

London Domestic Violence Strategy

Adfam consultation response

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Adfam is the national umbrella organisation working to improve the quality of life for families affected by drug and alcohol use. Adfam works with a network of organisations, practitioners and individuals who come into contact with the families, friends and carers affected by someone else's drug or alcohol use and works extensively with professionals and Government to improve and expand the support available to families.

As part of Adfam's work it has conducted research and good practice projects covering substance use and domestic violence; two issues which clearly have close and complex links. The first of these projects was run in 2009-10 in partnership with AVA (Against Violence and Abuse) and The University of Bedfordshire and examined the experiences and needs of young people and family members who had been affected by substance use and domestic violence.

Building on the findings of this project a second project with AVA – Between a rock and a hard place - was conducted in 2011-12 which examined specifically the experiences and help seeking behaviour of parents who were victims of child-parent violence (CPV) violence from their own substance using children.

Domestic violence has therefore been an integral part of Adfam's policy and good practice work since 2009. However it is not our central theme, and for that reason the suggested question structure has not been used, with a narrower focus provided on areas of relevance to Adfam's work.

1. General

- The relationship between substance use and domestic violence is complicated and not a simple causal one. Most people who use drugs or alcohol are not abusive or violent towards a partner or family member, and the majority of domestic violence incidents take place when the perpetrator has not been drinking or using drugs. Even when physical violence only takes place with drug or alcohol use, often emotional, psychological, financial and sexual abuse takes place in its absence. Lots of other factors can affect levels of domestic abuse and violence e.g. pre-drinking mood; aggression and worries; environmental factors; personality specific factors; and individual reasons and expectations when using drugs or alcohol.

2. Raising awareness and encouraging reporting

- Research commissioned by Adfam and AVA (Supporting families affected by substance use and domestic violence¹) 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 affected by substance use came into contact with parents who reported high levels

¹ www.adfam.org.uk/docs/adfam_dvreport.pdf

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).

- Further research as part of the second project (Between a rock and a hard place²) corroborated this – with 88 parents from nine focus groups across England all reporting similar experiences. The types of CPV reported by parents included: emotional abuse, financial exploitation, death threats, physical assaults with weapons, destruction of property in the home and social isolation of the parent stemming from emotional manipulation. One parent said: *“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”*.
- 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.
- All of these factors mean that victims of CPV are slow in recognising that they are victims of abuse, let alone conceptualising it as child-parent violence or considering themselves legitimate targets for support. Increased recognition of CPV must be brought about to encourage 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. Additionally, official recognition in the policy documents of bodies with a strategic overview such as the GLA helps to bring CPV into the mainstream of public and policy discourse.
- Adfam welcomes the expanding of the cross-departmental definition of domestic violence that came into effect March 2013 when the age included in the definition was lowered from 18 to 16. This better captures the experiences of some victims of CPV which is perpetrated by their 16 and 17 year old children. We also welcome the explanatory note ‘Information for Local Areas on the change to the Definition of Domestic Violence and Abuse’ prepared by the Home Office and AVA which covers how the new definition impacts on Local Areas, including in regards to CPV.

3. Getting tough with perpetrators

- There is a clear lack of perpetrator programmes for those aged under 21. The current conceptual framework around domestic violence and perpetrator programmes assumes in the perpetrator a level of experience in adult relationships. Although some perpetrators of CPV are grown adults with experience of adult relationships many are not, and those aged 21 and under may have very different characteristics and therefore need a different type of programme to work on challenging and reducing the violence they perpetrate. [Respect](#) is currently running a pilot in the North West and North East of England for children aged 11-14 who use violence against their parents. This work is to be encouraged and will be followed with interest.

² www.adfam.org.uk/cms/docs/Between_a_rock_and_a_hard_place_-_Project_report.pdf

4. Improving access to support

- Social workers have a key role to play in picking up and responding to CPV. Many parents consulted by Adfam and AVA had turned to Social Services for help when they first had trouble with their child's substance use or violence and unfortunately their experiences were almost universally negative. Social workers should have in their core training and general discourse the idea that parents can be victims of abuse from their own children, and that the behaviour of the child is not solely the fault of the 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 CPV. 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 uses 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.
- MARACS can be better used for victims of CPV as they are for victims of partner violence. MARACs bring together all the relevant local services to consider high risk domestic violence cases and are therefore very well placed to deal with these cases, but anecdotal evidence suggests that not a large amount are referred on them.
- Drug and alcohol family support groups were clearly recognised by parents as one of the most effective methods of support for families suffering CPV. They act as a valuable 'safe space' where parents can talk about the behaviour of their children without risking shocking anyone. They can also build up trust over time, and work towards a disclosure of CPV which family members might not make in other services.

Efforts must therefore 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.