



Reciprocal relationships - non volent resistance and the IASW as solidarity and support against abusive and violence behaviour

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Abstract

The Irish Association of Social Workers (IASW) creates spaces for voices of encouragement, hope and support for practitioners and researchers using new ways of responding to new needs. A new and innovative response to child to parent violence and abuse (CPVA) is Non Violent Resistance (NVR). The IASW has supported us in our work with this systemic and relatively brief model of intervention with parents since the early days of its use in Ireland from 2007 onwards. As a systemic model of intervention, social workers and other practitioners use NVR to engage parents in the process of change and an end to the problems of CPVA. In this article, we outline the development of the NVR model in Ireland, while celebrating the key role played by the IASW. The Association continues to be a forum in which social workers can share new ideas and practices, learn from each other and further the cause of human rights and social justice in the lives of the people with whom we work. Using a case example, we highlight support and solidarity as key elements of NVR and reflect on the ways in which we have experienced support and solidarity as members of the IASW.

We have changed the names and other details used in this article (from the practice of the first author) to protect client confidentiality. Whenever we refer to parents, we are also thinking of grandparents, foster-carers, adoptive parents, same sex single or couple parents and anyone who has parental responsibilities for a child under the age of 18 years old.

Uncertainty, invisibility and power

Social workers engage people and structures to address life challenges and to enhance wellbeing (IFSW, 2014). One of the challenges with which many people encounter is abuse and violence within the family. A more recently explored form of violence within the family is child to parent violence and abuse (CPVA). This is an abuse of power through which a child/ young person (under the age of 18 years) repeatedly uses abusive/ controlling and sometimes violent, behaviour towards their parents. When this happens, parents can feel unable to challenge their child and then feel unsafe in their own home. Sometimes, when social workers hear about abusive and violent behaviour in family relationships, we too can feel uncertain and feel the need for voices of encouragement, hope and support.

We cannot say for certain when, where and how often parents are disempowered and live in fear of a son/ daughter under the age of 18 due to the repeated aggressive/ abusive behaviour of their child. Although the problem is acted out in different families in different ways, what we can say is that it is a complex, hidden and potentially very serious problem; it seems that families experiences of support and effective help varies hugely (Coogan, 2016; Condry et al 2021). We can also say that figures reported by Parentline, a national telephone support service for parents/ carers in Ireland, indicate that since the first COVID 19 lockdown, the

numbers of parents seeking help in responding to their child's aggressive and violent behaviour have more than quadrupled (Michael, 2020; Fagan 2021).

One of the challenges we face as we consider how best to help families living with CPVA is its invisibility. The idea of a child as an initiator or perpetrator of violence at home is invisible in domestic violence and abuse policy frameworks in Ireland (Wilcox et al, 2015; Coogan 2011, 2016). A complicating factor is the counterintuitive dynamic inherent to CPVA (Tew & Nixon, 2010; Coogan, 2014, 2018). Violence within the family usually involves attacks on less powerful individuals (children or partners) by more powerful individuals. CPVA, however, involves attacks by a child or adolescent, whom we usually understand as being less powerful individuals, on adults, who we usually regard as more powerful (Agnew & Huguley, 1989). A child who threatens to wreck the home, to injure someone or to self-harm uses their positional power and changes the power relationships within the family (Wilcox & Pooley, 2015). In families where CPVA takes place, conventional power dynamics within family relationships are reversed due to parents feeling disempowered and unable to assert their authority as parents (Calvete et al., 2013; Omer, 2004, 2011). Since the problem is both largely invisible and can seem counterintuitive, we could have the mistaken belief that CPVA is uncommon and does not require exploration. Such unconscious bias can be reinforced by parents' reluctance to describe their experiences of violence at the hands of their child or adolescent. Social workers are especially aware of power imbalances in relationships and aim to use our own power appropriately in our work (IASW 2020: 5). NVR can provide us with the skills and knowledge to detect and respond to power imbalances in families where the abusive/ violent behaviour of children have changed power relationships within families.

Name it and claim it

It is never easy to talk with anyone about living in fear of someone whom you love. When they begin to talk about their experiences to social workers or other practitioners, parents very rarely use terms such as child to parent violence or abuse. Instead they often speak about 'problems in the family' or 'not being able to control' their son/ daughter (Wilcox & Pooley, 2015). We need to be alert to the possibility that such phrases can describe the almost unbearable burden of living with abusive/ violent behaviour. When we are attentive to subtle indications, we can ask about such experiences in a supportive manner. The stigma and shame that surround parents' experiences of abuse from their child make it harder to disclose (Selwyn & Meakings, 2016; Coogan, 2018; Ibabe et al 2020; Kelly & Coogan, 2021). It is vitally important then that we encourage each other, parents and children to name this type of violence within the family, to claim it as something we can respond to and to resolve it through solidarity and support. This is a message that we have consistently heard when we discuss CPVA with social workers through training facilitated by the IASW.

NVR focus on empowering parents and practitioners

NVR focuses on empowering parents and those who support them to change their responses to a child's abusive/ violent behaviour and improve their relationship with the child. This distinctively systemic perspective fits well with us as social workers; it shifts the focus of our

work away from attempting to change (or control) someone (the child in this case). Our focus instead is on helping parents and their supporters to develop skills to, for example, de-escalate conflict, resist and protest against abusive/ controlling behaviour and increase their positive presence in the child's life (Shannahan, 2017).

First steps in NVR – a case example

The first author and team colleagues first appreciated the positive potential in NVR while he was working as a social worker and family therapist with a community based and publically funded outpatient Child and Adolescent Mental Health Service (CAMHS) in north Dublin. Parents/ carers around that time began describing to us a constant sense of walking on eggshells around their son or daughter under the age of 18 years old. These parents described their experiences of being emotionally, financially and psychologically abused and sometimes physically assaulted by their sons/ daughters. They felt disempowered, isolated and unable to act as the kind of parent they would like to be.

For example, during his initial appointment with the first author, “Michael”, aged 8 years old, stormed out of the meeting, shouting that he would never to return. Michael's mother, “Laura.” burst into tears, saying she did not know what to do. His father, “Brendan,” got up to leave the room, saying he would try to calm Michael down. Michael was the older of two children, from a comfortable family background, and had no prior contact with child protection/ welfare or mental health services. The school principal and family doctor referred Michael to the CAMHS clinic because of his violent temper tantrums, his aggressive behavior toward his brother at home and toward other children at school, and his threats of self-harm.

Michael's parents were not the only parents to describe their overwhelming feelings of embarrassment, helplessness, and shame when talking their own child's use of or threats of abusive and/ or violent behaviour against them. When thinking about our starting points in developing a team response to these problems, it seemed to us that a victim–perpetrator model from conventional domestic violence perspectives would not fit with the complex lived experiences described by parents. Parents living with CPVA did not regard themselves as ‘victims’ in the ways we usually understand the term and we were uncomfortable with talking about an 8-year-old child (or other children) as a ‘perpetrator’. We were also conscious of ethical and practice limitations in adapting some of the conventional domestic violence approaches (such as the exclusion of the person who uses violence from the family) when working with problems linked to CPVA. The Domestic Violence Act 1997 (nor its successor, the Domestic Violence Act 2018) did (does) not include any legal sanctions or resources that might be useful for families living with CPVA. Michael's parents had not even begun to consider placing their son in voluntary care. While his abusive and controlling behaviour raised concerns for many people, Michael's behaviour was unlikely to reach the threshold of serious and immediate harm to children that would warrant a referral to the local child protection and welfare social work department.

As we considered what might be helpful in our work with families living with CPVA, it seemed to us that any of the standard individual or groupwork interventions for emotional/behavioural difficulties of adolescence did not offer much help or hope. Sometimes, their child refused to attend CAMHS meetings. Other times, if they did attend, they totally dismissed any responsibility in having a role to play in resolving problems within the family.

NVR – a relatively short and hopeful response

An article by Uri Weinblatt and Haim Omer (2008) outlined a relatively short-term intervention project in Tel Aviv, Israel that involved the parents of 41 families where children (ages between four and 17 years) presented with aggressive behavior problems toward their parents. Their research demonstrated that during the period of the Non Violent Resistance intervention project, the parents reported less permissiveness and helplessness in their parenting style, a decrease in their escalatory behaviors, significant reductions in their children's escalatory behaviors, and an increase in positive behaviours. Another interesting finding was that, for this parent-focused intervention, only one parent failed to complete the programme.

The first author consulted with the CAMHS team members and made contact with one of the authors of the Weinblatt and Omer (2008) article. We then agreed that the NVR model could be adapted for use in the service and offered to parents/ carers as one way of responding to the dilemmas presented by CPVA. Laura and Brendan, and other parents to whom we described NVR, liked what they heard from us about NVR and decided to see if it would be useful in helping them respond to the abusive and violent behaviour of their child.

The IASW as a forum for critical debate and support

We will return to Michael's parents later in this article. But since then, parents and practitioners in Ireland and the UK have responded positively to NVR (Coogan, 2016, 2018; Jakob, 2018). The IASW Code of Ethics (2020: 5) states that social workers should use their professional association as a forum for critical debate and dialogue to advocate for and promote social change. From the very beginnings of our work with NVR, the IASW has provided such a forum as we have shared ideas with and listened to social workers in our shared goal of ending abuse and violence in families. In 2008, the first author presented a workshop at the IASW Annual Conference in Dublin, outlining the practice dilemmas posed by CPVA and the positive experiences so far of parents and practitioners when using NVR. Social workers and other delegates at the conference spoke about their own recent encounters with CPVA in practice and encouraged the first author to continue with this work. The solidarity and support from members of the Association and from other practitioners encouraged the first author and colleagues to continue suggesting NVR as one approach that might be useful. It also led to requests from members of the IASW for a training programme on NVR, which could not be developed at that point.

The second author's interest in NVR in the context of CPVA, started when she joined the UNESCO Child and Family Research Centre at NUI Galway in August 2013 through the Responding to Child to Parent Violence (RCPV) Project (JUST/2012/DAP/AG/3086), co-funded by the EU (Daphne Programme). This was a two-year action research project across five EU countries. Lead by the Paula Wilcox at the University of Brighton, this project carried out research on child to parent violence and developed reports, videos and handbooks that are still available online (see www.nvrireland.ie). In the meantime, the first author had changed employment and had begun work on a PhD exploring CPV and NVR, which enabled him to respond to the requests from social workers and others for training in NVR, some of which were facilitated by the IASW. Both authors of this article first met and began to work together through the RCPV Project, delivering a two day Practitioner Training in CPV and NVR developed in Ireland as part of the RCPV project. Research indicated that the training significantly raised practitioner self-efficacy and competency in discussing CPV with clients (Wilcox et al, 2015).

Outcomes of the RCPV Project

In addition to providing training in NVR for practitioners in Ireland, the RCPV Project also produced Country Reports for Bulgaria, England, Ireland, Spain and Sweden, providing baseline information on the issue of CPVA. Through events organised by the IASW among others, we raised public and practitioner awareness about the problem through press releases, an international conference and public talks. We also developed and made freely available a Practitioner Handbook in response to practitioner requests following their participation in the training. This project also led to the development of the Mid-West Child to Parent Violence Committee made of practitioners and researchers who first came together to organise an international conference on CPV in Galway as part of the RCPV Project. This would later lead in turn to the development of the NVR Ireland Network committed to continuing work on raising awareness of CPVA, supporting practitioners in their use of NVR and providing a forum for support and resource-sharing. Our membership of the IASW and first the Mid-West Child to Parent Violence Committee and then the NVR Ireland Network has provided us both with reciprocal supportive relationships, without which it is doubtful we could have continued with the evolution of NVR in Ireland and further afield.

In February 2014, the first author presented a workshop on NVR to social workers in a seminar organised by the IASW Special Interest Group on CAMHS. Social workers present at the seminar supported the ongoing development of NVR in Ireland as a response to CPVA and began to ask questions about whether NVR could be used in other contexts, such as where children had clinical diagnoses. Following the conclusion of the RCPV Project in 2015, the IASW continued to provide a forum for the sharing of practitioner experiences of working with families living with CPVA and for the exchange of practice wisdom and messages from research. Later in 2015, the second author shared her insights through a presentation as part of an IASW Joint Adult and Child and Adolescent Mental Health Social Work conference in Dublin (Lauster, 2015). Throughout the following years, we (and others) continued to provide training on NVR for practitioners, regularly using IASW facilitated workshops and events as a forum to facilitate training and/ or to share ideas and discuss

questions about NVR in practice. In a sense, these relationships helped to hold us to account for the ideas and strategies we include as part of the NVR training for practitioners. With social workers keen interest in human rights, social justice and the rights of the child, we were encouraged to include parent and child human rights perspective in our training on NVR since 2016 (see also Coogan & Lauster, 2020).

Solidarity and Support through the NVR Support Network

A social worker and parent struggling with the complex issues of family violence can feel isolated and over-whelmed by competing demands that can arise. One way of making space for change is to decrease the isolation felt by parents and by practitioners. One of the distinctive features of NVR is the bringing together of the Support Network, under the leadership of a parent and an NVR trained practitioner (Jakob, 2018; Coogan, 2018). This network “can be a powerful tool in promoting progress and overcoming obstacles” (Lebowitz & Omer, 2013: 216). The other key elements of NVR are described in detail elsewhere (e.g. Lauster et al 2014, Coogan, 2016, 2018; Kelly & Coogan, 2021). But here we focus on the Support Network element of NVR and the parallel sense of support and solidarity that we have been able to experience through the IASW.

The NVR Support Network operates a forum of solidarity and support for parents, as different members of the Support Network (e.g. relatives, friends, and, when needed, different practitioners in different agencies) agree to take on specific concrete tasks identified by the parent(s). Although, as we have seen, parents may be reluctant initially to talk with others about the problems with which they are living and to ask for specific support, our experience is that once they ask for concrete help, many benefit from the support they receive rather than remaining isolated in their situation (Lauster et al 2014; Kelly & Coogan, 2021). The active involvement of the NVR Support Network can also release the parent(s) and practitioner from the obligation to tackle every single problem each time they speak, either in person, over the phone or through an online platform such as Zoom or MS teams. It can also make room for conversations that explore progress, challenges and relapses in the implementation by parents of NVR in their day-to-day living.

As part of the initial assessment, a social worker can use a genogram as a useful way to map members of family and friendship networks, some of whom may later be chosen by parents as part of the NVR Support Network. The parent and/ or the NVR trained social worker can ask different members of this informal team to take on different practical roles in helping the family to end abusive and/ or violent behaviour within the home. Each member of the Support Network also agrees to make contact with the child using abusive/ violent behaviour soon after the parent(s) makes the Announcement, at a time suggested by the parent (Omer, 2004; Coogan 2018). When a member of the Support Network speaks with the child, they tell them that they know about the abusive/ violent behaviour that has been taking place at home, that they continue to love/ care about the child and that they fully support the parent(s) in their determination to resist any abusive/ violent behaviour by anyone.

Resistance and what happened next in the case example

It is likely that a child will resist any changes when parents begin to make changes in the habitual ways in which they respond to their son/ daughter's aggressive/ abusive behaviour. The Support Network can assist parents to persist with their commitment to nonviolence and resistance. Tapping into the potential resources of the Support Network can also lead to surprising and empowering experiences of solidarity for practitioners, parents and family members.

We can illustrate the steps towards this through describing some of the work involving Laura, Brendan and the NVR Support Network, which took shape in this way:

1. Michael's parents, Laura and Brendan made a commitment to Non Violence Resistance; this also involved a commitment to try out this new way of responding to Michael's behaviour over a period of up to ten sessions.
2. Over the following weeks, Laura and Brendan implemented some of the less visible elements of the NVR intervention – noticing and avoiding escalation cycles, calming self-talk, increasing parental presence, noticing exception to problem behaviour and self-care.
3. The first author and the parents discussed progress or challenges over the first five sessions; both parents sense of themselves as parents began to change. They noticed their abilities to actively resist challenging behaviour, their own competencies as parents and avoided the temptation to fall back into the habits of escalation that had developed over time within family interactions.
4. During session 4 discussions about the NVR Announcement, the parents began to consider whom they might include in their NVR Support Network. (When parents make the NVR Announcement, they also provide all family members with the names of the people the parents have chosen for different roles in their Support Network). The parents also identified the tasks they would like different members of the Support Network to undertake and between the fourth and fifth session, developed their own version of the NVR Announcement, adapted for their own family's needs.
5. With different tasks assigned to and agreed with a grandmother, an aunt, a teacher, a resource teacher and the social worker, the parents made the Announcement, and were prepared for Michael's hostile response to it.
6. In a following session, the parents also discussed and made plans for the NVR Sit In as a response to specific behaviour (in Michael's case, hitting his mother or his sister). They also stated that the contact and support from members of the NVR Support Network helped them to remain calm and confident in their approach.
7. During the following session, Laura and Brendan reported what they described as a successful Sit In – they both remained calm, they both continued with life as usual after the Sit In and Michael had not (yet) hit Laura or his sister in the intervening two weeks, though hitting had been taking place on a regular basis up until then.
8. NVR focused work continued involving Brendan and Laura for several more weeks until both parents were confident that their goals had been met and they were confident in their abilities to respond well to any further challenging or violent behaviour that Michael might display.

COVID 19, social work responses and the IASW

Right now, in 2021 the IASW celebrates 50 years of promoting, supporting and representing social workers in Ireland and further afield. At the same time, in August 2021, we are in a new phase in Ireland in the easing of the restrictions required by the threat of the COVID 19 pandemic. As Featherstone et al (2020) remark, social workers are confronted in ways that many others are not with the fact that while we are all vulnerable to the virus, we are not all equally vulnerable. Social workers face the reality of what lockdown means to people living in unsafe conditions and to those with little or no access to outside spaces. Social workers adopted ways of working that include practice help and expressions of care and solidarity (Featherstone et al 2020). The creativity and innovation of social workers and other practitioners around the world and in Ireland in responding to the needs of the people with whom we work have been described elsewhere (Dominelli et al, 2020, Coogan & Mooney, 2020, Featherstone et al, 2020). Such creativity and support arise within the context of crisis and solidarity between us and with the people with whom we work. One of the responses of the IASW that fostered solidarity and facilitated creativity included the creation of a free to access COVID 19 resource webpage where social workers could freely access resources on practice through COVID 19 and exchange ideas about what might be helpful in different contexts (See https://iasw.ie/IASW_COVID19_Resources).

Responding to client need and to the requests of Parentline and social workers, NVR Ireland developed a guide to facilitating NVR support for parents/ carers during the COVID 19 crisis (Coogan et al, 2020) which the IASW published on its COVID 19 resources page. Members of NVR Ireland (some of whom are also social workers and members of the IASW) also developed and delivered online training for practitioners in the use of NVR. Describing the work of Parentline in helping parents cope during the pandemic, Wayman (2021) describes the positive responses of parents/ carers and NVR trained practitioners to the remote delivery of the NVR model of intervention.

Conclusion: a parent, a child, NVR and the IASW.

Sometimes, a child's aggressive and violent behaviour towards their parent can reach such extremes that a parent feels that the Gardaí need to be called; this is what one parent had to do at one point when she feared for her safety, as she explained to Wayman (2021). Lori came to realise that calling the Gardaí to intervene was not the solution but that she needed to find something else. Both Lori and her teenage son are glad that practitioners at the Springboard Family Project, at Loughlinstown, Co. Dublin introduced an initially sceptical Lori was to NVR. We cannot be certain that without the IASW, social workers or other practitioners would not have introduced Lori and many other parents to NVR. Many other people and factors have played a role in the evolution of NVR in Ireland. But what we can say is that the members of the IASW and the IASW office staff have been voices of solidarity and support for us and many others as we try new ways of responding to new needs. The IASW has consistently supported the development of NVR since the beginning of its adaptation in Ireland. In this article, we suggest that social workers and other practitioners have been empowered by NVR to be the voice of hope and support for parents/ carers living

with the abusive, controlling and sometimes violent behaviour of children/ young people. We use an anonymised case example to illustrate the potential for change that lies within the support and solidarity that is activated through the use of NVR by parents and practitioners working together to end CPVA. We have highlighted the key role played by the IASW in the development of the NVR model in Ireland, emphasising the importance of the IASW as a space of solidarity and support for us and for many other practitioners. We look forward to continuing to avail of the IASW as a forum for critical debate and dialogue as we and many other social workers advocate for and promote social change.

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