser degree. The issue is further complicated by similarities between the gendered power relations that characterise intimate partner violence and CPV. However, whilst there are similarities there are also important distinctions to be made.

A range of issues around motherhood and mother blaming emerged as important. Some practitioners told us that services tend to govern families through motherhood rather than fatherhood. A mother is expected to know that her child 'has had measles' whereas workers do not expect fathers to know or understand such health issues. The interviews with parents in England and Sweden seem to indicate also that the impact of CPV may be greater on mothers but further research is needed to substantiate this:

"I am not afraid of him. I am still stronger than him and he cannot scare me. It has been worse for my wife. She has been on sick leave because of the stress she has felt. Of course it has distressed me, I have been and I am worried and it has isolated us. We cannot go away from home on a holiday for example." (Lucas, father, Sweden).

There is without doubt work to be done in educating professionals in terms of responding to CPV but also around gender dynamics in families since questions arise around these and practitioners may be unclear about how best to explore and address these concerns.

Previous experience of adult domestic violence emerged as one significant route into CPV for some young people and clearly since adult DV is mainly male to female this can have a gendered impact:

"There is a strong gendered element to CPV, so for boys in particular where there has been domestic violence ... You know a lot of the language is misogynistic and undermining of mothers you know. I am not saying that fathers are not targeted ... but I think on a broader level mothers are targeted by grotesque language you know, extremely hurtful and you know perhaps there's an issue around recognising the fact that that is very injurious" (Mark, Consultant Clinical Psychologist).

"I worry such a lot about his development and kind of identity and how he feels about girls and women, you know, some of his behaviour towards his peers and women and girls horrifies me to be honest, really horrifies me" (Amy, mother, England).

RCPV has made a useful start in trying to unpick some of the gendered aspects of CPV however we are aware that further in-depth research is needed to take this aspect forward.

What issues does CPV raise for professionals?

The professional participants told us that family violence forms a substantial part of their caseload and that CPV is emerging as an issue although it is not currently identified as a particular category for monitoring purposes and very few of those trained during the RCPV project had received previous training on CPV.

“100% [parents in NVR group] would experience verbal abuse and controlling behaviour but physical violence I would say about 20% to 30%. This would be child to parent violence ... there may be DV also going on but we don't hear as much about that” (Youth Justice Worker, Ireland).

Some practitioners have difficulty in accepting that parents can become victims of abuse from their own child and this contributes to its hidden nature. When interviewing practitioners we found most workers are not asking questions about this phenomenon:

“People really don't bring this up, we need to initiate conversations and bring it up ourselves” (Family worker, England)

Professionals also told us that families who experience child to parent violence and abuse come from a wide diversity of backgrounds:

“The other thing for us was there was very interesting diversity in the backgrounds of the people who came. You had the single parents, you had parents who were the skilled professionals ... the lovely thing out of that was the power of people supporting each other, suddenly it didn't matter who you were, from what background, they had this violence in common and I thought for me if nothing else happened meeting each other and finding there wasn't just 'a type' who experienced this” (Social Care Worker, Ireland).

Professionals found the training programmes implemented by RCPV very helpful. The research demonstrates that the training increased practitioner awareness and understanding, provided the relevant skills to work with parents and children and increased practitioner self-efficacy. Indeed, requests for RCPV training exceeded the resources of the project to provide the training within the lifespan of the project. This highlights CPV as a social problem and represents the high demand for the practitioner training:

“.....the training was valuable...When working with young people I have been more confident in saying no this is not acceptable, what you are doing isn't acceptable if it carries on it's going to get you in a lot of trouble in your future relationships and so just having the confidence to spell that out consistently”. (Family Coach, England)

What issues does CPV raise for parents?

Parents told us that there is a huge lack of knowledge and understanding of CPV which is one reason why it is difficult to talk about:

“I just think they wouldn't really understand or, you know, some people that did know, you know, I had lots of advice like “he needs a good hiding” and, you know, and it's just not my style of parenting” (Carol, mother, England).

CPV is a stigmatised and complex social problem because of the strong feelings between parent and child:

“That's the other thing he still does now, so if he is upset he will barricade me into a room, he will physically stand between me and the exit. I haven't said this, I am a clinical psychologist, I work with people who are distressed, angry, upset and aggressive, I know what to do, I have got the theory I'm very good at the practice at work, I am less good at the practice at home! So when there is emotion involved, and when there is love and attachment, it is very, very, very difficult and very different. And whereas I would do something completely safe, to keep both of us safe at work, I don't have the capacity to think in quite the same way when it is somebody that you love [breathes out heavily]” (Amy, mother, England).

There are many different forms of violence and abuse experienced by parents from their children from emotional to physical and like intimate partner violence the process takes the form of coercive control:

“It's very distressing for everybody and it just stresses the other children in the family, it distresses you know, it's very wearing, as a parent, to constantly be very conscious of what you're saying, how you're saying it, your tone of voice, and constantly being aware that situations around may influence his outbursts, that's very wearing, very tiring” (Deborah, foster mother, England).

The impact is extremely severe and debilitating and parents do not know how to start to tackle it:

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"I think I was so low ... I was absolutely at my lowest and I just, anything, I didn't know what to do, I didn't know what to do, I didn't know who to ask, I didn't know what to do..." (Beth, mother, England)

The impact of CPV on parents can be extremely isolating:

"It was the social aspect of it because it's also incredibly isolating, not only because you don't want to talk about it, but because like for me I never go out, I don't have a social life, my whole life is focused on maintaining my daughter ..."
(Beth, mother, England).

Emotional abuse is as important as to highlight and ask about as physical violence:

"Parents I work with are pretty aware of the fact that it's not just the physical violence that they are actually controlled by the blaming things kids say by threats, threats of self-harm ... threats to run away, to kill yourself, the threat of not eating good food, not eating healthily or doing unhealthy things to your body, the threat of having dangerous sex, all these things" (Mark, Consultant Clinical Psychologist).

"It's the threats for me because I've lived with threat for a long time, which stops you from being able to think and stops you from being able to act" (Amy, mother, England).

What issues does CPV raise for children?

The children when asked directly are well aware of the importance to them of their relationships with their family. They also see their friends as the ones they turn to for support and the ones they talk to about problems.

Our research reveals that in many cases children who are instigating CPV are likely to become isolated from their friends and family and in some cases to make friends with other peers who have similar issues of conflict with parents. Parents may unwittingly reinforce this isolation by allowing their children to spend more time alone at home (new technology seems to have a role here) and by to a greater or lesser degree withdrawing from a proactive presence in their child's life:

"He spends a lot of time with his computer. He is playing, he is on Facebook and he watches movies. He is isolated from the family, he can eat dinner with us but he spends most of the time in his room" (Lucas, father, Sweden).

As a result of the attenuation for children of their most significant relationships their friendships at school and relationships with teachers often become similarly strained and stressful with school refusal a common problem faced by parents:

"My son had been absolutely fine at school, really coping well. We first had difficulties with him refusing to go to school, he was in Year 6 so probably 2 years there have been difficulties and at that point showing distress and unhappiness through physical complaints and not wanting to go to school" (Amy, mother, England).

"It started with that she didn't want to go to school. I tried everything and often it became a conflict between me and [daughter]" (Maya, mother, Sweden).

It is the case that some abusive young people have suffered trauma or loss and this can be part of the explanation for CPV but not an excuse for violence and abuse and this study shows that helping young people learn how to handle their feelings better does them a great favour.

RCPV Project Achievements

- Country contexts were mapped for service provision on CVP and a cross country analysis carried out.
- The RCPV evaluation framework (in Spanish and English) was implemented with two Break4Change programmes and provided statistically significant evidence that Break4Change is an effective intervention model.
- The RCPV self-efficacy questionnaires were evidenced as a statistically reliable tool of measurement.
- The RCPV training on Non Violent Resistance and Break4Change was demonstrated to significantly improve practitioner knowledge, skills and confidence in intervening with CPV.
- The RCPV Project has supported the development and implementation of new CPV service responses in Ireland (Parentline, Youth Drug & Alcohol Drug Misuse Programme, Power2Change) and in Åmål, Sweden (Break4Change Sweden with Parents).

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- An RCPV project film for policy makers and the general public has been produced and disseminated.
- RCPV training role plays have been produced and disseminated illustrating how practitioners can work on CPV using B4C and NVR.
- Toolkits for Non Violent Resistance (Bulgarian, Spanish and English) and Break4Change (Bulgarian, Spanish, Swedish and English) have been produced.
- Project findings have been disseminated through mass media and at international conferences, national and local conferences.
- Journal articles and book chapters have been and will continue to be published over the coming years (see References).

Recommendations

- At E.U. and national levels there is a need for a strong steer on policy development to tackle CPV is called for to ensure CPV is included in child protection, education, domestic violence and child maltreatment prevention policy and action plans.
- Services and organisations need to start collecting and using data on CPV in order to estimate the prevalence of this serious issue.
- Practitioners have an urgent need for training on CPV across a range of organisations: social care/work, health, education and criminal justice.
- Building on existing multi-sectoral models, countrywide networks of specialised CPV interventions are needed across Europe to enable parents and children to gain the support they need.

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