Child to parent violence when the child uses drugs or alcohol

Adfam and AVA briefing 3: Commissioners

1. Background to the project and key findings

The issue of child-parent violence (CPV) when the child involved uses drugs or alcohol is a complex one. Many factors come into play: the age of the perpetrator; which services (if any) see it as their role to intervene; the relationship between drug, alcohol and abuse, society's attitudes and conceptualisation of domestic violence in general and CPV in particular. This briefing offers some information and pointers to commissioners on why improving support for victims of CPV is essential.

Adfam and AVA (Against Violence and Abuse) undertook a joint project gathering the experiences of parents and looking at how and where they seek help when their children use substances and abuse them. A total of 88 parents were consulted and their experiences of the abuse and of help-seeking lie at the heart of the resulting project report *Between a rock and a hard place*. You can download the report, and an executive summary on Adfam's or AVA's website.

2. CPV – what is it and how is it different to partner violence?

CPV has many similarities with, and some differences from, partner violence (where one partner, usually a man, abuses a current or ex adult partner, usually a woman).

A commonly used model of domestic violence is as relevant here to CPV as it is to partner violence. Like partner violence, CPV most commonly involves a combination of the following:

I. Physical abuse may include: spitting, hitting, punching, strangling/ choking and assaults with weapons.

II. Emotional abuse may deliberately play on the victim's self-esteem as a parent, with the perpetrator exploiting natural parental worries. It can include: name calling, bullying, belittling and shaming.

III. Financial abuse may include controlling budgets, denying victim access to funds, fraud, identity theft, blackmailing victims for money.

IV. Coercive control may include social isolating victim, shutting down horizons, controlling who the victim sees, scaring off friends and neighbours.

V. Sexual abuse seems to be less prevalent than with partner abuse but may include sexual name calling, exposure to inappropriate materials or sexual assault.

The sense of shame, stigma and self-blame is also similar, though may be even more pronounced with parental victims as society often sees bad behaviour by children as a

function of their parenting. Parents who are victims of CPV may therefore see their own parenting as defective and themselves as having caused the abuse. The abusers may deliberately play on this by blaming the parents for their own hardships or saying 'you did a bad job' or 'it's all your fault'.

'*I one hundred per cent believe it was my fault – the partner I had at the time abused him'* – parent.

3. How substance use affects perpetrators of CPV

- The relationship between substance use and domestic violence is complicated and not a simple causal one. Where they do co-exist it's best for them to be treated concurrently as separate issues. Although using drugs or alcohol may influence abuse in some ways (for example, injuries tend to be more severe when the abuser is intoxicated) it's not simply the case that 'it's the drugs/booze talking'.
- Children who abuse their parents may use any drug, or multiple drugs at the same time (poly-drug use) as well as alcohol. To understand abuse it's more effective to think about the problematic behaviour rather than the type of drug taken – some parents may find alcohol sets off their child whilst other parents find their children at their most abusive or combative when sober.
- Parents will generally focus on their child's substance use as the problem, and may conceptualise the abuse they suffer as a result of that, and not a problem in its own right. They may assume that all abuse will stop if their child gets treatment. Parents therefore do not always consider themselves to be likely or legitimate targets for support, despite all the evidence suggesting both that they do need help and that effective support can make a real difference.

4. How families are affected

The effects of abuse

Effects of CPV include stress, anxiety, depression, loss of sleep, physical injury and admission to hospital, financial troubles and prolonged family conflict.

'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' – Parent

Many parents reported a lack of social confidence, decreased contact with friends, neighbours and colleagues and a fear of leaving their child alone in the house in case it was destroyed in their absence.

How parents seek help

Parents turn to a variety of sources for help: friends or family, GPs, social services, or the police in times of crisis. Evidence from the Adfam/AVA project indicates that parents across the country received a very patchy level of support when they look for it.

As with victims of partner violence, victims of CPV may be ashamed to look for help. If somebody they love is abusing them it's naturally going to be very difficult to come to terms with it and make the big step of naming it by asking for help. Two levels of shame and stigma come into play here. Firstly, the abuser is using drugs or alcohol. Some drug use (especially heroin and crack and, in some circumstances, alcohol) is viewed with stigma and shame by many. Secondly the abuser is the victim's own child. For a person to admit that their own child is abusing them is still very taboo as it goes against our natural instincts, as well as the way society characterises parenting.

5. What families need and value

Family Support Groups exist around the country for families affected by substance use. These have usually been set up by families who could not find the support they needed and decided to 'do it for themselves'. These groups are safe places for families, and are very highly rated by them as non-judgemental oases of calm, suitable for providing both emotional support and practical coping strategies. Although parents may not always feel comfortable talking about CPV in the group they may still find them useful and supportive as understanding places. You can look at Adfam's map of support groups online.

'*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.*' – parent.

Domestic violence workers are of course also essential to supporting parents affected by CPV. Although many parents do not characterise what they are going through as abuse, and may therefore may not go directly to domestic abuse services, they may be referred on to them by the services that make first contact with, such as GPs or family support services. CPV is still shrouded in shame and stigma, and some domestic violence workers may not be familiar in working with victims of CPV. This is part of the overall problem that exists in conceptualising the issue. More work needs to be done with domestic violence workers to reshape the common social perception of what domestic violence/abuse is – and make sure victims of CPV are included within this definition.

Drug and alcohol workers must similarly be familiar with the issues faced by parents. This is for two reasons – firstly they may come into contact with the child perpetrating the abuse when they enter treatment, and secondly they may support a parent who has themselves turned to alcohol or drugs for escape from the abuse they are suffering. Evidence clearly indicates that some parents (as well as victims of partner abuse) drink or take drugs as a form of self-medication, to make things bearable.

6. Why the needs of parents should be met

For a long time families of drug and alcohol users have not had the support they need and deserve. The UK Drug Policy Commission (UKDPC) estimated that at least 1.5 million adults are affected by someone else's drug use, and other reports suggest up to 8 million are affected by someone else's drug or alcohol use. These family members report a significant

negative impact on their physical and mental health, financial circumstances and family relationships as a direct result of this substance use.

The challenges of having a drug or alcohol user in the family are compounded and entrenched when that substance user also perpetrates abuse. The parents face entrenched stigma from many angles, are sometimes too scared to look for any support and may believe there is no effective help for them in any case.

Where family support is provided and accessed, families report significant benefits and improvements in their wellbeing. However there is more that can be done to maximise the coverage and uptake of support for families in general and victims of CPV in particular.

Supporting families adequately also makes sense economically. With effective support families are less likely to access primary health care for stress and health issues and are less likely to be able to provide support for the substance user. The UKDPC estimate that the support provided by families is worth £750m per year – money that would have to be spent by the state if it weren't for families.

Family support groups are remarkably cost-efficient – often run with a minimal budget by passionate people motivated by their own experiences and with a high level of local expertise, empathy and flexibility. The people who create these groups are often parents-turned-practitioner who are driven by a desire to help themselves and others in the same situation. Some will be providing this essential support voluntarily, and even the ones who are paid will not be doing it simply 'as a job'.

7. How family support groups can be supported through commissioning

Firstly, the creation of longer cycles of commissioning to improve the stability and sustainability of support groups would be welcome. Though there are of course current financial constraints for many people, including those responsible for commissioning services, keeping family support groups going makes sense. As noted, they are generally cheap to run, cost effective and save money in the long term by keeping parents from accessing more expensive services. Short commissioning cycles leads to uncertainty and a high turnover of staff, who often have the essential knowledge for family support.

Secondly, making the tendering and funding process open to all services regardless of size or business acumen. The budgets required to sustain family support groups are sometimes not enough to justify them taking part in costly and time-consuming tendering processes. To some small organisations with few members of staff (some of whom may be working voluntarily, and without any formal training in marketing, fund-raising or bid writing) the committing a large amount of time to a tendering process will not be possible, and consequently the local expertise of the service may not be harnessed to help families.

Lastly, some commissioners may find it easier to disburse small amounts of money to services through grants. With some of the amounts required by family support services being fairly low it does not make sense to require them to go through the full, complex

commissioning process. If they require a small amount to cover the costs of, say, meeting rooms and refreshments, then this could best and easily be provided by a grant. Commissioners could put aside a small amount each year to make this type of disbursement.

Alcohol and domestic violence services would similarly benefit from longer cycles of funding to improve sustainability. Any service working on a short cycle of funding is likely to lose staff, and knowledge with them. Retaining staff who are familiar working with families of substance users and victims of CPV is essential in providing a decent level of support to this very vulnerable group.