



Home Office

Information guide: adolescent to parent violence and abuse (APVA)

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1. Information Guide: Adolescent to Parent Violence and Abuse (APVA)

What is adolescent to parent violence and abuse?

- 1.1. Adolescent to parent violence and abuse (APVA) may be referred to as 'adolescent to parent violence (APV)', 'adolescent violence in the home (AVITH)', 'parent abuse', 'child to parent abuse', 'child to parent violence (CPV)', or 'battered parent syndrome'.
- 1.2. The cross-Government definition of domestic violence and abuse is *any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to psychological, physical, sexual, financial and emotional abuse.* While this definition applies to those aged 16 or above, APVA can equally involve children under 16, and the advice in this document reflects this.
- 1.3. There is currently no legal definition of adolescent to parent violence and abuse. However, it is increasingly recognised as a form of domestic violence and abuse¹ and, depending on the age of the child, it may fall under the government's official definition of domestic violence and abuse².
- 1.4. It is important to recognise that APVA is likely to involve a *pattern of behaviour*. This can include physical violence from an adolescent towards a parent and a number of different types of abusive behaviours, including damage to property, emotional abuse, and economic/financial abuse. Violence and abuse can occur together or separately. Abusive behaviours can encompass, but are not limited to, humiliating language and threats, belittling a parent, damage to property and stealing from a parent and heightened sexualised behaviours. Patterns of coercive control are often seen in cases of APVA, but some families might experience episodes of explosive physical violence from their adolescent with fewer controlling, abusive behaviours³. Although practitioners may be required to respond to a single incident of APVA, it is important to gain an understanding of the pattern of behaviour behind an incident and the history of the relationship between the young person and the parent.
- 1.5. It is also important to understand the pattern of behaviour in the family unit; siblings may also be abused or be abusive. There may also be a history of domestic abuse, or current domestic abuse occurring between the parents of the young person. It is important to recognise the effects APVA may have on both the parent and the young person and to establish trust and support for both.
- 1.6. The first large scale study of adolescent to parent violence and abuse in the UK was conducted by the University of Oxford (see <http://apv.crim.ox.ac.uk/>) between 2010 and 2013⁴. Practitioners and parents interviewed in this study described the abuse as often involving a pattern of aggressive, abusive and violent acts across a prolonged period of time. As well as physically assaulting their parents, those interviewed said their teenage children had smashed up property, kicked holes in doors, broken windows, had thrown things at their parents and made threats. Verbal abuse and other controlling behaviours were also commonly present. This pattern of behaviour creates an environment where a parent lives in fear of their child and often curtails their own behaviour in order to avoid

¹ Wilcox, P. (2012) Is parent abuse a form of domestic violence? *Social Policy and Society* 11(2):277-288.

² Home Office (2013). 'Domestic violence and Abuse', Available at: <https://www.gov.uk/domestic-violence-and-abuse>, (accessed 19th February 2014).

³ Condry and Miles (2015) *Uncovering Adolescent to Parent Violence* (Palgrave).

⁴ Funded by the Economic and Social Research Council.

conflict, contain or minimise violence. This study found that there was no single explanation for this problem. Families described a range of reasons which they saw to be the cause for APVA, including substance abuse, mental health problems, learning difficulties, or a family history of domestic violence or self-harm. Some families were at a loss to explain why their child was so aggressive towards them, having raised other children who did not display such behaviour⁵.

Prevalence of APVA

- 1.7. APVA is widely recognised by practitioners who work with families across a range of support services. However, it is only very recently that policy has begun to be developed to specifically address the problem. As a result, it is not usually officially documented and therefore does not currently appear in any public records or figures. Evidence of the extent of the problem is therefore piecemeal and developing incrementally.
- 1.8. The national charity *Family Lives* runs a helpline for parents, which receives substantial numbers of phone calls from parents experiencing violence from their children. In 2008 a survey revealed that 7 per cent of 30,000 calls to the helpline were about physical aggression from children to their parents⁶, mostly from adolescents aged 13-15 years and usually targeted at mothers. In 2010 it was reported that between June 2008 and June 2010, the helpline received 22,537 phone calls from parents reporting aggression from their children, 7,000 of which involved physical aggression⁷.
- 1.9. APVA is not specifically flagged on police or health and social care databases and so it is difficult to count the number of reported cases on a national level. A recent analysis of Metropolitan Police Service statistics on adolescent to parent violence provides an insight into the demographic characteristics of families experiencing adolescent to parent violence and abuse as well as the type of incidents reported to the police across London for a one year period⁸.
- 1.10. The analysis involved all cases of APVA reported to the Metropolitan Police Service over a one year period from April 2009 to March 2010. In this analysis, adolescent to parent violence was defined as 'any acts of violence, threats of violence and criminal damage in the home by an adolescent aged 13-19 years towards a parent or carer'. The study only counted incidents reported to the police in the Greater London area, defined as offences, and recorded. The figures are therefore likely to represent only a very small proportion of actual incidents of APVA in that year. In the absence of more in-depth UK research into APVA, it is not possible to gauge the extent of under-reporting; however, extensive research into other forms of family violence such as intimate partner violence and child abuse tells us that the 'dark figure' of hidden crime is particularly large for violence and abuse occurring in the domestic setting⁹. Police data are also known to be influenced by variations in recording practices¹⁰. Despite these caveats, this is the first systematic evidence of the problem of APVA in the UK and the first analysis of large-scale official data.
- 1.11. In a one year period, the study found 1,892 incidents of violence, threats of violence, or criminal damage in the home, perpetrated by a 13-19 year old towards their parent(s)/carer(s). Adolescents reported to the police for violence against their parents were overwhelmingly male (87.3 per cent) and parent victims reporting the violence were

⁵ Condry and Miles (2012; 2014; 2015)

⁶ Parentline Plus (2008), *Aggressive Behaviour in Children: Parents' Experiences and Needs*. Parentline Plus.

⁷ Parentline Plus (2010), *When Family Life Hurts: Family Experience of Aggression in Children*. Parentline Plus.

⁸ See Condry and Miles (2014) for a full analysis of the data: Condry, R. and Miles, C. (2014), 'Adolescent to Parent Violence: framing and Mapping a Hidden Problem', *Criminology and Criminal Justice*, 14: 257-275

⁹ Groves and Thomas (2014), *Domestic Violence and Criminal Justice* (Routledge)

¹⁰ HMIC (2014) *Everyone's Business: Improving the Police response to Domestic Abuse*. (<http://www.justiceinspectorates.gov.uk/hmic/wp-content/uploads/2014/04/improving-the-police-response-to-domestic-abuse.pdf>)

overwhelmingly female (77.5 per cent). The majority of reported cases of adolescent to parent violence involved a son-mother relationship (66.7 per cent). Son-father accounted for 20.6 per cent; daughter-mother 10.8 per cent; and daughter-father just 1.9 per cent of reported cases. This tallies with previous international research suggesting that adolescent to parent violence is predominantly a son-mother phenomenon, although it is important to recognise the possible reporting bias relating to gender and social norms.

Reporting/Disclosing APVA

- 1.12. It is important to recognise that incidents of APVA reported to the police are likely to represent only a small percentage of actual incidents and actual levels are likely to be much higher. All forms of domestic violence and abuse are under-reported¹¹ and parents are, understandably, particularly reluctant to disclose or report violence from their child¹². Parents report feelings of isolation, guilt and shame surrounding their child's violence towards them, and fear that their parenting skills may be questioned and that they will be blamed or disbelieved by those to whom they disclose the violence. Many parents worry that their victimisation will not be taken seriously or, if they are taken seriously, that they will be held to account and that their child may be taken away from them and/or criminalised.
- 1.13. Parents who do decide to disclose their victimisation to support services or to the police find that appropriate help and support is not always available. Parents report mixed responses from the police, which often confirm their fears of being blamed, held to account or disbelieved. Examples show that when police do respond proactively, parents then face a difficult scenario whereby their child may be criminalised as a result of the parent's report and the child may be removed from the family home. This is often not what the parent wishes¹³. There are however situations where a criminal justice response may be appropriate in the interests of safety, and the parent(s) may support the removal of their child or even ask for it. It is worth noting that appropriate housing is not always available. In instances when this occurs, it is important that agencies ensure that adequate safeguarding is in place and that the right safety plans are put in place.
- 1.14. Adolescents may also choose not to disclose due to guilt or fear of the social care and justice system. Young people may not understand the impact of their actions and be concerned about the consequences so they may not seek help, allowing the situation to escalate to crisis.

Explanations of APVA

- 1.15. There is no single explanation for APVA and the pathways appear to be complex. Some families experiencing APVA have a history of domestic violence and abuse. In other cases the violence is contextualised with other behavioural problems, substance abuse, mental health problems, learning difficulties, or self-harm. In some cases there are no apparent explanations for the violence and some parents find it difficult to understand why one child is aggressive towards them when their other children do not display such behaviour¹⁴.
- 1.16. APVA also appears to affect all levels of society. Although many parents reporting this form of violence to the police are not in full-time employment and some are struggling with financial and housing problems; others are in professional jobs earning high incomes¹⁵. It may be the case that adolescent to parent violence is more likely to be identified in families who are already in contact with support services or the criminal justice system; and/or that such families find it more acceptable to report the problem and ask for help.

¹¹ Groves and Thomas (2014), *Domestic Violence and Criminal Justice* (Routledge)

¹² Condry and Miles (2014)

¹³ Condry and Miles (2014; 2015)

¹⁴ Condry and Miles (2015)

¹⁵ Condry and Miles (2014)

Challenges posed by APVA

- 1.17. The problem of APVA poses a number of challenges to the families experiencing it and practitioners who come across it in their work with families. Parents do not know where to go for help and often find that there is simply no appropriate support available in their area. Practitioners across a range of support services may be willing to support families but do not know how to meet their needs and struggle to find information about existing programmes and examples of best practice¹⁶.
- 1.18. A fundamental challenge underpinning these difficulties is the silence surrounding APVA¹⁷. The sense of isolation, stigma and shame felt by families experiencing this kind of violence is exacerbated by the lack of official recognition and policy, and also the lack of awareness of APVA the public.
- 1.19. APVA is a complex problem and the boundaries between 'victim' and 'perpetrator' can be unclear. The violence is often (although not always) contextualised within existing family problems and many 'perpetrators' of violence towards their parents are, or have been victims or secondary victims of domestic violence and abuse or child abuse. It is often difficult to observe or assign labels of 'perpetrator' and 'victim' and there are numerous concerns about criminalising a young person for their behaviour, and the negative impact that this may have on their future life chances. Professionals working with children and young people and parents should seek to identify risk factors early and work together with the family to provide early support to avoid crisis situations.
- 1.20. It is important that a young person takes responsibility for their behaviour. While the use of out of court disposals in the context of domestic violence and abuse need to be approached with caution, in the context of cases of APVA out of court disposals or a wrap-around safeguarding response should be considered alongside a criminal justice response as most parents wish to build and maintain their parent-child relationship and do not want their child criminalised. This means that typical domestic violence and abuse responses holding perpetrators to account may not always be appropriate. Practitioners highlight the need for tailored responses to APVA rather than relying upon generic parenting programmes and also identify the need to move away from the emphasis on parental responsibility and blame¹⁸.
- 1.21. Before any intervention is attempted by practitioners, there needs to be a considered approach reflecting the whole family's dynamics - apparent within the "Troubled Families Report." In Wales, practitioners need to consider the 'Team Around the Family Approach' set out in 'Families First'¹⁹. If an intervention is undertaken which aims to halt the violence without reflecting on the wider family issues then the situation can be significantly exacerbated. Practitioners need to consider the family as a system and how its members operate together and consider the use of whole family approaches. Adolescent violence and abuse should not be seen as independent of these dynamics.
- 1.22. A key issue raised by parents and practitioners working with families experiencing APVA is the need to develop clear and specific policy on this form of family violence. This information guide represents a first stage in this process in the expectation that individual services will develop more detailed, specific guidance in the future.

¹⁶ Holt, A & Retford (2013) Practitioner accounts of responding to Parent Abuse – a case study in ad hoc delivery, perverse outcomes and a policy silence, *Child and Family Social Work*, 18 (3), 365-374.

¹⁷ Condry and Miles (2012)

¹⁸ Condry and Miles (2012); Holt, A. (2009) Parent Abuse: Some reflections on the adequacy of a youth justice response, *Internet Journal of Criminology [online]*, November 2009, 1-11. Available from: http://www.internetjournalofcriminology.com/Holt_Parent_Abuse_Nov_09.pdf

¹⁹ <http://www.families-first.org.uk/>

2. How to Respond to APVA: General Advice for all Practitioners

- 2.1. It is important that children's services and domestic violence and abuse services develop protocols for joined-up working and that appropriate referral pathways are identified.

Safeguarding

- 2.2. It is important that a young person using abusive behaviour against a parent receives a safeguarding response. The statutory guide to inter-agency working to safeguard and promote the welfare of children, 'Working Together to Safeguard Children' sets out what professionals and organisations need to do to safeguard children. Responders should also use their discretion and professional judgement when addressing cases of APVA.²⁰
- 2.3. Local Safeguarding Children Boards (LSCBs) play an important role in challenging safeguarding practice and assessing the effectiveness of safeguarding services in their area.
- 2.4. Each local authority is required to set up an LSCB to bring key agencies such as police, probation, youth justice, health, education and social care together to make sure local safeguarding of children is effective. In addition to coordinating and ensuring the effectiveness of what is done by each agency to safeguard and promote the welfare of children, LSCBs also have a number of key things they must do which are set out in legislation.
- 2.5. These include agreeing local safeguarding policies and procedures for how the different agencies work together, contributing to local plans, communicating to local organisations and the community, ensuring safeguarding training is provided, and monitoring what the LSCB members do and how effective local safeguarding is.

Risk Assessment with Young People

- 2.6. There are specific factors to consider when working with young people who are involved in adolescent to parent abuse:

Environmental factors:

- Is there a history of domestic abuse within the family unit?
- Is the young person in an abusive intimate relationship?
- Is there a need for adult services' involvement in the family?
- Is the young person being coerced into abusive behaviours?
- Is the young person displaying heightened sexualised behaviours?
- Is the young person associating with peer groups who are involved in offending or older peers?
- Are Children's Services currently involved with the family?
- Should a risk assessment be conducted on the siblings to see if they are at risk of violence and/or contributing to the violence?
- Is the young person isolated from people and services that could support them?
- Is there a risk that the young person is being bullied?
- Are there BAME issues that need to be considered or that may affect a victim's disclosure?

²⁰ <http://www.workingtogetheronline.co.uk/chapters/contents.html>

Emotional self-regulation

- Does the young person have difficulties in forming relationships?
- Does the young person have mental health issues, self-harm or suicidal tendencies?
- Is the young person disengaged from education?
- Is the young person misusing substances?
- Does the young person display an obsessive use of violent games or pornography?
- Does the young person have poor coping skills or engage in risk taking behaviours?
- Does the young person they identify their behaviour as abuse?

- 2.7. Young people may need support from a wide range of local agencies. Where a young person could benefit from coordinated support from more than one agency (e.g. education, health, social care, and police) there should be an inter-agency assessment. These early assessments (such as the use of the common assessment framework (CAF)) should identify what help the young person requires to prevent their needs and behaviour escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989.

Things to consider:

- Develop local Violence Against Women and Girls (VAWG) strategies with specific reference to young people and be clear who is taking the lead for this work;
- Encourage close and effective joint working between Multi-agency Risk Assessment Conferences (MARAC) and services that safeguard children, such as the MASH (Multi Agency Safeguarding Hub) which now exist in many local authority areas;
- Think about how you will prioritise support if there are multiple issues in the young person's life i.e. relationship abuse, gang involvement;
- Explore how you can encourage joined up working and appropriate information sharing.

Multi Agency Risk Assessment Conference (MARAC)

- 2.8. The MARAC is a multi-agency meeting that focuses on the safety of high-risk domestic violence and abuse victims. There are around 250 MARACs in operation across England and Wales. Existing research indicates that MARACs have the potential to improve adult victims' safety and reduce re-victimisation. The guidance for referrals to MARAC states that in cases involving 16-17 year olds professional judgement will be required to decide whether the MARAC or safeguarding route is more appropriate.²¹

Multi Agency Safeguarding Hubs (MASH)

- 2.9. Many local authorities have developed Multi Agency Safeguarding Hubs to ensure that any safeguarding referrals made to Social Care receive a swift, multi agency based response based upon the principles of information sharing, joint decision making and coordinated intervention. Young people using violence against parents may have safeguarding needs, and it is important that they receive a safeguarding response to meet these needs. Professionals will also need to consider whether there are siblings in the household where the abuse is taking place. If so, a referral to the MASH or initial referral team in the local authority would be necessary.

²¹ http://www.safelives.org.uk/sites/default/files/resources/A_Place_of_greater_safety.pdf

Things to consider:

- Dedicated health, social care and education staff working with vulnerable young people should be given on-going support and training to better understand how young people are using social media and the risks that it poses;
- Develop a care pathway for referring teenagers to Local Safeguarding Children's Boards (LSCB), MARAC and the young people's service so all multi-agency professionals can confidently support these young victims;
- It is important that the care pathway has clearly identified points of safeguarding referral or input and that the LSCBs are working effectively with the MARAC;
- Encourage youth workers and other key professionals to be part of local domestic violence and abuse forums;
- Training for services working with young people as their needs, experiences and support networks may be different to adult victims.

Safety Planning

2.10. Safety planning is a practical process that practitioners can use with anyone affected by domestic violence and abuse. It should be a core element of working in partnership with victims and other agencies, taking into account the outcomes of risk assessment and risk management. Safety planning involves more than assessing potential future risk; it can help create psychological safety, space to recover and freedom from fear. Other members of the household's responses to questions about what they do when there is violence or abuse should be considered in safety planning. Risk assessments can assist safety planning and should aim to:

- help to understand the parent's fear and experiences as well as the fears of the young person;
- use and build on existing positive coping strategies;
- provide a safe physical space to recover;
- link to the relevant assessment framework being used by the agency and provide a holistic approach to safety and well-being;
- be part of a continuous process and ensure that safety planning links into the overall plan for the victim and is not completed as an isolated process;
- ensure safety plans are tailored to the individual. A 'one size fits all' approach is ineffective and potentially dangerous.

3. How to Respond to APVA: Health professionals

3.1. APVA has been recognised as a challenge facing Healthcare professionals by NICE (National Institute of Clinical Excellence). As such, it is crucial that staff fully understand this complex area of abuse.

The impact of abuse on a parents' health

- 3.2. As with domestic violence and abuse from an ex/partner, abuse from a child or young person can also cause health and wellbeing issues such as anxiety, depression, stress, loss of sleep, physical injury – all of which may necessitate admission to hospital. It may result in parents self-medicating with drugs and alcohol as a coping mechanism. Those who experience APVA often suffer a great deal before seeking support. This is often linked to feelings of failure in the parenting role, and the shame and stigma of having an abusive child.
- 3.3. Research by Against Violence and Abuse (AVA) and Families, Drugs and Alcohol (ADFam) with parents who had experienced APVA clearly showed that GPs were a common first port-of-call for parents looking for help, and a Parentline Plus survey (2010) found that 57% of parents sought help from their GP. However, the research also identified four factors which can inhibit disclosure: shame, guilt, fear and the lack of a sufficiently trusting relationship with the service.^{22 23}
- 3.4. General practice nurses may also pick up this issue as part of their regular health checks with patients as routine contact can help build a level of trust with the patient.
- 3.5. Stigma plays a key, paralysing role in stopping families from looking for help and must be recognised by health professionals. Health professionals who visit the family home, such as midwives or health visitors, or a school nurse (where there are older children in the family), should be alert to the signs of APVA and know how to respond. Identified cases of APVA should always be treated as a safeguarding issue.
- 3.6. APVA may also be picked up at other community settings such as children's centres. The checks undertaken by health visitors when children reach two and a half years old could provide an opportunity for engagement between the health visitor and a victim where a disclosure could be made or signs of abuse be identified.

Things to consider:

Encouraging disclosure from parents

- Encouraging disclosure of APVA is essential. Parents affected by the issue may have taken a long time to come to acknowledge the problem they are facing, thus making the challenge of verbalising this behaviour to others even greater. Parents need to be encouraged to understand that the services they access are safe places where they can disclose APVA;
- Avoid making assumptions (for instance assuming that because someone is a parent they always have control over their child's behaviour or that the behaviour is always a direct result of parenting style);

²² Adfam – between a rock and a hard place <http://www.adfam.org.uk/news/265>; AVA <http://www.avaproject.org.uk/our-resources/reports-publications/between-a-rock-and-a-hard-place-%282012%29.aspx>

²³ Parentline Plus survey 2010:

http://www.familylives.org.uk/media_manager/public/209/Documents/Reports/When%20family%20life%20hurts%202010.pdf

- Make asking about APVA part of your routine screening. Bear in mind, though, that many parents will not conceptualise what they are going through as domestic violence and abuse. They may think about APVA in completely different terms and you might need to use different language when asking about it.

Questions you could use instead might include:

- Does your child ever frighten you?
- What happens when your child is angry?

Responses for Different Health Practitioners

3.7. A Parentline Plus survey (2010) found that 57% of parents experiencing aggression from their child first sought support from GPs and 37% from CAMHS (Community and Mental Health Services). It is crucial that health practitioners know how to appropriately recognise and respond to APVA.

Things to consider: Healthcare professional responders

GPs and GPNs

- Display posters in waiting areas that explain this is a safe place to disclose abuse of any kind;
- Give patients the option of selecting which member of staff they would prefer to speak to;
- Be mindful that a patient experiencing abuse may not disclose (especially when the abuse is from their own child). Understand how abuse from a child may impact on a person's psychological and mental well-being and look for indicators that this may be happening;
- Make sure you see the patient on their own.

Midwives

- See the patient on their own.
- All women must be asked about domestic abuse at least three times during the antenatal/postnatal period as a normal part of the health history at key times – first trimester of pregnancy, the third trimester and during the puerperium;
- Act immediately on disclosure and respond to risks;
- Consider the needs of the perpetrator as this can increase the safety of the victim;
- Work to clear local protocols and be aware of local services and referral pathways;
- All Midwives should be trained in identification of domestic abuse. This should include APVA;
- Routine Enquiry is a means of supporting diagnosis and assessment of patients' needs to ensure they receive the most appropriate treatment and care. It does not matter whether there are any signs or indications of abuse but it is important to create a safe and supportive environment for patients to disclose their personal experience of abuse, if they choose to do so;
- Increased detection will afford survivors the opportunity to access support and services, allowing for earlier intervention and improved health outcomes.

Health Visitors

- Carry out a risk assessment to make sure it is safe for you to enter the house (follow lone working procedures);
- Look for warning signs in the home or during contacts that abuse may be happening; contacts are important as they may pick something up a children's centre session;
- Speak to the parent on their own;
- Refer any concerns to the relevant area. This may include:
 - Social care child at risk or siblings;
 - Child protection or Child in Need may be appropriate;
 - School nurse;
 - Common Assessment Framework;
 - May meet the criteria for troubled families;
 - Local Voluntary agencies such as the freedom programme if available;
 - Police.
- Liaise with other Health Care Professionals whom the young person or parent may be receiving support from.

School Nurses

- Recognise your ideal position and opportunities to notice early signs or symptoms of abuse/abusive behaviour;
- Be aware of factors which may contribute to a young person becoming abusive;
- Provide regular drop-in sessions and be a consistent point of contact for young people to speak to;
- Work with the pastoral care team to deliver key messages through PSHE on respectful and healthy relationship skills, lessons and policies across the school;
- It is important that all relevant school nursing team members are aware of APVA and can provide support to other school staff to assist them with safeguarding children from all forms of abuse in line with statutory guidance in *Keeping Children Safe in Education*. Over the coming years all appropriate staff in Wales will be trained to 'Ask and Act', an important model for any professional working with young people experiencing any form of abuse;
- Consider using existing contacts established through the delivery of the healthy child programme and public health interventions as an opportunity to identify young people who may be involved in APVA;
- Work with other health professionals, social care, education and police to provide support for the young person and the family involved in APVA – including safeguarding leads.

CAMHS (Child and Adolescent Mental Health Services)

- Understand the complex nature of dual diagnoses (mental health and substance misuse) and the intersections with abuse (not as an excuse but a vulnerability issue);
- Address the needs of the young person and their family whilst simultaneously addressing risk;
- Engage with other relevant services (education, youth justice etc) and agree lead;
- Evaluate child protection issues as well as acknowledging young person's use of abusive behaviour;
- Use a strengths based empathic response;
- Using diagnoses to explain parental abuse can be problematic as it allows adolescents and parents to use labels of disorders as justifications for violent behaviours (Hemphill 1996).

Health Professionals

- Making it easy for the victim to talk about their experiences;
- Be supportive, reassuring and non-judgemental;
- You should never assume that someone else will take care of domestic violence and abuse issues – you may be the victim's first and only contact;
- Always be prepared to work in partnership with other organisations that have been set up to ensure a victim's safety;
- Always adhere to your Trust's domestic abuse policy and implement what you learn in training.

4. How to Respond to APVA: Education

- 4.1. APVA may impact on all agencies working with children and young people.
- 4.2. In terms of safeguarding, education staff have a responsibility for their students, who may be the young person exhibiting such behaviours, or siblings or other young people in their institution who may be a target of associated behavioural issues. It should be also remembered that whilst young people may be presenting with problems with their own behaviour, often co-existing behaviours or outcomes from this may be exposing them to increased levels of risk of harm to themselves e.g. through truancy, association with negative peer groups, breakdown in family communication, substance misuse, retaliation, or self harm.
- 4.3. This issue is relevant to both primary and secondary education as the onset of patterns of APVA can be as early as eight or nine and continue through adolescence and sometimes into adulthood.

Identification & Disclosure

- 4.4. Young people responsible for APVA may be identified within schools in a variety of ways, often through other issues, including problematic behaviours towards peers and / or school staff, non-attendance, non-engagement with school activity, unfinished assignments, substance misuse problems, bullying, depression etc. Many of these markers may also identify families where adult domestic violence and abuse and/or child abuse is on-going or has occurred in the past.
- 4.5. Disclosures within school may come in a variety of ways via the young person themselves, peers, siblings or parents. Parents may present as fearful, ashamed, guilty or intimidated by their child. A consideration of possible APVA should be included in any assessment when making parents accountable for child's behaviour i.e. absenteeism. Many parents will not wish to criminalise their child and will often minimise the seriousness of behaviours or be unwilling to discuss the issues for fear of a blaming response. It is important for practitioners to believe victims, whether young people or parents, take their concerns seriously and validate the impact on them. Initial safety concerns or basic safety planning should always be addressed. School nurses are often able to build trusting relationships with school children and their families, and so may be the first professional to become aware of a problem within the family. This should be addressed in the same way as they would any other safeguarding issue.
- 4.6. Within schools, pupil referral units etc, as with all other child protection concerns, in-school procedures should be adopted with referral to child protection leads and onward multi-agency referrals /co-working as appropriate.

Implications for Education

- 4.7. Schools should address APV as they would any other safeguarding issue, in line with the statutory guidance in *Keeping Children Safe in Education* (2014)

5. How to Respond to APVA: Social Care

- 5.1. Whether or not adolescent to parent violence and abuse is ultimately identified as the responsibility of Children's Services, the provision of an understanding, respectful and professional first response is vital in determining the future resolution of this family crisis. Parents say that one of the most important factors in their help is to be listened to and believed.
- 5.2. There may have been many years and incidences of abuse or violence before help is sought. Parents are known to hold off for reasons of shame, stigma and a fear that their other children will be removed as a response. Alternatively, families may have sought help from many other services without success and this is now seen as a last resort.
- 5.3. Parents seeking help may present as weak, desperate, frustrated, angry or completely composed. There is no "typical victim" with APVA as with any other type of abuse. The majority of families are seeking a long-term solution whereby they are able to remain together, even if the initial request for help is for the removal of the child to ensure safety and provide respite. In this respect, APVA differs from intimate partner violence. **The restoration of healthy, respectful family relationships should be the ultimate goal.**
- 5.4. As APVA often co-exists with a raft of other issues it is important to be clear what these are. Different issues will indicate possible routes of referral and may determine the most appropriate help. Many adoptive families are known to encounter issues because of the child's previous experience of trauma. A recent study found that violence and abuse was an issue in as many as 30% of adoptive families, and that in 3% of adoptive families this was serious enough to lead to adoption breakdown²⁴. Other issues include poor mental health, involvement in violence outside the home, substance misuse, and learning or physical disabilities. By far the biggest single factor has been found to be experience of domestic violence and abuse.
- 5.5. Based on professionals' reported experiences, if interventions are not found, there is a high risk of family breakdown, serious injury, damage to property, poor mental health for all concerned, and long term risk to the safety and wellbeing of the young person, who may be made homeless, become marginalised in society and go on to perpetuate abuse against a partner in the future.

²⁴ <https://www.gov.uk/government/publications/beyond-the-adoption-order-challenges-intervention-disruption>

Questions to ask: Social Care Responders

- Immediate safety: Are all family members safe in the current situation? How can their safety be maintained? Is there current domestic violence and abuse from an adult in the house? Are there other issues that must take priority to maintain safety?
- What is it that the parent(s) are describing? Do you need to see the family home to get a full picture of the damage or threat?
- Young people may minimise, blame or simply deny abuse when interviewed. A pattern of manipulative and controlling behaviour is a feature of APVA and this must be taken into account in assessing the situation. They may counter-charge parents with assault and may have physical injuries to support their case. What is the whole picture here?
- What is it that the parent(s) want? What are they actually asking for? What help have they already sought or received?
- If the family is requesting removal of the young person it is likely they are experiencing high levels of threat and risk. Can they be helped to find a respite solution within the wider family, or is care the only option?
- If there is a history of domestic violence and abuse between the young person's parents, professionals should be alert to a possible long-term pattern of coercive control over the parent that was abused. Invite the view of the victim in the first instance and think carefully about the suitability of potential placements within the family.
- Does the Local Authority have access to bespoke APV services? Is there access to a service which understands the issues and can accommodate them within their standard service provision? What can be offered to parents if the young person refuses to engage?
- What can be done if there is no available service or knowledge locally? What training can be sought?

Questions for Managers and Officers

- What is the level of knowledge of APVA within the local authority?
- Is staff training available?
- Are there statistics available regarding the incidence of referral?
- Where are referrals coming from?
- Are there joint protocols between services?
- Are there bespoke services available locally?
- Are specialist fostering and adoption services fully trained in appropriate responses?
- Is there a culture of moving families through services as quickly as possible, or is it possible for practitioners to spend time developing therapeutic support for individuals?

Further points of consideration:

- 5.6. This is not an issue of poor parenting. As such, referral to non-specialist parenting courses is an inappropriate and potentially damaging response.
- 5.7. Unnecessary criminalisation of the young person should be avoided, though it may be necessary for the police to be involved to maintain safety. This is in itself a controversial issue, particularly in localities where police and criminal justice protocols have not been agreed for APVA. However, if there have been acts of serious violence, prosecution may be appropriate.
- 5.8. APVA is a whole family issue. Nevertheless, if the young person does not initially engage, significant support can and should be provided to parents and siblings.
- 5.9. The absence of a defined Children's Services response can, but should not, lead to a sense that "this is someone else's problem". The issue of APVA falls neatly within the remit and responsibility of the local authority.
- 5.10. The involvement of adult services should also be considered, where required.

6. How to respond to APVA: Housing

- 6.1. Domestic violence and abuse is notoriously difficult to identify when it occurs within the family home. This can become even harder if the abuse is adolescent to parent violence and abuse. However, housing providers have unique entry to the 'hidden' spaces occupied by individuals experiencing abuse, through regular contact with residents: carrying out repairs and community development activities. Therefore housing staff are trusted and accessible to tenants and so need to be aware of what they can do in these cases.
- 6.2. Below are some points to consider if housing staff come across this form of abuse:

Things to consider: Housing responders

- Firstly, if staff suspect this kind of abuse could be happening it should be reported back to the line manager/ safeguarding lead or specialist team/lead within the organisation:
- If staff have immediate safety/ safeguarding concerns for any individuals, they should follow their responsibilities under the safeguarding policy/procedure. Ensure this is recorded and appropriate onward referrals are made to the relevant agencies i.e. Children Services. Furthermore, ensure this is reviewed periodically to ensure appropriate action is taken. The Social Care Institute for Excellence (SCIE) have produced guidance for housing staff for Adult Safeguarding which is useful in these cases:
<http://www.scie.org.uk/publications/guides/guide53/frontline-housing/index.asp>
- If staff are in a property and witness or suffer abuse themselves they must first report this to the police and then line management in order to safeguard the victim and also themselves. Staff should ensure this is recorded and reviewed by a manager or Safeguarding Lead within the organisation;
- Most housing providers have an IT system which can flag/put a caution alert to advise staff/contractors that they must not visit this property alone. This will vary depending on what Health and Safety policies and procedures their organisation has in place but should ensure that steps are taken to protect staff and appropriate risk assessments are carried out;
- Within housing these cases will ordinarily be dealt with by either a specialist Community Safety or Anti-Social Behaviour Team (ASB) or Neighbourhood Managers/Housing Officers. The cases need to be recorded and categorised on the case management systems as domestic abuse;
- Staff should follow their domestic abuse policies and procedures and as with all cases the nature of the individual's circumstances and what the individual experiencing abuse wants needs to be taken in to account. The recommended risk assessment is the national Domestic Abuse, Stalking, Harassment and Honour Based Violence (DASH) Risk Identification Checklist so onward referral can be made to the appropriate support service, which may include the local Multi-Agency Risk Assessment Conference (MARAC).

- Staff need to be aware that someone experiencing abuse from their child may be reluctant to take any action and be fearful of working with housing staff. They may be scared that their child could be removed from the home or that their tenancy itself could be at risk. Housing staff need to be sensitive and non-judgemental at all times in order to ensure the right outcome for tenants;
- Staff need to attend domestic abuse training that covers APVA so they are confident in completing the appropriate risk assessment and working with partner agencies;
- Housing staff need to recognise that the abuse may be reported by a concerned or disgruntled neighbour. They may report what is happening as ASB or noise nuisance and want staff to take action against the victim's tenancy. This needs to be managed delicately as the safety of the person experiencing abuse is paramount and needs to be managed effectively in order to try and resolve the situation rather than the focus be on enforcement or punitive actions;
- Housing staff have a responsibility to the community as a whole so if a tenant is not engaging with services and failing to prevent visitors or household members causing nuisance and distress to others, staff need to consult with partner agencies (listed below) to raise the issue and agree what the next course of action should be. In the most extreme circumstances this could be enforcement action but this needs to be carefully considered before being pursued. In some cases enforcement action can be extremely influential in stopping the abusive behaviour as the child does not want to see their parent homeless but this is not always the case so this needs to be discussed on a case by case basis. Any decisions made need to be accurately recorded, in conjunction with partners and in line with the organisation's policies and procedures;
- Staff also need to think about whether the young person is, or has been, a victim of abuse themselves. Staff should check if there are any previous ASB reports for the family or interaction with revenues or rent arrears. Staff should check if the young person has observed domestic abuse from their parent/ carer, and are now exhibiting similar behaviours. Staff should consider what support the young person might require. Onward referral to other agencies (such as those listed below) is essential;
- Staff need to focus on family based intervention and mediation, where it is safe and appropriate to do so and understand that enforcement action of any type is a last resort. This includes injunctions, Notice of Seeking Possession (NoSP's) and ultimately possession.

6.3. In order to ensure appropriate family based interventions and mediation are accessed housing staff must work in partnership with other agencies and partnerships/forums including:

- MARAC
- ASB multi-agency meetings
- Police
- Children/ Adult services
- Probation
- YOT
- Troubled Families Team/Team Around the Family (Wales)
- Education

- Health
- Advocacy/support services
- Drug/alcohol services
- Community Mental Health Team (CMHT)

- 6.4. Housing providers may have housing stock in a number of boroughs/areas so it is imperative that they have these links within all the areas they work in.
- 6.5. Housing staff need to be aware of specialist support available in the area they are operating in. They must understand that typical domestic abuse/anger management programmes are not appropriate. As already stated, this is a complex area of abuse, where abusers are highly likely to have been victims, or indeed, still be victims. Specialist programmes are available and the websites for these are listed at the back of this document.

Legal remedies

- 6.6. Civil Injunctions – Anti-social Behaviour, Crime and Policing Act (*the Act received Royal Assent on 13/03/14 and injunction provisions are expected to come into force early in 2015 but all other provisions of the Act are now in force*). If an injunction under this Act is sought either by the housing provider or an individual a copy needs to be provided to local police and other agencies that are involved so they are aware and can respond accordingly. It is vital that the police register the injunction on the Police National Computer so that any officer checking the system will have access to it. Positive requirements may also be attached to an injunction to assist rehabilitation of the abusive individual. The person suffering abuse needs to be encouraged to report breaches both to the police (where a power of arrest is granted) and to their Housing Provider. Housing staff must understand that there may be a reluctance to do so and therefore if staff become aware of a breach or it is reported by a neighbour ensure that this information is fed back to the police and other appropriate agencies.
- 6.7. Possession Action – via the County Court for tenants who have a secure, assured or assured short.
- 6.8. Hold tenancy of their home. However, as stated above, this will only be used as a last resort.

Housing options

- 6.9. This will probably not be appropriate in most cases and an individual will want to maintain a relationship with their child but in the most extreme cases housing staff need to be aware of the following options:

Homelessness

(Part 7 of the Housing Act 1996)

- 6.10. The victim has the right to approach any local authority as a result of ceasing to occupy accommodation because of violence from another person or threats of violence from another person which are likely to be carried out.
- 6.11. They will be assessed in line with the following criteria:
- Are they eligible for assistance?
 - Are they homeless?
 - Are they 'Priority Need'?
 - Are they intentionally homeless?

- 6.12. A local authority owes a clear duty to provide suitable accommodation to those vulnerable people who find themselves homeless as a result of fleeing domestic violence. Victims cannot be referred back to their 'home' authority if they would be at risk of violence.
- 6.13. A very comprehensive guide can be found on Shelters website:
http://england.shelter.org.uk/data/assets/pdf_file/0003/23358/ShelterGuide_HomelessReadThis.pdf
- 6.14. You also need to ensure that the individual making the application makes an application for **dual Housing Benefit** to ensure rent is covered for both homes. A referral to your Welfare Benefits advisor or a local financial support agency is advisable.

Management Transfers

- 6.15. Housing providers depending on their size will have either a policy and procedure on granting management transfer in high risk cases within their own stock or a senior manager will make this decision based on the circumstances

Reciprocals

- 6.16. Housing providers can arrange reciprocals between themselves and can be decided on a case by case basis. In London there are the East London and West London Reciprocal agreement. For further information on these please see:

<http://www.lbbd.gov.uk/elhp/reciprocal-agreement.html>

<http://www.westlondonhousing.org.uk/Homelessness.aspx>

Security

- 6.17. Housing providers may have a budget to improve/ enhance security and this should be considered on a case by case basis.
- 6.18. Housing providers are also able to access the support of local sanctuary schemes operated by the Local Authority/ Police.

7. How to Respond to APVA: Police

Reluctance to report to police

- 7.1. As with any victim of domestic abuse, parental victims cannot easily sever ties. They are legally obliged to care for a child under 16 and cannot force them to leave home without making other arrangements. Even once the child is 16 or has left home, they are still parents biologically, legally and emotionally, which makes it difficult to report their own child.
- 7.2. They may not want to criminalise the child because of the potential impact on their future. A tendency for police and other agencies to see parents as responsible for their children's behaviour can also be a factor discouraging parents from reporting abuse. In many families, however, other children do not offend. In addition, parents who are being abused, particularly physically, may not be able to manage the child's behaviour, or ensure attendance at school, without putting themselves at risk of further harm.

Police action

- 7.3. It is important for officers to be aware that the young person may have complex needs, such as mental health issues and that there may be a requirement to work with health and social care professionals to support the young person. It is also important that officers recognise the seriousness of this type of abuse. It can be difficult to identify in families where there are other problems and violence is more generalised, but it is a distinct form of domestic abuse, which generally requires a different approach.
- 7.4. In some cases, arrest or temporary removal may be the appropriate response. In others, parents may want someone in authority to speak with the child, but not want them prosecuted or criminalised. They are more likely to engage with other services than the police, because contacting the police is often viewed as a punishment rather than a source of help.
- 7.5. Restorative justice may also be an option if considered appropriate to the particular case, but this should be carefully considered to ensure it does not increase risk to the victim. The main objective for officers should be to deal with the situation in a way which will not only stop the incident but also prevent repetition. Most families want to end the violence, but not the relationship. The key to this is signposting the appropriate services and putting in place any referrals required. This may include multi-agency referrals, particularly where parent abuse is part of a wider problem within a family.

Checklist for officers dealing with an incident of adolescent to parent violence and abuse:

DO:

- Remember this is domestic abuse (and general domestic abuse considerations apply) ;
- Show understanding;
- Speak to both the parent and young person (and other family members such as siblings or grandparents) separately to understand what the appropriate response might be;
- Signpost appropriate services e.g. health and social care;
- Consider whether other referrals need to be made. For example to:
 - Public protection specialists or local policing staff: they may have existing knowledge;
 - Consider referrals to community and Neighbourhood staff, this may be the local beat officer, police community support officer or schools liaison officer or school nursing service. A risk assessment should be completed, and referral made to a MARAC where appropriate for further multi agency support/ inter
 - Are other children at risk in the house? If so, you will need to make a referral to Children's Services;
 - The young person using the violence will need a safeguarding response, so a referral to your local MASH/Safeguarding team is a must;
 - Notifying the Troubled Families/Team around the Family (Wales) or school nursing service. If the young person has behaviour or mental health issues, they may already be engaged with the school nursing service;.
 - Has the relevant Youth Offending Team been contacted?

DON'T:

- Assume that this is a parenting issue—the parent is the victim in this situation;
- Joke or make light of the situation;
- Underestimate how difficult it is for the parent to report the incident and for the young person to accept responsibility;
- Wait until something more serious happens before taking action.

8. How to Respond to APVA: Youth Justice

- 8.1. For a long time, youth justice professionals have reported high occurrences of family violence, and in many cases adolescent to parent violence and abuse. As stated earlier in this document, this is an extremely complex area of work.

Things to consider: Youth Justice responders

- Firstly pay attention to short term crisis management – is a safety plan in place? If not, you should consult with your line manager about the most appropriate person to complete this with the family, and complete one as soon as possible. Are other children at risk in the house? If so, you will need to make a referral to Children’s Services;
- Has the young perpetrator been a victim of abuse themselves? Have they observed domestic abuse from their parent/ carer, and are now exhibiting similar behaviours?
- The parent will be extremely nervous about reporting this abuse and discussing it with others. Condry and Miles’ research (2012) indicates that this is because they do not want the child to be removed from the home. Therefore, you will need to focus on family based intervention and mediation, where it is safe and appropriate to do so;
- There will be occasions where the violence is such that the situation is dangerous and the police must be called. This is the right thing to do and will need to be reiterated to the parent. It should also form part of a safety plan;
- Research indicates that the most effective way of addressing this abuse is working with the family as a whole. This will mean that if the family has a YOT worker and separate Parenting worker, you will need to come together and work with the family. Where other professionals are involved, call a multi agency meeting and work out how you are going to work with the family as a coordinated plan to address this abuse;
- What relevant programmes for young offenders are available in your area? Typical domestic abuse/anger management programmes may not be appropriate. As already stated, this is a complex area of abuse, where abusers may have been victims themselves, or still be victims. Specialist programmes are available with an emerging evidence base – see table at the end of the document. The Youth Justice Board has also put together a webpage which contains links to further programmes and support for adolescent to parent abuse. The materials are freely available, and include fully manualised programmes. The website is also listed at the back of this document.
- Youth Offending Team (YOT) workers should collaborate closely with the YOT police officer to prevent the young person being arrested wherever possible. Police involvement may be necessary but arrest should be avoided and action should follow the principles of some LAC (Looked After Children) protocols which seek to minimise the criminalisation of young people.

- A parenting order should NOT be used where this abuse is occurring. Condry and Miles' research (2013) found evidence that where a parent is subject to a parenting order and is experiencing abuse, the order can become a further form of control and lead to further abuse. In court where the young person is 16 or under the magistrate will need a good reason not to impose a parenting order. Detailed explanation of the issue in PSR's is essential. Close collaboration between parenting/family teams to ensure support must be provided and included in the Pre-Sentence Report (PSR).

When a young person is arrested for violence against the parent:

- 8.2. If it is a minor assault/criminal damage, the YOT should liaise with the police to consider the use of a Conditional Caution. The condition could be to complete a programme of work with the young person to address the abusive behaviour.
- 8.3. Consider use of a Referral Order, and recommend that completion of an intervention programme and family based mediation work forms part of the contract.
- 8.4. Where a Community Order is the appropriate option, attach a Programme Requirement, and consider using a formal programme as described above. As already stated, do not recommend a Parenting Order.
- 8.5. For a Custodial Sentence, formal work can still be completed separately with the parent and young person. Then arrange family visits in custody where mediation could take place. Consider the use of ROTL (Release on Temporary Licence) to rebuild family relationships, where it is safe for the young person to return home.
- 8.6. Involve family/parenting support teams as soon as possible to work with the YP and the parents. Ensure the issue is fully explained in the PSR to prevent imposition of a Parenting Order and promote support for the family and YP.

Considerations for YOT Heads of Service, Secure Estate Directors/Managers/ Governors:

- 8.7. Does your Local Authority/secure setting offer an appropriate intervention to address adolescent to parent abuse? If not, consideration should be given to approaching your LSCB and commissioning training staff in an intervention package. Further information on available programmes and training is available in the appendices of this information document.
- 8.8. Do you have a local protocol for the management of adolescent to parent violence and abuse with the police? There is strong evidence to indicate that police responses to adolescent to parent violence and abuse have been poor, meaning that parents are reluctant to report further incidents. A protocol should include how you want the police to respond to a call out (i.e. when to arrest/ is a safety plan in place). The YOT police officer should be fully informed of the overarching issue and should be involved before and at arrest. When an arrest is not made, the police should consider who to refer the family to for further support, and to ensure that they do not 'fall through the gaps'.
- 8.9. How to de-escalate a situation: the use of pre-Court disposals, and what you should set up with a YOT to formally manage this should be considered (ie having a programme/intervention locally available as part of a pre-court disposal). A tiered response similar to protocols for callouts to residential children's homes.
- 8.10. Does a police officer with a local lead for domestic abuse sit on your Health and Wellbeing Board?

- 8.11. Do you know how many cases within your YOT/ establishment are experiencing adolescent to parent abuse? Are your staff asking the question and recording it? Where are they recording it, and is it translating into supervision plans?
- 8.12. Establish a person within the YOT to lead on the issue where possible to provide specialist advice.



9. Responding to APVA: Examples of different therapeutic approaches in England and Wales

Therapeutic approach	Example of Programme	Aims and Techniques	Original programme schedule	Evaluation evidence*
Solution-focused brief therapy	Break4Change (Brighton & Hove)	<p><u>For parents:</u> strategies to manage abuse and emotional response (to reduce guilt and stress)</p> <p><u>For young people:</u> skill development (e.g. emotional literacy, behaviour strategies) and 'creative sessions' to reflect on issues</p>	<p>10 weekly sessions for parents +</p> <p>10 weekly sessions for young people</p>	<p><u>Most parents</u> reported <i>less violence</i> and isolation, <i>more assertiveness</i> and a <i>wider range of strategies</i> to deal with their children's violent behaviour.</p> <p><u>Young people</u> reported <i>increased empathy</i>, <i>reduced physical violence</i> and <i>increased satisfaction</i> at home; some re-engagement with school.</p> <p>(Munday, 2009)</p>
Functional family therapy	SAAIF (Colchester)	<p><u>For parents and young people:</u> Uses role-play and cognitive-behavioural strategies problem-solving and skills training (e.g. empathy development, listening and communication skills). Also features educational content (e.g. parenting styles, teenage sexual health, drug awareness)</p> <p><u>For parents:</u> the development of a 'parent's toolbox' for use once programme is finished</p>	<p>Day workshops (6 hours) for families OR</p> <p>14 weekly sessions for parents +</p> <p>14 weekly sessions for young people</p>	<p><u>The majority of parents, young people and practitioners</u> found the programme to be of assistance, with (a) the learning of <i>new communication skills</i> and (b) <i>coping strategies</i> to be of particular benefit</p> <p>(Priority Research, 2009).</p>
Non-violent Resistance (NVR)	Partnership Projects (London & the south-east)	<p><u>For parents (& their support networks):</u> promotes 'parental presence' through techniques of nonviolent resistance and use of reconciliation gestures</p>	<p>Weekly meetings with family over a 3-month period, although varies. Includes supporters meeting(s) and telephone support. May also be offered as a weekly parent group.</p>	<p><u>Parents:</u> A <i>reduction in 'permissive parenting' and 'parental helplessness'</i>; Reduction in parents' reports of <i>child aggressiveness</i> and <i>increase in parental perceptions of social support</i></p> <p>(Weinblatt & Omer; 2008).</p> <p>See also Newman et al (2014) for England-based small-scale pilot study</p>
Attachment and trauma-based approach	Wish for a Brighter Future (Bristol)	<p><u>For young people and families:</u> Aims to re-build attached, caring child-parent relationship using a participatory approach. Techniques include identifying, listening to</p>	<p>Up to 12 sessions of one-to-one support for young people and, in some cases, with their families.</p>	<p>In-house research only – has reported positive effects including reduction in frequency and severity of violence and improved family wellbeing</p>

		and validating feelings, understanding the impact of trauma on the brain & learning non-punitive parental strategies.		
Conflict resolution and mediation	Maidstone Mediation (Maidstone, Kent)	<u>For families:</u> 'Talk & Mend' approach, to identify, listen to and share each family member's feelings and needs; visualisation techniques & developing a Future Plan; anger management, wellbeing and self-esteem techniques.	Up to 10 sessions of one-to-one support with families.	In-house research only – has reported positive effects including improved ability to reach family agreements, young person re-engaged in education, training or work; reduction in violence in young person both at home and school.
Multi-modal (inc narrative, conflict resolution, solution-focused, cognitive-behaviourism, NVR, anger management)	Respect Young Peoples Programme (RYPP) (UK-wide)	<u>For Young People:</u> Increase self-esteem, motivation, empathy and self-regulation; Develop communication and conflict resolution skills; Learn alternative behaviour strategies; Improve family bonding (with parents) <u>For Parents :</u> Improve support, sense of efficacy; insight & self-reflection; Diminish parental shame; Develop communication, behaviour management, parenting strategies and conflict resolution skills.	18 sessions – includes 2 family sessions, 7 parent/carer session & 9 young people sessions.	Programme evaluation currently underway – initial findings suggest improved family communication, reduction in aggressive & abusive behaviours, improved family support & cohesion, improved attendance at school, association with more positive peer groups, improved parenting confidence and skills.

Adapted from Holt, A. (2013) Adolescent-to-parent abuse: Current understandings in research, policy and practice. Policy Press: Bristol.



10. Useful Resources for Practitioners

The directory below identifies some useful organisations from the private, statutory and voluntary sectors which offer further information and resources on APVA and how to respond to it.

Organisations in England and Wales

National Domestic Violence Helplines

The Freephone 24 Hour National Domestic Violence Helpline run in partnership between Women's Aid and Refuge - **0808 2000 247**

All Wales Domestic Abuse and Sexual Violence Helpline - **0808 80 10 800**

Scottish Women's Aid Domestic Abuse Helpline - **0800 027 1234**

Women's Aid Federation Northern Ireland 24 Hour Domestic and Sexual Violence Helpline – **0808 802 1414**

NSPCC ChildLine

Free, confidential service for young people up to the age of 19. Get help and advice about a wide range of issues, talk to a counsellor online, send ChildLine an email or post on the message boards.

0800 1111 and www.childline.org.uk

NSPCC Helpline

Free helpline service for anyone with concerns about a child's safety and wellbeing, even one in their own home. You can speak to a NSPCC counsellor 24 hours a day, 365 days a year. Advice and support is provided parents and carers and consultations with professionals are offered. We will listen to your concerns, offer advice and support and can take action on your behalf if a child is in danger.

0808 800 5000 and www.nspcc.org.uk/what-you-can-do/report-abuse/

Alternative Restoratives

A practitioner-run resource which aims to raise awareness about parent abuse and highlight restorative approaches to intervention. Also organises UK-based training and events for practitioners.

<http://www.alternativerestoratives.co.uk/about.htm>

Holes in the Wall

A blog run by a professional social worker which provides updates on research, practice and policymaking developments – also available on Twitter (@HelenBonnick)

<http://holesinthewall.co.uk/>

Partnership Projects

A practitioner-run resource providing information and training in NVR for practitioners who wish to work with families with adolescents who behaving aggressively.

<http://www.partnershipprojectsuk.com/>

RESPECT

A membership association for domestic violence and abuse prevention programmes and integrated support services. The Young Peoples Services is a sub-site of which offers regular conferences and training for practitioners who are working with young people who use violence in close relationships (including against parents)

<http://www.respect.uk.net/pages/young-peoples-services.html>

Tel: 020 7549 0578

Youth Justice Board

Web-paged outlining useful information and resources about adolescent-to-parent abuse

<http://www.justice.gov.uk/youth-justice/reducing-re-offending/domestic-abuse>

See also information sheet:

<http://www.justice.gov.uk/downloads/youth-justice/yjb-toolkits/parenting/specialist-issues-child-to-parent-violence.pdf>

Dedicated Welsh Services

North Wales

Area: North Wales (including: Wrexham, Flintshire, Denbighshire YOS, Save the Family, In2Change (substance misuse))

Provider: Protagoras Consultants

Programmes: Changing Places (Healthy Relationships and alternatives to violence)

Boundaries (Sexually Harmful Behaviour)

This programme is designed specifically for YP age 13-19) who are at risk of or are engaging in abuse or violence within their close relationships. The programme includes specific scenarios and application to CPV/APV examples. It also includes tandem workshops for parents in order to start to develop better communication and non abusive ways to manage conflict for the whole family.

Area: Conwy

Provider: Relate Cymru (part of the families first project in Conwy).

Programmes: Under development

Area: Denbighshire

Service: North Denbighshire Domestic Abuse Service

Programme: One to one work with children and young people who acknowledge they are abusive to their parents or others in a close relationship. The model used to support the young people is the Respect toolkit.

Area: Wrexham

Service: Choose to Change (part of Relate Cymru)

Programme: The Changing Places programme

South Wales

Area: Cardiff

Service: Media Academy Cardiff

Programme: The Parallel lives programme

Website/email: www.mediaacademycardiff.org

Summary of model of work used: Parallel Lives is a person centred programme that works with young people who have committed adolescent to parent violence and abuse and their family members in order to reduce the risk of further violence.

Area: Gwent

Service: Gwent Domestic Abuse Services

Programme: Service offers support to young people that are beginning to show controlling behaviour in their intimate relationships. This incorporates their own intimate relationships as well adolescent to parent violence.

International Organisations

Step-up: a counselling programme for teens who are violent at home (US)

Includes curriculum materials and resources for practitioners, and offers training for setting-up own 'Step-Up' programmes

<http://www.kingcounty.gov/courts/step-up.aspx>

Eddie Gallaghers Webpages (Aus)

A comprehensive resource offering information for practitioners on training and workshops, advice and strategies for parents (including details of support services) and research papers and findings for researchers.

<http://www.eddiegallagher.id.au/>

Queensland Centre for Domestic and Family Violence Research (Aus)

A national organisation that offers a factsheet for parents on adolescent-to-parent abuse, featuring definitions, forms of abuse, experiences, strategies and advice, and further support numbers and weblinks.

<http://www.noviolence.com.au/index.html>

Walking on Eggshells Resources (Aus)

An information booklet and fold up card offering support and advice to parents whose children are behaving violently and abusively.

<http://www.flinders.edu.au/ehl/law/law-resources/>

Examples of local support services for parents and families

Support services across England and Wales are emerging all the time. The list below is not exhaustive, but it offers a directory of some of those organisations which you may want to refer families on to if they are based in the relevant local area.

Everybody Hurts

Support group set up and run by a mother who experienced abusive behaviour from her son. Also offers one-to-one support (North Derbyshire).

<http://everybodyhurts.vpweb.co.uk/>

Hertfordshire Practical Parenting Project

Offers intensive one-to-one support for families, as well as telephone advice for parents experiencing adolescent-to-parent abuse (Hertfordshire).

<http://hertfordshireppp.co.uk/>

Tel: 01992 638000

Parent Abuse and Reconciliation Service (PAARS)

Aims to raise public and professional awareness and empower parents and carers and offers both a local support service and a national online support service for families living with abusive adolescents (Enfield, London)

<http://www.paars.co.uk/> Tel: 07720651633

Rosalie Ryrie Foundation

Offers group or individual family sessions for families who are experiencing different forms of family violence, including 'Stepping Up' for families where adolescent-to-parent abuse is a feature (Wakefield)

<http://www.rosalieryriefoundation.org.uk/rosalieryriefoundationhelp.aspx>

Tel: 01924 315140

SAAIF (Stopping Aggression and Anti-social Behaviour in Families)

Multi-agency project that offers programmes for parents and families experiencing parent-to-adolescent abuse based on principles of functional family therapy (Colchester)

<http://www.theministryofparenting.com/>

Tel: 01206 562626

SPOTT (Support for Parents of Troubled Teenagers)

Parent-led monthly peer support group for parents experiencing problems with their teenager, including violence (Jersey)

<http://www.spottjersey.co.uk/>

Wish for a Brighter Future

Provides one-to-one support sessions for families experiencing parent-to-adolescent abuse: sessions available for both parents and young people. Also runs 13-week 'parent abuse' parenting support groups in collaboration with Single Person Action Network (SPAN) and Bristol City Council (Bristol).

<http://www.wishforabrighterfuture.org.uk>

Tel: 01179 038632

YUVA

London-based domestic violence and abuse support organisation which has offers one-to-one support young people who are violent, and for parents whose children are abusive towards them. Also offers an information leaflet (Barnet, London)

<http://dvip.org/yuva-programme.htm>

Tel: **020 7928 2322**

Finally, you may want to refer families to Family Lives, which has experience in this field:

Family Lives

Although not specialising in parent abuse, this national charity offers support and advice for families needing help for all kinds of family issues. Includes parent workshops for managing conflict and developing communication skills (UK-wide).

<http://familylives.org.uk>

Tel: 0800 800 2222

RYPP (Respect Young People's Programme) Providers – Contact Details for Referrers

Women Centre Calderdale

01422 386501

cyp@womencentre.org.uk

Area - Halifax & Calderdale

Stronger Families

0151 443 4071

dcfsfamilyfirstduty@knowsley.gov.uk

Area – Knowsley, Liverpool

Impact Family Services

0191 567 8282

enquiries@impactfs.co.uk

Area – Sunderland & South Tyneside

IDAS – Independent Domestic Abuse Services

03000 110 110

info@idas.org.uk

Area – North Yorkshire

Stockport Youth Offending Service

0161 476 2876

Youth.Justice@stockport.gcsx.gov.uk

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