Child - Parent Violence (CPV): an exploratory exercise

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Introduction

This report reviews the initial findings of an exploratory exercise carried out at the end of 2016, to open up more extensively discussions around Child – Parent Violence (CPV). On the 7th November 2016, Al Coates[1] released via social media, a podcast interview with Helen Bonnick[2], discussing Child -Parent violence. The response was unexpected and opened up a diverse and complex discourse exploring both the issues and the family impact of CPV for families within the UK. This was particularly highlighted for those who were adoptive families. The response received suggested and pointed to CPV being more than just an adolescent concern for those engaging in discussion via social media and one that was instrumental in family crisis and family difficulty. As a consequence of this response, Coates (2016) constructed a survey to generate further discussion and exploration of CPV as a possible larger concern than currently understood across society. The exploratory exercise generated 263 responses in the 3 week release period. There are a myriad of limitations to this survey type[3]. However the survey did not set out to resemble rigorous research protocols, rather it set out to discover whether CPV was an issue that required rigorous investigation beyond the initial exploratory exercise. With these limitations recognised, the resulting data does suggest that there are pertinent and real issues for families experiencing CPV and that this is not just an adolescent concern.

CPV as an adolescent concern tends to be the focus of research published and guidelines indicated to date (for example see The Home Office, 2015 Guidance for working with Adolescents[4]) a notion indicated in the findings of Cottrell and Monk (2004) whose qualitative overview of common themes (ranging from mid 1970's) identified that most studies focused on CPV involving those aged 10-18 years of age. In contrast the results of the exploratory survey suggest that more focus needs to be

[1] Mr Al Coates: Social worker, adoptive parent and member of the Expert Steering Group at the Department of Education http://adoptionandfostering.podbean.com/

[2] Helen Bonnick Social worker and producer of Hole in the Wall https://holesinthewall.co.uk/

[3] The survey was published via Survey Monkey and promoted via social media such as Twitter and Facebook for anonymous response, given the sensitive nature of the questions. The survey mainly requested a response from adopter, kinship or foster care families and was promoted by organisations representing these family groups.

[4] The Home Office took the lead on the development of this document in 2014, when guidance was incorporated in the Violence Against Women and Girls (VAWG) Action Plan. The Information Guide received Ministerial sign off on the 26th March 2015

given to families of younger children, particularly those within the primary age phase, as argued by Bonnick (2016) in her podcast discussion interview. What appears evident, from the initial exploratory exercise, is the need for early intervention and wider professional understanding regarding CPV, insomuch as a continued focus around adolescent CPV may lead to many families being overlooked. Following this suggestion these families could then find they are passed over for the support they require, at a time when it is needed.

Overall within the exploratory data three distinctive and inter-related themes emerged. The first theme was that of family typology experiencing CPV, whereby the majority of those responding were adoptive families rather than foster or kinship care families. This is significant given there are statistically many more foster families and kinship carer families within the UK than adoptive families. In March 2016 there were 69, 540 children who were Looked After in the UK and 5330 children were adopted (Office for National Statistics, 2016). Whilst the number of children adopted had risen from previous years (for example in 2011 there were 3,000 adopted) proportionally this remains a small percentage of those who are looked after overall. The majority of Looked After children are cared for in foster families whilst some remain in Kinship family units. In 2008 the Family rights Group indicated as many as 200,000 children within the UK resided with Kin[5] whilst Dugan E (14th March 2015) reported in the 'Independent' this had risen to 300,000. The significance of responses from Adoptive families therefore relates to a disproportionally high number of adoptive families who responded that are experiencing CPV. The second theme emerging related to the impact upon family unit stability as a consequence of CPV and wider family concerns within the family unit. The third theme to emerge was that relating to age of those displaying CPV and how this in itself points to a need for fuller and further investigation. This initial report considers these themes and the implications these themes raise for professionals involved in Children's Services and for the family units themselves

Definitions of CPV

Child on Parent violence was first noted as different to other forms of inter family violence by Harbin and Madden (1979) when they used the term of '*Battered Parents'*. They argued that battered parents related to *both to actual physical assault and to verbal and nonverbal threats of physical harm'* (1979 Abstract) and that the majority of the case studies they employed (they examined 43 case studies for their study) involved adolescent males. The also pointed to indicators as well as

[5] Family Rights Group cited in Saunders H and Selwyn J (2008) Evaluation of an informal kinship care team, Adoption and Fostering, Summer Vol 32: 2 pp 31-42,

family subtleties or undercurrents that were notably different to those related to domestic violence or child abuse. Child on Parent Violence within the exploratory exercise survey questionnaire was defined as

> *'Any harmful act by a child, whether physical, psychological or financial, which is intended to gain power and control over a parent or carer'*

Whilst there continues to be no agreed universal definition for CPV, the definition applied within the survey reflected the basis of previous definitions employed within academic discourse; for example, that of Patterson et al (2002) which highlights the adult-child relationship/ roles as well as family unit dynamics, a definition that is also suggested by Holt (2013) as well as Coogan and Lauster (2015). In addition the term itself is interchangeable between Adolescent to Parent Violence and Abuse (APVA) and Child on Parent Violence (CPV) as well as parent/ mother abuse. Furthermore, the incidence of CPV is also vague and ambiguous in that this varies from a reported 10% (1:10) to 3%. Stevenson (2016) reported that as many as 1:10 parents experience parent abuse, based on research led by Dr Wilcox into *'Responding To Child to Parent Violence',* a Pan European Project relating to concerns about increasing reported incidences of CPV in Spain, Bulgaria, Ireland, Sweden and England. In contrast Bonnick (2016) points to 3% being the figure that most professionals concur with; whilst Selwyn and Meakins (2015) point to discrepancies of between 3% and 27%. Whilst there has be little real coverage across general media, there is evidence of CPV over time; for example Winterman (2009) reported several cases and Cassidy (2012) reported concerns over suggested increasing numbers of CPV reported, particularly in adoptive family units. One of the difficulties in determining the frequency or incidence of CPV both within families and across society is the lack of focused statistical evidence of CPV specifically.

The main contributing factor for lack of evidenced data relating to CPV concerns stems from the family unit themselves and as with domestic violence for example, much of these instances remain unreported a factor also indicated in previous studies[6]. Moreover even when reported, if criminal prosecution proceeds, this falls into statistics of the offence committed rather than who the offence was committed against, again reflecting police investigations of domestic violence and child abuse. In part the lack of clarity is consequential to the lack of legal definition for APVA, which depending on the age of the young person can be considered under the UK official definition of domestic violence and abuse (Home Office, 2013). Alternatively, these children and young people may be

[6] see for example Cottrell, 2001, and more recently Coogan and Lauster, 2015; as well as Selwyn and Meakins, 2015; who similarly highlight this issue.

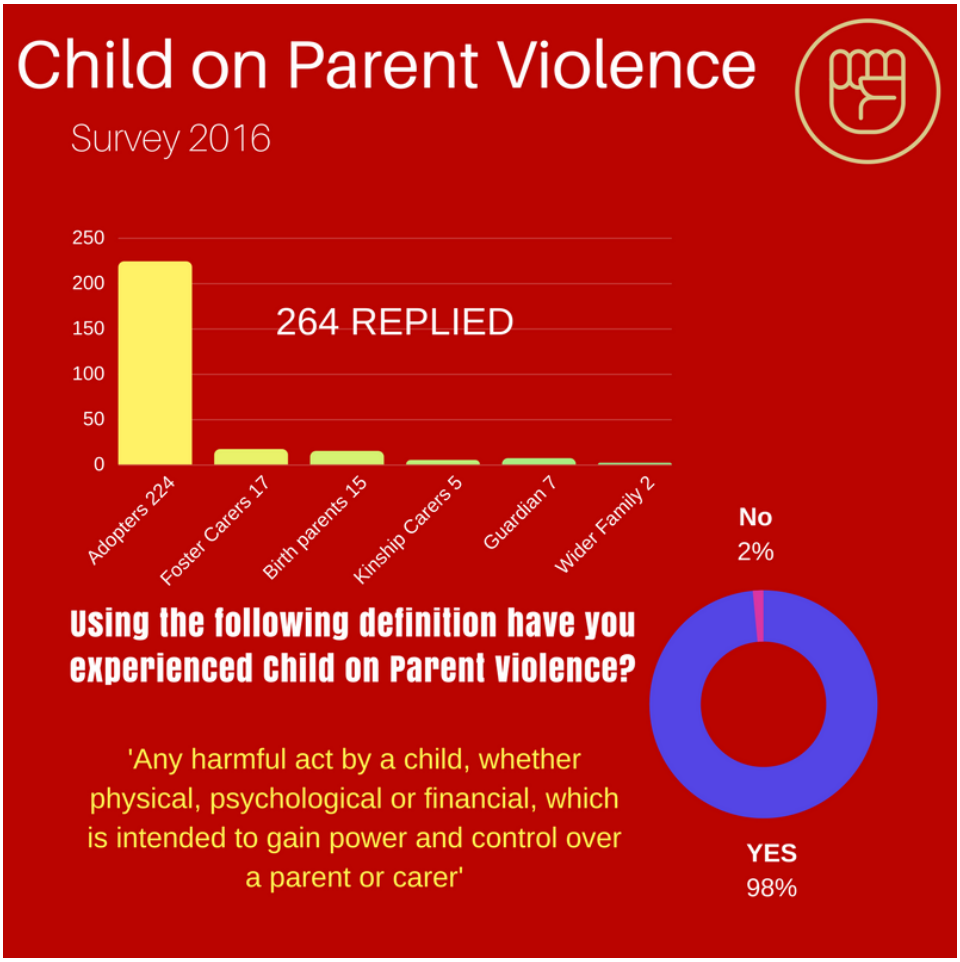
identified as experiencing distinctive mental health requirements as noted by Coogan and Lauster (2015 p.5) who remarked that '*The initial referral for assessment and intervention may be related to concerns about ADHD, depression, out of control behaviours, youth crime or school attendance issues*' which may again lead to the real issue being overlooked. What is evident within the survey results is that CPV is a concern to a myriad of families across all socio-demographic and ethnic groups as evidenced in studies to date (supporting suggestions of, Cottrell, 2001; Paterson et al, 2002; Cottrell and Monk, 2004; Holt, 2013; Coogan and Lauster, 2015; as well as Broadhead and Francis, 2015), and confirming suggestions that CPV predominantly influences the lives of adoptive families (Selwyn and Meakins, 2016).

FAMILY UNIT TYPOLOGY

Whilst the survey for this exploratory exercise was posted on social media platforms, and therefore available to anyone who wished to take part, the majority of respondents were that of adoptive families, highlighting the weakness of this survey as a research tool for several reasons. First, the survey was posted by Coates (2016), a foster/ adoptive parent popular within social media as a blogger representing adoptive families, subsequently the majority of his followers are adopters themselves or foster carers. Second, those 'retweeting' the request for response were also circulating this towards foster, kinship and adoptive families. Third, whilst supported by some organisations, these organisations were also representative of foster, kinship and adoptive families. In this way, whilst the survey was open within social media platforms, by default participants tended to be those engaging within a specific group of families as illustrated within table 1.

Table 1: Answer Choices	**Responses**
Birth Parent	**5.70%**
Adoptive Parent	**84.79%**
Family member	**0.76%**
Guardian	**2.66%**
Kinship Carer	**1.90%**
Foster carer	**6.46%**
Total Respondents: 264	

However even within these limitations around validity and reliability, the findings corroborate the discourse often seen within social media particularly 'Twitter' as reported by Boorman (2015[7], 2016[8]) Bonnick (2016b[9]) and within the discussions developed from the social media podcast that led to the development of this exploratory exercise survey. Furthermore, given the previous life trauma and loss experiences of these adopted children, it is not infeasible that once adopted, it is in the adoptive family unit that CPV is recognised by the adoptive family members, given that it is the adoptive family members that are targeted within the CPV relationship dynamics as detailed within illustration A below:



[7] Boorman A (2015) The Big Unanswered Question: How Do We Keep Violent Children Safe Within Adoptive Families? 18th May 2015 available at: http://theadoptionsocial.com/tag/amanda-boorman/
[8] Boorman A (2016) Not in our Name. 30th December 2016. Available at: https://allaboardthetraumatrain.com/author/amandaboormanblog/
[9] Bonnick H (2016b) Holes in the Wall; Child to Parents Violence: parents talking 27th September 2016 available at: https://holesinthewall.co.uk/2016/09/27/child-to-parent-violence-parents-talking/#more-3419

Such indicators point to a need for recognition and understanding of CPV to be an essential part of any adoption preparation course, not as a means to deter those interested in adopting, but to effectively equip them to recognise CPV at the outset and access support as necessary. Likewise, as argued within Bonnick (2016b), Scott Casson-Rennie[10] highlighted that recognition of CPV by professionals, and timely intervention and support, can underpin placement success and longevity which meets the needs of the ' *best interests of the child*'. The need for understanding and support provision underpins UK legislation regarding '*the best interest of the child*' which is the fundamental basis of the Children Act 1989 and subsequent updates[11]. Therefore, if promoting the best interests of the child, preparing families to support these children effectively and in a timely manner points to a need for families to be equipped both in their knowledge and understanding, as well as skills for keeping these children (and those around them) safe from harm. The need for preparation, support and appreciation of the difficulties that might arise has been previously highlighted by Selwyn et al (2014 p.144) when reporting on 'Anger and aggression'

> *Parents described their difficulties in coping with incredibly angry and volatile young children who were unable to regulate their emotions. Rages and tantrums could escalate quickly and last for several hours. Young boys in particular showed serious levels of physical aggression, which was often directed towards their adoptive mothers*

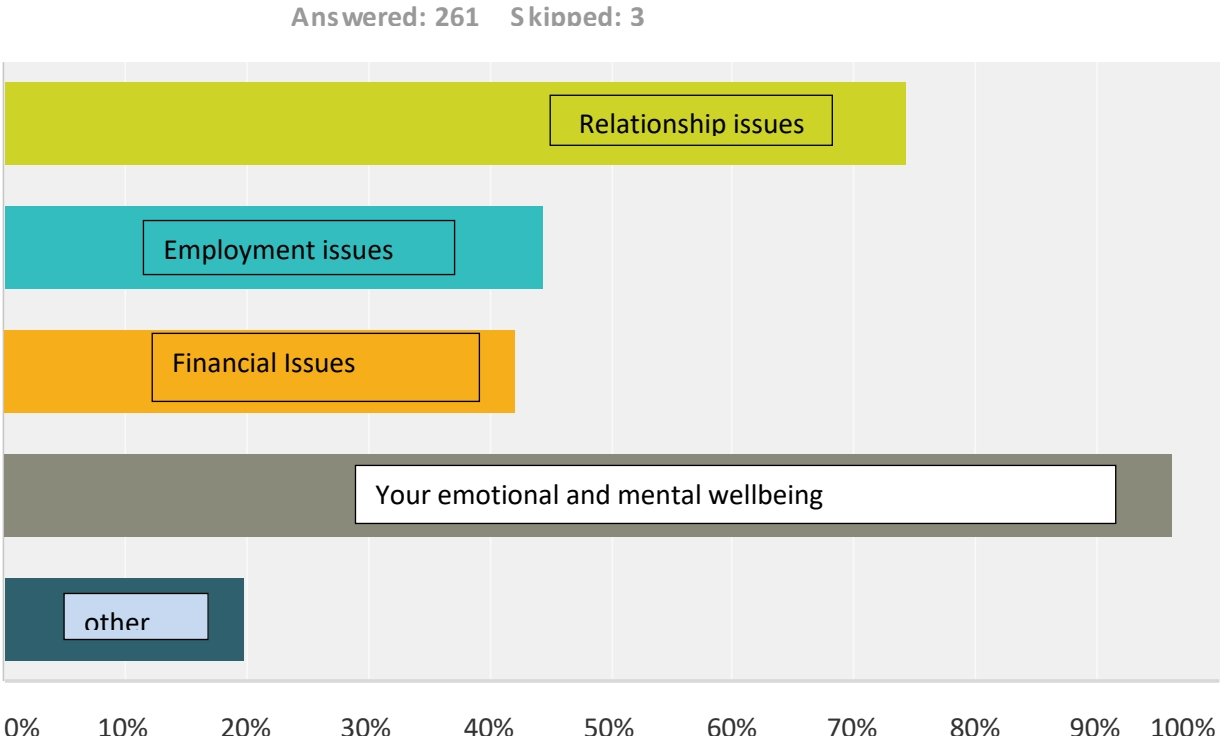
The report by Selwyn et al (ibid.) suggests difficulties in the adoptive family relationships concerning anger and aggression were unexpected and therefore adoptive parents were not prepared for managing this behaviour, neither did they know how to react to the situations they found themselves in. The issues around anger and aggression then led to 27 boys and 14 girls (ibid) being returned to care following the breakdown of the adoptive family unit. This in itself highlights the need for preparation and understanding given it cannot be in the child's '*best interests'* to be returned to care, irrespective of where this placement is realised. Likewise, throughout the report, Selwyn et al (ibid) highlight a number of short and longer term impacts on parents of violent children, all of which were reflected within the responses provided by those who participated in this exploratory exercise.

[10] adoptive parent and Regional Manager in the Development Team (England) for Adoption UK

[11] There are a number of inter-related laws along with updates of the Children Act 1989, for example Children Act 2004, Children and Families Act 2014, as well as Adoption and Children Act 2002, Children and adoption Act 2006, Children and Young Persons Act 2008 all of which promote any decisions relating to the child must be in 'the child's best interests'

IMPACT

Participants within the exploratory exercise were asked how they judged how much impact CPV had on their family unit whereby 0= no impact and 5= very significant impact; the average from the responses gained placed the impact at 4 = significant impact. What is immediately evident within the exploratory exercise responses is the high level of impact upon parental (carer) emotional and mental wellbeing (as outlined within illustration B)



The emotional impact is evidenced in all reports and studies to date both within the UK and other countries; and a finding that resonates with Selwyn et al (2014 p.109) in their study which recorded that

> *Three-quarters of the parents whose children had 'Left home' had normal or mild levels of anxiety... In contrast, a third of the parents whose children were 'At home' had moderate or severe symptoms of anxiety. High levels of anxiety were associated with high children's SDQ scores. Although the parents of children who had left home showed less anxiety, nearly a quarter had moderate or severe symptoms of depression. The same was true for 17% of parents in the 'At home' group.*

Whilst the adopted children were no longer at the adoptive home, within Selwyn et al's study, the longer term impact on emotional and mental wellbeing appeared to continue and may be a longer

term consequence of the CPV experienced during the child's time within the home environment. Such suggestions may also correlate to Post Traumatic Stress disorder (PTSD indicators identified by Selwyn et al for those parents presenting with PTSD.

The second highest category of impact was that of relationship issues. Relationship issues can cover two distinct but related areas for parents living with CPV. First, the parents' relationship with the violent child or young person. This impact is underlined by First 4 Adoption[12], who on the November 29, 2016 published on their website *"I loved him but I didn't like him" – parenting a violent child* a reflective account from an adoptive parent whose son displayed 'violent tantrums' at age 3 and subsequently escalated as he became older. Whilst the adoptive parent did receive help and support this did not happen until difficulties had escalated, again reiterating the need for early intervention rather than a wait and see approach that seems to pervade support provision across the early years sector or early primary school. Research also supports the difficulties CPV creates within relationships with the child concerned and other family members; for example Gordon and Wallace (2015, p.11) specified that parents *'talk about having a level of anger they did not know they possessed and did not demonstrate prior to the child's placement. Often the parents' relationship is in disarray; they may find themselves arguing about the child and about the way to deal with him/her'.* Such discussion highlights how relationship difficulties are inter-related and complex, involving a range of emotions that can then lead to the parents themselves becoming traumatised.

The level of trauma parents experience can be life changing and long lasting, as highlighted by Collins (2015 p.22) who stated: *'… I am a traumatised parent. 'I am still coming to terms with those words. It's taken a while for the penny to drop, even though on one level I've known it for some time'.* This statement reiterates and confirms the impact upon parental health if no support is forthcoming when needed and the problems that arise, which can lead to placement breakdown. Collins (ibid.) continued and outlined the issue of not recognising the real issue, rather simplifying the issue to be something else. For example he claimed:

> *Much has been written about trauma and its many types and effects. Some of the literature talks about vicarious trauma and how parenting a traumatised child can affect you. As the adoptive parent of a severely damaged young person, who communicates her internal turmoil and hurt through her behaviours, I have learned that living with this trauma changes life dramatically for everyone in the home.* (p.22)

[12] Full article is available at: http://www.first4adoption.org.uk/i-loved-him-but-i-didnt-like-him-parenting-a-violent-child/

This is not a new claim nor is it different from previous research findings detailing the parental positon; however perhaps this is the real problem and the real concern. For all those who took part in the social media discourse, following the release of the podcast between Al Coates and Helen Bonnick (2016) revolved around repetition of all issues previously raised and all concerns previously noted that continued to require real intervention strategies rather than more research or more reports. These families argued that there is no change as yet in the parental experience, difficulties faced, family complexities, support needed or lack of real awareness of what this means for their families despite research (going back over 4 decades) supporting a change of practice is required. Within both academic and social discourse the suggestions, recommendations and plans for action continue within the same thematic areas as discussed by Sally Donovan[13] (2015)

> *Early and sensitive interventions, that involve the whole family and are cognisant of a child's early experiences are where we should be headed I think. There needs to be a greater consideration of FASD too. Those living with violence need much greater support and understanding, plus a break every now and again. And may I put in a plea for proper research into violent behaviours and what does and does not help.*

The need for training in effective strategies for both the family members and the professionals involved reflects the experience of Boorman (2015[14]). This raises questions around why the situation appears to be a 'status quo'. Donovan continued and highlighted the need to really consider the reality of children's worlds rather than employ ideology requesting that perhaps more forethought was required when placing children as follows:

> *Speaking without any research behind me, I wonder if some children have been so damaged by their early experiences that they cannot function within a family setting. We need to be honest about this and not place children expecting everything in the garden to be rosy. Right now, there is no incentive for adopters to speak honestly about their experiences and for the right decisions and interventions to be implemented. We need to move to a place of informed realism because without it we are stuck with optimism, and when that fails, blame and it's just not good enough.*

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[13] Sally Donovan (also see Sally D) is an adoptive parent whose child displays CPV and has for many years, she currently provides editorial writing for Adoption UK, is a blogger and published Author as well as a member of the Department of Education's Expert Advisory Group. This particular post was placed on her website under the category of CPV a few thoughts and lessons learnt on 15th May 2015

[14] Boorman A (2015) The Big Unanswered Question: How Do We Keep Violent Children Safe Within Adoptive Families? 18th May 2015 available at: http://theadoptionsocial.com/tag/amanda-boorman/

The notion of self-blame is reiterated throughout all of the research findings discussed within this report as well as across a wide range of social media and was noted within 'other' responses given for this exploratory exercise. For example one respondent added that they had an : *Almost complete lack of faith of any co ordinated non blame non shame approach to tackling and supporting*. A notion that Holt (2011) argued was due to the changing position within society of what child and childhood means. Holt (ibid) pointed to paradigm shift in what childhood means in contemporary society today arguing that when discussing CPV or APVA there is

> *A factor that perhaps is unique to this kind of abuse is the 'culture of blame', which has intensified over the past decade in relation to parenting. There is much evidence that this cultural climate has shaped both parental and societal responses to the problematic behaviour of children and young people.* (p. 187)

This is of fundamental importance, given the perceived under-reporting of CPV or APVA across society, and the lack of any statistical evidence to acknowledge how many families this involves within society overall. Nevertheless this again is not new in that Harbin and Madden (1979 abstract) also pointed to the impact of changing 'power' relationships or dynamics within families arguing that

> *Finally, sociocultural factors such as inconsistent attitudes about violence and changing roles of women and children have created an unstable atmosphere potentially conducive to family violence. Identification and treatment of problem families is necessary to control this and other ever increasing problems of family violence*

What is pertinent within Holt's (2011) position is that CPV is potentially a consequence of the paradigm shift of what childhood means not solely found in '*problem* families' in that for some families the problem is CPV. More importantly the underlying magnitude of how this impacts upon the family relationship dynamics overall and exacerbates the relationship difficulties also need to be recognised. These issues then point to impact for employment and financial issues, which is also noted within the responses generated. The main impact upon employment is intrinsically linked to support provided, whereby a significant number of adopters feel they are no longer able to continue with their employment following the adoption placement process, if the placement is to continue, to enable them to meet the needs of the child or children placed. It is not realistic or feasible for all

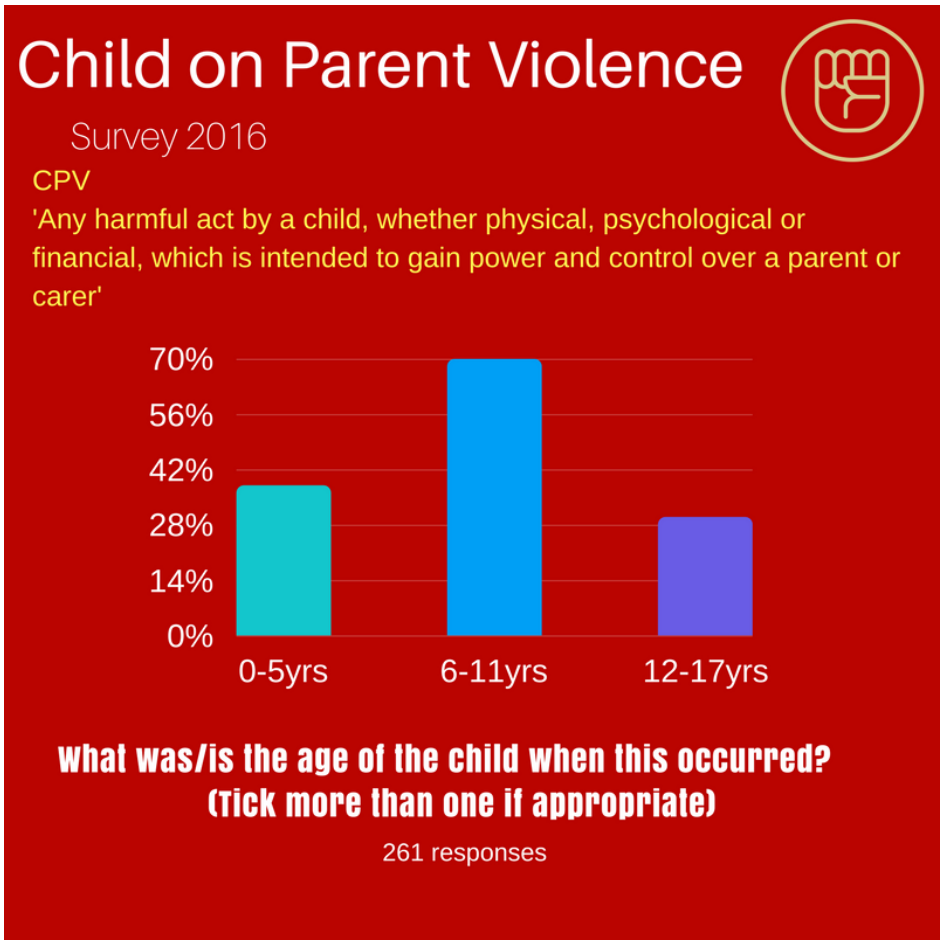
families to lose this income in the current economic climate, which then leads to financial difficulties, an area unexplored in any of the research to date yet essential to the success of the placement and to the mental and emotional health of adopters.

Within the category of 'other' emerging themes related to relationship impact between family members beyond that of parent and child involved in CPV, for example, responses included impact upon physical health, two responses indicated CPV had led to *adoption breakdown* (which reiterates Selwyn et als study), *….family breakdown, ….loss of trust in one's own capacity to function well as a parent, …issues in the community, …Social impacts: …difficulty travelling seeing extended family, friends (child's and parents'), ….Created social isolation for me and my child at one point,* and *…Social restricts socialisation*. Isolation was also indicated along with impact upon siblings, both of which require wider exploration of the data generated. More concerning was professional reaction to family reports of CPV, in which some respondents noted they themselves were investigated and interviewed, raising the question around professional ability to respond to and support families who seek help particularly for younger children.

Age of child

One of the more surprising outcomes of this exploratory exercise was the age of the child when the parent first noticed CPV may be an issue for them, or when they first noticed that the child's outburst and violent behaviour was beyond 'normative' expectations. Whilst much of the previous research discussed CPV in relation to 10-18 years and APVA is targeted towards 'teens'; this exploratory exercise supported suggestions within social media dialogue that ensued from the Coates and Bonnick (2016) podcast release. The data generated agreed with Bonnick (2016) that a closer scrutiny needs to be given to primary age phase children. The findings point to a majority age of first noticed being 6-11 years. Whilst the data within Table B below does reflect more than 100%, this is a result of respondents noting both the age of the child when they first became concerned and the age of the chid now. This allowed for led to multiple responses to be given, in that for some the child was now older, however even with this collated and correlated data what is evident is the

need for support to commence earlier than is currently determined. This is apparent if considering one third of responses noted concerns when the child was under 5 years of age, and that the child's behaviour was not 'toddler tantrums' . Even if accounting for these children now also being in the primary age phase category, a significant number of responses remain within primary age phase overall.



There is almost a similar total of responses for the teenage years to that of early years, this suggests that without support the CPV continues and increases a factor highlighted by Selwyn et al (2014) . Whilst Selwyn et al (2014 p.146) recognised the hormonal impact of adolescents they also noted that

> *Many parents described a rapid escalation of challenging behaviour in their child, as they approached puberty. Adopters reported that children were on average 11 years old (range 5-17 years, SD 2.9) when difficulties began to escalate. One in five families saw the onset and escalation of difficulties at this time.*

What is interesting is how this reflects the findings of Selwyn who also noted that where the placement had broken down the onset tended to be later, at average age of 8 years old, compared to those children who were currently within the home environment at an average age of 7 years. But more importantly for those children no longer within the adoptive home environment, their placement began at an older age than those who were still within the home. What is noted and of particular concern is with reference to those families who note difficulties at an early age (within early years (0-5) or between 5-7 years of age), and if this is early in the placement. If the problem is first noted early within the placement, this present difficulties for assessment of CPV risk indicators. The move into the adoptive home environment is a traumatic experience for children, in that they are adapting and adjusting to not just a 'new' house move but also to a new family unit move. As a result, and with reference to Neurological development indicators, it would be anticipated a level of disruption may occur in the child's behaviour that would point to support for disruption and settlement rather than potential CPV. However it is possible that the behaviour indicators are not a consequence of the placement but are an indicator of risk of CPV developing over time; this would then point to the need for a different supportive approach (from that of disruption and settlement) to help the family manage should any behaviour escalate towards CPV. Again this reiterates the importance of providing adopters of placed children and those awaiting placement with the necessary training, knowledge and skills, for managing child violence within their home, should this occur.

Reflections

Overall, the exploratory exercise did not so much expose new knowledge or concerns, rather it allowed those voices of parents to be heard and reinforced studies to date in raising awareness of the impact of CPV; not only on the child but also the parent themselves. Exploring the impact of CPV allows for consideration of the wider implications for families in terms of their relationships with immediate family member and those of wider family groups. This also acknowledges there is a direct and lasting impact not only on the family concerned but also for communities and for society (via employment and health indicators for parents living with CPV). What is evident is that despite numerous research reports and research initiatives, for families within the UK little real change has occurred. If placing the discussions within social media from families experiencing CPV, alongside those findings provided via rigorous research protocols and including all family types the incidence of CPV becomes a real issue in today's world. Scoping the issues and reviewing comparisons of data from a range of sources exposes lack of support continues and families continue to be failed overall

be they adoptive families, kinship carers or foster carers. Even within new paradigms regarding what childhood means, new policies and consultations regarding the '*best interests of the child*' it is difficult to defend leaving families without the knowledge, skills and understanding of what CPV is, how to manage violent behaviour displayed and where to seek support without fear of recriminations. A scenario that has repeatedly been evident over time. From findings indicated within this exploratory exercise there are nuances that require further exploration around what is meant by CPV and the different ways in which this may present, from perhaps a more planned act such as taking money or other items, to the unplanned triggered event as a reactionary occurrence. In addition how professionals respond to parent enquiry or report of CPV when this is a manipulative attempt for gaining control rather than a physical attempt and one which can find parents being investigated for allegations made. As a final reflection what is apparent is that this is not new, nor is this something unexplored, rather it appears to be a hidden situation within society and within support provision at this time.

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