

# *Who's in Charge?*

A group for parents of violent or beyond control children

## **Evaluation Report**

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for *Southern Junction Community Services*

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Southern Junction Community Services



**Government of South Australia**  
Children, Youth and Women's  
Health Service

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## SUMMARY

...what parents need are support groups run by professionals, because, when parents can talk openly about their experiences, when they have information about the dynamics of abuse, and when they really believe that they have the right and duty to keep themselves and their families safe, they are in a better position to stop the abuse. This is especially so in the early stages.<sup>1</sup>

This evaluation finds that, for the eight participants of the evaluation, *Who's In Charge?* effectively achieves its stated aims to support parents who are victims of violent and abusive behaviour from their children and young people.

Participants indicate that this program met their expectations, providing them with information, support, ideas and strategies. One of the positive effects of the program is that the amount and frequency of violent and abusive behaviour by the children and young people has decreased. The program successfully creates belief in the possibility of change in parents. As a result of taking part in this program, parents have a clearer conception of acceptable and unacceptable behaviour, and are able to use meaningful and effective consequences for unacceptable behaviour. Parents report an increase in their assertive parenting skills, and their ability to take care of themselves, as well as their children. Many parents report that since completing the program they have been able to return to, or take up, work, study and hobbies.

Over all, achievement of the aims has been sustained over time; however, there is a clear indication that participants need ongoing support after completing the program. This evaluation has found that, as time has passed since completing the program, in some areas, some parents have experienced a decrease in confidence. There is an identified need to continue contact with others in a similar situation to provide support, and to maintain the progress made during the program.

A complementary program for children and young people who engage in violent and abusive behaviour toward their parents is also identified as needed by the participants.

*Who's in Charge?* is addressing an identified need and effectively supports parents. It is recommended that it continue to be provided.

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<sup>1</sup> Cottrell, B (2004) *When Teens Abuse Their Parents*, Fernwood Publishing, Halifax, Nova Scotia, p 159

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This report would not have been possible without the contributions of:

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author of *Who's in Charge?* who kindly shared such a valuable resource

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# **1. Who's In Charge?**

*"I wish I could yell out to the world with the knowledge I have now."*<sup>2</sup>

## **1.1 INTRODUCTION**

The issue of children and young people being violent and abusive towards their parents was first identified in 1957 by Sears *et al.*<sup>3</sup> Harbin and Madden named this issue as "battered parents syndrome" and situated this behaviour within the spectrum of family violence in the late 70s.<sup>4</sup> In the thirty years since, there has been very little research into this issue. Eckstein, Kratcoski, Agnew and Huguley, Cottrell, Finlayson, Monk, Cornell and Gelles, and Brezina are among the few who have conducted research about this type of family violence.<sup>5</sup> Current Australian researchers include: Paterson, Jackson, Stewart, Bobic and Eddie Gallagher, the creator of *Who's in Charge?*

There are many terms that are used to describe this type of behaviour including: parent abuse, child-to-mother violence, adolescent violence towards parents, and child and adolescent violent and abusive behaviour in the home. Defining this issue is problematic. Cottrell defines parent abuse as: "...any harmful act by a teenage child intended to gain power and control over a parent. The abuse can be physical, psychological, or financial."<sup>6</sup> Paterson *et al* use the following definition:

Behaviour is considered to be violent if others in the family feel threatened, intimidated or controlled by it and if they believe that they must adjust their own behaviour to accommodate threats or anticipation of violence.<sup>7</sup>

In Adelaide, there are three steering groups that are looking at the issue of young people's use of violence and abusive behaviour toward their families. These steering groups are comprised of members of various agencies in the Southern, Western and Northern metropolitan areas.

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<sup>2</sup> Comment by a *Who's In Charge?* participant

<sup>3</sup> Stewart, M *et al* (2004) "Current state of knowledge on child-to-mother violence: A literature review," *Contemporary Nurse*, Vol 18, No 1-2, p 200

<sup>4</sup> *ibid*

<sup>5</sup> Stewart, M *et al* (2006) "Child-to-mother violence: A pilot study," *Contemporary Nurse*, Vol 21, Issue 2, p 298

<sup>6</sup> Cottrell, B (2003) "Parent Abuse: The abuse of parents by their teenage children, Overview Paper," National Clearinghouse on Family Violence, Health Canada

<[http://www.phac\\_aspc.gc.ca/ncivf/familyviolence/pdfs/2003parentabuse\\_e.pdf](http://www.phac_aspc.gc.ca/ncivf/familyviolence/pdfs/2003parentabuse_e.pdf)> viewed 18/12/06

<sup>7</sup> Paterson, R *et al* (2002) "Adolescent violence towards Parents: Maintaining Family Connections When The Going Gets Tough," *Australian and New Zealand Journal of Family Therapy*, Vol 23, No 2, p 90

The definition of child and adolescent family violence shared by each group is:

“Violence” in this context is any action in which young people or adolescents engage, which causes parents and/or siblings to be harmed, frightened or intimidated. Violence is different from anger. Violence is an action whereas anger is an emotion. Violence may occur in different forms: physical violence, psychological/emotional abuse, verbal abuse, financial abuse.”

Eddie Gallagher, a psychologist, family therapist, social worker and trainer, developed a program *Who's In Charge?: A group for parents of violent or beyond control children* to support parents who are victims of this behaviour from their children and young people. This program has been running in Victoria for approximately five years.

*The Corner House* and *Southern Junction Community Services*<sup>8</sup> began *Who's in Charge?* in 2006 in response to an identified increasing need among clients. It is the only program in Adelaide that is specifically designed to support parents who are victims of violent, abusive and out of control behaviour by their children and young people.

This evaluation was initiated by *The Corner House* and *Southern Junction Community Services* and was undertaken as a Flinders University Industry Placement. Approval was granted by the Flinders University Social and Behavioural Research Ethics Committee to undertake this research. *The Corner House* and *Southern Junction Community Services* provided the group rationale and notes, an outline of the session plans, and contact details of those participants who had given their permission, had indicated their willingness to take part in further research and had completed the program.

This evaluation is based on the responses of eight members of four groups that completed this program: the two groups that ran in semester two of 2006 and the two groups that ran in semester one of 2007.

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<sup>8</sup> *The Corner House*: A community based family support service, funded by the Social Inclusion Unit, and part of the Children, Youth and Women's Health Service. This Service was based at Christies Beach. Funding was withdrawn mid 2007 and this service no longer operates.

*Southern Junction Community Services*: An independent not-for-profit community organisation that delivers a diverse range of support and intervention services to marginalised families, disadvantaged groups and individuals in the southern suburbs of Adelaide.

The question guiding the evaluation is: Are the aims of *Who's in Charge?* being achieved? Further questions are: Is this program making a difference? Are the strategies learned from this program effective and are they sustained over time?

The aims<sup>9</sup> of the *Who's in Charge?* program are:

Overall: Parental attitude change and changes in parental behaviour.

The specific aims are:

- To reduce parent's feeling of isolation
- To challenge parent's feelings of guilt
- To create belief in the possibility of change
- To clarify boundaries of what is acceptable and unacceptable behaviour
- To examine strategies for creating meaningful and practical consequences for unacceptable behaviour
- To reinforce progress and provide emotional support while they attempt to become more assertive parents
- To explore anger, both the children's and the parent's
- Self care and assertiveness
- It is expected that parents will feel less depressed and powerless by the end of the course
- It is hoped that the amount of violence and abusive behaviour will decrease in a majority of the families<sup>10</sup>

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<sup>9</sup> *Who's in Charge?* 2006 Group Rationale and notes

<sup>10</sup> However, this depends on many variables that are out of parents' control. Change in children's behaviour may be a long term consequence of changes in parental behaviour

## **1.2 AN OVERVIEW OF WHO'S IN CHARGE? PARTICIPANTS AND THEIR CHILDREN AND YOUNG PEOPLE WHO ENGAGE IN VIOLENT AND ABUSIVE BEHAVIOUR**

Twenty-eight participants enrolled to complete the *Who's In Charge?* program in term 4 of 2006 and term 1 of 2007. Participants complete the *Who's in Charge?* pre-group questionnaire at the beginning of the program.<sup>11</sup> This summary of the information gathered in the pre-group questionnaires is presented in order to contextualise the evaluation of the program as the eight participants in the evaluation are drawn from this group.

Of the 28 questionnaires completed by those who enrolled in the program in term 4, 2006 and term 1, 2007, 26 were completed fully, and so it is these 26 pre-group questionnaires that are analysed and summarised in this section in order to situate the evaluation of the program within the context of the circumstances of the participants.<sup>12</sup>

### **1.2.1 An overview of the participants.**

Of the 26 parents, 24 were female and there were two males. Eighteen of the females were single mothers. There were two grandparents and a foster parent. The term “parent” is used inclusively to capture the range of caregivers. These parents were victims of a range of violent and abusive behaviour as summarised in Table 1.

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<sup>11</sup> The *Who's in Charge?* pre-group questionnaire is at Appendix B

<sup>12</sup> Not all of these participants completed the program. There appears to be a substantial drop out rate and the reasons why parents are either unwilling or unable to continue with the program merits further investigation as it was beyond the scope of this evaluation.

**Table 1** The frequency of violent and abusive behaviour directed towards the parent in the three months before beginning the program

	Daily or almost daily	Once or twice a week	A few times	Once or twice	Never
Hit	2	1	4	4	0
Threw things at	1	1	8	4	0
Pushed or grabbed	3	0	8	3	0
Yelled at	12	9	1	1	0
Verbally Abused	6	10	2	0	0

As can be seen in Table 1, 24 parents report daily instances of violent and abusive behaviour that was directed toward them while 21 parents report that there was violence or abusive behaviour directed towards them once or twice a week. Two parents report being hit on a daily basis, 18 parents were yelled at or verbally abused daily, and three parents were pushed or grabbed daily. One parent reports that property was destroyed daily, two parents indicate property was destroyed once or twice a week and 15 parents report property was damaged a few time in the three months prior to taking part in *Who's in Charge?*

Violent and abusive behaviour towards siblings is also reported in high numbers with 20 parents indicating that abuse and violence was directed towards siblings daily, and five reporting that abuse and violence was directed towards siblings once or twice a week.

Other examples of violence and controlling behaviour reported by parents include: being threatened with weapons; punching walls, throwing things around, slamming doors; bribery and manipulation i.e. “if you don’t let me I won’t go to school”; getting into “good books” to get what she wants; putting music up very loud; threatening suicide; interrupting all the time, trying to take charge.

Participants were asked, at the beginning of the program, to indicate their level of agreement with a range of statements about their feelings and circumstances. A summary is presented in Table 2.

**Table 2** Parents' feelings<sup>13</sup>

	STRONGLY AGREE / AGREE	NEUTRAL	DISAGREE / STRONGLY DISAGREE
I feel able to cope with my child's behaviour	2	5	14
I think things are getting better	7	3	12
I feel stressed or anxious	22	1	1
I feel my health is suffering	21	2	1
I feel I am to blame for my child's behaviour	8	7	7
I feel depressed or very unhappy	14	6	2
I have good support over this issue	11	4	8

From the data presented in Table 2 it can be seen that 22 parents felt stressed and anxious; 21 felt that their health was suffering and 14 felt depressed or very unhappy. Interestingly, although the research indicates the majority of parents tend to blame themselves for their children's and young person's behaviour, only eight of the parents felt that they were to blame, seven felt that they were not to blame and seven were neutral or ambivalent.

At this time, 14 of the parents felt that they were unable to cope with the behaviour and 12 felt that the situation was not getting better.

In this group of 26 parents there were a total of 34 children and young people who were reported to be behaving violently and/or abusively.

<sup>13</sup> One of the questionnaires did not clearly indicate level of agreement and so was not included in analysis. Eight of the questionnaires were only partly answered with one or more of the statements not answered - these questionnaires are included in the analysis.

### 1.2.2 An overview of the children and young people who engage in violent and abusive behaviour.

The ages of the 34 children and young people ranged from two to 24 years at the beginning of the program. There were 22 males, 10 females, and two whose sex was not indicated. The summary of sex and age is given in Table 3.

**Table 3** Age and sex of children and young people

AGE	0-5	6-10	11-15	16-20	20-25
Male	0	4	9	7	2
Female	2	0	6	2	0
Sex not indicated	0	0	1	0	1
TOTAL	2	4	16	9	3

As can be seen from Table 3, close to half of these children and young people were aged between 11 and 15.

In the initial *Who's in Charge?* pre-group questionnaire, questions were included about the health of the children and young people, and about any abuse experienced or witnessed by them. There were a range of diagnosed health and behavioural problems reported by parents. These tended to be clustered within families. From the initial 26 participants, in 58%<sup>14</sup>, or 15, of the families, the children and young people did not have a diagnosed medical condition. However, from 11 families, there were 15 children and young people who had a diagnosed condition such as Attention Deficit Hyperactivity Disorder, Bipolar mood disorder, Aspergers, Autism, Post Traumatic Stress Disorder.

Additionally, a number of the children and young people had reportedly been victims of abuse and/or witnessed domestic violence. Reported abuse was also clustered within families with 54%, or 19, of the children and young people reportedly not victims of abuse, and 46%, or 15 children, who were victims. In 14 of the families, none of the children and young people were victims of abuse. In 12 of the families, 15 children and young people were victims of a range of abuse types. Witnessing of abuse was also divided. In 11 families, none of the 15 children

<sup>14</sup> All percentages are rounded to the nearest whole percentage

had witnessed abuse. Nineteen of the children and young people in the remaining 15 families had witnessed abuse.<sup>15</sup>

Eight participants from within this group participated in the evaluation of the program completing questionnaires designed to assess the effectiveness of the program in meeting its stated objectives.

### **1.3 METHODOLOGY**

A questionnaire,<sup>16</sup> designed by the author of this report, was used to evaluate this program. The evaluation comprised both quantitative and qualitative questions. A questionnaire is a widely used, self-contained, self-administered instrument that can be an efficient data collection tool.<sup>17</sup> Using a questionnaire to evaluate the program was chosen because it was the most practical, time efficient and cost-effective method of collecting the data.

For this evaluation, an approach was used that provided a time dimension to the study, obtaining information at one time only, but asking about two or more time points in order to find out about events in between these two times.<sup>18</sup> The questionnaire asks about three time periods: before taking part in the program, at the end of the program, and a few months after completing the program, in order to ascertain and evaluate what, if any, changes had taken place. Due to the nature of the issue, the program and the circumstances of the participants, it was not feasible to follow this group of people over time.

Approval to conduct this research project was granted by the Flinders University Social and Behavioural Research Ethics Committee. Only those participants that completed the program, and had indicated their willingness to be contacted for further research on the pre-group questionnaire, were contacted.<sup>19</sup> Upon being contacted, 14 participants agreed to take part in

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<sup>15</sup> The initial data gathered is useful for providing background information, however because of its limited nature it must be interpreted with caution.

<sup>16</sup> The Evaluation Questionnaire can be found at Appendix A

<sup>17</sup> Ruane, J(2005) *Essentials of Research Methods; A guide to Social Science Research*, Blackwell Publishing Ltd, p123

<sup>18</sup> De Vaus, D (2002) *Surveys in Social Research*, 5<sup>th</sup> Edition, Routledge, p 34-35

<sup>19</sup> A total of 19 names and phone numbers were provided by the facilitators of the groups. Of these, 4 participants were not able to be contacted because they had either moved, or the phone number was no longer correct or not answered over the 4 days I attempted to contact them. One of the participants did not wish to participate in the evaluation.

the evaluation and were posted: the questionnaire; two copies of the consent form (one to retain for their own records); a letter of introduction from Mary McKenna, Honours Supervisor; a letter of introduction from Sheila Davidson, *Southern Junction Community Services*; and an information sheet outlining the evaluation project.<sup>20</sup>

There was a 57 % response rate with eight evaluation questionnaires completed. The responses from these eight questionnaires are analysed to evaluate this program.

#### **1.4 LIMITATIONS**

Using a retrospective questionnaire is a very useful method of collecting data and is quite often used by other researchers, for example, Daly, K *et al.*<sup>21</sup> However, a possible limitation is selective memory as people may “reinterpret the past in light of the present.”<sup>22</sup> When asking people to think back over time, they may mis-remember, and any changes that are detected may not be real but only perceived.<sup>23</sup>

Over half of the participants returned a completed questionnaire. Due to the small sample size, this evaluation is exploratory in nature analysing the responses of the eight participants who returned the evaluation questionnaire.

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<sup>20</sup> On receiving the questionnaire, one participant found it emotionally too difficult and withdrew from the evaluation.

<sup>21</sup> Daly, K *et al* (1988) SAJJ, South Australian Juvenile Justice Research on Conferencing, Technical Report 1, Project Overview and Research Instruments <[www.aic.gov.au](http://www.aic.gov.au)> viewed 11/1/07

<sup>22</sup> De Vaus, D *op cit*, p 34-35

<sup>23</sup> *ibid*

## **1.5 EVALUATION OF WHO'S IN CHARGE**

### **1.5.1 Participants' expectations of the program**

These eight participants had a variety of expectations when beginning this program. Participants wanted ideas, skills and strategies to cope with, and manage, the difficult and violent behaviour of the children and young people – they were looking for solutions: “To see if I was doing something wrong and if I could fix it.”<sup>24</sup> Participants were looking for ways to prevent the behaviour increasing. They were looking for support, understanding and help. One participant reports trying a lot of things before and was looking for something new. One participant wanted confirmation that difficult children were not the result of bad parenting.

All of the participants feel their expectations were met, which suggests a successful convergence between participants' expectations and what the program delivers.

As can be seen in Table 4, the ages at present of the most difficult child range between five and 20 years of age, with all but one child in the 11 to 20 age range.

**Table 4** Age and sex of children and young people

AGE	0-5	6-10	11-15	16-20	20-25
Male	0	0	3	1	0
Female	1	0	0	3	0
TOTAL	1	0	3	4	0

Four of the children are between the ages of 16 and 20; three of the children are aged between 11 and 15 and one child is aged between 0-5. There are four male and four female children and young people.

Four to five months have passed between completing the program and completing the evaluation questionnaire for the majority of the participants.

<sup>24</sup> Comment from a *Who's in Charge?* participant

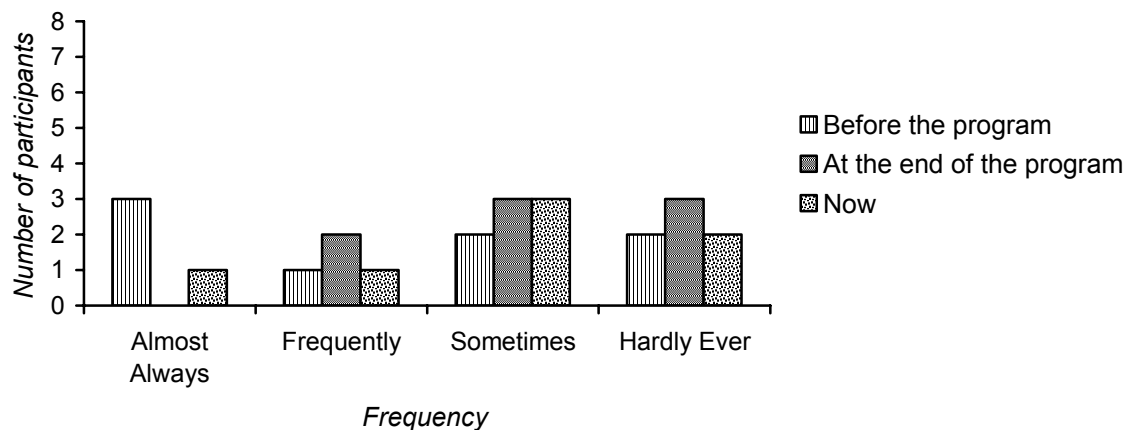
### 1.5.2 Are the aims of the program being achieved?

AIM: To reduce parent's feeling of isolation.

*I felt supported in my actions and was able to communicate my feelings.*<sup>25</sup>

The eight participants report that the program is successful in reducing feelings of isolation while taking part in the group. Prior to participating in the program, half of the participants report feeling isolated either frequently or almost always, and half of the participants report feeling isolated either sometimes or hardly ever. At the end of the program there was a shift in feelings of isolation with 86% of the participants only sometimes or hardly ever feeling isolated.

Now that some time has passed since completing the program, feelings of isolation have increased in frequency slightly with 71% of participants feeling isolated either sometimes or hardly ever, and 28% of participants feeling isolated either frequently or almost always. This suggests that the aim of reducing parent's isolation is achieved in the short term during the program but may not be sustained to the same degree once the program is completed.



**Figure 1** Feelings of isolation<sup>26</sup>

<sup>25</sup> Comment by a *Who's In Charge?* participant

<sup>26</sup> In all following graphs, when a participant responded between frequency ranges their response is not included in the graph, but is included in the discussion and percentage calculations. One participant did not complete question 6 - the sample size for the frequency of feelings and behaviours now is 7.

This slight increase in feelings of isolation after some time has passed since completing the program could be attributed to the discontinuation of contact with members of the group. It may be that maintaining contact with others in the program could rectify this.

Seven of the participants indicate that they are not in contact with the members of the group and one participant indicates that they are still in contact. Five of the participants indicate that they would like to maintain contact with the members of their group; two participants indicate that they would not like to maintain contact, and one participant comments that they are not sure whether or not they would like to keep in touch. One participant was not in contact with members of the group, but still had contact with staff from the organisation that provided the program.

Finding the time and a suitable location to meet are factors that prevent group members from maintaining contact. Some participants did not exchange contact details with other members of the group and this has prevented them from maintaining contact.

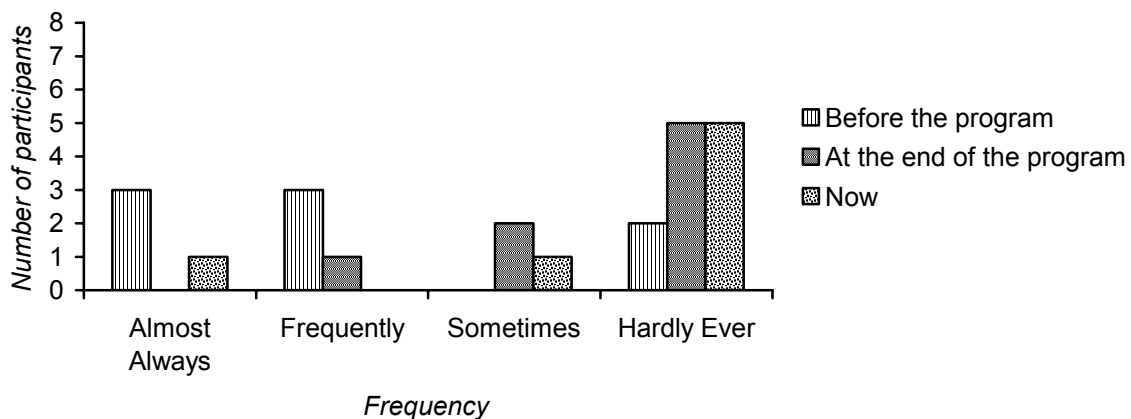
As most of the participants report that they would like to maintain contact, perhaps a way to facilitate this could be found. The participant who was still in touch with group members found the contact useful: “discussions about the child/children, how we are dealing with problems and being able to talk truthfully to each other knowing our privacy is respected.”

AIM: To challenge parent's feelings of guilt.

*I understand that I am not a bad parent.*<sup>27</sup>

There has been a marked change in parent's feelings of guilt with 86% of parents rarely feeling guilty about their child's behaviour now, in contrast to 75% feeling guilty either almost always or frequently before they began the program. By the end of the program, feelings of guilt had decreased – no participant reports that they almost always felt guilty. The majority of the participants report hardly ever feeling guilty. Only two participants report sometimes feeling guilty, and one participant reports frequently feeling guilty.

At present, the majority of participants hardly ever feel guilt about their child's behaviour, but there has been a slight increase in feelings of guilt for two of the participants. This suggests that the program is achieving the aim of challenging parent's feelings of guilt. It is effective in decreasing parent's feeling of guilt about their child's behaviour but this change of feeling may not be sustained to the same degree over time.



**Figure 2** Feelings of guilt about child's behaviour

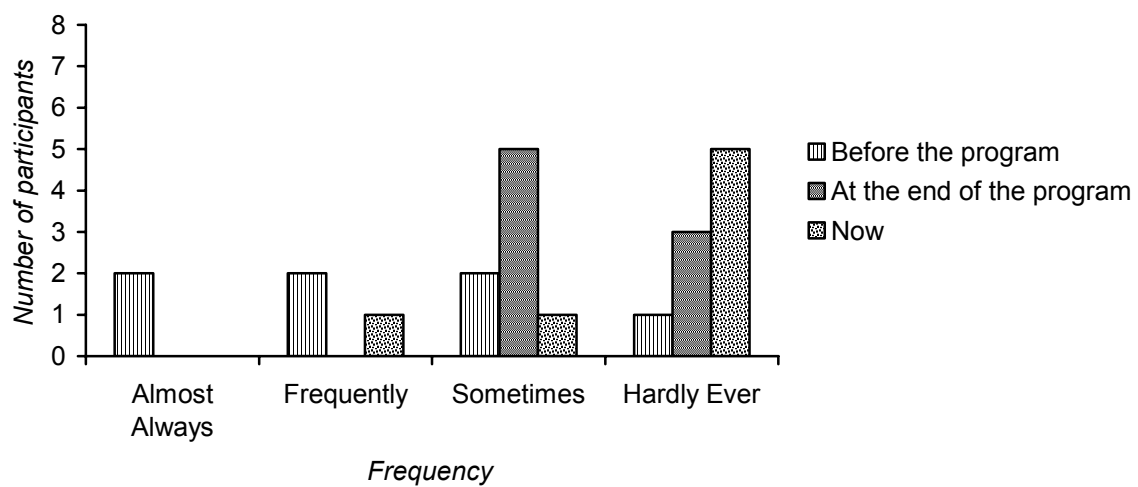
*I realise that there are a lot of other influences in their lives and I know I am not to blame.*<sup>28</sup>

<sup>27</sup> Comment from a *Who's In Charge?* participant

<sup>28</sup> Comment from a *Who's In Charge?* participant

AIM: To create belief in the possibility of change.

Every participant now believes that it is possible for their child's behaviour to change. Before starting the program, over half of participants did not believe that it was possible for their child's behaviour to change. By the end of the program all participants felt that it was possible for a change in their child's behaviour, and this belief has been sustained to the present. This indicates that the program is very successfully achieving this aim for this group of participants.



**Figure 3** Feelings of doubt about the possibility of change

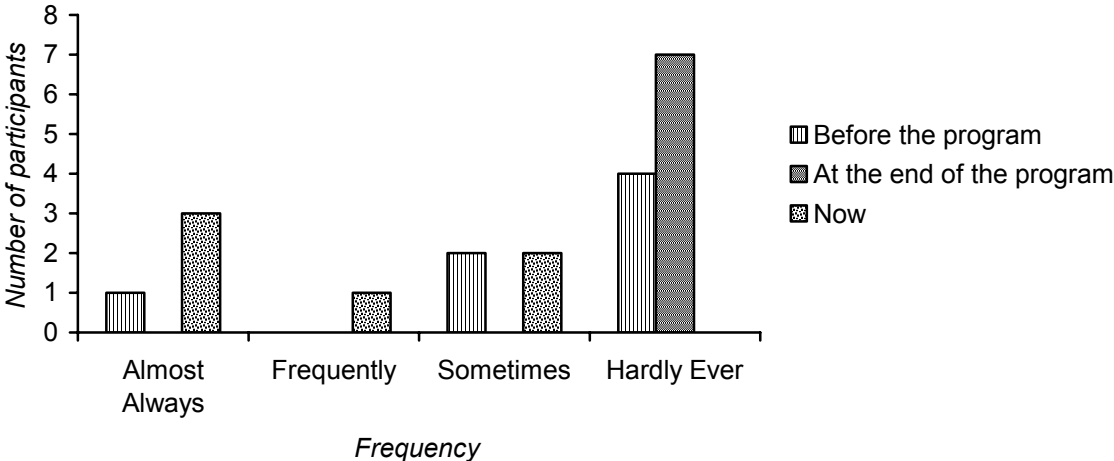
*I have made her take responsibility for her actions and have stopped making excuses for her behaviour.<sup>29</sup>*

<sup>29</sup> Comment from a *Who's In Charge?* participant

AIM: To clarify boundaries of what is acceptable and unacceptable behaviour.

*I can now set boundaries and if these are not met he is not allowed in my house for specified days<sup>30</sup>*

At present, almost three quarters of the participants either frequently or almost always know what is acceptable and unacceptable behaviour. Before the program, the majority of participants report that they only sometimes, or hardly ever, knew what was acceptable behaviour from their children. This indicates that the program very successfully clarifies the boundaries of what is, and what is not, acceptable behaviour for this group of participants.



**Figure 4** Knowledge of what is acceptable behaviour

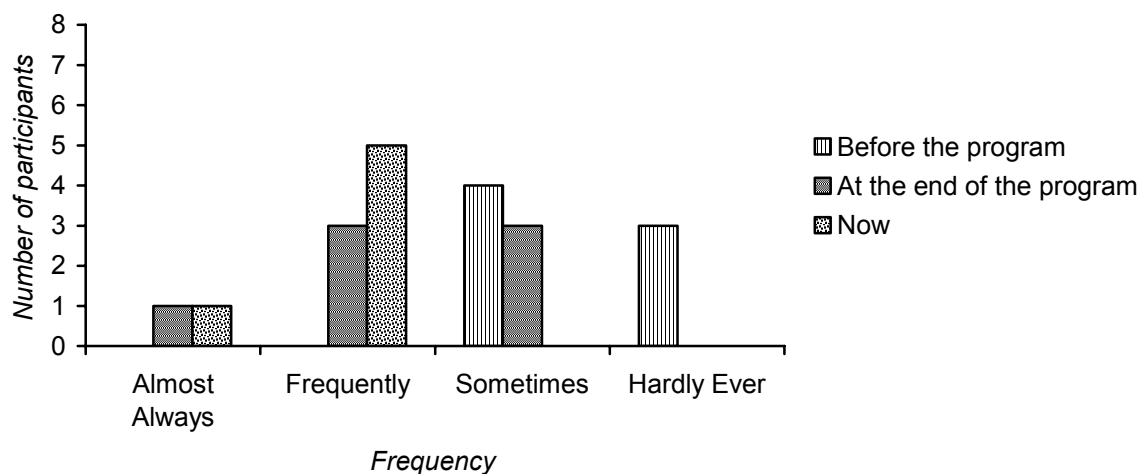
<sup>30</sup> Comment from a *Who's In Charge?* participant

AIM: To examine strategies for creating meaningful and practical consequences for unacceptable behaviour.

*I have found that the use of logical consequences helped to make my job easier.  
This resulted in me having more confidence.<sup>31</sup>*

*Who's In Charge?* is effective in clarifying participants' understanding of, and strategies used, to create meaningful and practical consequences for unacceptable behaviour, and this has been sustained over time.

All of the eight participants report that prior to the program the consequences they used for unacceptable behaviour were not effective. At the end of the program the participants report an improvement in the effectiveness of the consequences used, and at present all of the participants report that their consequence are frequently, or almost always, effective.



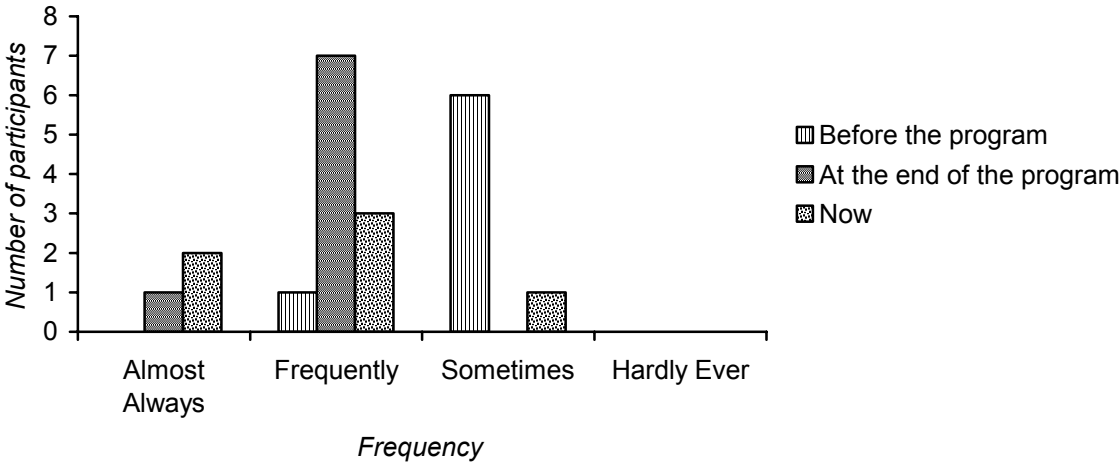
**Figure 5** Use of effective consequences for unacceptable behaviour

<sup>31</sup> Comment from a *Who's In Charge?* participant

AIM: To reinforce progress and provide emotional support while they attempt to become more assertive parents.

At present 86% of the parents report that their parenting strategies are sometimes, frequently, or almost always assertive. Before participants took part in the program, 75% report that their parenting strategies were only sometimes assertive. At the end of the program, all of eight participants report that their parenting strategies were frequently or almost always assertive. This suggests that the program is successful in enabling parents to develop effective, assertive parenting strategies, but the frequency of effectiveness decreases somewhat over time.

*In general I cope OK now, whereas before I was at my wits end.<sup>32</sup>*



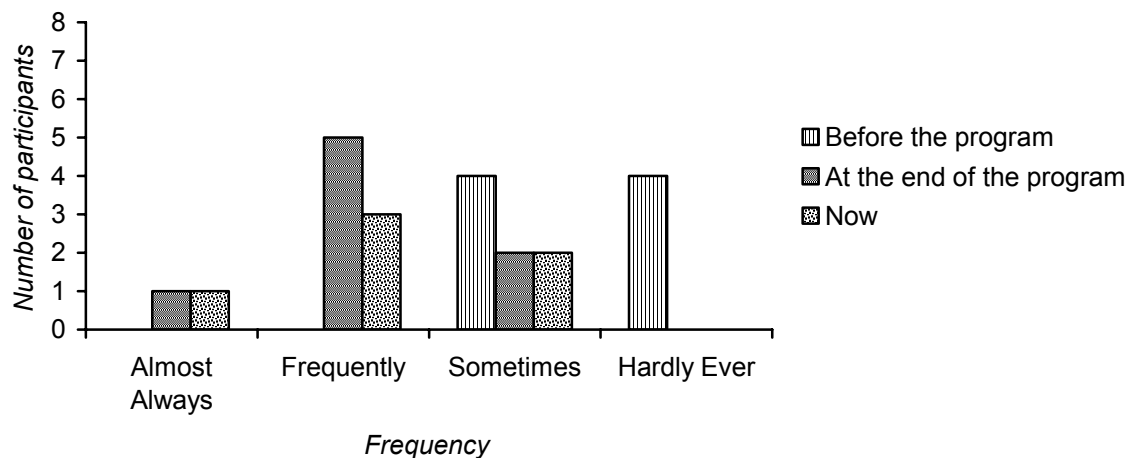
**Figure 6** Use of assertive parenting strategies

<sup>32</sup> Comment from a *Who's In Charge?* participant

AIM: To explore anger, both the children's and the parents'.

*There are not many arguments occurring.*<sup>33</sup>

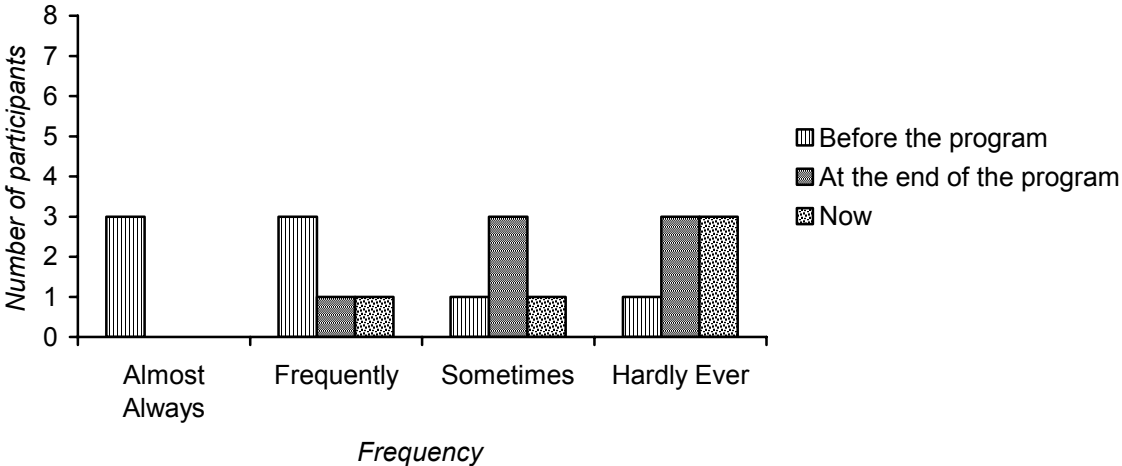
Participants report a positive change in their use of strategies to deal with the anger of their children and young people. Before they began the program, all of the participants report that the strategies they used were only sometimes or hardly ever effective. At the end of the program all of the participants report that their strategies are sometimes, frequently or almost always effective, and this change has been sustained over time to the present. This suggests that for this group of eight participants the program is successfully achieving the aim to explore anger – in particular the strategies used to deal with the anger of the child.



**Figure 7** Use of effective strategies to deal with child's anger

<sup>33</sup> Comment from a *Who's In Charge?* participant

Participants report a positive change in their feelings of anger about their child’s behaviour. Before beginning the program, 75% of participants frequently, or almost always, felt angry about their child’s behaviour. At the end of the program 75% of participants only sometimes or hardly ever felt this anger, and at present these changed feelings have been sustained by 71% of participants. This suggests that the program is successful in changing parents’ perceptions and feelings regarding the anger they feel about the behaviour of their child, and this change in feelings is sustained over time.



**Figure 8** Feelings of anger about child’s behaviour

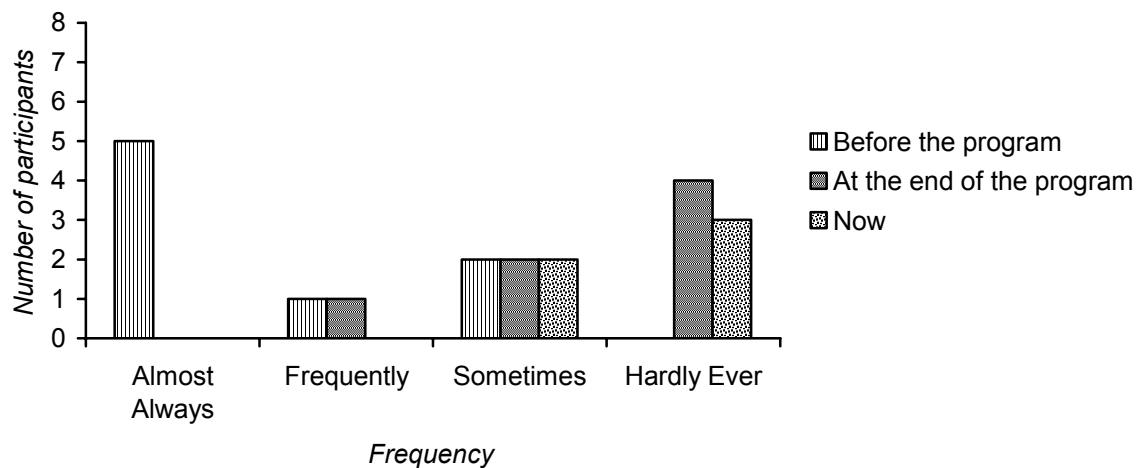
*I feel more able to cope with and manage unacceptable behaviour<sup>34</sup>*

<sup>34</sup> Comment from a *Who’s in Charge?* participant

AIM: It is expected that parents will feel less depressed and powerless by the end of the course.

*I have more confidence and realise I'm not the only one in this situation.*<sup>35</sup>

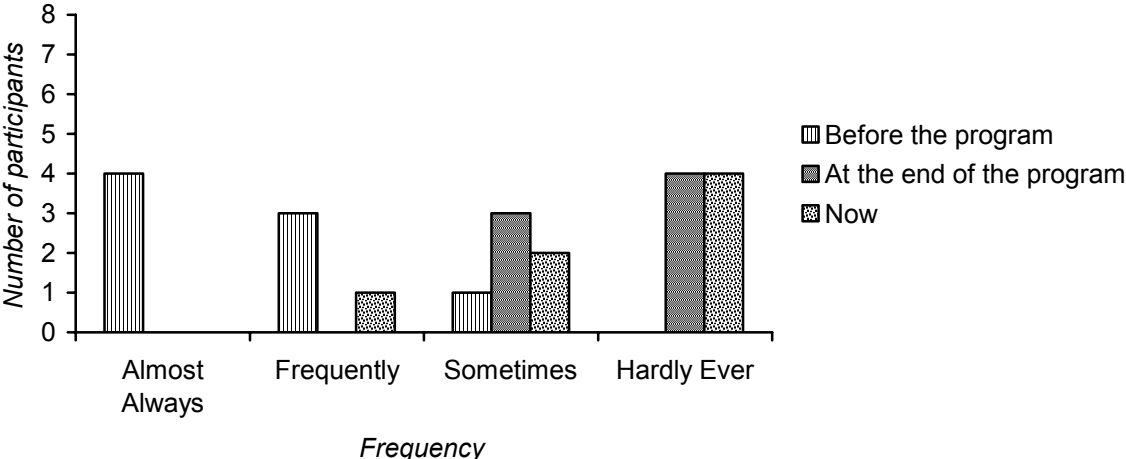
This program is successful in dealing with feelings of depression as there has been a very positive change in participants' feelings. Before beginning the program, 63% of parents almost always felt depressed. At the end of the program, 75% of parents felt depressed only sometimes or hardly ever. This change in feelings has been sustained and improved with 86% of parents currently feeling depressed only sometimes or hardly ever.



**Figure 9** Feelings of depression

<sup>35</sup> Comment from a *Who's In Charge?* participant

Likewise, there has been a positive change in feelings of powerlessness. Before beginning the program, 86% of participants report frequently or almost always feeling powerless in their ability to change their child’s behaviour. At the end of the program, all of the eight participants report feeling powerless only sometimes or hardly ever. At present, one participant feels powerless frequently, but the remaining participants report feeling powerless only sometimes or hardly ever. This suggests that the program is effective in changing feelings of powerlessness, but over time this effectiveness may decrease to some degree.



**Figure 10** Feelings of powerlessness

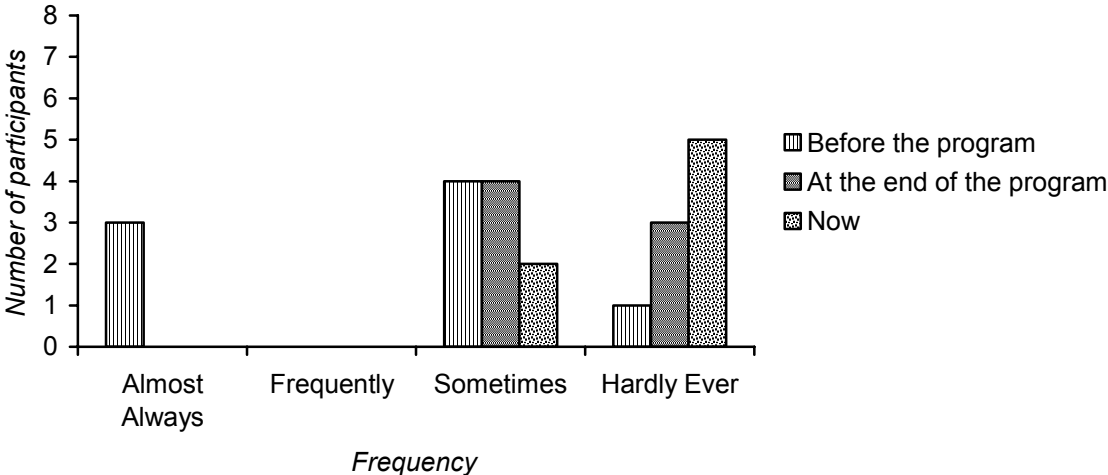
*I feel like I am more in control of myself. I am able to handle difficult situations more calmly.<sup>36</sup>*

<sup>36</sup> Comment from a *Who’s In Charge?* participant

AIM: It is hoped that the amount of violence and abusive behaviour will decrease in a majority of the families.

*Who's in Charge?* has had a positive effect in decreasing the amount of violence and abusive behaviour. At present, 71% of participants report their child hardly ever uses violence, and 29% report that their child uses violence only sometimes, in contrast to 88% of parents reporting that before the program their child used physical violence sometimes or almost always. This is an indication that, for this group of parents, the program is effective in decreasing the amount of violent behaviour of the child.

Before they began the program, 38% report that their child almost always used physical violence, and 50% report that their child sometimes used physical violence. At the end of the program all of the eight participants report that their child only sometimes or hardly ever used physical violence. There has been a change from 38% reporting that their child almost always uses violence to no child almost always using violence, and from 13% reporting that their child hardly ever uses violence to 71% reporting that their child hardly ever uses violence.



**Figure 11** Frequency of physical violence

Participants also report a decrease in other abusive behaviour. Before parents began this group, all of the participants report that their child engaged in abusive behaviour sometimes, frequently or almost always. By the end of the program, all of the participants report that their child engaged in abusive behaviour frequently, sometimes or hardly ever. At present, parents report that their child uses other abusive behaviour only sometimes or hardly ever. This is a clear indication that the program is successful in reducing the frequency of other abusive behaviour.

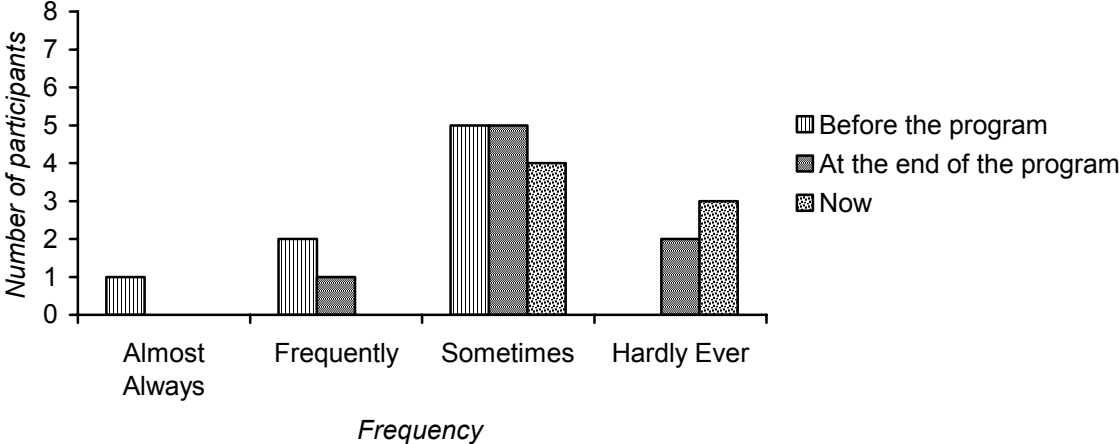


Figure 12 Frequency of abusive behaviour

*I realised that I matter.*<sup>37</sup>

<sup>37</sup> Comment from *Who's in Charge?* participant

## AIM: Self care and assertiveness

*I don't feel guilty saying 'no'. It took a while and a lot of abuse, but I didn't give in. Persistence has been the key.*<sup>38</sup>

All of the participants indicate they have a more positive attitude to parenting after completing the program, which suggests that the program has effected a positive attitude change towards parenting. Participants comment that they feel more able to cope with and manage their child's behaviour. They feel stronger and more confident. Parents are feeling less guilty, and realise that they are not to blame for their child's behaviour. Using logical consequences has proved effective and helped increase their confidence in parenting. One parent reports that they have made their child take responsibility for their behaviour and have stopped making excuses for the child. Parents report having a greater understanding of the influences on their children and realise that they are not the sole influence. This has decreased the guilt that they feel about their child's behaviour and has also decreased the feelings of self-blame.

In addition to a change in attitude towards parenting, most participants report that their parenting skills are more effective as a result of completing the program. This indicates that the program is successful in this aspect. However, one parent comments that they knew that when the course ended, "later down the track I would not be able to recall and implement what had been learned and practised in *Who's in Charge?* and that things would return to what they were before," reiterating the previously identified need for ongoing support for some parents.

Since completing the program, seven of the eight participants comment that their lives have changed in other ways. While no positive correlation can be made between the program and other changes in participants' lives, participants' comments suggest that the program has had a broader effect in participants' lives in general. Three participants comment that they have been able to return to or take up work; three participants have returned to, or have begun further study; and three participants comment that their health has improved. One parent reports sleeping better. Overall, since the completion of the program, there have been positive changes in the lives of this group of participants which does suggest that the program has had a positive impact in this area.

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<sup>38</sup> Comment from a *Who's In Charge?* participant

### **1.5.3 OTHER SERVICES OR SUPPORT PARTICIPANTS SUGGEST BE AVAILABLE**

The participants suggest many other services or support that they would find helpful. Programs for the children, or including the children in this program, are identified as needed. Another suggestion is having a program like this where the child can have the option to come with the parents. One idea is to invite one of the children to a session to give their views. Meeting with the child to review each case individually is another suggestion.

There is a very clear need for ongoing support. Regular follow-up sessions, catch-up meetings, a yearly refresher course, and after hours help apart from a phone call to crisis care, are other suggestions. This reiterates the desire to maintain contact with group members for continued support to maintain progress once the program is completed, and to continue to alleviate the isolation that parents feel. One participant suggests either regular phone contact or regular visits to provide support after completing the program. Another participant comments that they found it hard to keep going at the start and suggests having “someone to make you go (a friend or counsellor)” as additional support.

More publicity to increase the awareness of the issue to reduce the stigma which would enable people to approach services for help is also suggested. One participant points out that lack of certainty of ongoing funding is an issue: “I am appalled that so many places are closing due to lack of government funding – so uncertain for workers and clients alike.” There is a need for more awareness and promotion of the support group(s) available. More research into this issue and ongoing updates of the research are also identified as needed.

### **1.5.4 PARTICIPANTS’ ADDITIONAL COMMENTS**

Overall, this group of participants are very positive about the program and find it beneficial. They found others in the group were interested in listening and sharing ideas, and participants praise the program as well worth attending. One parent comments that an improvement could be made in facilitating discussions, so that time spent with parents who were “rehashing their situation and problems over and over” could be better used to share information and knowledge. One participant comments that they would recommend this program to other parents of children with mental illness.

## **1.6 SUPPORT / INTERVENTION FACTORS THAT LEAD TO POSITIVE CHANGE**

There is a small body of literature that describes promising approaches for addressing this issue of violent, abusive and out of control behaviour of children and young people.<sup>39</sup> Monk and Cottrell, two Canadian researchers who have published widely in recent years on this issue, analysed the responses from: parents, youth, community support providers, and community counsellors, to determine what contributed to the success of support and intervention.<sup>40</sup>

The factors identified as positively effecting change for parents, which I argue are apparent in *Who's in Charge?* are:

*Fostering intimacy and respect* – the development of parent-youth relationships that were “close, caring and respectful” helped to reduce parent abuse.<sup>41</sup>

*Identifying the abuse* – identifying and naming what was being experienced was a powerful factor. Separating what was ‘normal’ or ‘typical’ teenage behaviour from what was abuse helped parents.<sup>42</sup> *Who's in Charge?* helps parents identify and name what is happening to them. The group also helps parents determine what is unacceptable and acceptable behaviour from their children and young people.

*Establishing limits* – when parents had the strategies to establish firm boundaries and consequences in the home parent abuse was reduced.<sup>43</sup> Often, at the beginning of the process, the violence and abuse escalated as the children reacted against these limits, but when parents were consistent in their approach there was a better chance of reducing the violent and abusive behaviour.<sup>44</sup> *Who's in Charge?* assists parents to establish boundaries between unacceptable and acceptable behaviour, and provides strategies for parents to develop and

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<sup>39</sup> Approaches described by Monk and Cottrell include: Family group therapy programs that focus on communication, stress reduction and anger management; an integrated approach using structural, strategic and symbolic-experiential models for family therapy; intervention that incorporates systemic belief therapy within a reflecting team format; and a range of interventions that includes specific parenting strategies such as nurturing, contracts, consequences, and strategic responses, together with various levels of community involvement, and police interventions when necessary.

Monk, P and Cottrell, B (2006) “Responding to Adolescent-to-Parent Abuse: A Qualitative Analysis of Change Factors,” *Canadian Social Work*, Vol 8 (1)

<sup>40</sup> *ibid*

<sup>41</sup> *ibid*

<sup>42</sup> *ibid*

<sup>43</sup> *ibid*

<sup>44</sup> *ibid*

use effective and consistent consequences with their children and young people. Gallagher argues that imposing consequences can be empowering, symbolic, and provides an alternative to previous unhelpful patterns of response.<sup>45</sup> It also makes the behaviour slightly less attractive to the child.<sup>46</sup>

*Family and social supports* – some parents described the support they received from outside the family as “an important factor in coping with and overcoming the abuse.”<sup>47</sup> Other parents described that their situation was made more difficult when family and friends responded with glib answers and impatience.<sup>48</sup> Attending *Who’s in Charge?* provides social support. Parents can talk to others who are in a similar situation to themselves. The group members support each other through the program.

*Self-care strategies* – when parents developed the strategies to enable them to take care of their physical and emotional needs they felt they were stronger and better able to cope with the situation, and implement other strategies to help reduce the violence and abuse in the home.<sup>49</sup> *Who’s in Charge?* assists parents to recognise that they have rights as well, and that they have the right to take care of their own needs. The program reinforces the need for parents to take care of themselves and encourages parents to do this.

*Counselling supports* – counselling support and intervention was described as ranging between “extremely helpful” to “further exacerbating the problem.”<sup>50</sup> The counselling support that was found to be helpful focused on “self-esteem issues, effective parenting strategies, family communication skills and community networking.”<sup>51</sup> *Who’s in Charge?* incorporates self esteem and assertiveness, and discusses parenting styles and effective parenting strategies.

*Education and advocacy* – when parents and children and young people are educated about the dynamics of parent abuse, it helps them understand what they were experiencing.<sup>52</sup> *Who’s in Charge?* educates parents about the dynamics of parent abuse, it informs parents

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<sup>45</sup> Gallagher, E (2004) “Parents Victimized by their Children,” *Australian and New Zealand Journal of Family Therapy*, p 10

<sup>46</sup> *ibid*

<sup>47</sup> Monk and Cottrell *op cit*

<sup>48</sup> *ibid*

<sup>49</sup> *ibid*

<sup>50</sup> *ibid*

<sup>51</sup> *ibid*

<sup>52</sup> *ibid*

about anger - the dynamics of their own, and their children's anger. Another dynamic of parent abuse that *Who's in Charge?* explores is that of power and control. The impact of the myth of the 'perfect parent' and the role this plays in the dynamics of parent abuse is also considered.

Gallagher argues that it is also "crucially important that parents are not made to feel (more) guilty" about their child's behaviour.<sup>53</sup> Challenging the guilt and blame that parents feel is an important part of *Who's in Charge?*

*Who's in Charge?* is an intervention that is grounded on a "thorough assessment of the dynamics that may be contributing to violence against parents," and as Monk and Cottrell argue, this is important to achieve effective, positive change.<sup>54</sup>

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<sup>53</sup> Gallagher *op cit* p 9

<sup>54</sup> Monk and Cottrell *op cit*

## **2 CONCLUSION**

This evaluation finds that this program is successful in achieving its aims for this group of participants, and it is recommended that it continue to be available for parents who are victims of violence and abuse from their children and young people. While the participants of this evaluation indicate the program is successful, this study was exploratory in nature and these results should be viewed with caution due to the small sample size.

The evidence demonstrates that *Who's in Charge?* has effected a change in parents' attitudes and behaviour enabling them to deal more successfully with the violent and abusive behaviour. Parents have realised that they are not the sole influence on their child and that other factors impact on the behavioural choices children and young people make. By the end of the program parents were feeling less isolated, depressed, angry, guilty and powerless and were feeling more assertive and optimistic about the possibility of improvement in their child's behaviour.

The program has assisted parents in dealing with children who engage in violent and out of control behaviour by providing strategies to deal with this behaviour. Parents have a greater understanding of the boundaries between acceptable and unacceptable behaviour, are able to use more assertive and effective parenting strategies, and are able to consistently use effective consequences for unacceptable behaviour.

This evaluation has found that positive change has been effected in all areas. The positive changes the program has effected in: decreasing feelings of depression; creating belief in the possibility of change; clarifying boundaries of acceptable and unacceptable behaviour; creating meaningful and practical consequences for unacceptable behaviour; using effective strategies to deal with the child's anger; and self-care and assertiveness have all been continued over time. In some areas, however, the very positive changes have not been sustained to the same degree. At the end of the program participants report a marked improvement in feelings of isolation, guilt, powerlessness and anger about the child's behaviour. However, this positive change has not been sustained by all of the participants. This suggests that in the short term the program is effective in these areas, but ongoing support may be needed to maintain the momentum.

Ongoing support for parents who have completed the program is strongly recommended. Once parents lose contact with, and the support of, other group members the effectiveness of the program seems to decrease somewhat. Ongoing contact and support is needed to continue to reinforce the progress the parents are making in managing their responses to their child and young person's behaviour.

It also appears that the changes in attitude and behaviour the program effected has enabled participants to make changes in other areas of their lives including their health and ability to return to or take up work and study.

This evaluation identifies areas for continued research:

- A larger sample size would allow for a range of comparisons between diverse family compositions.
- Longitudinal research would be useful to track any changes in the effectiveness of the program over time.
- Research is warranted to investigate the commonalities and differences between the participants that may contribute to the programs' success.
- A large participant "drop out" rate indicates the desirability of investigating the reason for this.

Further questions raised are:

- Do parents need to reach a certain level of despair and distress before they seek assistance and support? If so, is there a way to identify and support these parents to intervene at an earlier stage?
- What support services have parents tried before taking part in *Who's in Charge?* How successful or unsuccessful were these services?

There is still much to be understood about this form of family violence, and further research is needed in order to effectively address this issue.

EVALUATION QUESTIONNAIRE: WHO'S IN CHARGE?

1. What is the age and sex of the most difficult child?

Sex (please circle)    M    F

Age \_\_\_\_\_

2. How long has it been since you completed the program?

\_\_\_\_\_

3. What did you hope to get out of the program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3b    Were your expectations met? (please circle)        *Yes*    *Somewhat*    *No*

Please answer questions 4, 5 and 6 thinking about the child identified in question 1.

Question 4 asks you to think back to the situation **before** you began the program.

Question 5 asks you about the situation at the **end of the program**.

Question 6 asks you about the situation **now**.

*Please turn over ...*

4. Thinking back to the situation **BEFORE** you took part in the program, how often did the following occur?

(please tick the appropriate box)

	ALMOST ALWAYS	FREQUENTLY	SOMETIMES	HARDLY EVER
I felt isolated				
I felt guilty about my child's behaviour				
I didn't believe it was possible for my child's behaviour to change				
I knew my child's behaviour was acceptable				
The consequences I used for unacceptable behaviour were effective				
My parenting strategies were assertive				
My strategies for dealing with my child's anger worked				
I felt angry about my child's behaviour				
I felt depressed				
I felt powerless to change my child's behaviour				
My child used physical violence				
My child behaved in other abusive ways				

*Please turn over ...*

5. Thinking back to when the program finished, AT THE END OF THE PROGRAM, how often did the following occur?

(please tick the appropriate box)

	ALMOST ALWAYS	FREQUENTLY	SOMETIMES	HARDLY EVER
I felt isolated				
I felt guilty about my child's behaviour				
I didn't believe it was possible for my child's behaviour to change				
I knew my child's behaviour was acceptable				
The consequences I used for unacceptable behaviour were effective				
My parenting strategies were assertive				
My strategies for dealing with my child's anger worked				
I felt angry about my child's behaviour				
I felt depressed				
I felt powerless to change my child's behaviour				
My child used physical violence				
My child behaved in other abusive ways				

*Please turn over ...*

6. Now that some time has passed since the program ended, how often NOW do the following occur?

(please tick the appropriate box)

	ALMOST ALWAYS	FREQUENTLY	SOMETIMES	HARDLY EVER
I feel isolated				
I feel guilty about my child's behaviour				
I don't believe it is possible for my child's behaviour to change				
I know what is acceptable behaviour from my child				
I use effective consequences for unacceptable behaviour				
My parenting strategies are assertive				
My strategies for dealing with my child's anger work				
I feel angry about my child's behaviour				
I feel depressed				
I feel powerless to change my child's behaviour				
My child uses physical violence				
My child behaves in other abusive ways				

7. Do you feel you have a more positive attitude towards parenting now?

(please circle)      Yes      Somewhat      No

In what way?

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*Please turn over ...*

8. Do you feel that your parenting skills are more effective since completing the program?

(please circle)      *Yes*    *Somewhat*    *No*

In what way?

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9 Since completing the program, has anything else changed in your life?  
(for example: health, social life, ability to take up or return to work or study or hobbies, )

(please circle)      *Yes*      *No*

If *Yes*, what has changed?

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10 Are you still in contact with other members of the group?

(please circle)      *Yes* (Go to Q 10 a)  
*No* (Go to Q 10 b)

10 a What do you find helpful or useful about keeping in touch?

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10 b Would you like to maintain contact? (please circle)      *Yes*    *No*

If *Yes*: What is preventing you from maintaining contact?

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*Please turn over...*

11. What other services or support would you like made available for yourself and others in a similar situation?

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12. Are there any additional comments you would like to make?

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Thank you very much for your time and feedback.

Please return the completed questionnaire in the enclosed stamped, addressed envelope

APPENDIX B

**Who's in Charge?**

**Pre-group questionnaire<sup>55</sup>**

Your name:

Most difficult child's sex & age:

*Who else currently lives with you?:*

Children? (indicate sex and age):

Partner?:

Is partner the child's father? Yes/ No

If no, is there contact with the child's father? \_\_\_\_\_

How often in the past 3 months has the following happened:

- 1: daily or almost daily      2: once or twice a week      3: a few times  
 4: once or twice                      0: never

My son or daughter...	Myself	Partner	To brothers/sisters
hit			
threw things at			
pushed or grabbed			
yelled at			
verbally abused			
destroyed property			
Other violence			
Other controlling behavior			

***Please show whether you Agree or Disagree with the following statements:***

SA: Strongly agree; A: Agree; N: Neutral or Don't know; D: Disagree; SD: Strongly disagree

	SA	A	N	D	SD
I feel able to cope with my child's behaviour					
I think things are getting better					
I feel stressed or anxious					
I feel my health is suffering					
I feel I am to blame for my child's behaviour					
I feel depressed or very unhappy					
I have good support over this issue					

<sup>55</sup> Used by permission

The following questions are helpful for research purposes but not essential.

Does your child have a diagnosed condition (such as a disability or ADHD) \_\_\_\_\_

If so what: \_\_\_\_\_

Has your child been abused in the past? \_\_\_\_\_

Has your child witnessed domestic violence? \_\_\_\_\_

How would you describe your style of parenting? Circle **all** those you think apply:

Strict	Firm	Controlling	Democratic	Loving
Traditional	Easy-going	Average	Hands-off	Fair
Other	_____			

Do you agree to being contacted in the future for research purposes? Yes No

Phone Number:

Alternative contact number:

Thanks for your cooperation

Eddie Gallagher

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