



## Spotlight 3: Episode 3

### Podcast transcript

Spotlights is a series of online events and publications, focusing on a particular group of victim/survivors who are often hidden from services. As a part of SafeLives Spotlight on domestic abuse and young people, this week my colleague Deidre has come to London to speak to Helen Bonnick about Child to Parent Violence, with a particular focus on children with disabilities. Helen has worked as a social worker since 1983, but since completing her MA in Parent Violence in 2004, she has dedicated her career to helping professionals, young people and their parents better understand and respond to child to parent abuse through her website Holes in the Wall. Today we'll be exploring what child to parent violence is through the lens of disability, be that a physical disability or learning disability. We hope you find it both interesting and informative.

**I: Helen thank you for speaking with me again today.**

HB: It's lovely to be here again.

**I: Great, so just kind of building on what we spoke about last week, what is the connection between disability and child/parent violence?**

HB: Okay so first of all let's just say that we're going to think about all different types of disabilities. So physical disability, learning difficulties, learning disabilities. So it's quite complex and different things are going to come into play I guess, and we need to think about children and young people as being first and foremost children, so they will have all the other stuff that's going on in their lives that will be impacting any child. So perhaps an experience of domestic violence in their past or perhaps neglect or abuse, or perhaps some other traumatic experience that they've experienced. But then on top of that they have an added level of disability, and that can then bring its own shall we say, trauma or contributory factors. So we're not...and we're not talking about here a cause between disability and child/parent violence. I think it's really important to say that that this would be a link but we can't say because you're disabled you're going to be violent towards your parents, and that's really important and there will be many families with a child that has a disability of any kind where there's no experience of violence or abuse.

**I: Great. So I think I asked a similar question in the previous podcast which is there are a lot of understandable reasons why a disabled child might lash out in**

**anger or frustration at their parent or carer, the person that's closest to them. What is the difference between that happening and actual child/parent violence as it's defined?**

HB: So one of the really key things is going to be about consistency and whether it's...there's...you can...whether a family's having to change their behaviour, and their lifestyle and obviously having a disabled child means that you've changed lots of elements of your lifestyle already, but if the violence and abuse is consistent and it follows a pattern, and it's perhaps escalating and its meaning that you're confined to...your behaviour, your normal socialisation is impacted, then I think you know as you said, very similar to last time, that's actually what we're talking about. It's not the kind of limbs flailing or the kind of the inarticulate frustration perhaps but much more serious than that.

There are...some parents will talk about two distinct types. So they perhaps even in their own child they might recognise that there are sometimes when their child is having a colossal meltdown, and really has no control level of what's going on. Something has happened. Perhaps something has triggered some behaviour or just a real anxiety for them or pain or a frustration, and they just kind of lose it, and that might be about you know, a child may become very verbally abusive.

So they will...sometimes there is a very definite intent to change what's going on in the way that the family dynamics are... So yes I think the consistency of behaviour will set it apart from just the lashing out, and the one off thing. But we've got a bit of nuance coming in already about how we're understanding what's going on.

**I: it sounds like from what you're saying it's a mixture of things. It's that kind of lack of control and lashing out, anger and frustration but then there are elements where they are being intentional about what they're doing.**

HB: I think it is sometimes quite difficult to say what's going on, and parents will say...and it may be difficult...it's going to be different for each young person. It might be different in a different situation. Something's happened during the day, so a child perhaps let's say with...on the autistic spectrum may really, really struggle at school and...but may because they've got really good support perhaps at school, kind of manage to hold it altogether. Perhaps the school are really understanding, have got a really impressive support plan in place, but that whole effort of holding it together may just be too exhausting, and the child comes home and they're now safe. They can now express their feelings.

They can now express their frustration. They can now kind of let it all go. So is that about exerting power and control? Is that about intent? I don't know. That's...that feels like 'I can be real. I feel safe now.' In another situation you might have a child who very deliberately needs to change the balance of power within the family. Perhaps they...or perhaps just things start to happen. So let's say...okay let's say you've got a child who has undiagnosed glue ear and deafness from very, very early on so that sort of issue will sometimes become diagnosed quite early on, but if it's undiagnosed for some reason. A child goes to school. They may be unable to take part in lessons because they can't hear what's going on. Perhaps they're in a lot of pain. Parents getting very frustrated. School's getting frustrated. The child's getting frustrated. The child starts taking it out on parents at home, and parents start to kind of try and work out what's going on. You start to change your behaviour a little bit.

You start to accommodate what you're doing to fit in to meet the needs of this child. Perhaps soon you do get a diagnosis but now you've got more trips to hospital. Some of those are going to be quite traumatising. They might involve a lot more pain, and the child is starting to be very demanding so the family dynamics shifts again, and patterns

are set up within the home about how people are now responding to each other. Who's accommodating who's needs. What allowances are being made, and that impacts on how people behave with each other. It impacts on who controls what's going on, and that starts quite slowly perhaps but over time that will build on it and build on it, and build on it, and a child will learn that by behaving in a certain way they can make something happen, and so children want stuff to happen. They want what they want.

**I: ...the child has to survive so when you think about what the young person can do and what the parent can do to change things, kind of change that dynamic, it's almost like well that thing can't change because that's what they need to get by, so what can change?**

HB: And the whole day may revolve around it. So someone ready for the bus or getting...yeah, and then have we got the equipment we need, or how will they be when they come back? Yeah so it's very much an all-consuming thing in that sense, and can have a huge impact on other members of the family as well.

**I: Yeah exactly. So if they have to keep doing that thing. If they have to keep making a lot of their day revolve around that child because it has to, is it about the way that it's approached within the family that needs to change? So kind of the relationship from power dynamics that need to change?**

HB: I guess it's...yeah. Everybody needs to be kind of cleared into what's going on because I think things happen very subtly and we don't always notice what's going on. We don't necessarily notice who we've become.

**I: So it's about early awareness here?**

HB: Early awareness, early support and always I come back to support for parents. There are parents that talk to each other, help parents to talk about what's going on so that they're not isolated and they're not...it's not so intense then. I think it's a very intense experience to have a child who has any sort of disability. So to try and bring that temperature down a little bit, and to get all the support is really crucial.

**I: I can imagine it's quite isolating as well.**

HB: Often it will mean...it makes normal stuff really difficult. You can't just go out for the evening. You can't pop to the pub. You can't...it's much more difficult to go on holiday. It may mean that it's difficult for other siblings to have friends round or...so it does have a huge impact on the whole family, and of course for the parents, there's all the pressure there, and we know that in many families that that stress, that pressure, that disagreement as to the best way of doing things can lead to families splitting up often as well. So it's a...it affects the whole family. It affects the child themselves on how they understand their disability, how they feel about things. It affects siblings, it affects the parents very much.

**I: Yeah, and in our previous podcast where we talked about child/parent violence we talked a bit about the connection between a child or a young person experiencing or being exposed to domestic abuse, and then later on either becoming a victim of domestic abuse or causing harm themselves. Is this a similar situation I'm guessing, that's happening for disabled children and young people as well? Is there a connection between their sometimes violent behaviour and their experiences or exposure to domestic abuse early on?**

HB: Yes. I think, well as I said at the beginning, we have to understand that these are just children at one level so they will have already experienced perhaps other issues in their lives. There's one particular group of children that we're just starting to become

aware of, and that's...or let's say more aware of children who have experienced foetal alcohol spectrum disorders, and there's a lot of work and campaigning going on around that at the moment. So really working to prevent parents, mothers drinking during pregnancy, but they're now looking at maybe 1:100 children the World Health Organisation thinks may be affected, and this is a physiological change that affects children which has a huge impact on their understanding, on their interpretation of the world, on the way they respond to other people, the way they relate to other people.

And so for those children you've got that level of 'what do I understand what's going on that's impacting how I behave,' though a lot of those children may go on to be adopted. So you've now got an added layer of separation and loss for those children, and then they may move between a number of foster parents before they're adopted. So you've got that layer of trauma going on, and then within the new family you've got...so now within a new family you've got the physiological harm which may impact on how much control they have of what's going on. The way...the lack of understanding which means we may be responding to it wrong. You've got layers for loss and trauma which will be impacting we know separately on a child's ability to cope with situations, so they may become violent and abusive just because of that on its own. So multi layers of stuff going on for many of these children. It's not just about their disability. It will be about other things that are going on for them.

**I: So it seems like it's much like what we talked about before which is wall to wall, adverse childhood experiences coming together to make it maybe more likely that they might...**

HB: Yeah and of course many children will...this is the disclaimer, many children will have experienced adverse experiences but will have had resilience built in, will have supportive families and may not exhibit violence and abuse, but some will.

**I: ...yeah.**

HB: And it's those parents and families that we want to support.

**I: Yeah, and their disability is just one of many factors having a role in that?**

HB: Yeah. That might have quite a big role or part to play but it's one of those...and that's why we need to look at things holistically. I talked about that last time.

**I: Yeah.**

HB: We can't just deal with the violence without looking at 'has this child got some sort of diagnosis? Have they got previous adverse childhood experiences?' We need to be looking at all of these issues and really putting support into all of them if we want to be able to change the situation.

**I: Definitely. So a lot of people listening might be thinking what is abuse look like in these situations. Do you have any examples of how it might be acted out?**

HB: So one example then that I could give you is of a child who had a physical disability and was being quite badly bullied at school. Not able...in common with many children that bullied didn't feel able to talk about what's going on, came home and started becoming quite abusive...verbally abusive and started pushing and shoving at home, and so the child themselves they were very conscious of their appearance, quite low self esteem. Very upset because there was a genetic component, and so really starting to take it out on their parents in a very deliberate way. So I spoke to my mother. She'd been pushed down the stairs, and she got a broken nose, and quite an intense level of abuse to mother particularly but high levels of aggression within the home. But that

child because of how they felt about themselves, was also self harming and lots of threats against their own life.

So really complex situation there, and they were finally able to get some help. The school then referred them on for some counselling and they were able to get some help but it was a very slow process, and the child got some help, medical help for their condition as well so which improved the situation. But yes, the actual abuse can look very much like any domestic abuse in that sense.

**U: Yeah. I'm guessing this obviously has a massive effect on the individual who's directly experiencing the abuse but there will be siblings, there will be other family members. How does it affect the family as a whole?**

HB: So the family as whole will be perhaps very afraid, always anticipating that something else might happen. It prevents a normal day to day life, and the siblings will be affected because they may be very fearful of what's going on. They may decide to stay out of the house as much as possible to be away from the person, or they may, if they're younger, they may not have that possibility and they may spend a lot of time in their own room, or they may be taught to dial 999, or...there are all sorts of situations but it's not a normal life, family experience for a sibling by any means.

**I: No.**

HB: And yes as we said before, that you end up in a situation where the home life revolves very much around that child's, and that has a huge impact on normal family life really as we'd experience it.

**I: I can imagine, and you know what is the impact on the young person causing harm? I mean as you said before in the previous podcast, a lot of times they're frustrated. It's the behaviour that they see as bad and they're angry and frustrated that they can't change or find it difficult to change.**

HB: And I think it...well it's going to be very isolating for them often as well because they...it's difficult for...to have friends round to engage in social activities if you've got a child who can't read queues or who pushes people away, or other parents see what's going on perhaps in school and don't want involvement with that child. So it can be quite isolating in that sense. They...it may be that their behaviour at school means that they've suffered a lot of exclusions or maybe internal exclusions or maybe they're sent home. So their own schooling will be affected, and that then has huge impacts on your job prospects later on. It may have impact on mental health or homelessness. All these things in the long term if we're not able to get in and tackle things early on.

**I: That's a massive impact, and we talked a lot in the previous podcast about the effect on the parent or the carer who is being harmed. Like we talked about before, they feel obviously a sense of responsibility for their child. They have a legal responsibility for them but I think there's an added layer when it comes to disability as well, whereas they are oftentimes their main carer and have that level of responsibility. So when that child that they're caring for is being severely abusive, what can they do?**

HB: Yeah I mean again it's about trying to make sure other people know what's going on, and speaking up quite early on in order to get any sort of support. It is a really serious problem because they may be the main carer but it may mean that they lose their work because they've got to stay at home more, or maybe they lose their job because they're always having to take time off because the child is always excluded from school. Or maybe because they don't want to be seen in work with a black eye, and so they start having more and more time off, and so things can get very complicate like

that. But yes, to be responsible for that person, you can't just give up on that somehow as a parent.

There is...I mean often...perhaps more with disability, we have got recognition of the need for respite care for some young people. So some young people will go perhaps residential schools or to short breaks in the holidays, and that can be really valuable. That period of just being able to breathe, focus on the other children, and for some that might be enough that they've got their strength, they can cope with the rest of everything if they've got that breather. If they've got someone that's hearing them, but it needs to be, again it needs to be done in a really planned and supportive way so that the young person there doesn't feel more angry that they...and suddenly you could have more control because you know your parents can't cope with you.

**I: Yeah.**

HB: So it's...it needs to be done in a planned and supported way and with recognition of all the issues really.

**I: Definitely. So that kind of leads onto the next question which is what do you think the response should be [unclear 24.50] for the young person causing harm but also for the parents? What would kind of the ideal holistic response be?**

HB: So again we're looking at a need for a clearer understanding of the multiple issues that are involved and not just trying to deal with one of the issues, and each of those might need a separate therapeutic response. So it might be that a young person has worked with someone to deal with their trauma but they also need work to deal with the aspects of domestic violence, but they might also...the family might need help around the escalation techniques. How to manage a child who's having a meltdown because of the trauma that they're...the triggers and the unbelievable stress they're under at that moment. How can you help that child to calm down in a safe way so that everybody round you is safe, and for some parents maybe teaching as part of that, as part of the holistic work that's going on, it may be about teaching safe ways of holding a child, to bring them down and to help them to feel safe so that the child feels safe, and feels held as well.

Doesn't feel very panicked and very out of control. We talked about respite. I think we're back to talking about the need for development awareness across all agencies and developing response so that wherever a parent goes for help, people understand what the issues are and can offer at least a basic first line response, and then maybe refer them onto somewhere else. But that understanding is so crucial, and sadly we still aren't at that level where everybody understands what's going on.

**I: Yeah, and I think a lot of people are beginning to understand domestic abuse as a whole and you get into the nuances of child/parent violence.**

HB: It messes with our heads doesn't it, because it's just so out of our thinking that we...that's not what children do. That's not what families do. That's not how my family was you know? So you think I think I've heard you wrong. I think you're talking about something else yeah.

**I: Yeah, but they need to be listened to and understood and believed it sounds like. Great. Well okay, thank you very much for joining me today to talk about this very interesting and important issue.**

HB: Thank you for having me and I really hope that this spotlight features successful and brings about greater awareness of the needs of young people.

**I: Thank you, so do we. I think you've made it more successful by joining us, and if people want to find out more they can go to your website holes in the wall...**

HB: .co.uk.

**I: ...yeah great, okay.**

Thank you for listening. If you'd like to find out more from SafeLives Spotlight on young people and domestic abuse, please go to our website [SafeLives.org.uk](http://SafeLives.org.uk), where we will be uploading new content every week-each exploring a different aspect of young people and domestic abuse. If you'd like to participate in the discussion, you can go to our website to sign up for the webinar on March 3 between 1pm-2pm, and also join in the Twitter Q&A conversation on March 15th between 1pm-2pm-just go to #SafeYoungLives.