



'It is a painful clash of two of humans' most innate instincts
- to protect my own life but also to protect my baby'

Hear ME

(Mother's Experiences):

Adult child to parent abuse

Content note: This report contains descriptions of abuse and violence experienced by mothers who have shared their stories with us. These are unedited to share their real life experiences.

Foreword

As a group of parents, we were able to come together through AVA to share and explore our own experiences of child to parent abuse and violence. We want both practitioners and policy makers to urgently understand the painful reality, and the real risks of abuse and violence that parents and families can face. We hope this increases your understanding of this complex, often misunderstood distressing aspect of many families' daily lives and will inform guidance through our lived experience. We do not want other parents and their children and family members to go through what we have experienced.

Ideally, we would like to see earlier intervention and prevention. We want people to understand the range of factors that can cause this devastating change in family dynamics and the real importance of how people respond to us. We can feel very alone, isolated, and we have been blamed and shamed. Our lives have felt constantly pressured, by physical risk, and in response we have tried to develop ways as best we can to manage and minimise the challenges we face. These are our children whether they are nine years old or thirty years old. Although it can be framed within domestic abuse, the labels often used are not suitable or helpful. A one size fits all does not work, and we need a personalised approach to each family's unique needs. We need holistic support not a punitive approach.

We have experienced varying degrees and types of abuse and violence from our children. It has impacted on every aspect of our lives; from our health both physical and emotional, our working lives, our relationships with family and friends, our safety, the physical safety of our homes and its contents, to us feeling restricted and controlled. Every aspect of our life, each day is impacted.

Try to imagine:

Having to ring the NSPCC after being dismissed by services fearing your child may seriously hurt or even kill their sibling...

Try to imagine:

You hear a scream and a loud smash. Your daughter has her sibling by the hair and is smashing their face into a mirror. Panic rises quickly as you realise this could result in permanent scarring. Your back still hurts from being kicked yesterday so do you dive in to separate or do you call the police again...

Try to imagine:

Your child threatening to kill you in your sleep when a games console is taken off them. Then finding kitchen knives and a hammer in their bedroom...

Try to imagine:

Your home with holes in walls, doors, cupboards where your child has punched and kicked them in anger, dreading anyone visiting and having to hide knives, hammers and anything that could be used as a weapon against the family...

Try to imagine:

The key is in the door – is it them, how will they be, oh the atmosphere changes – a heaviness, sense of foreboding, a dullness in the footstep, a crash of the door, the smash as something gets broken in their room. Do I check on them in case they have hurt themselves again or leave them be so that I am safe away from being lashed out at...

Try to imagine:

I'm making tea, I've asked if they would like anything to eat, no response I make something just in case. Suddenly they are behind me – 'boo did I make you jump Mum' – 'it is just a laugh' 'Why are you cooking it like that – it looks disgusting not eating that, you're' Then I think, keep myself wedged by the cutlery drawer, in case any sudden movements towards it. Then a 'playful' headlock and my soothing voice to encourage release...

Try to imagine:

By the way Mum I need to pay...I owe...I really need it... they are getting physically closer and are much taller, I'm aware there are neighbours all around. I think if I give the money, I will keep the peace...

Try to imagine:

You're lying in bed asleep in the middle of the night suddenly your son is getting into bed with you and wants to have a discussion, you try to listen but feel very tired, they prod you to keep you awake, then I reply within the conversation and I am shouted at that I have been unhelpful. Then about ten minutes later a threat calls out 'I'm going to hurt myself' as you listen out for them, what was that noise you heard. Aware that I have to get up for work in a few hours' time...

Try to imagine:

In the midst of a car journey - you try to imagine what is a healthy parent-child relationship – as I'm feeling constantly on edge, I want to run away, to never go home again but knowing it's not an option, parents don't leave their children to fend for themselves. Who am I, what went wrong, if I can't keep my family safe what is the point in me? Feeling you must be the worst parent in the world – how can you be so scared of them but still love and have the urge to help them. – what will help them, help you all as a family...

Now try to imagine:

Can I relax and be safe, what will happen today, can I make anything different, less challenging today, when I work from home will they let me use the kitchen to get food, will they let me go to sleep tonight? How can I make this better, will anyone really listen to me, who do I contact, will I get support, will it help or will I feel blamed, will my son be offered support and be able to engage with this, please how can our family be supported...

Written by the Hear ME Peer Researchers

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About AVA

AVA (Against Violence and Abuse) is a feminist organisation committed to creating a world without gender-based violence and abuse. Our mission is to work with survivors to end gender-based violence by championing evidence based change. We are a national charity, independent and particularly recognised for our specialist expertise in multiple disadvantage and children and young people's work. Our core work includes training, policy, research, and consultancy.

Hear ME (Mother's Experiences)

Hear ME (Mother's Experiences) is a 1 year small scope research project which aims to build on work that is being carried out regarding raising awareness as well as improving understanding and responses to adult child to parent abuse. To do this by uncovering barriers, support needs and patterns, through 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.

The name Hear ME (Mother's Experiences) is individualised to reflect the experiences of each mother, recognising while there are similarities, the importance of taking a person centred approach to addressing adult child to parent abuse.

This research report is accompanied by guidance aimed at practitioners to promote better practice and understanding of how to effectively support families, particularly parents, experiencing adult child to parent abuse.

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1. Introduction

The need for the Hear ME project came from AVA's project exploring how menopause impacted women's experience of domestic abuse. It identified that experiences of domestic abuse for women who are midlife and older were often neglected. The report lends weight to previous research carried out by AVA and Adfam on parents coping with children using substances and abusing. A further gap was identified in the area of child to parent abuse, with especially little about adult children. These compounding areas led to a focus on understanding mothers' experiences of adult child to parent abuse. While it is recognised that fathers, siblings, carers and other family members can be impacted by child to parent abuse, research shows the gendered nature, and therefore this report focuses on amplifying mothers' experiences; the recommendations and guidance alongside the report come from this perspective.

Recent research in the area has predominantly focused on children and adolescents under 18 years of age. Therefore often neglecting the ongoing continuum of abuse experienced by parents from their adult children, which this report hopes to draw some attention towards. For the purposes of the Hear ME research project, adult child is defined as a child 18 years of age or over. However, due to the experiences of those who contributed, we also refer to the need for earlier interventions and support for children and teenagers, emphasising the importance of this in terms of potential escalation and impact on mothers and parents.

Hear ME originally started out using the terminology of '*adult family abuse*' as well as '*adult child to parent abuse*'. The terminology changed to reflect the findings from speaking with mothers and practitioners and terms predominantly used through the report are '*child to parent abuse*' (henceforth '*CPA*') and '*adult child to parent abuse*'. When referring to individuals the report uses '*mother*', '*parent*' or occasionally '*survivor*', and '*child*' or '*adult child*', rather than using language such as '*victim*' or '*perpetrator*', apart from in relation to homicides.

CPA, where the child is 16 or over, falls under the purview of domestic abuse and the definition as set out in the Domestic Abuse Act 2021, due to a child and parent being '*personally connected*'.¹ For clarity in Hear ME, adult child to parent abuse refers to abusive and violent behaviours and acts, used by children aged 18 and over, towards a parent (this includes biological and non-biological). The abusive behaviours can include coercive control, economic, emotional, physical, psychological and sexual and can have started in childhood.

There is limited research within the UK specifically on adult child to parent abuse and as a result, the responses towards it are still very inconsistent and often poor. This report hopes to contribute towards raising awareness and providing a better understanding around the journey of abuse that mothers experience from their children, and what works for them in terms of support. It strives to influence change in individual practice, services and systems as well as policy through centering the voices of the mothers who have lived this form of abuse, and the practitioners who shared their insights from working within this area or supporting families.

¹[Domestic Abuse Act 2021, Part 1](#)

2. Key Findings

- **Challenges caused by a lack of an agreed umbrella term and overarching definition**, instead falling under multiple categories. This has implications for understanding both the impact and the prevalence, particularly of adult child to parent abuse, if incidents may be recorded under other forms of abuse or unidentified by professionals as abuse.
- While adult child to parent abuse falls under domestic abuse, there are **unique dynamics distinct from intimate partner violence**, which tends to be the focus specifically within current domestic abuse related interventions, forums and tools.
- The **wide-scale impact on mothers' sense of physical and psychological safety**, such as: wellbeing, finances, employment, relationships between parents and connections with wider family members, friends and neighbours.
- A **need for earlier intervention**, most of the mothers had started noticing behaviours from childhood. This also leads to the need for services with lower thresholds, otherwise, support is only provided at crisis point, when things have already substantially escalated. Early identification and intervention for children who struggle with emotional regulation could prevent further harm down the line.
- Based on the stories shared with us, it is **a myth to assume that all adult children using abusive behaviours had witnessed or experienced intimate partner abuse between their parents**, or had some form of adverse childhood experience. While this may be a contributing factor in some circumstances, it was not across the board.
- **Lack of awareness and understanding of adult child to parent abuse results in mixed and often inappropriate, harmful responses** from practitioners as well as from friends and family, contributing towards isolation and feelings of shame and judgement, which can impact mothers' ability to seek support.
- This lack of knowledge and awareness combined with the struggles in finding effective or specialised support, highlighted the **need for more specialist funding, publicity and campaigning**.
- **Individualised, person and family centred approaches** are essential to being able to provide effective support that benefits the mother, potentially the adult child and the wider family.
- **Further research** is needed to get a wider range of perspectives and understanding around adult child to parent abuse.

3. Methodology

The methodology for the Hear ME research project adapted based on the challenges encountered. Originally AVA held an open national recruitment for mothers with lived experience to act as Peer Researchers from the initial stages of the project. During this time we spoke with or contacted a range of voluntary organisations (including specialist gender based violence, homelessness, substance use and older people's services) as well as researchers, to better understand the current landscape and to share this opportunity with their service users and partners who may be interested, as well as promoting the opportunity online, via newsletters and through social media. The feedback was that some women were unsure about being Peer Researchers and some explained they had already shared their experiences as mothers recently, or wished for the project to focus on another area such as the experiences of siblings.

During this time AVA carried out a desktop rapid literature review. A call for evidence was shared with practitioners, forums, voluntary and statutory services, as well as online, seeking contributions from any practitioners who had worked with families experiencing adult child to parent abuse, particularly mothers. 7 responses were received either via the survey option or through interviews carried out by AVA. The interviews were semi-structured and used the same core questions asked within the survey, but with the possibility of further exploration and follow-up questions. See Appendix 2 for the core questions.

Following the Peer Researcher recruitment we decided to carry out a '*call for evidence*' for mothers who had experienced adult child to parent abuse and conduct the interviews first. This call was to either be interviewed by a member of the AVA team, to be able to provide an anonymised written submission. During this process, there was interest from wider family members and mothers who were experiencing abuse from children 16 years of age or under, both of which fell outside the remit of the Hear ME project but highlighted the range of interest and need for further research in this area. 1 written submission was provided and the AVA team completed 4 interviews which took place through video call and lasted approximately 1 hour.² While more women originally came forward, 2 felt unable to continue prior to the interview. The interviews were semi-structured and while the same core questions were asked to the mothers, they were also able to share what they felt comfortable and wanted to, and follow-up questions were asked around this. See Appendix 1 for the core questions.

The women who took part in the interviews were keen to remain involved with the Hear ME project and were asked if they would like to continue as experts by experience. All interviewed agreed and became the Peer Researchers who worked alongside the AVA team and co-developed the guidance and supported the writing of this research report. The Peer Researchers received robust training around a range of topics including, safeguarding, boundaries, and group safety.³

² Participants were offered a £20 voucher to thank them for their time and sharing their experience.

³ Peer Researchers can be remunerated for their time in accordance with AVA's practice. This involves either being paid London Living Wage, Timebanking or Volunteering, depending on the Peer Researcher's preference. They are also provided support throughout the duration of the project, including through an independent clinical supervisor for a monthly group clinical supervision. This provides a safe space, independent of AVA, to help the women process the impact of sharing their experiences and is a collaborative space to process and consider shared challenges, within the context of the project.

2 focus groups lasting up to 2 hours each were carried out in Spring 2023, with a total of 9 individuals representing a variety of organisations and expertise.⁴ Some of those who attended the focus groups responded to the practitioners' call for evidence. The focus groups were semi-structured and co-facilitated by the Hear ME Peer Researchers. The questions asked within the focus group were co-developed by the Peer Researchers and can be found in Appendix 3.

All participants in the interviews and focus groups were provided with an information and consent sheet ahead of time. They were given the opportunity to ask questions and withdraw from the interview or focus group process if they no longer wanted to participate.

Limitations

The research, findings and recommendations reflect the voices of the Peer Researchers and practitioners who kindly contributed, along with the rapid literature review that was carried out. While the call for evidence and recruitment for Peer Researchers was open to anyone that identifies as a mother, those that came forward and felt able to be part of the project were biological mothers. Although the mothers who came forward to be interviewed had a range of lived experiences and came from across England, all were white women between the age of 50 - 60. It is important to recognise how age, ethnicity, and disabilities, amongst other factors, also impact experiences relating to adult child to parent abuse.

The report builds upon the limited research that has been undertaken in this area and should be viewed alongside further research that is coming out across the area of CPA more broadly. We hope this helps to progress conversations in this area and to amplify the voices of the women who worked with us on this report. Areas for further research are also identified at the end of the report.

⁴ Focus group attendees were offered £50 towards their organisation, to thank them for sharing their expertise and contributing towards the research and guidance.

4. Providing context

To provide some context regarding the work being undertaken within Hear ME, a rapid literature review was undertaken. Comprising a range of grey literature and journals, predominantly focusing on the UK, with some international literature drawn upon for context and insights.

While there has been more literature in recent years, little has focussed specifically on adult child to parent abuse or understanding how abuse can develop ‘*over the life-course*’ (VRU 2022, p.64) and the lack of ‘*developmental context severely limits...understanding how gender and age might intersect*’ when considering violence towards parents (Holt and Shon 2018, p.64). This signified the need to look at longer-term, longitudinal studies to understand the evolution of abuse and violence, rather than only focusing on specific periods (Nguyen Phan, 2021). Such research would enable a better understanding and the ability to develop effective responses to support children and families. Abuse from an adult child can escalate and has the potential to become more physically harmful, potentially fatally (Holt 2022, p.6), hence the need for this understanding and effective earlier interventions is key.

Terminology and definition

Finding specific literature and data on adult child to parent abuse is made challenging with the range of terms it can fall under and a lack of an agreed term and definition. Studies referencing CPA did not appear until Harbin and Madden (1979), and Straus, Gelles and Steinmetz (1980), (both cited in Nguyen Phan, 2021, p.9), with Steinmetz’s (1978) (cited in Nguyen Phan, 2021, p.10) article noting parents being abused by adult children.

Child to parent abuse (CPA) depending on the age of the child, can be known as Child and Adolescent to Parent Violence and Abuse (CAPVA), Adolescent to Parent Violence and Abuse (APVA), Adolescent to Parent Violence (APV) and sometimes Parent Abuse or Filial Violence or Abuse. When the child is 16 and over, it comes under domestic abuse. When in reference to an adult child (over 18), it can be considered Adult Family Violence or Abuse, and depending on the age of the parent, may be considered Elder Abuse. Due to the familial component and ages, it can sometimes come under Intergenerational or Transgenerational Abuse, these however can relate to wider relationships including with grandparents. In relation to homicides, the terminology is often Adult Family Homicide, matricide, or parricide. While there remains a lack of consensus on an agreed term, there is a risk of ‘*losing people along the way*’ if the term used is not owned and understood by those it applies to and who use it (Bonnick, 2022). We argue that the range of terms above and resulting confusion demonstrates the need for CPA to be used as the umbrella term. This is particularly key in enabling a coordinated approach to raising awareness and influencing policy and systems change, but allows for nuanced terms depending on who is being supported.

Prevalence and awareness

Women are more likely to be impacted or killed due to domestic abuse, this includes adult child to parent abuse. The gendered nature and prevalence for older parents, *'who are just as likely to be abused by an adult child or grandchild as they are a spouse or partner'* (Age UK, 2019) can be seen in information pertaining to domestic homicides. Analysis of 66 domestic homicide reviews (DHRs) occurring between 2012 to 2018 showed that in 72% of cases the victim was a parent and in 56% of all the DHRs, the victim was a woman (Bracewell and Jones et al, 2021, p.4). Findings from analysis of DHRs between October 2020 to September 2021, 33% had a familial relationship and 54% of those were parents. 89% of perpetrators were identified as male and 77% of the victims were women (Home Office 2022, p.9) demonstrating the gendered nature of these homicides (Holt, 2017, p.575; Sharp-Jeffs and Kelly, 2016, p.6). In a study exploring risk factors associated with recidivism, biological mothers were the most predominant targets of abuse from both adult and adolescent children, 65.1% and 69.3% respectively (McManus et al 2017, p.3).

A qualitative study on survivors of elder abuse, found that mothers were most likely to be the target of abuse and the person abusing was *'more likely to be the son' and the abuse was 'primarily emotional, with financial abuse a secondary feature'*. (Clarke et al, 2015 p.220). The findings from DHRs show abuse can escalate as a child grows older (Bows, 2018, p.1234), which can result in fatality. This emphasises the importance of effective earlier interventions and awareness raising around this hidden, and often taboo subject. However, there are substantial gaps in data, particularly around non-fatal abuse towards parents (Walby 2014, p.208) for example a lack of historic data relating to older survivors with the Crime Survey of England and Wales only recently including age 74 and over (Age UK, 2019, p.3; Hourglass 2021 p.6). Data relating to non-crime related information is limited and important for an under-reported area of abuse.

While there has been more coverage in recent years around CPA, particularly with a reported increase in CAPVA over the Covid-19 pandemic (Condry et al 2020, p.5) and due to some older people's services seeing an increase in domestic abuse calls over the pandemic, many of which relate to adult children (Hourglass, 2021, p.4). There has also been some media attention in the last few years (Guardian 2023; The Independent 2023; BBC 2022).

Themes and dynamics

Common forms of abuse from adult children to parents include financial, psychological, emotional, physical, coercion (Adfam and AVA, 2012, p.4). However, as the research scope in this area is limited there is a need for greater intersectional understanding including around biological, environmental, social and cultural factors (Moulds and Day, 2017, p.205; Holt and Shon, 2018, p.927).

Some have noted either as causes or connecting factors for children's behaviours: adverse childhood experiences (Bracewell et al, 2022, p1), having witnessed or experienced domestic abuse, substance use, mental ill health (Holt 2021, p.845), as well as additional complexities for those who have a secondary diagnosis such as a learning disability or are neurodiverse (Moulds and Day, 2017, p.202-203). In analysis of DHRs, alcohol and substance misuse, mental health difficulties, and criminal justice history were relatively frequently noted (over 60% of the time) with other factors noted including childhood trauma, finance, abuse, and housing (Bracewell et al 2022, p.545). Nearly half of the perpetrators, in this case, had a history of domestic abuse related criminal offences. Analysis of data from Devon and Cornwall Constabulary by McManus et al

(2017, p.4) also saw a high prevalence (73%) of drugs, alcohol, or mental health in adolescent and adult children who are abusive towards parents. Additionally, 68% had had some form of interaction with the police or a criminal history.

A common underlying theme was around the impact of abuse and how it connects with barriers to accessing support. There are many specific barriers around CPA. Mothers may not see what they are experiencing as abuse, or may feel a sense of responsibility towards the child (Adfam and AVA, 2012, p.10). We know there are additional barriers for women from Global majority and migrant backgrounds (Siddiqui, 2018, p363; Holt, 2021, p851; Condry and Miles, 2023, p52) and those who have experienced multiple disadvantages (AVA and Agenda, 2019, p.5). Issues can arise from children continuing to reside with their parents (Band-Winterstein, 2015, p.125). Language around domestic abuse can be stigmatising (Holt, 2011) and contribute towards parents not being able to identify their experience as abuse. A focus on criminalising responses and emphasis on separation, rather than non-criminalising early intervention solutions (DAC Office, 2021, p.3) contributes to barriers to parents wanting to reach out for help.

Age can be an overarching factor, making older women more vulnerable. There may be health issues and injuries that are mistakenly attributed to ill health rather than being identified as abuse (Safelives 2016, p.11). Caring relationships or financial dependence, particularly on male children, can act as barriers (Holt, 2021, p845; Bracewell and Jones et al, 2021, p.9) and contribute to the '*reversal*' of traditional '*power relations*' (Tew and Nixon, 2010). Feelings of stigma, shame and guilt (Adfam and AVA, 2012, p.10) can contribute to making mothers feel '*less deserving*' of support (Holt, 2011, p.187; Adfam and AVA, 2012, p.10; Selwyn and Meakings, 2016, p.1234), focusing more on their child's needs and wanting to ensure their child is supported (Solace, 2021, p.8; Safelives 2016, p.23).

Conversely, the adult child may still be dependent on the parent - economic and financial abuse are common forms of abuse alongside emotional abuse, as previously noted. This can have a substantial impact on employment for parents. In the parent survey carried out by PEGS in 2022, 74% of working parents had to leave work or reduce their hours as a result of the abuse.

Missed opportunities and challenges with practice

There have been some missed opportunities identified across settings, which in themselves become further structural and systemic barriers to accessing support. These were particularly identified within the health sector, with insufficient information sharing, a lack of understanding of dynamics and invisibility being salient features (Adfam and AVA, 2012, p.38; Montique, 2019, p.12); as well as settings including social care, mental health services and the criminal justice system (Bracewell et al, 2022, p.536). This highlights the importance of successful coordination between services for a productive multi-agency approach (Safelives 2016, p.23-24).

There were challenges within current domestic abuse provisions for practice such as the DASH risk assessment not being carried out, or not properly completed due to either irrelevance of questions or challenges in asking, which can then mask or minimise identified risk. This was a factor also identified in DHRs (Adfam and AVA, 2012, p.26; Sharp-Jeffs and Kelly, 2016, p64; McManus et al, 2017, p.2; Montique, 2019, p21), as well as the lack of effective use of forums such as MARAC (VRU, 2022, p.44). This highlights the need for more effective coordination between services that work with adult family members and training for IDVAs on familial and safeguarding issues (Holt and Retford, 2013, p365) and potentially for a different more nuanced risk assessment for CPA related cases, rather than the DASH risk assessment.

Limitations on research are hampering awareness and the ability to provide effective support (Holt, 2012, p289). There is a need for further intersectional research considering ethnicity and socio-economic factors (DAC Office, 2021 p.3), and currently, there is little criminological literature focusing on parricide, with most UK literature taking a psychological perspective (Holt, 2017, p.568).

Current specialised support provisions

This section highlights some of the currently available services and programmes, to raise awareness. There are some specialist services and programmes providing support to families experiencing CPA. Some are aimed at supporting parents or practitioners with others providing support to the child, and some to the family as a whole, where safe to do so.

The specialised programmes for children using abusive behaviours are age dependent, usually under 18 e.g. Respect YPP⁵ or up to the age of 25 when there is a secondary diagnosis e.g. DVIP's YUVA service.⁶ After this age, more generic perpetrator programmes designed for intimate partner violence are the main available source. There are support options available for parents and children when under 18 (VRU 2022 p.47-48) Capa First Response⁷ supports families and professionals for children up to 18, or 25 where there is a secondary diagnosis. PEGS⁸ works with parents and carers, not directly with the children, but can support across all ages of CPA. Some domestic abuse support services can support CPA, where the child is over 16, particularly those with specialist Independent Domestic Violence Advisors (IDVAs) for older women. Services specialising in supporting older people may also be able to, given the prevalence of familial abuse for older survivors. For example, Hourglass reported that 38% of the calls received to their helpline in 2020 were related to abuse from an adult child (Hourglass 2021, p.5). Some of these specialised trainings and tools are referenced in the accompanying practitioners' guidance.

Further, given the wide range of potential support needs, it is important that mental health services, drug and alcohol services (Montique, 2019, p.33), and other professionals are aware of adult child to parent abuse, the gendered nature and the risk to mothers and other family members from the adult child if they are a service user. This is particularly relevant when living together and the service user (the adult child) is financially dependent on them (McManus, 2017, p.5; Nguyen Phan, 2020, p.11). Toolkits such as Adfam's⁹ to support those working with parents being abused by substance-using adult children, are a useful resource for parents and practitioners, helping to better the understanding of intersecting factors and needs.

⁵ [Respect Young People's Programme](#)

⁶ [Young People Using Violence and Abuse \(YUVA\) service through Domestic Violence Intervention Project](#)

⁷ [Capa First Response](#)

⁸ [Parental Education Growth Support](#)

5. Mothers and children

The mothers interviewed for Hear ME came from across England. All who were interviewed are biological mothers, 75% of them had experienced abuse from their adult sons. They are between the age of 50 - 60 years old and are White British.

Some mothers shared background experiences such as intimate partner violence, another described a *'family dynamic'* and *'bereavements'* which affected familial relationships and impacted their child(ren). One of the mothers identified that the behaviour of their child was *'learnt behaviour'* because of what they witnessed between their parents; however this was not the case across the board. Another had experienced abuse from a parent when they were younger and described how this influenced the way they chose to respond to the abuse they faced from their child, *'I tried to use more assertive methods with her but they didn't work.'* These were not consistent factors for every mother.

In terms of the adult children, their ages varied between 18, to in their 30s and again the background factors varied and included the use of substances, challenges engaging with education, involvement with the criminal justice system, including for abuse towards an ex-partner - 75% of the adult children were also abusive towards an intimate partner.

A particular factor that came up was the added complexity when there is a secondary diagnosis and how this affects the child's ability to regulate and interact: *'she doesn't understand herself enough and she hasn't really got enough other tools in her toolbox'* and *'they actually recognised that she was very dysregulated in the times that she was lashing out'*. This tends to escalate over time as the child gets older: *'the meltdowns just became more and more severe, it became much more awkward for me to handle because she was getting so big that it was hurting when she was hitting me.'* This appeared to also impact services' abilities to respond and appropriately support families, explored in more detail in chapter 7, below.

Due to escalations in abuse, it was noted how dangerous the situation became for some families: *'it's too unsafe, we can't manage'*. Of those interviewed, 50% of the children were removed from the care of their parents into either a foster home or other residential setting. *'He got so dangerous at home he ended up having to go into foster care when he was [age removed-teenager].'* This resulted in further challenges for example in terms of contact with their child, conflicting advice about not being involved, but then being required to be due to finances. There were issues around the care that the mothers felt should have been provided in these settings and robust checks which should have been in place. The mothers felt in some cases this exacerbated the behaviours or left them unchecked.

⁹ [Adfam, 'Supporting parents affected by child-parent-abuse \(CPA\) from substance-using adult children'](#)

6. Experiences of abuse and the impact on mothers

Mothers described facing a variety of abuse including economic abuse, control, manipulation, 'gaslighting' and 'mind games', including threats of self-harm: 'a lot of the abuse is threatened suicide all the time if he doesn't get what he wants'. Additionally, there was physical abuse including 'strangulation', being put in a 'headlock', biting and kicking, use of objects as weapons and 'smash[ing] things' around the house.

'It's usually financial, you know, wanting money all the time and just lying to us and manipulating us to give him money if he doesn't get it he usually rings us saying he's going to kill himself or send us graphic pictures of self-harm.'

'We used to hide every valuable item in my husband's car boot on an evening, purses, credit cards, everything, and sleep with the keys under the pillow. But even that didn't feel safe.'

One mother when explaining how objects were being used as weapons, and the extent to which the house had to be adapted as a result. The resulting impact on the home environment -

'At one stage, got rid of all the glasses in the house, all the plates, everything, because anything could be used as a weapon. But actually, plastic plates can be just as bad because once they're snapped in half, they're really sharp. Perspex is really sharp. A Biro can be easily used as a weapon'.

'We took to having lockable doors.'

Most of the mothers who shared their experiences for Hear ME started to recognise and experience abusive behaviours from their child since 'childhood', which then continued and in many cases escalated during adulthood -

'I believe that it's their response to not being able to cope with real life pressures that are going on ...but I do accept that as they get older and become teenagers, it then becomes a learned habit'.

When asked **how mothers viewed their experience and if they saw it as abuse**, the response was mixed:

Mothers did not always see what they experienced as abuse, and if they did, they did not always view it as domestic abuse. 'Looking back on it, I don't think I was aware of how dangerous the situation was.' The terminology used around domestic abuse in particular, was a barrier to seeing this 'I don't like the perpetrator victim scenario.' -

'I wouldn't have thought of it as abuse, I just thought of it as an uncontrollable child, now I see it as abuse, and yet he's still doing that in various ways.'

Further, most professionals involved in supporting the families did not call it domestic abuse, particularly in situations where the behaviour started when the child was young.

The **impact on the mothers** however, was extensive and mothers articulated a range of psychological and physical impacts:

Feeling **physically and psychologically unsafe** -

'You're not living with that child that you knew, you're living with somebody who seems capable of anything and there was no lengths that he would not go.'

and people **not understanding** the reality of the situation and the challenges that come with the dynamics *'you know, for a lot of people it's a very black and white issue and it really isn't when it's your child, it really isn't.'*

Which contributed to high levels of **guilt** and **self-blame** -

'I've been left with a lot of guilt, a lot of criticism of myself as a mother, regret, and also questioning what I could have done differently when he was a child that would maybe have prevented this'

This relationship impacted the action the mothers felt able to take *'I know he's been through a lot, I wouldn't want to, I don't know, give him a criminal record, or report him'*. With mothers describing how it was **difficult to feel anger** towards their child, let alone leave them-

'I cannot get there with my son. I cannot feel any anger. I cannot feel any justification for abandoning him because that's how I feel, as a mum I've abandoned my child, regardless of him being [age removed - an adult], he was my child.'

Stigma which in some cases felt more intense *'because I think of my background with my job, it's even weirder'*. **Fear** that anything could trigger an escalation *'there's always that fear that if I pushed him too much he would do something and I didn't want to test that'*. **Dread** of even coming home -

'I used to, sort of, dread coming home because I didn't know what I was going to come back to'.

Descriptions of being on 'tenterhooks', even when things seem settled and 'walking on eggshells'. **Shame** and **embarrassment** particularly as speaking about this lesser known area, feels 'taboo', how this impacted being able to tell people *'you just don't tell people because you feel embarrassed'*. This contributes towards **isolation** and causes them to live an 'insular life' -

'I couldn't have people round. Our home wasn't a home for a long time. Sometimes it still isn't, if he ever comes back to [location removed], I'm always worried he's going to turn up'.

Financial abuse in one case also included stealing from others who came to the house which contributed to not being able to have people over which was isolating and *'humiliating'*.

All the mothers disclosed the impact the abuse had on their **mental health** and in some cases experiencing suicidality as a result -

'I sat in a car park, I had a lot of tablets and water, and I actually thought I can't do this anymore. I cried uncontrollably for about an hour. Thankfully my daughter rang me to see where I was, otherwise I think I would have taken them.'

It impacted mothers' **self-esteem** including losing *'faith in all my ability to make decisions'* - *'I barely ate. I just literally curled up in a ball because I couldn't decide whether to try to get in the shower, whether to try to eat.'* As well as impacting **physical health**, including long-term injuries impacting work, and for one mother severely exacerbating a chronic health condition.

The abuse had the potential to impact the **relationship between parents** particularly due to the often **differing reactions between mothers and fathers** *'it's a very complicated situation because although he was being hit as well, you have quite different reactions to it'*.

Certain dates and times of year may be triggering, for example, one mother near her child's birthday noted *'It's his birthday on [date removed], so this time of the year is always a bit difficult for me'*.

For some **impacting employment** or no longer being able to continue with employment so they could *'be there all the time, to try and manage'* the situation and attend meetings and appointments as needed.

Finally, the **impact on the sibling** of the child using abusive behaviour, came up a lot and was a major source of concern for some mothers, noting how siblings were *'afraid'*. How things like social media impacted siblings' experiences and how it impacted schooling, particularly if the siblings were in the same school, in one case having to move school just so the sibling could have some sense of normalcy.

7. Mothers' journeys accessing support

Mothers described their journeys in trying to access support, or whether they felt able to reach out for support, including through family and friends. Some of the services approached included Children's Social Care when their child was younger, Child and Adolescent Mental Health Services (CAMHS), National Society for the Prevention of Cruelty to Children (NSPCC), schools, GP, the police, and had been referred to domestic abuse support services.

Many of the mothers did not feel able to speak to their friends and family due to judgement or perceived judgement from them, heightening feelings of guilt and shame -

'It feels like I have no right to help but I have a lot of right to criticism'

'I get judged more from my family for having certain feelings'

'I've never told any of the family what's going on, they don't know'

Even feeling there was a 'gossip value' to what they were experiencing and 'had to lose a few friendships' as a result. One mother felt unable to speak to anyone 'because they didn't really understand'. When one mother did finally share, she felt -

'Everybody's got a view on, friends, family, professionals, all wanted to have their say on what we should do but no one could actually come up with any solutions.'

In terms of support that the families received from services, the mothers' **experiences were very mixed**.

Some felt that services came from a **perspective of blame rather than support** and were made to feel like a 'problem'. For example, being made to go on parenting courses which were not helpful and often felt 'patronising' and 'blaming'. Another example was when social care was investigating an incident where the parents felt they had to restrain the child for safety 'we got a call saying my husband couldn't live at home until they'd investigated it.' The parents needed to seek legal advice before being able to challenge the practice and the decision was overturned.

Often responses were **dismissive** even when mothers tried to access support. This was particularly amplified when the children were younger -

'We tried to get health and social services, but we couldn't get any help, they just completely ignored us, and, basically, in the end, I was so fearful that a police officer had said to me that she was afraid when they got a call to come to our house that somebody would be killed'

One mother described feeling that because it was her daughter who was abusive, services took this even less seriously, particularly when the daughter was younger. Not recognising the hurt that could already be caused and the risk for escalation.

The **lack of effective early intervention and support** also came through when mothers described long waiting lists and struggles with meeting *'the thresholds'* for accessing support for their child. This meant little intervention until a crisis point was reached -

'I was afraid for our safety as well and it was only then that the child services took any notice of us'

They felt early intervention in identifying and supporting children and adolescents who struggle with emotional regulation could help to prevent criminal actions down the line.

Mothers felt that **stereotypes and myths** of what a *'victim/survivor'* looks like, as well as the background of the family experiencing abuse, impeded their ability to access support when they needed it the most. It often led to dismissal from professionals. One mother put it as feeling though they were *'viewed as 'worried-well''*. With a **lack of recognition from professionals that it could happen to anyone** and *'it crosses all social boundaries, doesn't it?'* This made mothers feel they *'weren't entitled to'* support.

For some it felt as though services were **unprepared to address the needs of the family**, perpetuating a narrative that was historically rife concerning intimate partner violence, *'they think that because it's a family member then it's your responsibility'*. In some cases where mothers were referred to domestic abuse support services, they felt the services *'didn't seem geared up for [CPA], it was more for a partner'*.

Rather than having individualised, person and family centred responses, the responses mothers received often felt **generic** and like *'box-ticking'* rather than getting to the root of issues and genuinely being a support to them. This **required mothers to be self-sufficient** and proactive in researching, reaching out for support and how she *'had to source everything'*. One mother described the lengths she went to, finding out about specialist *'courses'* and *'books'*, as well as *'groups'*, so she could feel better equipped.

However, **there were some examples of constructive support received**. 50% of the mothers described positive interactions with the police, particularly for one mother where her child had secondary diagnoses. The police took the situation seriously but were measured in their response and were cautious about arresting the child. It helped the family have a more positive relationship with a statutory service and feel like someone was listening and trying to help. Another felt the police took it more seriously because if they were involved, it was due to responding to a physical incident, so they *'could see it because they'd, sort of, come in when he was kicking off'*. Whereas for other services, they could not understand the severity, particularly when the child was younger.

8. What mothers needed

Through their experiences and journeys with services, mothers identified a number of things that were necessary in the responses they and other families receive -

Most importantly was **empathy** *'it's vital, it's absolutely vital'* and a **better understanding of adult child to parent abuse and CPA more broadly** *'I just want professionals to understand more what this is really like.'*

'Regular check ins' and communication with the family. In some instances, mothers described not being provided with updates or not really understanding what was happening. Remembering that certain times of year can be challenging, an example was provided by a mother following an incident *'I had a policeman ringing me everyday over Christmas, including Christmas Day'*. This ties into individualised person centred support *'asking the woman what she wants, what would help her.'* Recognising this also means offering both *'one-to-one'* as well as group settings such as peer support *'You know, the real empathy for me, comes from someone who's kind of walked that journey.'* These all fall within the wider umbrella of being **trauma informed and implementing it within practice**.

Understanding the importance of a **whole family approach** and how to safely implement it when appropriate, *'more than just working with the person that's actually on the receiving end of the abuse. I think it's about the abuser as well...'* The importance of this being **holistic** a *'wraparound system, so for the siblings and the parents'* Discerning that while it is difficult to make adult children engage in support, being able to work with the whole family may also include the father, siblings and sometimes wider family like grandparents -

'I think that there needs to be as early intervention as possible with the whole family, to get them to all understand the role that control plays in violence.'

However, as above, considering **individualised approaches** and recognising it is not suitable in all cases and some of the mothers felt they themselves just needed more effective support. Understanding even if they are not the primary target of the abuse, siblings may have experienced instances or be witnessing what is taking place. Offering **support for siblings** including opportunities for *'peer support'* and *'counselling'*. Within the Domestic Abuse Act, children are considered victims in their own right and where this fits in within current practice as well as **children's safeguarding responses**.

The importance of *'not giving up'* and meeting women where they are. Being aware that many women want to **maintain the relationship with their child** and feel *'you can't leave a child.'* Some may be hesitant but letting them know they have support and understand the challenges within the dynamic -

'Don't give up on them and please understand that when it's a family member, it's not worse but it's different, it's a lot more complicated and there's a lot more emotion involved and different kind of love.'

Earlier interventions were an ongoing theme and the agencies that play a part within this, for example, working with schools and *'organisations that might be involved in the child's life'* and for them to be *'looking at the bigger picture'*. Particularly to understand if there are other factors or dynamics at play which have been missed or not understood.

For the mothers who had experienced this, they felt having a **police marker** was beneficial, so police when responding to a call, were aware of the risk and responded appropriately - *'if we ring 999 it goes straight to the top of the list and I don't have to say anything.'*

The importance of offering **therapeutic support** *'it does help when you can be quite open about it and not have to tone things down.'* So the mothers had someone they could speak with openly and feel safe doing so. Connected to this was the need for **independent, anonymised** support *'it's having that opportunity that you can ring up someone and you can just sort of talk about your experiences and what you can be signposted to'*. Highlighting the importance of *'anonymity'* for being able to reach out for support *'like a central number that you can ring up'*. The **centrality** was an important element for those who live in smaller or more rural areas for example *'where lots of people know each other'*. This could also be a potential factor depending on if the parents' job involves them working with local services, that may be involved, in some capacity.

Mothers felt an *'ad'* or some form of **campaign** would be beneficial, like has been done for intimate partner violence. As well as having **well-known ambassadors** *'Mel B did a good thing'* who was successful in bringing awareness to domestic abuse and coercive control, as well as empowering other survivors to speak out.

9. Practitioners' experiences supporting families

As part of the research for Hear ME, we spoke with a range of professionals including through interviews, survey responses and focus groups. These professionals included practitioners from healthcare, social care, older people's support services, domestic abuse support services, and CPA specialist support services amongst others.

There is a **lack of consensus around an agreed definition**. There is a need for *'an umbrella term that makes it easy for politicians and police to accept it...because that's where the money comes from and that's where policy changes'*. However, there is still disagreement about the ideal definition: *'Don't know that we'll ever reach an answer because so much of it has turned up till now how parents feel comfortable calling this'*. This highlights the importance of being led by the parents and of using language contextually.

The practitioners identified some specific needs and challenges with adult child to parent abuse:

This is a **distinct area with differing dynamics to intimate partner violence**, *'different when coming from adult child as opposed to a spouse or partner or somebody else'*. Differences in dynamics were also highlighted about multi-agency forums such as MARAC, where the responses were *'often same as they would be for IPV'* despite different factors at play and risk assessments utilised for domestic abuse, not being suitable in cases involving CPA.

There is a **lack of awareness of adult child to parent abuse**, *'understanding of prevalence is key'*. Additionally, *'a lot of people won't recognise it as abuse'* and some *'do not associate this behaviour with a need to contact a domestic abuse organisation'*. On top of this, **reports of abuse may be dismissed or minimised**. Sometimes *'older service users are kind of labelled almost or seen as perhaps they don't have a good memory or have onset dementia'*.

Common **barriers included stigma, guilt and shame**. Guilt *'plays a massive part in what their experiences are'*. This can be compounded *'where there is a secondary diagnosis (ADHD, ASD, etc) there is a lot of guilt from parents'*. Some mentioned parents wanting support for their child, but a fear of *'once you call the police it is going to be taken out of your hands'*.

Practitioners highlighted the importance of using **appropriate language and terminology** and being led by the parents they were supporting. In general, there was *'a strong stance on not labelling young people as perpetrators'*, and as much as possible *'call them by their names'*. Equally, it was important to *'refer to parents as parents'*, acknowledging that *'every family is different, and every family brings different language to that and it's respecting families' opinions'*.

There can be **additional support needs** for example around alcohol or substance use or **not wanting to report to the police**. The parent is *'less likely to kick that child out of their home, or less likely to have the child removed from that home'*. Dependency on substance use was also identified as prompting *'the financial, physical abuse and neglect'*.

Support for younger or middle aged parents was being missed: *'if a parent is not of elder*

abuse age then despite legislation parents are being missed or just ignored, risks minimised and the expectations from some that the parents should just walk away from their child'. Equally, there were **additional vulnerabilities for older parents** as 'older women have a whole range of multiple disadvantages', and services were not tailored - 'a lot of services have now gone online, there's an expectation that everyone has access to the internet, has access to tech and are able to use a smartphone for example...which I find quite discriminating against older people'.

One practitioner noted 'education and environmental factors' play a part. For example, **environmental factors** can apply financial and emotional pressures which can be triggers, or exacerbate abuse.

Services' ability to meet the needs of families:

Practitioners felt their ability to meet the needs of families varied. Some felt they were 'acting as a crisis not intervention service' or not able to effectively support the parent. Others felt able to support the parent but not the whole family. When working with other services, the levels of support were inconsistent. It 'varies region by region, but also agency by agency and also individual by individual', although this is not always a lack of effort, 'people want to get it right, want to work together' but highlights the need for more awareness and training.

Some identified good practice, focusing on multi-agency collaboration and effective communication. This was appreciated by families and gave a sense that 'somebody has heard me and somebody is doing something about it and taking it seriously'. Additionally, there was a sense that 'there's more people that are aware' but that it is 'not good enough' right now.

What practitioners felt would enable better support for families:

To better support families, **survivor involvement** is essential, 'Making sure that individual gets time to speak and time to say what they want to say, away from other individuals', aligning with a survivor-led and person centred approach.

There needs to be **more training and education** both for domestic abuse practitioners and for other services. One practitioner trained other 'professionals specifically on child to parent abuse including adult children' but other services refer in 'as they feel they cannot support those experiencing child to parent abuse'. GPs were considered as **potential disclosure space** and parents could 'use that opportunity as a safe space' but there were concerns about 'marks of physical abuse being seen as age related' or health professionals talking to 'the individual supporting them which is quite often is the harmer in the situation', again highlighting the need for education, particularly in certain settings like health.

Greater general awareness of adult child to parent abuse. This would help with recognition and with 'organisations who may not take it seriously', resulting in better responses. Having a better understanding of why something is happening will help with providing the right support. As one practitioner put it: 'I believe if we understand the why it's happening, we can stop the what. It doesn't mean we negate the what, but understanding the why is crucial to change'.

Another way to build awareness was 'things put into soaps like Eastenders about child to parent abuse that would be really helpful with before and after phonelines to organisations'. When this has happened previously for domestic abuse, services have seen an increase in requests for

support. Equally, there needs to be more publicity and pressure on the government as *'legislation needs to be changed'* and while discussions are happening, more needs to be done imminently.

With the unique dynamics of adult child to parent abuse there needs to be a consideration of **supporting the family as a whole** *'if the survivor feels that's appropriate to do so'*. This can be effective, for example, *'we work with the child using the behaviours, as well as with the parents and when done properly the outcome can be really positive'*.

There are additional barriers for some communities where parents or carers will not want to use the police or statutory services *'because of genuine fear of what might happen and distrust'*, which only enhances the lack of visibility. There needs to be a better understanding of the impact on global majority families and is central to **intersectionality**.

Having an **effective collaborative multi-agency approach is important**. There were some examples of good practice, however overall it was mixed. Multi-agency forums can allow for the parent's wishes to be advocated and information to be shared, if utilised effectively - *'where there is a lot of fear of criminalising their child..can get multi-agency approach to see how we can safeguard the victim survivor that way...and engage adult child in treatment or support'*. In general, there is a need for *'more collaborative working with partner agencies and support services so when abuse is identified we can signpost with confidence'*. Alongside this, there is a need for **both specialist services** and a **directory of interventions** for practitioners to give a *'clearer understanding of how organisations should approach this work'*, and a change of focus to long-term support rather than crisis intervention alone.

Having **specialist accommodation** available would be valuable, but currently, there is a *'long waiting list for sheltered accommodation or residential care'* particularly where there is no social care involvement.

This is an area where **more funding and more research** are needed. Even where there are specialist programmes, *'we need more funding for this to continue'*. Research is needed to understand the prevalence and how to better support parents as *'there are so many different areas that need to be looked into'*.

10. Recommendations & Conclusion

Recommendations

Overarching term and definition

Child to parent abuse (CPA) to be used as an umbrella term with an agreed overarching definition. Within which different forms of CPA sit, including adult children. So recognising that children under the age of 18 require a specialised approach and response, as do adult child to parent relationships, which while falling within the category of domestic abuse, are rarely seen as such by families experiencing it or often by professionals supporting.

Local and national strategies

Domestic abuse strategies to be developed both locally and nationally, which explicitly include all forms of CPA, including adult children. While some local authorities have or are starting to include this, it should take place consistently across the board. Strategies should include commitments as well as action plans setting out concrete steps on how families experiencing CPA will be supported, with a review mechanism in place to see how this is being achieved.

A national helpline

This would be similar to national helplines for other forms of abuse but aimed at parents, siblings, wider family and professionals and focus on all forms of CPA. Including a chat function and ensuring accessibility.

Data collection

There needs to be better CPA data collection, including adult child to parent abuse, to get a better understanding of prevalence and characteristics, at both a local and national level. The use of consistent terminology would also ensure adult child to parent abuse can be differentiated and identified. However it still likely underrepresents the scale of CPA due to many parents not feeling able to disclose. Multi-agency buy-in is required to collect accurate data on CPA and share with relevant local and national fora to better inform understanding.

Person and family centred individualised approach

A further barrier to adult child to parent abuse coming under the banner of domestic abuse, is the commonplace terminology of '*victim*' and '*perpetrator*', which is not always suitable within familial contexts and alienates the families. Instead, an understanding is required of the unique dynamic and challenges with familial relationships and recognition of accessible language, with guidance on this being provided by those involved and impacted. This person centred, whole family approach should be taken when considering interventions and providing options for families, primarily guided by the mother and, whilst maintaining due regard for safeguarding, incorporating an awareness that mothers may want to maintain a relationship with their child.

Raising awareness - local and national campaigns

Awareness of CPA, and specifically, adult child to parent abuse is lacking. Local and national campaigns similar to those which have been run for intimate partner violence and other forms of abuse would help reach a wider audience. Publicity can be generated through multiple channels including social media, conferences, and events including continuing with and promoting CPA Awareness Day.¹⁰ Better reporting can be encouraged across the media more broadly, improving the focus on adult child to parent abuse and appropriate reporting of adult family homicides. There is some potential to include storylines in popular television programmes to increase reach to a broader audience, this has helped raise awareness of other areas such as intimate partner violence previously.

Training and Education

Better training and education are needed around all forms of CPA including adult children. This includes training for frontline domestic abuse support services, as well as other third-sector and statutory services that parents have touchpoints with, such as health, housing, drug and alcohol services, mental health services, and education to name a few. In particular, there is a need to improve earlier identification and understanding of secondary diagnoses within universal services such as primary care, education settings, health visitors, in services like CAMHS and for healthcare professionals such as paediatricians.

Further scope for research

Beyond the general lack of research around adult child to parent abuse that has been earlier identified, there are specific focuses that would be beneficial to study. This includes studying the impacts on all parents and the wider family, including grandparents and siblings. Additionally, more research is needed from an intersectional perspective on families from Global majority backgrounds to understand specific barriers and challenges. Research is also needed from the perspective of the adult child to understand the why and what in terms of effective interventions.

Conclusion

There is much still to be understood within the field of adult child to parent abuse and some areas for further research have been outlined. The recommendations outlined above are a culmination of the voices of the mothers and practitioners who worked with AVA for Hear ME, and in many instances echoing findings previously made. **Core to facilitating and implementing the recommendations, is ensuring the voices of lived experience are central to enacting change.**

The recommendations and accompanying practitioners' guidance aim to provide suggestions to address identified gaps, which go towards improving individual practice and understanding, service considerations and the need for wider systems and policy change for families experiencing adult child to parent abuse and CPA more broadly.

¹⁰ Started by PEGS and first took place on 14th October 2022.



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Appendix 1

Questions within 'Call for evidence' for women who have experienced adult child to parent abuse

1.

What was your experience of adult family abuse/violence? You can share as much or as little detail as you feel comfortable with.

2.

Would you consider your experience as domestic abuse? If you feel able to, please explain your response.

3.

What are some of the challenges you have faced in your life as a result of the abuse you have experienced? You can share as much or as little detail as you feel comfortable with.

4.

Have you been able to access help/ support for your experiences?

- *If yes, who were you able to reach out to? (This can be friends/ family/ online forums/ domestic abuse services/ services for older people/ police/ social services...etc)*
- *If not, what were the barriers you experienced that prevented you from doing so?*

5.

Have there been times when you have been judged or treated unfairly by any services or professionals, because of who you are and what you are experiencing?

6.

What do you feel is the best way for services to support families who are experiencing adult family abuse (specifically abuse from adult children towards parents)?

7.

What would you like to put forward as recommendations, for more effectively addressing and supporting families experiencing child to parent abuse?

8.

What support is required for families experiencing abuse from younger children (those under 18)?

9.

Is there anything else you would like to share with us?

Appendix 2

Questions within 'Call for evidence' for practitioners who have worked with families experiencing adult family abuse/violence

1.

What is your understanding of adult child to parent abuse?

2.

What are some of the specific needs and challenges that you have identified when working with families who have experienced this form of abuse?

3.

Do you feel your service is able to effectively meet these needs and overcome these challenges? Please explain your response.

4.

Are you aware of any specialist services in your area that support those experiencing adult child to parent abuse? If you are able to, please include the name of the organisations/ support groups/ projects.

5.

What would be helpful for you/ your organisation to know in order to better support those experiencing adult child to parent abuse?

6.

Are there any examples you can share of either good or poor practice that you have come across when supporting families experiencing adult child to parent abuse? Please do not include any real names or identifying details.

7.

Is there anything else you would like to share with us?

Appendix 3

Questions for practitioners' focus group

1.

What terminology do you use when talking about child to parent abuse and more specifically adult child to parent abuse?

- What terminology do you use to describe the parent and child in this situation – thinking about IPV where often terminology is 'perpetrator'

2.

Do you think child to parent abuse should come under domestic abuse, or be its own stand alone area?

3.

How do you receive referrals and where do you generally receive them from?

4.

Do you work with the whole family, and if so, how?

- What support do you offer and what is the goal of your programme?

5.

With adult child to parent abuse, when do families often tell you the abuse started?

- Are there common points of intervention and support you have come across through supporting families, which were missed?

6.

6. What have been your experiences working with other services, particularly statutory services?

- What has their understanding of adult child to parent abuse and response to it been like?
- How do you ensure other services know to refer to you and can do so?

7.

How do you support families when involving other services?

- Does this impact the relationship you have with the family, if so how?
- When considering multi-agency forums in order to support a family, do you think of MARAC as a helpful forum for sharing information regarding adult child to parent abuse?

8.

What do you feel is the current response to adult child to parent abuse and more broadly child to parent abuse?

- What do you think needs to be done differently by services, the sector and policy makers to better support families experiencing child to parent abuse, particularly adult child to parent?

9.

What else can be done to ensure better understanding and awareness of adult child to parent abuse?