

The age of violence

An increasing number of mothers and fathers are seeking help after being physically attacked by their children. Mary Hampshire investigates this 'last taboo'

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Sue had just asked her eldest son, then aged seven, to clean his teeth before he went to bed when suddenly he lashed out at her. "He flipped and started kicking and punching me," she says. Over the past six years the violence has escalated, with the boy attacking his mother several times a week often without warning. "He's tried to strangle me, he has also got me in a headlock. Once he threatened to grab a knife and kill me, so I sat on top of him to stop him. I've always tried to restrain him – for instance, grabbing his arms – but it's got more difficult as he has got bigger."

Sue, a civil servant in her thirties from Yorkshire, is one of the growing number of parents reporting attacks by their children. Physical abuse by children accounts for six percent of calls to Parentline Plus, the charity helpline, and 17% concern aggressive behaviour with the children involved ranging from age four to 15. It is natural for children to have moments of aggression, such as swearing, shouting, throwing or kicking objects in anger, says Dorit Braun, the chief executive of Parentline Plus. But while this conduct can usually be nipped in the bud, in some cases it leads to more serious misbehaviour, for example, a young child who regularly hits out at and kicks parents. "We've had very distressed parents ring us when their child has hit them with a cricket bat. Mum is usually the target, the basic reason being that dads are perceived as bigger and tougher."

As a divorced (and slight) mother of two, Sue might make an obvious target but violent children are a problem for nuclear families as well as for single parents, says Jill Bennett, head of the Education Social Work Department at Wirral Borough Council. "This is not a class issue," she says. "We see some single mums, and women who became parents in their teens. But the majority are not from economically deprived areas and include two parent families and middle class professional women. Most have other children who are perfectly okay. Like any newly discovered last taboo, it's much more prevalent than you think."

Bennett discovered the problem when following up cases of children in which parents faced prosecution for their children's truancy. "I'd ask if there was anything else we could do, otherwise we'd have to go to court," she recalls. "Then the tears would flow and the mother would pull back her sleeves and show us the bruises." Last year, the council launched a 12 week programme to help parents of violent and aggressive children aged eight to 18. Forty eight parents have completed it and now separate groups for parents of primary school age children and fathers are currently being set up.

The reasons for violent and aggressive behaviour are multiple and complex says Dr Susan Bailey, chair of the Child and Adolescent Faculty at the Royal College of Psychiatrists, although they boil down to “nature, nurture and timing; whether events happen at critical stages of development.” Braun believes behavioural problems arise when a parent is “distracted”. “Divorce, bereavement and unemployment draw on parents’ inner resources. They’re less able, not so much to set boundaries but to constantly reinforce them - which is what children need.”

Violent and aggressive behaviour can also be a reaction to events outside the family such as bullying, stress at school and problems with friends. Children lash out in response to overwhelming feelings and fears they often don’t understand, says Braun. They may not show it at the time but react later when something or someone reminds them of the original upset. “From the child’s perspective, violence is a sign of enormous unhappiness,” she says. In other instances, anti-social behaviour is linked to mental health problems, and behavioural syndromes such as autism. “People place an enormous amount of faith in getting a diagnosis,” acknowledges Lisa Miller, consultant psychotherapist and head of the Child and Family Department at the Tavistock Clinic, London. But, she says, this is not always helpful because parents expect medication to address behavioural difficulties, and ignore family dynamics. “Parents really need to analyse what’s happening in the family,” she says.

In Sue’s case, she points to her son being bullied at nursery school and problems making friends as possible causes of his aggression. But she is not convinced this is the whole picture. “There’s no history of domestic violence in the family, and my son is bright and has not fought with children at school. I’ve wondered if he has autism or is reacting to additives. Perhaps he was badly affected by me going back to work or became resentful when I had my second son? I’ve certainly never been soft with my children. I’ve never backed down even when my son is abusive. I’ve tried speaking to him softly and telling him to calm down. I’ve tried to talk to him but he just shrugs his shoulders. I’ve looked at the peaceful episodes and analysed if I do anything different. But I maintain the same rules.”

Finding the right help can be difficult. Sue and her son were referred by their GP to a psychiatrist and a family therapist. “The psychiatrist thought he was going through the terrible twos late in life. The family therapy was - how can I say it without being rude - rubbish.” Sue is now involved in TULIP (Together United Living In Peace) and also attends sessions at the Tavistock Clinic. Her son, now 13, moved in with his father last year and sees his mother at weekends. Since attending a couple of sessions at the Tavistock this year, he has improved. After the first session, Sue was very upset and her son ended up holding her hand and trying to comfort her, something he’d never done before. After the second session he told his mother he loved her and his younger brother, and that he feels physically sick after his outbursts. He has also said he wants to be helped.

Jane, 36, from Cornwall, who is married and has three children, began having difficulties with her youngest child, now aged five, when he was a toddler. At

two-and-a-half, her son began hitting and kicking Jane and her husband and other adults. Jane, like Sue, also found it difficult to source professional help. Her GP said her son would grow out of his 'tantrums'. In the meantime, he was repeatedly excluded from school and then threatened with permanent exclusion. "I was tearing my hair out," recalls Jane. "I took the exclusion letter to my GP, slammed it on his desk and said: 'Now are you going to do something?'" She was referred to the local child and family service but there was a year-long waiting list. Then Jane moved him to another school in March this year and he was referred to Scallywags - one of 24 Child and Adolescent Mental Health Services (CAMHS) projects set up by the Department of Health. The organisation, which aims to prevent children being excluded from school, works with defiant and aggressive three to seven-year-olds for six months and, in 70% of cases, children achieve the targets set for them, for example, demonstrating social skills and complying with parents' requests.

"We are getting in early and working on all fronts," explains psychologist and project leader Moira Broadhead. "The kid is basically outnumbered." Support workers help the child at home, at school and with their peers in class, and liaise with parents. They address issues such as anger management. Parents can also attend their own support group. "Parents generally know they should be consistent, fair, set boundaries and stick to them," says Broadhead. "But putting that into practice is a different matter. Sometimes behaviour problems are linked to delayed emotional, social or academic development or social setbacks such as separation, divorce, death and medical problems."

If a parent feels unsafe with a violent child, Braun urges them to call the police in the short term and seek professional help. When children lash out in panic or rage, it is important to set limits at once, lower your voice and encourage them to talk about their feelings once they have calmed down. Shaming children can make them feel worse and more aggressive. It is crucial that both parents adopt the same approach, or one will be played off against the other. But ultimately, if a child is to change, the adults around them have to as well, Broadhead says.

"Restraining my son doesn't work," explains Jane, who has altered her parenting style. "It makes him more agitated. So now I put him in his bedroom and hold the door closed for a few minutes until he's calmed down. I try not to shout. If he sees me wound up, he plays up more. I reward good behaviour rather than always give him attention when he's naughty. We have been using a tick chart at home. If he gets so many ticks he can have a treat. We've involved all our children in that." Jane's son has not been excluded from school since March and is calmer at home. "We are all so much happier," says Jane. "My husband and I can cope now because we know what to do." As Lisa Miller at the Tavistock says: "The positive thing about children is that they're still growing and developing. They have time on their side. There's always hope."

