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Restoring competence and confidence- non-violent resistance as a response to child-to-parent violence in Ireland

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Restoring competence and confidence – non-violent resistance as a response to child-to-parent violence in Ireland

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In this article, we describe some of the difficulties some parents and therapists can encounter when faced with child-to-parent violence. We hope to show that an adapted non-violent-resistance programme restores confidence and competence in parents who have lived with such violence; the programme also provides therapists with a helpful way to talk with parents about their experiences of violence. Such conversations can lead to an end to the fear and isolation at the heart of the experience. We will also outline an innovative research project involving five countries in the European Union that includes, as its objectives, increasing awareness of child-to-parent violence and exploring participants’ responses to a two-day training programme on non-violent resistance. As a way of reflecting on experience and practice, we will also use an anonymised case-example, drawn from the experiences of one of us.

Child-to-parent violence: Helplessness and hopelessness

Kathy and Tom, the parents of a 14-year-old María, attended an appointment at their local out-patient child and adolescent mental health service in Dublin. She had refused to join them, shouting that there was nothing wrong with her; her parents were ‘crazy’ and ‘it was all their fault’. As they spoke to the therapist, the parents described feelings of hopelessness and helplessness as their 14 year old, over the last few months, had begun to stay out all night, use alcohol and drugs, shout and scream at them and at her younger brother, had broken a door and window and had threatened his school with physical violence. They could not understand how María, who up until recently had been pleasant, happy, out-going and close to them, could change so much and treat them so badly. They felt there was nothing they could do. They felt at a loss ... and, initially, the therapist felt the same way.

The experience of child-to-parent violence is surrounded with a veil of silence, with embarrassment, shame and fear (Gallagher, 2004; Holt, 2013), making it very difficult for a parent to initiate a conversation about it. It can also be very difficult for a therapist to detect that this may be a reality for family members with whom they are working. One of the reasons it can be difficult for therapists and for families to even begin to think about is that there are similarities to, but important differences also between, child-to-parent violence and domestic violence (Weedon, 2012). Such difficulties are not helped by the invisibility of child-to-parent violence in domestic violence official guidance and policy in Ireland and the UK (Coogan, 2013; Coney & Miles, 2013), making it seem as if the problem does not really exist and as if there are no meaningful ways to respond to it. Neither are such difficulties helped by the potentially confusing variety of terms used to describe the problem.

What is child-to-parent violence?

Child-to-parent violence can be defined as an 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, 2000; Calvete et al., 2013). We prefer to use the term ‘child-to-parent violence’ for a number of reasons:

a. it encompasses a wide range of abusive behaviours, including acts of violence and controlling tactics;

b. it indicates that it is the parent (as a person acting in the role of a parent, as a foster care, for example) who is the target of the abusive behaviour by the child under the age of eighteen years of age;

c. the term clarifies that it is the child who uses violence to dis-empower the parent/carer.

Therapists working in children and family services in the community may find it difficult to recognise that a child, who may be a survivor of domestic violence and/or abuse at home, can also be responsible for the use of violent and abusive behaviour. Sometimes, diagnostic labels such as attention deficit hyperactivity disorder or attachment disorder may be misunderstood in ways that can obscure the realities of accountability and choice involved in the use of abuse and violence at home by a child. Parents and therapists may also be uncertain about identifying the difference between what could be described as typical challenging behaviour with the intention to cause violence, and other violent, destructive, and damaging acts, such as destruction, threaten, shouting, hanging doors and name-calling and child-to-parent violence. We suggest that one useful way to make that distinction is to consider the power dynamics within families: from this perspective, it is an abuse of power by the child or adolescent through which he or she attempts to dominate, coerce and control others in the family (Tew & Nixon, 2006; Coogan, 2011).

There is evidence to suggest child-to-parent violence can be found across a range of family circumstances and socio-economic backgrounds. Weizblatt & Omar (2008) and Calvete et al. (2013) refer to studies in Spain, Canada and the United States that indicate 5% to 13% of parents are physically assaulted by their children, mostly boys and mostly – though not...
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But the question remains: how best to respond to problems described by parents such as Kathy and Tom in a way that avoids the cul-de-sac of blaming parents but yet offers real promise of a resolution? An empowering and innovative response seemed to be offered by the non-violent-resistance programme (Omer, 2004; Weinblatt & Omer, 2008). There were promising results in Israel from this programme, which assists parents in the development of a new awareness of their own role in de-escalation cycles, of new skills and of a support network in their responses to child-to-parent violence. The programme, adapted in Ireland with the support of Omer, seemed to enable Marie’s parents to regain a sense of confidence and competence as parents, while building on the positive aspects of their relationship with their daughter. It also made room in clinical sessions for stories of resilience and strengths, which seemed to be much more useful for the family, rather than focusing on the role of genetic factors or family ‘deficits’ (McKenna, 2010).

Throughout eight sessions, the parents developed new skills and, with the therapist, explored successes and setbacks in their implementation of the approach at home. Key factors of the programme are described elsewhere in this issue of Context. In relation to the work with Kathy and Tom, these included:

- the parents’ disclosure about the extent of the problem of violence with a number of significant people whom they also invited to be part of a support network, including a grandmother, who until recently had ceased contact with Marie;
- the parents’ development of self-management and self-calming skills;
- the announcement to the family that violence at home was no longer tolerated;
- parental reconciliation gestures.

On completion of the programme, Kathy and Tom reported their relationship with Marie had hugely improved, they were no longer living in fear of their daughter and she was no longer going missing for long periods.

The non-violent-resistance training programme in Ireland

The positive experiences of the clinical team members and of the families in North Dublin who had used the programme over an 18-month period between 2008 and the end of 2009, led to an appreciation of the potential that lay within the approach to enhance the safety of children and parents, to end violence and to improve family relationships. Following a presentation outlining the key elements of the programme by Declan at the annual conference of the Irish Association of Social Workers in 2009, some individual practitioners and managers in children and family services suggested the development of a training programme to assist practitioners in responding to the emerging problem of child-to-parent violence.

When Declan commenced employment as a social-work educator and researcher at the National University of Ireland in late 2009, this presented an opportunity for the development of such a training course, together with the integration of research and practice development. As part of a PhD research project, the two-day training programme in non-violent resistance was developed, piloted and delivered to practitioners in different voluntary and statutory children and family services in Galway, Ireland.

Researching child-to-parent violence and intervention in Ireland

As part of the five nation Responding to Child-to-Parent Violence Project, the non-violent-resistance training programme was delivered to a multi-disciplinary group of child and family and domestic-violence practitioners in Galway in Ireland and in Brighton in England. At the same time, training on Break4Change was also delivered in Brighton. The training events were also delivered to local authority workers in Amäl in Sweden. Eileen joined the project in August 2013, enabling the expansion of the training and research activities. Daphne co-funded non-violent-resistance two-day training, and research on child-to-parent violence is taking place throughout 2013-14 with, for example, probation officers, national family support network members (who work with families with drug and alcohol abuse problems), staff and volunteers of Parentline (a national telephone-support service for parents in Ireland) and domestic-violence refuge practitioners in Northern Ireland. Participants are asked to complete questionnaires that gather data on the effectiveness of the training. All of this information will be disseminated by the
Non-violent-resistance as a response

But the question remains: how best to respond to problems described by parents such as Kathy and Tom in a way that avoids the cul-de-sac of blaming parents but yet offers real promise of a resolution? An empowering and innovative response was developed by the Birmingham University and Deakin University Parent Violence Project team under the leadership of Dr. Tom Omer, a psychologist, and other team members, including Dr. Katherine Omer, who provided the necessary support and encouragement. The project was designed to help parents and children cope with the challenges of violent behaviour and to promote positive family relationships. Through a series of workshops and seminars, parents were taught how to identify and address the triggers of violence, develop effective communication skills, and build resilience in their families. The project also included a website where parents could access resources and support materials.

Researching child-to-parent violence and intervention in Ireland

As part of the national research programme, the project has been conducted in partnership with the National Institute for Child Health and Development, which is responsible for funding and supporting research in this area. The project is still ongoing, and further findings will be reported in the coming months.