# A logo with colorful hand prints

# Adolescent to Parent Violence and Abuse (APVA)

## 1. Definition

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'. In these procedures, the term Adolescent to Parent Violence and Abuse (APVA) is used throughout, although it is recognised that these patterns of behaviour can emerge in younger children.

APVA can be defined as:

"Any pattern of intended incidents of controlling, coercive or threatening behaviour, violence or abuse by an adolescent (10 to 18 years old) towards a parent or carer. This can encompass, but is not limited to, the following types of abuse: psychological, emotional, physical, sexual abuse, financial and economic." [1]

There is currently no legal definition of Adolescent to Parent Violence and Abuse (APVA). It can be seen as a form of domestic abuse but is distinct from intimate partner violence and is also associated with Bullying see Bullying Procedure.

As with other forms of domestic abuse, APVA can encompass a wide range of behaviours and is more likely to be a pattern of behaviour. It is not limited to physical acts of violence or threatening behaviour and can include emotional, psychological, controlling or coercive behaviour, sexual and/or economic abuse.

Whilst this definition applies to those aged 16 or above, APVA can equally involve children under the age of 16.

The Domestic Abuse Act 2021 says that behaviour is 'abusive' if it consists of any of the following:

1. Physical or sexual abuse;
2. Violent or threatening behaviour;
3. Controlling or coercive behaviour;
4. Economic abuse;
5. Psychological, emotional or other abuse.

It does not matter whether the behaviour consists of a single incident or a course of conduct. The perpetrator of the abuse and the victim of the abuse have to be aged 16 or over and be 'personally connected' as intimate partners, ex-partners, family members or individuals who share parental responsibility for a child. There is no requirement for the victim and perpetrator to live in the same household.

The Domestic Abuse Act 2021 uses the term 'victim' but not everyone who has experienced, or is experiencing, domestic abuse chooses to describe themselves as a 'victim' and they may prefer another term, for example, 'survivor'. Particularly in the context of APVA using terms such as "victim" and "perpetrator" may be unhelpful and stigmatising. It will usually be more constructive to describe the behaviour rather than the person.

'Controlling or coercive behaviour' is an intentional pattern of behaviour which takes place over time, in order for one individual to exert power, control or coercion over another. It can comprise economic, emotional and psychological abuse, technology-facilitated domestic abuse, as well as threats, whether or not they are accompanied by physical and sexual violence or abuse.

([Controlling or Coercive Behaviour: Statutory Guidance Framework](https://www.gov.uk/government/publications/controlling-or-coercive-behaviour-statutory-guidance-framework)).

[1] Adolescent-to-Parent Violence and Abuse Applying Research to Policy and Practice. Elizabeth McCloud

## 2. Risks

Exposure to APVA can have a serious, long-lasting emotional and psychological impact on children and their parents.

The emotional responses of children who abuse adults may include fear, guilt, shame, sleep disturbances, sadness, depression, and anger.

Practitioners should also be aware of the impact on other children in the family such as stress-induced aches and pains, bedwetting, and inability to concentrate. Some children are the direct victims of other types of abuse or are injured while trying to intervene on behalf of their parent or sibling.

They may also display behavioural responses typical of children who witness domestic abuse such as acting out, withdrawal, or anxiousness to please. A change in achievement or behaviour at school can be an indicator of problems at home.

Living in an abusive environment may have long-term psychological and emotional impact in several ways:

* Children may be greatly distressed by witnessing (seeing or hearing) the physical and emotional suffering of a parent, or witnessing the outcome of any assault;
* Children may be pressurised into concealing assaults, and experience the fear and anxiety of living in an environment where abuse occurs;
* The abuse may impact negatively on an adult victim's parenting capacity;
* Other children may be drawn into the violence and themselves become victims of physical abuse.

## 3. Indicators

APVA has been recognised by those who work directly with families but has only recently begun to be recognised in policy. Currently, this is an under-researched area of practice.

Families where APVA has been recognised have described a range of factors including:

* The child has relatively little power elsewhere in their lives;
* Family history or current experience of domestic abuse – child feels isolated, afraid, and feels they should protect others in the family, has low self-esteem, is older than their years, minimises and justifies hurting, is angry with situation and individuals, blames family members. The child may be coerced into abuse. The child-parent relationship has been damaged by abuse;
* Child is being directly abused;
* Substance misuse – by the parent or child;
* Mental health problems – of the parent or child;
* Learning difficulties;
* Child’s development – oversensitivity of young person due to hormone imbalance, lack of coping strategies to deal with emotions, feelings of being treated unfairly;
* Disability – for the parent or child, the child is caring for the parent;
* Medical conditions that affect the brain;
* Family environment – family breakdown, no relationship with the parent, attachment issues, absent parents, lack of extended family support;
* Parenting – neglect, lack of boundaries, inconsistency, overindulgence, the power imbalance between parent and child, poor role models;
* Debt and unemployment – stress and/or poverty, lack of meaningful activity;
* Peers – being bullied, being exposed to cultures where violence and aggression are common and seeing hurtful behaviours in other family homes;
* Media/social media – violence on the internet, TV, film, video games and music, poor representation of peer relationships, pressure to perform – academically, physically, socially and at a younger age;
* Community and wider society – lack of positive role models for children, local community dynamics and behaviour, gender stereotyping and inequality.

It is important to understand the whole family picture when working with APVA as situations can be very complex with a variety of influences on both the parent and child. It is also important to note that in some cases there are no obvious reasons for the violence and it is very difficult for parents to understand why one child will be abusive whilst their other children are not.

In certain situations, abusive behaviour will be a symptom of a medical issue and would not be considered APVA as there has not been the choice or intent to have power and control over the parent. For example, where there has been a severe brain injury.

APVA can occur in any family regardless of socio-economic group or ethnic background. 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 these families find it more acceptable to report the problem and ask for help.

## 4. Protection and Action to be Taken

When responding to incidents of APVA, the practitioner should always find out the identity of all children in the household or any children who would normally live in the household. The police or other agencies should ensure the children are seen and their safety established whenever they attend an APVA or domestic abuse incident. Where there are concerns a referral should be made to children's social care in accordance with the Safeguarding Referrals Procedure.

Safeguarding Referrals Procedure [Concern about a child | NELC](https://www.nelincs.gov.uk/health-wellbeing-and-social-care/childrens-social-care/report-a-concern-about-a-child/)

When assessing the issue of APVA, it is important to consider the family context and to provide early intervention to young people who are showing signs of being 'at risk' for violent/abusive behaviour.

A young person must take responsibility for their behaviour. While the use of out of court disposals in the context of domestic violence and abuse needs to be approached with caution, in the context of cases of APVA out of court disposals or a wraparound 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. There is a need for tailored responses to APVA rather than relying upon generic parenting programmes and also identifying the need to move away from the emphasis on parental responsibility and blame.

Any risk assessment tool being used should be both culturally sensitive and explicitly consider the risks to the children, alongside the impact on the adult victim. The use of any risk assessment tool should be underpinned by a thorough analysis of the information otherwise available such as the history of offending. The risks should be interpreted to determine the potential dangerousness of the alleged perpetrator.

Referrals should be made to the Local Authority for the area where the child is living or is found. Report a concern about a child [Concern about a child | NELC](https://www.nelincs.gov.uk/health-wellbeing-and-social-care/childrens-social-care/report-a-concern-about-a-child/)

Where an assessment has been completed before referral, these details should also be conveyed at the point of referral.

Children's social care should within one working day of receiving the referral decide on the type of response that will be required to meet the needs of the child. The referrer should be notified of the outcome of this decision within 3 days and if this does not occur, the referrer should contact these services again and, if necessary, ask to speak to a line manager to establish progress.

If the child is known to have an allocated social worker, the information should be passed to that worker, the duty children's social worker in the allocated team or the social worker's manager without delay. In all other circumstances, referrals should be made to the duty officer.

In the event of nobody being available from the allocated team the information should be given to the initial points of contact in the responsible authority.

For further details, see Safeguarding Referrals Procedure [Concern about a child | NELC](https://www.nelincs.gov.uk/health-wellbeing-and-social-care/childrens-social-care/report-a-concern-about-a-child/)

### 4.1 Response to the Victim

As part of the adult safeguarding procedures, a safeguarding enquiry will commence establishing any further action to be taken and by whom. This will allow multi-agency information to be gathered, a shared risk assessment to be collated and a safety plan agreed for the family.

Children's services will be integral to the enquiry and it is expected that where the child has an allocated worker from children's social care, then that worker will be in attendance at any meeting or discussion convened as part of the safeguarding enquiry.

Where the child does not have an allocated social worker, a safeguarding referral should be made and a worker may be allocated to attend any meeting convened as part of the adult safeguarding enquiry.

A Section 42 Enquiry undertaken in accordance with the Care Act can take the form of a strategy meeting or discussion, and Children's Services should be involved in this enquiry. Where a formal meeting is not held, information will be gathered from all relevant agencies to inform the safeguarding decision.

The principles of 'Making Safeguarding Personal' are central to safeguarding adults’ enquiries and decisions. This means consent to the safeguarding process must be sought from individuals, unless there are concerns about their mental capacity to make this decision, or if others may be at risk. Most importantly individuals should be given opportunities at all stages of the safeguarding process to express their views and wishes.

It is important to note that there is a need to consider the mental capacity of vulnerable young people, if they are aged 16 years and over. If there is concern regarding a young person's ability to make a decision, a capacity assessment under the Mental Capacity Act 2005 (MCA) must be considered for each specific decision. It should be recognised that mental capacity can be affected by several factors, including the abusive situation the person is in, and by any threats or coercion.

Working Together to Safeguard Children states that whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm, there should be a strategy discussion involving the local authority Children's Social Care (Social Worker and their Manager), the Police, Health and other such relevant bodies, such as the referring agency. This may take the form of a multi-agency strategy meeting or telephone calls. The Strategy Meeting must take place within two working days of the identification of the significant harm concerns.

The Strategy Discussion/Meeting must include adult care representation.

The Strategy Discussion/Meeting should decide as to whether the threshold is met to initiate a Section 47 child protection enquiry and a child and family assessment.

## 5. Issues

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 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 practice.

Research suggests that:

* Mothers appear to take the brunt of their children’s aggressive behaviour, although it affects all family members;
* Aggressive behaviour is more likely to be acted out at home rather than at school or in other public places;
* Aggressive behaviour is reported in children of all ages, but peaks in children aged between 13 and 15 years old.

It is generally assumed that there is under reporting of APVA as there is in other forms of violence that occur in a domestic setting.

The sense of isolation, stigma and shame felt by families experiencing this kind of violence is exacerbated by the lack of awareness of APVA by the public.

There are barriers for survivors to report, for example, they do not want to involve the police or social care, they feel their experiences are trivial, they feel to blame or they fear reprisal.

It can be difficult to separate incidents of abuse if the abuse is constant (living under threat) or frequent (cannot reliably recount instances).

Understanding the parent – parents may feel:

* Shame and failure – not wanting to admit they cannot cope should they be seen as a bad parent or having failed;
* Guilty – feeling like it is their fault that they cannot ‘control’ their child;
* Isolated – not able to talk to anyone fearing judgement and being stigmatised;
* Unaware that anyone else is experiencing abuse from their child or where to go for help due to a general silence around the issue;
* Stressed and depressed - life is like walking on eggshells, not knowing when the abuse may happen again;
* A lack of self-esteem and confidence, disempowered as they do not know what to do. Unable to make decisions for fear of reprisal. Guilt over defending themselves or retaliating;
* They do not like their child any more due to their behaviour which leads to more guilt and shame;
* They do not want to criminalise their child by reporting to the police or social care fearing their child may be removed from their care;
* They will not be taken seriously or if they are they will be blamed for the abuse;
* That there are no appropriate or useful support services available to them.

Understanding the young person - young people may:

* Be survivors of or surviving domestic abuse or child abuse. The child may have experienced abuse in the family home or have experienced an abusive intimate relationship or exploitation. Experiencing trauma at any age can have a huge impact on a child’s ability to understand emotions, self-regulate and use positive coping skills;
* Have a learning difficulty;
* Have conduct disorders – diagnosed or undiagnosed;
* Worry that they will be taken into care or face the justice system;
* Lack understanding of their behaviour and its impact and be unable to admit their behaviour due to a range of issues such as feeling guilt and shame;
* Lack understanding of their and others’ emotions such as anger, hate, contempt, frustration, loneliness, rejection, fear and anxiety and be unaware of positive ways of dealing with emotions and difficult situations;
* Blame others or make excuses for abusive behaviour;
* Be alienated and isolated by their circumstances and behaviour from direct and extended family, friends and school life;
* Lack self-esteem, confidence and resilience;
* Be coerced into abusive behaviour;
* Be influenced by peer groups and be involved in crime or gangs;
* Be experiencing mental health issues;
* Be misusing substances.

Whole Family Approach:

Where possible consider the whole family to create a factual understanding of what is happening and to ensure the voice of everyone involved has been heard.

The whole family approach can strengthen and unite the family as they can contribute to the solution/support, however, depending on the circumstances this may not always be possible as it can escalate the situation.

People need to be sensitive and mindful as to when to introduce family members and that consent has been sought to share the information.

## 6. Further Information

[LEAP - Confronting Conflict](https://coramleapconfrontingconflict.org.uk/)

[PEGS- Supporting Parents and Professionals with child to parent abuse](https://www.pegsupport.co.uk/)

[Holes in the Wall- information resource for parents and professionals](https://holesinthewall.co.uk)

[Comprehensive Needs Assessment of Child/Adolescent to Parent Violence and Abuse in London (March 2022)](https://www.london.gov.uk/sites/default/files/comprehensive_needs_assessment_of_child-adolescent_to_parent_violence_and_abuse_in_london.pdf)

[Safe Lives(formerly CAADA)](https://safelives.org.uk/%29)

[Multi-Agency Risk Assessment Conferences (MARAC)](https://safelives.org.uk/resources-for-professionals/marac-resources/)

[NICE PH 50 Domestic Violence and Abuse- various tools and guidance](https://www.nice.org.uk/guidance/PH50)

[Controlling or Coercive Behaviour: Statutory Guidance Framework](https://www.gov.uk/government/publications/controlling-or-coercive-behaviour-statutory-guidance-framework)

[Domestic Violence Disclosure Scheme (GOV.UK)](https://www.gov.uk/guidance/domestic-abuse-how-to-get-help)

[NSPCC Helpline](https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/nspcc-helpline)

[Young Minds - Parents Helpline and Webchat](https://www.youngminds.org.uk/parent/parents-helpline/)

[Respect not Fear- website to help young people identify unhealthy and abusive relationships](https://www.respect.org.uk/pages/about-us)