

Hear ME

Mother's Experiences



Guidance for
Practitioners
supporting families
experiencing
**Adult Child to
Parent Abuse**

About Hear ME:

The Hear ME (Mother's Experiences) research project aims to build awareness as well as improve understanding and responses to adult child to parent abuse, particularly centering the voices of mothers. Thank you to The Emmanuel Kaye Foundation for supporting AVA and the Hear ME Peer Researchers to carry out this research. Further information about Hear ME can be found on the AVA website, via this link - <https://avaproject.org.uk/mothers-experiences-cpa/>.

About this guidance:

This brief guidance is for practitioners working with families who have experienced adult child to parent abuse. It was developed by the Hear ME Peer Researchers and AVA. It accompanies the Hear ME research report, which includes wider practice and policy recommendations. The report can also be found on the [AVA website](#).

This guidance draws on interviews with mothers with lived experience of adult child to parent abuse, interview and survey responses from practitioners and focus groups with practitioners co-created and delivered by Peer Researchers, as well as a rapid literature review. While the focus of the project was adult children, some of the advice and the research also contains recommendations relating to the importance of earlier support and interventions, and is informed by the lived and learned experience that contributed.



Guidance for practitioners:

Listen and believe the parents when they are telling you about their experiences of abuse. While this may be an unfamiliar area, the mothers and practitioners we spoke to explained that sometimes professionals minimised or dismissed their experience of abuse, or assumed the parent was being abusive, due to a lack of understanding and awareness. This was particularly the case when parents were speaking about younger children and therefore earlier opportunities for support and intervention were missed. This compounded the often expressed feelings of judgement, shame, guilt and stigma around this abuse.

Understand **the importance of language**. The labels of victim/survivor and perpetrator are not generally suitable in such circumstances. These can act as a further barrier to a mother reaching out for support or feeling able to engage with it. The person carrying out the abuse is still their child and a label of perpetrator is not always helpful. While it is important to highlight the abusive behaviours and work with the mother and adult child where possible, **use the terminology the mother is comfortable with**.

Recognising that **adult child to parent abuse is domestic abuse, but it has a unique dynamic**, different to intimate partner violence. A parent may not want to report their child for fear of criminalisation or the response, they may not want to have their child removed from the property. A parent still may want to maintain a relationship with their child. While letting the parent know their options, being guided by them as to whether and what they want to pursue. Also consider **wider family relationships and dynamics**, are any other members of the family, such as siblings, at risk and what support and actions are required? For a child under 18 being aware of **children's safeguarding procedures**.

Trauma informed and **person centred** responses are key. Hear from the parent what they want and need, they are the expert in their experience and consider holistic support options by addressing the range of needs including therapeutic, safety and practical provisions. Are there any peer support or other groups that the parent can attend to have a safe space where others understand their lived experience? Those we spoke with, who were able to access these spaces, felt peer groups were a powerful tool and helped to overcome shame and stigma. Also recognising that being trauma informed applies to the professionals that work with families, and the impact of vicarious trauma, taking time to prioritise wellbeing for example through clinical supervision, reflective practice and own learning and development.

Understanding the range of factors that make up lived experience for both the adult child and the parent, and how this feeds into experiences and responses. For example for an older parent if the adult child is the carer, the additional challenges that come with this; seeking specialist support where appropriate. For someone from a Global majority background, how might the previous interactions from services impact their support options, highlighting the importance of cultural competency and working with specialist 'by and for' services. If there is a secondary diagnosis for the adult child e.g. learning disability or being neurodivergent, how this may impact their ability to regulate their behaviour or express themselves. This also highlights the need to be aware of **adult safeguarding procedures**.

The mothers and practitioners we spoke with highlighted that often **mothers want support for their child**. Depending on the approach a service takes and whether it is safe to work with the whole family, are there professionals already working with the adult child who can offer support to address some of the identified needs e.g. housing, drug and alcohol services, therapeutic

support? Alternatively, can the adult child be directed towards a programme for those who have been abusive or offered a specialist worker who they can speak with?

Seek **tools and assessments for adult child to parent abuse**. For example Adfam's toolkit for practitioners on '[Supporting parents affected by CPA from substance using adult children](#)'; [PRAM](#) a risk assessment model used by PEGS. Or where appropriate specialist safety plans and tools for older survivors such as the '[individualised safety plan](#)' by Dewis Choice and Solace Silver Project's '[SOS Toolkit](#)'. If using a Safelives DASH risk assessment, recognise that some of the questions are phrased in a way that may be challenging to unpick the dynamics around familial relationships and therefore mask the level of risk. Within the service talk about how this can be safely adapted and speak to specialist services for support with this.

Seek out **child to parent abuse training**, particularly which includes adult children. [Capa First Response](#), [PEGS](#), [Silenced](#), [Respect](#) and [AVA](#) offer child to parent abuse training, however not all include information relating to adult children. Through this research and centering the voices of the mothers we have worked with for Hear ME, AVA will be adapting the child to parent abuse training offer, including adult children, to reflect the experiences and findings from this research and re-launching this in Autumn 2023.

Find out if the local area has **specialist panels or forums to address child to parent abuse** such as in Hackney the intergenerational domestic abuse perpetrator panel. As well as utilising multi-agency forums for high risk cases such as MARAC or MAPPA effectively. Consider how best to **collaborate between services** and facilitate a **multi-agency approach**. Joined up working with adult social care, children's social care, health, housing, drug and alcohol services were all highlighted as particularly important, as were **considering who parents may approach for help** e.g. health settings such as GPs, schools, faith leaders or community groups.

Be aware of any **local or national specialist support and programmes available for parents**, as well as other local services that the family may be able to access to better address support needs.

Find out what **support is available as practitioners**. The [National CAPVA Directory](#) has information on services which provide support for practitioners. [Respect Young People's Service](#) also has a community forum and practitioners resource section for those who have completed training with them. While the focus is young children and adolescents, this is a useful directory and forum to find out more about child to parent abuse and services that may be able to offer support.