



# Breaking through the barriers

How should parents deal with challenging behaviour in their adopted children? A twelve year study reveals 80 per cent of adoption breakdowns are caused by violence toward parents or siblings.

**T**he harm caused by violence perpetuated against children by adults is something that social workers know about all too well. Perhaps less well recognised is the damage caused by children, often teenagers but sometimes younger, who attack and physically harm their parents.

It is a phenomenon that can occur in any household. However, because of the increased likelihood of early trauma experienced by looked after children, incidences of it happening to adoptive parents can be greater.

A twelve-year study on adoption breakdowns conducted by Bristol University last year raised concern after interviewing 70 families who had either experienced adoption breakdown or were experiencing challenging behaviour in their adopted children.

Although dispelling the myth that adoption breakdowns are common (the rate was found to be only 3.2 per cent), the research found violence toward parents and siblings was the main reason young people had to leave home, accounting for 80 per cent of cases.

Parents gave examples of being beaten, suddenly attacked, threatened, intimidated and controlled, with some claiming to be living in fear and prevented from leaving their homes.

“We had not expected child aggression and violence to feature so strongly in parental accounts of challenging behaviour,” researchers said.

The report, *Beyond the Adoption Order: Challenges, interventions and adoption disruption*, called on local authorities to

develop better support for families experiencing difficulties.

Birmingham is one area where such support to address cycles of child to parent violence has been put in place.

Social workers can refer families to a service run by Birmingham Children’s Hospital using an approach called the non-violent resistance programme (NVR).

NVR was originally developed by Israeli psychotherapist Haim Omer and introduced in the UK by Dr Peter Jakob, who has trained many practitioners. In Birmingham, NVR has been used since 2012, with social workers referring to the family therapists who deliver the programme. They work primarily, but not exclusively, with families who have adopted children.

Many adopted children have birth family backgrounds where there has been domestic violence. If the child becomes violent, this may be understandable behaviour from a young person from a complex background; adoptive parents feel hurt and helpless as violence becomes a dominant feature of their relationship.

Most commonly, violence is perpetrated by a child to the mother, although fathers can be affected too.

“Commonly, the parent and child are in a struggle for control, which escalates to violence,” explains Shila Desai, a family therapist with the service, based at Parkview Clinic. “In younger children, this may be tension over getting ready and going to school on time; in older children, flare-ups are usually

around mobile phones and staying out later than they are allowed. These are, of course, features of many families but what is happening in those we work with is that at these tension points, parents are being kicked, punched and hurt in many ways.”

The first step in NVR is to make a clear, simple statement that the violence is not acceptable. It is made by the parent who is subject to the violence but, importantly, reinforced by a support network constituted from other significant adults in the young person’s life: school teachers, other adult family members, social workers, neighbours and members of the community. Having this network is essential, building a collective partnership to support the parent and resist the violence.

For example, when violence occurs at home, school is informed and a teacher will speak to the child that day, explaining how the parent is very upset and hurt by what has happened. The emphasis is upon showing concern, rather than trying to overtly control behaviour (thus fuelling the battle for control).

A key aim of NVR is supporting the parents to continue to care for their child and meet their needs, despite the violence.

“Of course, this is very difficult – if anyone is being attacked, the natural instinct is to withdraw emotionally from the attacker and to tell them to take time out in their room, or away from the adult,” says Shila.

“But for an adopted child, who may have experienced severe neglect, isolation reactivates early trauma, further fuelling anger and

aggression. What this approach offers is a way to support parents through the physical and emotional pain while also continuing to care for their child.”

Parents are encouraged to offer consistent gestures of reconciliation, such as a note in a lunchbox expressing love following an incident, and maintaining shared activities, such as watching a favourite television programme together.

“Parents are encouraged to increase their presence with their child, consistently showing that the violence is not acceptable and also making clear their unconditional love. The support network is also essential in helping the parent to express these gestures of reconciliation towards the child and also to share concerns about the violence.”

Importantly, unlike other psychological interventions, NVR is not based on the child and parent taking part in therapy together, something the child is usually resistant toward. Instead, the strength of NVR is that it works directly with the parents and their adult support network and affects change in that way.

The programme commonly takes three months, though some families need support for longer. Evidence shows it has been effective. Before the programme commences, there is an audit of violence and parents are asked to score their levels of distress.

Evaluation after the programme is completed shows both a fall in the levels of violence and also in the distress experienced by parents.

### Case study

They gathered together at the family home, a group of five carefully chosen neighbours and friends. “It’s not an easy conversation to have,” recalls Sandra.\* “You don’t want people to think badly of your child but you have to say: This is the situation; it is really awful and we need your help.”

The friends and neighbours were asked to become supporters – an integral part of the Non-Violent Resistance (NVR) approach. Sandra and Michael chose people who lived within a two-minute walk from their home. Some they had known for many years; others for less long but who they felt had the skills and experience to help. Living close enough to be able to immediately come round was essential. “We explained that, in all likelihood, we would be in a dressing gown, knocking on their door at 11pm when things were going wrong.”

For the past three years, Sandra and Michael’s daughter Amy had become increasingly violent. They adopted Amy when she was seven and although she settled very well at first, problems developed around bedtimes. “She would throw things, photographs would be torn,” says Michael. “Amy would do anything to keep us there and

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hated the separation at bedtime. We understood from her experiences in her birth family there was a lot of anxiety about separation and fear of abandonment.”

But the violence escalated. By the time Amy was 11, she had tried to push her mother down the stairs, made threats with knives, and destroyed televisions and iPads. Now the same height as her mother, she would trap her in a room and be verbally abusive. Just before the NVR programme commenced, there had been 17 episodes of violence in just 16 days. “My legs felt permanently like jelly,” says Sandra. “I didn’t feel safe at home with my daughter.”

Sandra and Michael had sought help earlier, when Amy showed the first signs of aggression. Their social worker at the time had tried hard but was unable to find anything to meet their needs. More recently, through Adoption UK, they heard about a conference offering an approach for families suffering child perpetrated domestic violence.

“There was a lightbulb moment,” says Michael. “The speaker, Dr Peter Jakob, explained domestic violence thrives on secrecy. The way to disempower domestic violence is to take away the secrecy.” With funding provided by the Adoption Support Fund, Sandra and Michael embarked on the NVR programme with family therapist Shila Desai. Shila joined Sandra and Michael for the first gathering of supporters at their house, explaining about the NVR approach and what their role would be.

The first step was a written statement. Sandra and Michael wrote Amy a letter, emphasising their love but making clear that the violence was not okay. The supporters had a role of “stress busters” – during an incident, they would be called on to come round and help de-escalate the situation. “The rampages used to last for hours; it was as if for Amy a switch had been flicked and there was nothing we could do to stop her. A supporter coming round did have the effect of breaking the rage,” says Sandra. “Amy would remove herself, either somewhere else in the house or into the garden. We wouldn’t try to talk or address things immediately but it had the effect of stopping things from getting any worse.”

After each violent incident, there is a “sit-in”:

the parents sit with the child, ideally until an explanation or apology is offered. “In practice, it wasn’t always possible to be in the same room – we might sit in the room next to Amy. There weren’t apologies. But the underlying message was there: we are still here, we are not going away or giving up and, equally, this behaviour isn’t okay.”

Critically for the family, the new approach provided an alternative to the traditional child-parent dynamic of being locked in a battle for control. Michael provides one example: “I was making a packed lunch for Amy and she said she didn’t want a sandwich. I had just put a chocolate bar in the lunch box and my first instinct was to remove it. I noticed that as soon as Amy refused a sandwich, she pulled her phone tightly into her chest, anticipating I might react by taking it away. I didn’t do anything, waited for several minutes, then asked her what she would like in her sandwich. ‘Tuna’, she replied.”

Sandra and Michael have now completed three months of NVR, seeing Shila once a week, together with additional discussions with her each week by Skype. By the last two weeks of the programme, they had been free from any incidents of violence.

“Understandably, Amy has a strong sense of needing to control her life,” says Sandra. “We were trapped in a battle for control – it wasn’t working, but as parents we didn’t have an alternative; you can’t let your child destroy their room and hurt people.”

For Sandra and Michael, there is a clear sense of a breakthrough, together with the knowledge that challenges will continue, as the trauma from Amy’s early years remains present and she goes through adolescence.

“This has given us a different and far more effective set of tools to use,” says Michael. “The emphasis is upon the family relationships rather than the battle for control and we are certainly seeing a happier, calmer Amy – the funny, intelligent daughter we know and love.”

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\* All names have been changed to protect identities