

Parents' experiences of abuse by their adult children with drug problems

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Abstract

Aims: To examine parents' experiences of abuse directed at them by their adult children with drug problems. **Material and Method:** The material consists of 32 qualitative interviews on child-to-parent abuse with 24 mothers and eight fathers. The interviewees had experienced verbal abuse (insults), emotional abuse (threats), financial abuse (damage to property and possessions) and physical abuse (physical violence). **Findings:** In the parents' narratives, the parent-child interaction is dominated by the child's destructive drug use, which the parents are trying to stop. This gives rise to conflicts and ambivalence. The parents' accounts seem to function as explaining and justifying their children's disruptive behavior in view of the drug use. The fact that an external factor - drugs - is blamed seems to make it easier to repair the parent-child bonds. The parents differentiate between the child who is sober and the child who is under the influence of drugs, that is, between the genuine child and the fake, unreal child. The sober child is a person that the parent likes and makes an effort for. The child who is on drugs is erratic, at times aggressive and self-destructive. **Conclusions:** The interviewed parents' well-being is perceived as directly related to how their children's lives turn out. The single most important factor in improving the parents' situation is to find a way for their adult child to live their lives without drug problems.

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Keywords

accounts, adult children, child-to-parent abuse, drug problems, family conflicts

Introduction

The abuse committed by children against their parents has received considerably less attention than child abuse and intimate partner violence. While a growing body of research on parent abuse has emerged in recent years, most of it has focused on adolescent-to-parent violence (Holt, 2013; Routt & Anderson, 2011; Simmons, McEwans, Purcells, & Ogloff, 2018). A category of abuse victims which is seldom discussed is parents of adult children who have problematic use of drugs. It is these victims is the focus of the present study.

We make use of the concept “child-to-parent abuse” (CPA) to capture the range of abuse and draw on the division laid out by the English criminologist Amanda Holt of four main categories of abuse:

- *Verbal abuse* (yelling, screaming at the parent, using insulting names, swearing, criticising the parents’ appearance, intelligence and parenting ability)
- *Financial abuse* (damaging property, furniture and possessions, theft of money or possessions, demanding money or goods, incurring debts that parents are responsible for)
- *Physical abuse* (hitting, punching, kicking, slapping, pushing, spitting or throwing objects at parents)
- *Emotional abuse* (intimidating the parent so self-esteem is undermined, attempting to make the parent feel unstable, threats to harm parent or themselves) (Holt, 2013).

The various types of abuse can occur at the same time: the categories thus overlap to a certain extent, especially those of verbal abuse and emotional abuse (Holt, 2013). All forms of abuse have a strong emotional association.

The aim of this article is to highlight parents’ narratives on the abuse that adult children perpetrate against their parents in direct interactive conflict situations. We focus on insults (verbal abuse), threats (emotional abuse), violence (physical abuse) and damage to property and possessions (financial abuse). We have also examined and analysed the parents’ reactions to and explanations of these incidents. The article accounts for an analysis of interviews with parents who suffer from drug use-related child-to-parent abuse.

Previous research

Research on child-to-parent abuse has increased during the last decade, and there are now several reviews, the latest from 2018 (Cooogan, 2011; Cottrell & Monk, 2004; Holt, 2013; Hong, Kral, Espelage, & Allen-Meares, 2012; Kennair & Mellor, 2007; Robinson, Davidson, & Drebot, 2004; Simmons et al., 2018). Much of the research has focused on abuse perpetrated by teenagers. Another focus is physical violence, whereas other forms of abuse have often been overlooked (Ibabe & Jaureguizar, 2010).

Prevalence of child-to-parent abuse

There are no data available about the prevalence of various forms of child-to-parent abuse (CPA) in Sweden. The Swedish National Council for Crime Prevention (BRÅ) conducts annual nationwide surveys on the extent of crime, but CPA is not included as a distinct crime category. Also, comparable international figures are hard to find, as definitions of CPA differ. In a recent review the estimations of the prevalence of physical, emotional and psychological CPA vary between 33% and 93% in community studies, depending on the definition

used. The conclusion is that CPA, whether recognised or not, is a common phenomenon in industrialised countries (Simmons et al., 2018).

Background factors related to child-to-parent abuse

There are no significant differences in rates of perpetration of CPA between males and females (Simmons et al., 2018). While both boys and girls engage in all types of CPA, it is more common for boys to resort to physical violence and for girls to commit emotional abuse (Lyons, Bell, Fréchette, & Romano, 2015). Children who display antisocial behaviour outside of the family are overrepresented among CPA perpetrators (Otto & Douglas, 2011; Simmons et al., 2018).

Children's drug use increases the risk for CPA (Kennair & Mellor, 2007; Simmons et al., 2018), but the existing studies do not make a distinction between different levels of drug use or whether different drugs have different impacts on CPA. It is difficult to ascertain whether there is a causal relation between drug use and CPA, or whether the drug use is a part of an overall pattern of antisocial behaviour (Contreras & Cano, 2015; Ibabe, Arnosó, & Elgorriaga, 2014; Ibabe & Jaureguizar, 2010; Simmons et al., 2018). The risk for CPA increases if the child has a neuropsychiatric disorder, especially ADHD (Contreras & Cano, 2014; Simmons et al., 2018).

A Swedish survey ($n = 687$) among parents of children with drug problems showed that the child's ongoing drug problems clearly increased the parents' risk of falling victim to property crime. The parents tended to explain these crimes by their children's need for money and being on drugs or by the children's drug problems as a whole (Johnson, Richert, & Svensson, 2018).

According to the survey, the child's life situation and the severity of the drug problems have an impact on the extent to which the parents' lives are negatively affected. Factors that suggest severe problems (daily drug use,

current mental problems, repeated treatment episodes) are linked to more negative parental experiences. The parents' problems typically escalate during those phases when the adult children live with their parents; there are more conflicts and greater financial strain (Richert, Johnson, & Svensson, 2017).

Situational antecedents of CPA

There is little research into the situational contexts in which CPA occurs, but general aggression research has found that when aggression occurs in dyads, the behaviour of the other party can trigger aggression, when the behaviour is perceived as hostile, provocative or rejecting (Hamby & Grych, 2013). Verbal aggression between parent and child often precedes physical CPA (Kethineni, 2004; Purcell, Baksheev, & Mullen, 2014; Stewart, Wilkes, Jackson, & Mannix, 2006). Common topics of conflict include child substance use (Pagani et al., 2004; Purcell et al., 2014; Stewart et al., 2006), house rules, lack of respect, money, and denial of privileges (Kethineni, 2004; Jackson, 2003; Purcell et al., 2014; Stewart et al., 2006).

Causes of crime according to the parents

When they seek explanations for their child's aggressiveness and CPA, the parents find themselves treading on tricky terrain, as both lay and scientific discourses often locate causes in the perpetrators' childhood. This risks laying the blame on the parents, Amanda Holt argues (2013, p. 73). According to Holt, the most common explanations advocated by the parents are (1) mental illness and psychological problems, such as being diagnosed with ADHD, (2) drug problems (and the measures taken by the parents to stop the children from using drugs), (3) emulating the behaviour of an abusive father, (4) impact of a separation/divorce, (5) peer influence and (6) gendered power imbalances (which manifest both within and outside of the

family and send a powerful message to the child).

Processing one's sense of guilt and shame has a central role in the parents' attempts to live a viable life (Richert et al., 2017). A psychiatric diagnosis, such as that of ADHD, can help the parents process the fact that their child has a drug problem: a diagnosis can explain why these problems have emerged. That the child is diagnosed can secure better support from society, access to school resources, and can also mean that the parents and, to a certain extent, the children are released from feelings of guilt (Clarke, 2015).

Method

We have conducted a total of 32 qualitative interviews; 24 with mothers and eight with fathers. Most (18) interviews were with mothers who had a son with drug problems, while six interviews were conducted with mothers who had a daughter with drug problems. Of the interviews with fathers, seven had a son and one had a stepdaughter. In one case, we interviewed both parents. Two parents had two children with drug problems; the other parents talked about one child.

The parents were aged 46–70 years, and the children were 18–47 years old. The age difference between the interviewed parent and the child was 17–37 years.

Interviewees were recruited through The National Swedish Parents Anti-narcotics Association (FMN), by a call on our project website and via various Facebook groups. The inclusion criterion was that the person was a parent or a stepparent to an adult child with a present or former drug problem. Almost half of the group, 15 persons, are or have been active members in the FMN, which is the predominant Swedish organisation for parents who have children with drug problems.¹ Because the interviewees were mainly recruited through support groups, their experiences and situations may differ from other parents of adult children with drug problems. The problems experienced might have

been particularly difficult, which could have led them to seek this kind of support, and our results cannot be generalised to all parents of adult children with drug problems.

The interviewees come from all parts of Sweden. There are more women than men among the interviewees, which reflects the fact that mothers tend to be more actively involved in parent associations and on forums for parents with children who have drug problems.

Two of the parents we interviewed (a woman and a man) said that they had at some point in their lives had substance use problems of their own, one with amphetamine and the other with alcohol. Seven mothers reported that the child's father had had alcohol problems, while one of the mothers said that the father of the child had had problems with cannabis.

The interviews are based on an interview guide with broad topics (experiences of different forms of CPA, the interviewee's social, economic and mental situation, the child's mental health history, use of drugs/alcohol, the child's experiences of treatment, the relation between parent and child over time). Our aim was to give the interviewees an opportunity to elaborate on how their life situations had been shaped by their children's drug use.

The narratives follow a structure in which the events are described in detail, from how they start to their escalation. The parents depict the child's emotional state and degree of intoxication at the time of the conflict. They also portray their emotional reaction at the time as well as their efforts to deal with the situation when it occurs. Each story has an immediate outcome of some sort, which is also described. This is often followed by the parents drawing a conclusion about what to do next. Given that we have conducted a detailed survey with similar questions, it is not primarily quantitative data on "how much?" or "how often?" that we are interested in. We have, rather, focused on the parents' experiences and feelings.

Of the interviews, 15 were conducted face to face, and 17 were telephone interviews. The benefits of telephone interviews are mainly

cost-related. Such interviews save time and money on travel, and therefore enable a wider geographical spread among the respondents. Telephone interviews have proved to be useful in qualitative studies on sensitive subjects (Cachia & Millward, 2011; Holt, 2010; Stephens, 2007). Our impression of the interviews, further enhanced by having reviewed the transcripts, is that there are no important differences between the two interviewing modes as regards the interviewees' engagement or willingness to share painful experiences or in terms of the level of detail in the responses. The telephone interviews were on average somewhat longer, 95 minutes as compared to the average length of 87 minutes with face-to-face interviews.

The interviews have been transcribed verbatim. We have examined the narratives through qualitative text-based analysis in three steps (Kvale & Brinkman, 2014). As a first step, we read all the interviews carefully, summing them up under specific codes based on the themes of the interview guide. The encoding was laid out in easy-to-manage tables with a column for each respondent to help us get an overview of the data. In the second step the focus lay on the main questions of this article. We marked illustrative quotations and categorised the passages based on the codes so as to identify patterns in each interview. This made it possible to pick up similarities, differences and nuances in our source material. In the third step, we interpreted the categorisations and quotations based on the theoretical premises of the study. The quotations that appear in this article have been chosen to highlight the research questions and the complexity of the responses.

The project was conducted in accordance with the Swedish Ethical Review Act (SFS 2004:460). The design and execution of the project was reviewed and approved by the Regional Ethical Review Board at Lund University (dnr: 2015/215). The parents and children have been given pseudonyms to protect their identities.

Theoretical premises

Our analysis of the parents' narratives builds on the concept of *accounts* as introduced by the sociologists Marvin B. Scott and Stanford M. Lyman: an account is "a statement made by a social actor to explain unanticipated or untoward behaviour – whether that behaviour is his own or that of others, and whether the proximate cause for the statement arises from the actor himself or from someone else" (Scott & Lyman, 1968, p. 46). Accounts justify or excuse what has happened. "Justifications are accounts in which a person accepts his/her responsibility for the act in question, but denies the pejorative quality that is associated with it." (ibid., p. 47). When that person accepts that his/her behaviour was out of line but refuses to take full or any responsibility for it, he/she excuses that behaviour. As a part of this, the person may blame his/her intoxication for what has happened. Accounts require an identifiable speaker and an audience (Scott & Lyman, 1968). In an interview situation the interviewer becomes the audience.

Repeated experiences of ending up as a victim of crime in intimate or family relationships often lead to feelings of guilt and self-accusations on the part of the victim (Lindgren, Pettersson, & Hägglund, 2001). Here, we follow Thomas Scheff's (1990, 1997) relational theory of shame, pride and social bonds. Scheff argues that shame is the most basic of emotions, the most dominating of all feelings. A central element of morality, shame also indicates that important social bonds are threatened. Shame plays a central role in regulating the expression of emotions on a general level; according to Scheff, if one feels shame over other emotions, such as anger, guilt and love, one represses them. In order to understand how parents as victims of crime act and react, we need to examine how the parents – at different stages – see their emotional situations, and how their social bonds and relations to the child have evolved.

Results

Because we focus on the parents' experiences rather than those of their children, we will only briefly summarise the kinds of drug problems that the children have. In general, the children have (or have had) a problematic drug use mostly of amphetamine or heroin, but cannabis and benzodiazepines have also been listed as main drugs. Of the 33 children, 14 have been in compulsory care for their drug problems. Compulsory care has been discussed in a further eight cases. This, too, indicates the severity of the children's problems. In 18 cases, the children have been diagnosed with ADHD (12) or show signs of having ADHD (6), according to the parents.² The children who have been diagnosed with ADHD are hyperactive and hard to raise. These children are more prone to using drugs than their siblings who do not have this diagnosis. The drug use began when the children were teenagers. The first illegal drug was typically cannabis, but it is possible to see a subsequent link between ADHD and self-medication with amphetamine in several parental narratives.

We will discuss *insults*, *damage to property and possessions*, *threats* and *physical violence* as perpetrated by children against parents. These concrete actions express and escalate the conflicts between the two parties. The abuse generally takes place face to face and is charged with powerful emotions. The actions can also pile up on one another: for example, threatening behaviour is aggravated by damage to property and possessions, and an argument escalates from verbal abuse to threats and physical assault. As we will show, even one single incident of abusive behaviour can have an important impact on the relationship because it shows the abusive potential of the child. In this article it is the parents' rather than the children's version that is presented.

Verbal abuse: insults and demeaning comments

An insult is defined as something conceived as such by the interviewed parent. The insults

commonly take place face to face, but also via telephone or text messaging.³

Bodil, a single mother, describes the emotionally loaded relationship between herself and her son, an only child. They are close to one another. When on drugs, her son can quickly alternate between friendliness and anger; nuances fade away from his verbal and emotional communication.

It has kept changing back and forth. We can sit down together and talk, and then all of a sudden he can go crazy. He can be really angry and say awful things about me. That my business will never take off and stuff. He is provocative and creates a bad atmosphere. Then he explodes, and when he makes me cry he says that "I'm having a hard time as well."

Her son, now 22, uses cannabis and amphetamine, and blames his mother for him not being well. She explains the conflicts as emerging from her son's drug use. The conflicts take place when he is on drugs or is suffering from withdrawal symptoms, and deal with her attempts to tackle his drug problem. He claims that she is interfering and violating his personal integrity, that she is disloyal to him. Once, Bodil felt so threatened that she called the police, who came and took her son into custody. After this, the son severed ties with his mother and moved in with his father.

In a number of interviews, the mothers raise the point that their sons accuse them of being mentally ill. Inga, whose 22-year-old son has problems with cannabis and anabolic steroids, recounts:

He just said "you're schizophrenic, you're out of your mind." But that's his way. I know that's how he defends himself. I let it pass. I don't let it get to me any longer. I used to think it was all true, that there was something wrong with me. I used to soak it up. But that's his ... I know how unwell he really is.

In this account, the child attacks the parent's personality, instead of focusing on her way of

communication. It can be seen as an attempt to undermine the parent's authority, but to the mother the accusation that she was mentally ill appeared as an affront.

Initially, Inga was very hurt by her son's words, but she then developed a counter-strategy and chose not to hold him accountable for his actions. She received the help she needed when she began attending the open meetings of the self-help group Narcotics Anonymous and came into contact with people struggling with drug problems. Inga was advised not to take the accusations seriously but to regard them as a result of her son's drug problem.

Bodil and Inga both keep their sons' harsh words at a distance by explaining them as drug-induced. In practice, these mothers make a distinction between two persons – one fake and unreal (the intoxicated son) and the other a genuine human being (the sober son) – and the insults are linked to the “fake” son on drugs. The mothers highlight the drug use in explaining their sons' behaviour.

The major role ascribed to the influence of drugs entails that when they meet their children or talk to them on the phone, the interviewed parents regularly assess whether the child is on drugs or not. They have an underlying concern over the risks that the drug use poses to the child's health and social situation. It is difficult to have a positive interaction when the child is under the influence of drugs, according to the parents.

Sylvia told us how her daughter changes when she is on drugs, mainly amphetamine.

But when she also takes drugs she's utterly mean. It's a whole different person. And I can hear it in her voice, or when I talked to her on the phone I could hear that she'd taken something. Or then I was bombarded with text messages, mean and disgusting. She becomes a terrible person.

Tina says that her daughter has offended her on several occasions after using drugs.

She stands here, I have painkillers for my aches, she stands here, yelling at me in front of the neighbours. They must've heard everything from my balcony, and things like “I should keep quiet, I'm a bloody junkie” and stuff. I've never ever taken drugs in my life. I have painkillers prescribed by the doctor for fibromyalgia, that's the only medication I have. I've never touched anything, I don't even drink alcohol. I'm teetotal. But because she has nothing on me, she has to come up with something.

Her daughter's outburst made Tina very unhappy, partly because she felt it was unjustified, partly because it happened so the neighbours could hear it all. And yet, when her daughter has been drug-free, she has said that Tina is “the best mom in the world”.

Verbal abuse creates a sense of *shame* in the recipient, an emotion which threatens the interpersonal *social bonds*. At the same time, the children's positive comments to their parents, of which there are many examples in the interviews, can induce a feeling of pride and help repair social bonds (Scheff, 1990, 1997).

Emotional abuse: threats

Threats of hurting the parent or oneself are a form of *emotional abuse*. In 18 of the 32 interviews, the parents talk about the child threatening either parent, which is why we have concentrated on this particular form of emotional abuse.

Cecilia talks about her son's intimidating behaviour, which he has exhibited on several occasions. Underlying this situation is the disagreement between mother and son about what she is supposed to do when her son absconds from compulsory care.

If he, like, came here and fell asleep, when he was on the run, I phoned the police and they came and got him, which was really tough, and it took me a long time to do it, because it was so hard. But he knew this when he came and he could be really intimidating toward me and warn me that “you won't do this again!” but he came here all the

same even if he knew that I'd done it many times before. But it could turn really nasty in those situations. I've left the apartment many times as I've felt so badly threatened, even if he hasn't assaulted me. But he destroys things and is very threatening . . . with black eyes, showing that he is the one in charge.

In this account, the son finds his way to the apartment that he shares with his mother. While on the run from compulsory care, he is aware of the risk that his mother might call the police. The son tries to put pressure on his mother in this stressful situation. By intimidating her, he tries to secure himself a chance to stay at home without police involvement. He is typically on drugs on these occasions, making his mother more afraid than when he is sober.

Cecilia has been a member of FMN, where she has been encouraged to call the police if her son comes home while being on the run.

It's so tough when you're a parent, but I didn't want him to be out there either and use drugs, but it took a long time. And I don't know . . . He came home so many times before I . . . in the beginning, I just let him in and . . . he left again. And all the time I begged him to go back.

It took a long while for Cecilia to decide to call the police in such a situation. What finally prompted her was changing her mind about what was best for her son in the long run. She now sees that running away from treatment means that her son will go back to the world of narcotics, which she cannot accept. She calls the police so that her son might be returned onto the right track and get the treatment that he needs.

Many parents told us in the interviews that they would try in different ways to make it harder for their children to use drugs. Several parents said that they would call the police to take action against the child for possession of drugs. This is most often done discreetly, but sometimes the parents are open about getting in touch with the police, which can lead to a

conflict. "I'll kill you if you tell the cops!" was what Margita's daughter told her. Margita did not take her words seriously, but rather felt that it was the drugs talking; her daughter was not herself at the time.

Monika told us about a situation when her son behaved menacingly, but said that this was a one-off related to his being under the influence of drugs. She had driven to her son's rental house, afraid of a relapse.

Once when I drove to his house in the summer . . . I knew that he'd been out partying, and I drove there in the morning. He was all junked-up when I got there. And then he, like, came toward me, out there on the porch and he pushed me against the railing. And he was being really mean and he . . . then he threatened me with . . . I think it was a log of wood or maybe it was his fist. /Ummmm/ Then he pushed me against the railing out there on the porch. I was so afraid that time because he was so dazed. And I just knew that I should keep quiet and not say a word. /Ummmm/

Several accounts refer to situations where the child is unbalanced or has a conflict with his/her partner or is upset after receiving bad news from the authorities on an important matter. In the following example, the social services had decided not to let Agnes's son see his child, as his urine sample had tested positive for benzodiazepines. Agnes, who is usually present in the meetings with the authorities, took it upon herself to tell her son the news, because the social worker was too afraid.

So I went home to tell him that he couldn't have D for the weekend. And then he flew into such a rage that he rushed to the kitchen and got a knife. First he threatened to kill himself and then he threatened me, too, with the knife.

He was so hysterical that I couldn't get through to him at all, he was drugged up by benzos, he must've been. A normal person doesn't behave like that . . . I didn't know if I was going to get out of there alive. He pressed the knife against

himself and said "I'm gonna kill myself." Then he turned toward me and said "And you can come with me" and pressed the knife on my throat. I just stood there and thought that I can't leave him, I can't. So, either I get him to put the knife down or we both die.

In the end I got him to drop the knife by speaking to him all calm and collected. I didn't show him that I was terrified.

Here, too, the role of the villain belongs to drugs. The mother does not view the dramatic events as her son really wanting to hurt her. Rather, what happened is in her eyes a manifestation of her son's unmet need for help with drug problems. This emerges from the rest of the interview.

In relation to insults, threats directed to the opposite party in a conflict situation represent an escalation. Threats can relate to physical violence or damage to property and possessions, and can be interpreted as more or less based in reality. None of the interviewed parents had reported the threats to the police after the event, but on a couple of occasions the parent (always the mother) had called the police for protection in the actual situation. The parents also blame the drugs in this type of conflict: the drugs are the culprit, and the parents do not end up breaking contact with their children. In three of the four cases outlined above, the child is believed to have ADHD, but the threatening incidents are not blamed on the child's underlying mental condition. The child behaved in a threatening manner, because he/she was under the influence of drugs.

Financial abuse: damage to property and possessions

Damage to property and possessions is a form of *financial abuse*.⁴ This means that somebody purposely destroys or damages another person's home, for example, or possessions. The parents reported such damage in 11 of the 32 interviews. In some cases the child has repeatedly caused damage over a long period of time as a

result of venting him/herself. Pieces of furniture have been knocked over, paintings torn down, walls have been damaged as a result of major rows. In other cases the damage has occurred on a single occasion.

Yes, we have plenty of damaged items and walls at home. (Britt)

He's never attacked me as such, but he's damaged a lot of things. Yes. Like a whole glass cabinet comes tumbling down, or mirrors and paintings that he just tears down, and the bathroom, bathroom mirrors, he's ripped apart showers, shower railings, anything that's near him. (Cecilia)

These incidents have not been reported to the police. As each individual incident has been relatively minor on its own, the parent has not felt that the situation has been serious enough to merit a call to the police. Nor has the parent felt the need to call the police after the incident, as the damages have only led to minor financial consequences. A concern over the child's potentially destructive behaviour after being reported to the police is also a factor, as is the feeling of shame at the thought of reporting one's own child to the police.

When the damage takes place in front of the parent, the accounts portray it as a part of a longer dynamic process. It is used to underline verbal communication in a row when the child is angry and upset. Bodil recounts pleading with her son not to destroy an item which had great value for her. It was then that he stopped.

There's been many occasions that I've felt threatened when he throws things around or has grabbed me. He's punched at the walls and hit holes in doors. Then he could indicate that it's me he'd like to punch.

But he hasn't in fact damaged my possessions. I told him once when he was threatening to smash something that "Are you going to destroy everything, this is all I have. These came from my grandmother, and now you're going to smash them." He didn't cross that line.

The interview extract shows that the son uses violence against the interior as a substitute object, as a marker that he could just as easily have used the violence against his mother instead. It is a way of making the frightening situation even more menacing. But as Bodil says, her son respects certain boundaries even when enraged. He will not attack his mother, nor does he break truly valuable items.

One of the fathers, Per, told us that his 18-year-old son has smashed things in the family home.

We have a house, where he's caused damage both in the kitchen and the garden, he's smashed the roof of the greenhouse and parasols, and pots and pans and stuff like that, knocked holes through the doors and stuff.

After such incidents, the son has shown remorse, which has made it easier for his parents to forgive him for the damage and to move on. They have linked his anger and the damage caused either to his being under the influence of cannabis or benzodiazepines or suffering from withdrawal symptoms. The mother and the father work together, and the son, with no income of his own, is clearly dependent on them.

There is a further element involved in step-families, the emotional imbalance that may arise from the fact that one of the spouses is not the child's biological parent. The biological parent is more closely attached to the child than the stepparent.

The situation is especially emotional for Doris in the following example, trying to cope with her son's causing damage in the house and her seeking to minimise conflicts between her son and his stepfather.

I've been afraid . . . of Jack when he's come home on drugs, he's tall and strong, he yells at you and breaks stuff. I knew that if he broke stuff in the house, the father of my youngest children would get mad, and we'd fight. In that situation I often tried to hide that he'd smashed up things so there

wouldn't be a row. He did kick the door in once and . . .

In the parents' narratives, such causing of damage is almost always linked to a face-to-face confrontation. Causing damage is a way for the children to punish their parents and heighten their own sense of outrage. But the parents have found a reason for the behaviour of their children. This behaviour is always coupled with conflicts about the child's drug use. Furthermore, the child is usually on drugs, withdrawing from or craving drugs, when the damage to property occurs, according to the parents' narratives.

Physical abuse: physical violence

Stories of physical violence are rare in the interviews. When physical violence does appear, it is of a less severe kind and generally takes place as isolated incidents, in conjunction with an argument between parent and child. For example, Aina was pushed out of the way when she blocked the doorway and tried to prevent her daughter from going out. There was a car waiting for her, with people inside who were drug users.

Doris shares a story about something that happened 20 years ago. Her son was 17 at the time and was into hash and pills.

He was a high school drop-out, and we argued a lot. But I confronted him once. Both of my sons have turned really angry and aggressive when they've been doing drugs. And he became so mad that he pushed me so hard that I fell on the floor and my glasses got broken.

Bodil recalls recurring situations of her son getting aggressive; she often had to leave her apartment for fear of her son.

When he was misusing drugs, it could get physical. He'd push me around, threw things at me and threatened me. He got so mad and said he'd hit me, but he didn't. But I was afraid of him. Ever since he was 17–18 until he left home I was afraid

of what he'd come up with. Every day. If he'd hit me, hurt me.

At the time of the interview, Bodil's son was 24 years old. The concern that her son might hurt her made Bodil in the end insist that he move out. All contact between mother and son ceased almost a year before the interview. The son wants nothing to do with his mother.

Inga describes the situation which led her to ask that her then 19-year-old son move in with his father, where he has stayed for a number of years.

A1: Err. Has there been any violence? Has your son hit you?

I: Yes, he has. He came at me once and that was it, he had to go.

A1: How did it all happen?

I: Well, he was behaving in a threatening manner. It was a situation when he was being intimidating and couldn't get what he wanted. I put my foot down. He wasn't used to anybody putting their foot down, least of all me. That's before I was in the 12-step program. And in this situation I said no, and it was about money. And I said that he couldn't get it and so on. And he starts coming toward me and I just say no. I can feel the vibes and keep saying no to him and he's about to hit me and I say that if you do, that's the last thing you'll do. And I realised then that he was capable of doing it and that he couldn't live here anymore.

A1: But he didn't hit you? But he threatened you? Was, like, menacing.

I: Yes, well, I suppose he slapped my arm or something but . . .

The son had crossed the line, and Inga no longer wanted him to live with her. The father had to step in and assume greater responsibility, as she could not accept the son's behaviour toward her. Even if the violence was an isolated incident Inga considered it as an abuse that she could not accept.

One of the interviewed fathers told us about a violent domestic incident. It happened when he refused to give his son, still living at home, the key to the basement locker, because he was afraid the son would hide drugs or stolen goods there. In the ensuing row the two had a scuffle when father and son shoved each other but it stopped at that.

The interviewees, both the mothers and fathers, talk about a relationship where child-to-parent violence appears to be something of a taboo, a boundary that the children do not cross. Still, isolated acts of minor violence have been committed by children who have been under the influence of drugs or been craving them. The violence has been an escalation of an argument about the child's drug use, their criminal activities or demands for money. Threats of violence, discussed earlier in this article, are much more common.

Discussion

Despite the conflicts, the adult children keep coming back to their parents time and again in many of the discussed cases. The picture emerging from the interviews is that the children are in precarious situations, as they do not have money and sometimes also lack a place of their own. Help from social services is either insufficient, associated with unreasonable demands, or non-existent. When other options have been exhausted, the parental home is a last resort. It is hard for the parents to say no to their child. Even if the parent might be short of money, they usually have more than the child. All the interviewed parents also had their own place to live. As many of the children are homeless, a parent's offer of a bed in their home can keep the child from walking the streets at night or sleeping in a doorway. But the offer comes at a price: the children will face warnings and criticism about their drug use, which leads to new conflicts.

In the parents' narratives, the interaction with the child deals to a great extent with the child's destructive drug use. This gives rise to more or less severe conflicts.

An Australian research group has illustrated the emergence of intimate partner violence through a chain of events with a background of historical preconditions (history of violence, relationship breakdown, stressors) which is also influenced by “situational preconditions” (intoxication, heightened emotions, prior acts of violence). The course of events consists of (1) contact made with the victim, (2) conflict, (3) tipping point, (4) violence against victim, (5) de-escalation of violence, and, (6) end of contact with victim (Boxall, Boyd, Dowling, & Morgan, 2018). We found a similar course of events in our interviews also when the conflicts involved insults, threats, damage to property and possessions, and violence.

Background of events

While the narratives portray powerful emotional closeness to and love for the child, they also speak of *underlying conflicts* which have an impact on the relationship between parent and child. Close relationships of this kind are characterised by what Hamby and Grych describe as a “high level of emotional investment and interdependence.” When conflicts, frustration and perceptions of criticism and rejection occur between parents and children strong emotions are awakened that can lead to aggressive behaviour (Hamby & Grych, 2013, p. 33).

The parents support their children financially, help them in their dealings with the authorities, give them a place to stay and show in words and deeds that they care about their children. But there is a master conflict between them that has to do with the children’s drug use – which the parents are hostile toward and worried about. The parents have various control strategies to determine whether or not the child is on drugs, making an assessment of this in face-to-face meetings, keeping their ears open to any changes in the child’s voice on the telephone and paying the child a house call to see for themselves what the drug situation is. Some parents try to get the social services to act and have the child sent to compulsory care. We

have also talked to several parents who have called the police to get them to take action against the child for possession of drugs.

According to the interviews with parents, the children respond most clearly to police intervention and also to the parents’ attempts to restrict their freedom of action and agency. Included in this is the assertion by the child that he/she has the right to go on using drugs. Self-medication is often raised as a central argument here. By ignoring the parents’ warnings and requests, the children are able to show their power and independence. This minefield – a struggle for power – gives rise to various forms of conflict and confrontation between children and parents.

Specific incidents

The two parties disagree about something that, according to the parents, is of importance for both. The result is a row between the child and one or both of the parents. They can fight about, for example, money, current or historical parenting conflicts, the parents’ views on the child’s plans or about broken promises. The common denominator, however, is most often the child’s drug use. In an interview study with parents whose children used heroin, lack of trust in the drug user was the issue raised most often in the interviews, as the parents have been “lied to, deceived and stolen from” (Butler & Bauld, 2005).

According to our interviews, insults often fly in both directions in a loaded situation, and the emotional temperature rises. What started as an exchange of views escalates to a row. Sessa Kethineni, who has examined court cases of youth-on-parent violence, found that “verbal arguments were a common step in the continuum that resulted in violence or threat of violence by their children” (Kethineni, 2004, p. 387). How the conflict is dealt with by the parties depends on, among other things, their *state of mind*. The child’s state of mind may be linked to his/her being on drugs – with various effects – but also to withdrawal symptoms and

craving for drugs, as the parents' accounts suggest. Tiredness, weariness, stress and many other factors can impact on both parties' frame of mind. Leonard Berkowitz (1993) has suggested that any negative affect (anxiety, irritability, low mood) can serve as a motivator of aggression. When a person is under the influence of alcohol or drugs, the risk increases of aggressive acts, as behavioural inhibition is reduced and judgment impaired (Hamby & Grych, 2013).

Escalation of rows or confrontations

At a certain stage of an argument, one party crosses a line, and the dispute turns *abusive*. Because we have focused on child-to-parent abuse, the accounts emphasise the role of the child as having crossed that line, but it is entirely possible that the parent has also breached the child's boundaries between civil and abusive behaviour. The escalation can also entail that the child *causes damage* to things, doors, windows or walls. The parent is unable – or is afraid or does not have the time needed – to prevent the damage, or the parent is not present when the damage is caused. The row can also lead to *physical violence* against the parent by the child. In the parents' accounts, physical violence is the most severe measure that the child can subject parents to. If this line is crossed, there is a risk that the social bonds between child and parents are broken, at least temporarily.

Boxall and colleagues discuss the “tipping point” as the moment which in many cases of domestic violence signifies that the conflict crosses a border and reaches a new stage (Boxall et al., 2018). This “tipping point” is identifiable in many of our accounts, although it is rare for an argument to transition to physical violence. A preventing factor is the “moral belief system”; the standards, norms, values and morals, which are associated with children's relationships with their parents and which include the child's reflected appraisals and notions of fairness (Walters, 2015). We can appreciate

that violence also occupies a special place in the parents' moral belief systems: some of the interviewed mothers had demanded that their children move out after the child had perpetrated violence against them.

End of conflict

Sooner or later the confrontation will end. Perhaps the child or the parent leaves the scene, or maybe an outsider intervenes or somebody calls the police. The child and the parent may be too exhausted to go on arguing. They need to calm down, to descend from the emotional heights to a more manageable level and let the argument be. In Boxall's study, which is based on police reports on domestic violence, the violence stops when the police arrive or when the victim calls the police and the perpetrator chooses to leave the scene (Boxall et al., 2018). In our study, the parents rarely called the police.

How the parents process and explain the events

Once the emergency situation is over, parents start to process what has happened. Judging by the interviews, the processing begins fairly soon after the actual events. The parents need to decide what to do if the incident has been grave enough to be reported to the police. The parents may insist that the child move out or not visit them again. A recurring phenomenon in our study is the decisive role ascribed to the child's being on drugs as explaining why the situation got out of hand. The drugs are already being blamed in the post-event processing phase, and their role is further rehearsed in the interviews where the parents are encouraged to reflect on why the conflict arose. The child's guilt, and thereby also the guilt experienced by the parents, can be decreased if the confrontation is blamed on the child's being under the influence of drugs. Notably, the child's ADHD diagnosis or other psychiatric diagnoses, if any, are not suggested as causing the confrontation in any of the accounts. But where they have

existed, the child's psychiatric problems have had an effect on the parental role in other ways, and according to the parents have contributed to the fact that the child started using drugs.

The interviewed parents' narratives can be seen as accounts (Scott & Lyman, 1968), which explain and justify the children's disruptive behaviour by their having been on drugs. When the blame is put on an external phenomenon – drugs – the parents will find it easier to repair the *social bonds* (Scheff, 1990, 1997) with the child. The parent differentiates between the child who is sober and the child who is under the influence of drugs; that is, between the genuine child and the fake child. The sober child is a person that the parents like and make an effort for. The child who is on drugs is erratic, at times aggressive and self-destructive. The ADHD diagnosis which many of these children have, is a part of the genuine child. It affects the child's personality and behaviour positively and negatively but is not a reason to reject him/her. The parents' accounts, or explanations, make it understandable that the abuse committed by the child is linked to drugs, which exist outside of the child, rather than being associated with the ADHD diagnosis which is a part of the child.

By distinguishing between the genuine person and the fake person on drugs, the parents are able to decrease the child's culpability for his/her bad behaviour, to the interviewer, other outsiders and also in their own eyes. The child is really a good person, but turns into somebody else through the noxious influence of drugs. This act of excusing can be used to diminish the parents' feelings of guilt for the child's inappropriate behaviour and to weaken their sense of shame in the eyes of the outside world, here represented by the researcher (Scheff, 1990, 1997). The parent uses an account as an excuse.

Long-term parental coping strategies

The children are considered as irresponsible and sick, as incapable of making decisions

about their own lives because of the power that drugs have over them. The parents therefore step in to try and influence the children's choices by any available means. Many have found their way to parents' associations for guidance on what to do. The largest such organisation in Sweden, FMN, seeks to support the parents' parental role by encouraging them to set limits on their children's demands. A few parents told us that their children are no longer in touch with them, because they have found the parents much too assertive. Orford and colleagues have constructed a typology of coping positions, with three poles classified as "engaged" (try to change the user's behaviour by confronting it and being emotional and controlling), "tolerant" (to be more or less inactive, accepting and supportive), and "withdrawn" (to withdraw from interaction with the user) (Orford et al., 1998). These positions are based upon the ways in which relatives respond to the stresses that they feel, arising from the drug problems of the family member. Parents alternate between these poles in their relations to the child. Our interviewees are mostly found in the "engaged" group, but some end up among the "withdrawn", if the child terminates the relationship. None of "our" parents were "tolerant" about their child's drug use, in the interviews.

Debra Jackson notes that violence between mothers and children "occurs within a context of intensely intimate and longstanding emotional, familial and caring bonds" (2003, p. 327). In her study, breaking the relationship is not an option. Rather, the mothers are committed to restoring and retaining loving, positive relationships with their children (Jackson, 2003). We found a similar approach among the interviewed parents. Even when the bonds with the child are severed after serious conflicts, the parents still hope that the contact will be rebuilt.

Conclusions

All of our interviewed parents have or have had adult children with drug problems. The drug use has been so constant and extensive that the

parents have experienced it as a threat to the children's health and their ability to take care of such social responsibilities as studies, work, child maintenance and contact with the family. The parents have in vain tried to convince the child to abandon drugs. The child-to-parent abuse occurs in a specific emotionally loaded situation, typically preceded by a verbal argument of some kind. During this verbal argument, the child grows ever more agitated and finally crosses the line between an ordinary argument and abusive action against the parent. The interviews portray insults (verbal abuse) and threats (emotional/psychological abuse) as recurring elements in the interaction with the adult child, whereas causing damage (financial abuse) and, in particular, violence (physical abuse) are less common. Such incidents are in retrospect excused by the fact that the child was on drugs. The parents' accounts make a clear distinction between the child as under the influence of drugs and the child as sober. On drugs, the child is self-destructive, unreliable and irritable, a fake human being, whereas the sober child is a genuine person that the parents love and are ready to make great sacrifices for.

The interviews convey a consistent message: the parents are torn by the abuse and crimes committed by the children, but they can cope by explaining the abusive events by the impact of drugs. What remains after all the harsh words, damage to property and possessions, and the violence is the concern over the risks related to the child's drug use. It overshadows much of the parents' existence. The single most important intervention in improving the parents' situations is for the adult children to find a way to live their lives without drug problems. The parents' well-being is directly related to how their children's lives turn out.

Parents who are subjected to abuse by their adult children with drug problems are crime victims who have received inadequate help and attention. It is important that the authorities better identify this group and do what they can to offer them help and support.

Limitations

The conflicts between parents and children that we have outlined are portrayed by one party, that is, the parents. They have not been mirrored by the children's accounts of the events. Rather, the focus lies on the parents' experiences of the situations which have been retrospectively recounted to an outsider who lacks any personal knowledge about what has happened.

Overrepresented among the interviewees are women, persons born in Sweden and persons with no history of drug problems of their own. This reduces the possibilities to generalise to other constellations of parents and children. Almost half of the parents were members of FMN, the leading Swedish parent support organisation, which might have influenced their understanding and conceptualisation of the conflicts with their children.

Author contributions

The project has been co-designed and co-planned by the three authors. A2 conducted 20 interviews, while 12 interviews were carried out by A1. Two of the researchers, A2 and A1, read all the interviews at least twice to get an overall picture of the data. A1 submitted a first coding proposal with examples of themes and sub-themes and extracts from a large number of quotes. These were read and commented by both A2 and A3. A draft article written by A1 was discussed in a faculty seminar. A2 and A3 have checked and commented on each version of the article.


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Notes

1. Established in 1968, the The National Swedish Parents Anti-narcotics Association (Föräldraföreningen mot narkotika, FMN) now has about 25 local branches around Sweden. According to the FMN website (www.fmn.se), the association's main goals are to provide advice, support and assistance to families where drug abuse occurs. The parents are advised to set clear limits toward their child with drug problems, for example, by not helping the child with money or letting the child stay at home during periods of ongoing drug abuse. This is to protect parents from severe consequences and not to allow parents to facilitate the child's continued drug abuse.
2. For example, a neuropsychiatric examination has been planned but has not been conducted, because the child has not cooperated or because the procedure has been halted.
3. It is impossible to objectively determine where the boundaries lie between criticism, accusations and expressions that cross the line to transition to insults (verbal abuse). Language use is individual in that each of us chooses which style and phrasing to use, but these are also influenced by our surroundings. What appears as a grave insult to an outsider can be seen in a more benevolent light by those involved in an argument, and vice versa.
4. We will discuss thefts in another article.

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