

Comprehensive needs assessment of Child/Adolescent to Parent Violence and Abuse in London

Final report

March 2022

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London's Violence Reduction Unit
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Executive summary

Aims and objectives of the research

The comprehensive needs assessment was commissioned to explore the scale and nature of CAPVA in London, to ensure services and support for children, young people and families is grounded in evidence. The research findings will inform the VRU's public health approach to violence prevention and reduction in London and, specifically, to the development of a Pan-London strategic approach to CAPVA in the coming years.

Specifically, the study aimed to:

- improve understanding of the drivers, prevalence and nature of CAPVA
- provide insight into the experiences of children and families, especially those that are not accessing statutory services
- improve understanding of the range and efficacy of practice models and interventions being used in London
- foster greater understanding of approaches of safeguarding children's and community safety partnerships in identifying, categorising and responding to this form of harm.
- establish a Community Advisory Group to include community members and practitioners, to facilitate knowledge/data sharing and collaboration.
- consider the impact of Covid-19 on CAPVA and service provision

Methodology

The study adopted a mixed-methods approach, combining both qualitative and quantitative data collection methods including a literature review, interviews with strategic stakeholders, analysis of quantitative data from the Metropolitan Police Service and from the Crime Survey for England and Wales, interviews and a survey of frontline practitioners and a series of interviews with young people and parents/carers. In addition, a Community Advisory Group (CAG) was established to facilitate knowledge sharing and collaboration between professionals and the research team throughout the study.

Key findings

Defining CAPVA

1. CAPVA can be understood as a form of domestic abuse in cases that involve young people over 16 years old. Like other forms of domestic abuse, it can be characterised by both physical and non-physical forms of abuse.
2. While young people under 16 are not included under the statutory definition of domestic abuse, CAPVA involving younger children are at times responded to as though they are adult perpetrators of domestic abuse.

3. The dynamics of CAPVA are distinct from those of other forms of domestic abuse due to the difficulty of complete separation between parent and child, the continuing role of parental responsibility, and the complex and often ambiguous boundaries between “victim” and “perpetrator”. CAPVA thus requires tailored interventions and responses from the multiple agencies involved in addressing the issue.
4. CAPVA is a form of hidden harm. The shame and stigma attached to experiencing CAPVA, as well as fear of criminalisation or having a child removed from the family home, has meant that there are disproportionate levels of underreporting of CAPVA and thus limited awareness of the issue among professionals, parents/carers and young people. This lack of awareness has led to a lack of support and resources for families affected by CAPVA.
5. There are different understandings and perceptions of CAPVA across different services and organisations providing CAPVA-related support, as well as among parents/carers and young people, which presents a particular challenge when developing an integrated response to CAPVA.

The drivers and nature of CAPVA

6. There is no single driver of CAPVA. There are multiple complex, and intersecting, common pathways which increase the vulnerability of both parents/carers and young people to CAPVA. These include (but are not limited to) Adverse Childhood Experiences (ACEs) and trauma, structural factors that impact on parental capacity, exploitation and extra-familial harm, exposure to domestic abuse, unmet emotional and psychological needs and unidentified SEND needs.
7. CAPVA often presents as a gendered form of abuse, with the majority of cases which are known to services taking place between boys in late adolescence and their mothers.
8. Young women and girls’ violence towards parents/carers appears to be viewed through a gendered lens and receives a different response from services and intervention than that of young men and boys.

The prevalence of CAPVA

9. Police data is a limited measure of the prevalence of CAPVA, due to levels of underreporting and the hidden nature of CAPVA. As a result, it is difficult to accurately assess the scale of CAPVA across London.
10. The scale of CAPVA is likely to be much greater than the baseline figures in recorded data. Parents/carers reported only contacting police when the harm had

reached crisis point. Likewise, analysis of the Crime Survey for England and Wales (CSEW) revealed that approximately 40 per cent of CAPVA victims identified in the CSEW did not report the offence to the police. In addition, responses to our survey indicate practitioners' expectation that levels of CAPVA will increase in future.

11. Violence against the person accounts for the majority of CAPVA incidents reported to the police. The police are more likely to be contacted in crisis situations involving physical violence, whereas non-physical forms of abuse are more commonly disclosed to voluntary support services.
12. Police data indicates the relationship between victim and offender, and this can be used to identify reported incidences of CAPVA. Numbers of reported incidences of CAPVA have fallen since 2018, with reported incidences rising slightly during the first national lockdown from March-June 2020 in response to the Covid-19 pandemic.

Multi-agency responses

13. No single agency holds the statutory responsibility to respond to CAPVA, and responses to CAPVA sit across multiple agencies and services.
14. Cases of CAPVA are rarely referred to multi-agency forums such as MARAC (Multi-Agency Risk Assessment Conference) due to a lack of professional awareness that CAPVA cases can be referred to MARAC, as well as difficulties in assessing risk using tools tailored to cases of intimate-partner violence.
15. There is no formal mechanism for communication between different agencies when addressing CAPVA. This can lead to a lack of awareness of how to respond, as well as a disjointed approach to multi-agency working and duplication/absence of services.

Service provision and intervention models

16. Multiple intervention models are used to address CAPVA across both statutory and voluntary services. There is a perceived tension between the mandates of different services. Some services have a singular focus on parents, others on the offending behaviour(s) and criminal justice responses, and other approaches which examine the unmet needs of the child, as reflected in youth-work approaches.
17. There is inconsistent and patchwork provision of specific CAPVA support services across London, with multiple services clustered in some boroughs and no provision in others.
18. While there has been some evaluation of Non-Violent Resistance, there has been limited independent evaluation of the range intervention models used to respond to

CAPVA and thus a limited evidence-base in terms of 'what works'. There is a need for robust and independent evaluation of the existing models and services across London.

Accessing support

19. There continues to be a misconception across society that CAPVA is symptom of parental failure, and the abusive behaviours are highly stigmatised. Parents/carers can feel immense shame and isolation, which prevents them from seeking support.
20. CAPVA affects families across all socio-economic, ethnic, religious and cultural backgrounds. However, some families are particularly vulnerable to this form of harm and experience additional barriers to accessing support.
21. Different communities and groups have distinctive needs and can face additional barriers to accessing support including (but not limited to) fear of police discrimination and criminalisation of the child, English as a second language, fear of deportation or impact on immigration status, lack of awareness of CAPVA as a form of abuse, etc.

Recommendations

1. **Establish the variation in terminology and definitions of CAPVA used by different statutory services and VCS organisations to inform the development of statutory guidance on CAPVA** which includes a shared definition of this type of abuse. The VRU to advocate for statutory guidance/definitions of CAPVA to include any young person up to the age of 25.
2. **Promote an understanding of CAPVA both as form of domestic abuse, as well as potentially symptomatic of other child protection/safeguarding issues such as extra-familial harm as well as exposure to abuse and violence in the family home.** The VRU to support local authorities and local safeguarding partnerships to ensure CAPVA is included in their thresholds, documents and guidance, with particular focus on transitional safeguarding so that older adolescents receive support as well as sanctions if necessary.
3. **Statutory guidance on CAPVA to support the development of a longitudinal dataset on the incidence of CAPVA by** requiring all services working with young people and families to use a collectively agreed definition to capture and record data at an earlier stage than captured through police reports. This data should be more routinely recorded and organised in a standard format that can be used to

inform both local (borough level) and Pan London decisions on Early Intervention service provision. The MPS to be required to apply a CAPVA flag to incidents involving a child/young person and their parent/carer.

4. **Support all services to identify CAPVA and develop more specialist expertise in understanding the dynamics of CAPVA.** Explore feasible ways to incorporate CAPVA specific questions into existing protocols/assessment processes used by services and organisations working with the YP or their family, particularly those which are not already delivering specialist CAPVA service/provision. Include the risk assessment questions developed by CAPVA-specific services in a Pan-London strategy for CAPVA to be used as a resource by non-specific services working with families affected by CAPVA.
5. **Encourage tailored responses to CAPVA** which recognise the complex dynamics between parent and child and other family members. Promote a holistic, family-centred approach to addressing CAPVA, which identifies and recognises the support needs of both child/YP and parent/carer, including potential safeguarding needs/issues, as well as those related to cultural or religious needs. Work with both child/YP and parent individually and in conjunction with each other and other family members.
6. **Raise and embed awareness and understanding of CAPVA as a form of domestic abuse distinct from intimate-partner violence.** Produce a standard set of information materials for practitioners to highlight the existence of CAPVA, explain it as similar to, but distinct from, other forms of family abuse and increase awareness of where to get support for this specific form of abuse and/or support/help from others experiencing CAPVA (both parents/carers and young people). Explore potential to include reference to, discussion of, CAPVA in existing training and CPD offered within services e.g. multi-agency training offered by safeguarding partnerships, online training for Key Adults in schools as part of involvement in Operation Encompass.
7. **Facilitate greater multi-agency collaboration on CAPVA cases and consider the development of a multi-agency information sharing forum, including a review of existing forums for effectiveness & appropriateness, for professionals to discuss high-risk cases.** Such a forum could follow a MARAC model but have the mandate to safeguard both parent/carer and child/young person. MARACs themselves may not be sufficient to address CAPVA cases due to the emphasis on safeguarding a single victim, while the boundaries between victim' and 'perpetrator' can be more complex and ambiguous in CAPVA cases.

8. **Train and develop CAPVA champions in each London borough's children's social care / safeguarding team** who can advise other professionals on appropriate referrals and available services and coordinate multi-agency working (consider situating them within children's services). The model could follow that of the 'Ask Me' pilot scheme¹ which was used to widen opportunities for survivors of domestic abuse to access the help they need from their communities.
9. **Ensure pan-London coverage of CAPVA specific services** for both parents and children/young people by establishing a central 'helpline' to provide information and guidance to practitioners with identifying, and making, referrals related to incidences of CAPVA. Provide opportunities to expand awareness and share understanding of CAPVA provision, as well as experience, by setting up networking events for both practitioners and parents/carers. Establish a 'good practice pipeline' between different boroughs to facilitate the sharing of best practice in responding to CAPVA.
10. **Commission independent evaluation which examines the existing intervention models used to respond to CAPVA across London** to evaluate their cultural competence, value for money, and impact in terms of sustainable/long-term outcomes, as well as commonalities between different intervention models. Produce a 'good practice' guide that can be used to inform future commissioning of CAPVA-specific services.

¹ <https://www.womensaid.org.uk/new-pilot-launches-help-support-women-suffering-domestic-abuse/>

Chapter One – Introduction

In this chapter, we provide an overview of the aims and objectives of the research and the structure of the report.

Background to the research

The study was commissioned by the London Violence Reduction Unit (VRU) in November 2020 and ran from December 2020 to October 2021. Its aim was to improve understanding of the prevalence and nature of children and young people's use of violence and abuse towards parents/carers in London. The VRU takes a whole family approach to reducing violence, not just focusing on young people. To this end, the VRU analysed a range of data and consulted with, and listened to, communities to understand the needs of parent/carers in London. A theme that consistently featured as an area of concern for parents and carers was Child/Adolescent to Parent Violence and Abuse (CAPVA). It is for this reason that the VRU commissioned the study. In addition, the need for the study emerged from the growing recognition of the limited data available on CAPVA and the need for a coherent strategy and policy response to the issue.

There is increasing evidence to suggest that CAPVA is an issue of growing significance both in the UK and internationally, and is increasing in its frequency, intensity, and severity. There is limited information about the families in London affected by CAPVA; where they live, their protected characteristics or what support would help them. This research study thus aimed to address this evidence gap and develop a detailed understanding of CAPVA to support improved outcomes for young people and their families. In commissioning this study, the VRU are not aiming to label young children as 'perpetrators', but rather to deepen their understanding of the complexities of CAPVA, as well as how to better prevent the issue and support families and young people affected.

Domestic abuse is a key priority for the Mayor of London, especially given the notable increase in incidents and helpline calls during the lockdown period. This strategic impetus, alongside the new Domestic Abuse Bill², newly appointed Domestic Abuse Commissioner and shifting perpetrator policy landscape across local and central government, provides a unique opportunity to deepen understandings of CAPVA in lockdown and inform strategy and service commissioning³.

The VRU are therefore proposing the following:

² Domestic Abuse Act 2021 <https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted>

³ Child / Adolescent to Parent Violence Business Case, August 2020, The London Violence Reduction Unit.

- To develop a cross-sector CAPVA strategy for London
- To develop a comprehensive understanding of the nature and prevalence of CAPVA in London
- To develop a sustainable model for CAPVA provision
- To widen work to address vulnerabilities of young people to enable support and confidence, aspiration and opportunity with the resources available
- To support stronger families as part of a contextual approach to supporting young people through CAPVA support for parent/carers and the whole family

The study was commissioned at the height of the Covid-19 pandemic and during a period of strict lockdown restrictions. Since the study was commissioned, England was put under a national lockdown with all schools instructed to remain closed following the December 2020 school break and this was only lifted in March 2021. The restrictions are very likely to have had an impact on family dynamics and relationships, and by extension on all forms of domestic abuse, including child protection issues and CAPVA. The need to understand this form of harm is therefore further increased by the oscillation between lockdown and the relaxation of restrictions, which place pressure on family dynamics. These pressures are exacerbated by increased youth unemployment, limited social interactions and greater isolation, and are therefore likely to result in high-risk environments for children and families affected by CAPVA.

Aim of the study

The comprehensive needs assessment was commissioned to explore the scale and nature of CAPVA in London, to ensure services and support for children, young people and families is grounded in evidence. The research findings will inform the VRU's public health approach to violence prevention and reduction in London and, specifically, to the development of a Pan-London strategic approach to CAPVA in the coming years.

The needs assessment closely aligns to the London VRU's focus on supporting vulnerable young people aged up to 25 years. The VRU champions a public health approach to violence reduction and promotes a holistic understanding of violence as a preventable consequence of a range of drivers, such as Adverse Childhood Experiences (ACEs) and harmful social or community experiences and influences. The 2020/2021 VRU strategy thus focuses on a long-term approach, and providing leadership across 3 strands of work:

1. Data/evidence/evaluation
2. Programme delivery
3. Partnerships and policy

The needs assessment aligns to the focus on data/evidence/evaluation, in response to the gap in evidence on CAPVA. Specifically, the study aimed to:

- improve understanding of the drivers, prevalence and nature of CAPVA

- provide insight into the experiences of children and families, especially those that are not accessing statutory services
- improve understanding of the range and efficacy of practice models and interventions being used in London
- foster greater understanding of approaches of safeguarding children's and community safety partnerships in identifying, categorising and responding to this form of harm.
- establish a Community Advisory Group to include community members and practitioners, to facilitate knowledge/data sharing and collaboration.
- consider the impact of Covid-19 on CAPVA and service provision

Structure of the report

This final report synthesises the data and findings gathered over the research cycle. It is structured thematically according to the research questions.

Chapter Two outlines the methodology of the study.

Chapter Three discusses different definitions and understandings of CAPVA across stakeholder groups.

Chapter Four explores the impact of CAPVA on parents/carers, children/young people, families and communities.

Chapter Five contextualises the issue of CAPVA in London.

Chapter Six explores the prevalence of CAPVA across London, drawing on both qualitative and quantitative data sources.

Chapter Seven discusses barriers and enabling factors for parents/carers, children and young people when seeking and accessing support with CAPVA.

Chapter Eight outlines the different intervention models used to respond to CAPVA across London.

Chapter Nine analyses the service provision landscape for CAPVA across London and explores the gaps in service provision.

Chapter Ten presents a series of recommendations developed in consultation with the Community Advisory Group and the London VRU. The recommendations are designed to improve future practice and inform commissioning decisions, as well as feed into a Pan-London Strategy for CAPVA.

Chapter Two – Methodology

This chapter outlines the methodology of the various components of the research study, the data collection methods and sampling strategy.

The study adopted a mixed-methods approach, combining both qualitative and quantitative data collection methods including a literature review, interviews with strategic stakeholders, analysis of quantitative data from the Metropolitan Police Service and from the Crime Survey for England and Wales, interviews and a survey of frontline practitioners and a series of interviews with young people and parents/carers. In addition, a Community Advisory Group (CAG) was established to facilitate knowledge sharing and collaboration between professionals and the research team throughout the study.

Research framework

This section sets out our overarching research framework and approach, which was refined as we developed a better understanding of the context and objectives of the needs assessment during the inception phase.

Employing a public health approach, we understood CAPVA not as an isolated behaviour, but as a preventable consequence of interacting violence ‘risk factors’ (e.g. violence exposure, substance misuse, Adverse Childhood Experiences). We framed CAPVA within an ecological perspective, with causes and solutions located in social, community, relational and individual spheres. Our rigorous analytical approach analysed and synthesised qualitative data from multiple groups to understand the perceptions, understandings and experiences of CAPVA, with a focus on the drivers of CAPVA and the barriers to accessing support. By triangulating both quantitative and qualitative findings, we have provided a comprehensive analysis of CAPVA experiences and service provision across London.

Annex Two sets out the overarching research questions, as well as sub-questions, and maps these to each relevant data source. Our research framework drew on our understanding of the aims and objectives of the research framework as well as the London VRU’s strategic priorities.

Data collection methods

Literature review

The research study included a literature review of approximately 5000 words which provided a contextual overview of the issue of CAPVA in London; identified current

understandings of CAPVA and the rationale for service delivery models; highlighted key knowledge gaps and updated the existing literature to reflect the Covid-19 pandemic and policy responses to CAPVA, including the recent draft guidance following the 2021 Domestic Abuse Bill.

The literature review was structured into five broad sections:

- An overview of domestic and youth violence in London
- The quantitative prevalence and extent of CAPVA, both nationally and internationally
- The risk factors and drivers of CAPVA
- Parents'/carers' experiences, help-seeking behaviours and barriers to accessing support
- The policy context for CAPVA in London and nationwide

Strategic stakeholder interviews

For the first stage of the fieldwork, scoping interviews were conducted with ten strategic stakeholders from a range of key sectors, including youth offending, policing, domestic abuse, the National Health Service, adult and children's safeguarding and mental health services. These initial interviews were used to inform the questionnaire for the practitioner survey and topic guides for subsequent interviews with practitioners and parents and young people. The scoping interviews explored the following themes:

- Conceptualisations and understandings of CAPVA
- Service provision to address CAPVA
- Practitioners' experiences
- Experiences of young people and families
- Strategies and policies to address CAPVA

Additionally, the strategic stakeholders who were consulted played a key role in disseminating the practitioner survey by sharing it with their teams and wider contacts.

Data profile/gap analysis

Given the limited evidence available on the families in London affected by CAPVA (e.g. where they live, any protected characteristics), the study involved a quantitative data profiling and gap analysis component through the analysis of Metropolitan Police Service (MPS) data. Aggregated data was provided by the MPS (facilitated through MOPAC) for all violent offences recorded between Jan-2018 and Dec-2020⁴ where the reported relationship between the offender/suspect was a child and the victim a parent/carer. The data included breakdowns of offender and victim characteristics at the whole London-level. To protect the identify of individuals, data provided at borough-level only included the overall count of offences.

⁴ We requested data from this period in order to understand trends both before and during the Covid-19 pandemic.

In addition, the data profile exercise involved an analysis of the Crime Survey for England and Wales to further explore the prevalence, characteristics and reporting of CAPVA (see Annex Three). The analysis involved combining the nine data sets between 2011/12 and 2019/20 which provided a combined sample of 322,990 respondents across England and Wales.

The Community Advisory Group (CAG)

The study team discussed the recruitment and set up of the CAG over a number of internal meetings in December 2020 and agreed that the CAG should include 8-10 members including representatives from: Children Social Care; domestic abuse services; police; education; CAMHS; a Youth Offending Team lead; a CAPVA-specific service lead; young people and parents/carers. The final CAG included representation from the VRU's Young People's Action Group, parents, Family Based Solutions, Who's in Charge, Standing Together Against Domestic Abuse, Christian Evangelical Centre and the Richmond Fellowship.

Annex Four sets out more detail on the CAG's involvement.

Practitioner survey

We disseminated a short survey through Alchemer to frontline practitioners including representatives from statutory social care, policing, domestic abuse, youth offending teams, housing, health, and education describing practice and services following the strategic stakeholder interviews. The survey gathered information on practitioners' roles as well as their practice and interventions. The survey was also used to identify practitioners who would be willing to participate in a more in-depth interview.

Due to the limited number of specific services to address CAPVA across London, we disseminated the survey to practitioners from a range of key sectors which encounter the issue of CAPVA in their work. The survey was shared through the VRU's own networks, the professional networks of strategic stakeholders as well as public contact details found online for relevant organisations and professionals. The survey gathered 54 responses in total.

The survey covered the following areas of inquiry and included primarily closed questions, with some open text responses:

- Professional role
- Organisation
- Geographical location of the organisation and catchment area
- Target group of the intervention / service
- Role in responding to CAPVA
- Prevalence of CAPVA cases in the role
- Willingness to participate in an in-depth interview

See Annex Five for the full survey.

Practitioner interviews

A series of practitioner interviews were carried out simultaneously to the administration of the practitioner survey. A total of 24 interviews were conducted, through a combination of individual semi-structured interviews and focus groups. These interviews aimed to explore practitioners' perceptions relating to the nature of, and their response to, CAPVA, including the evolution and efficacy of available interventions and services. The interviews focused on frontline practitioners' understandings of CAPVA as well as secondary accounts of the experiences of supported families (e.g. describing their presenting issues, and obstacles to support-seeking). In addition, the interviews supported the identification and recruitment of potential young people and family members to participate in the research. Findings from the practitioner interviews were used to develop the research tools for engaging with the families and young people.

Young people and family interviews

A total of 14 young people and 8 parents/carers were interviewed through practitioner-led snowball sampling, respondent-driven sampling and community/social media (e.g. a study-specific Facebook page and study-specific information/article published on a website aimed at providing support for mothers in London⁵). All parents/carers interviewed had direct experience of CAPVA. Due to the sensitivity of the topic, it was more challenging to recruit young people with direct experience of CAPVA for interview, but we were able to interview a few young people who disclosed having been abusive to a parent/carer in the past. In addition, the study team drew on the VRU's Young People's Action Group and contacted youth and community organisations known to the study team's own professional networks. Interviews explored young people and parents'/carers' experiences and the context, of CAPVA, as well as barriers and enablers to support-seeking and suggestions for improving services.

⁵ <https://londonmumsgroup.co.uk/>

Chapter Three - Defining CAPVA

This chapter outlines different definitions and understandings of CAPVA across different stakeholder groups, including the links between CAPVA and extra-familial harm.

What is CAPVA?

The literature review defines CAPVA as a form of interpersonal violence that, despite the term 'parent', refers to violence towards any primary caregiver including foster carers and kinship carers. Until relatively recently, CAPVA was absent from research, policy and practice discussions about family violence, which historically have focused on intimate partner violence (IPV) and child maltreatment.

As cited in the business case, there is currently no legal definition of CAPVA, yet the cross-Government definition of domestic violence and abuse defines it in terms of behaviour which involves '...physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic abuse...; psychological, emotional or other abuse; ...and it does not matter whether the behaviour consists of a single incident or a course of conduct'⁶. While this definition applies to those aged 16 and over, it is recognised that CAPVA can involve children under the age of 16 years, and thus cannot be fully captured under the current definition of domestic abuse.

There have been multiple terms used to refer to and describe the problem. Previous Home Office guidance used the term "adolescent to parent violence and abuse" (APVA). However, most recently the draft statutory guidance on domestic abuse refers to Child to Parent Abuse (CPA)⁷. Some studies classify CAPVA as 'any incident' of physical and/or verbal abuse towards parents while others define it in terms of 'a pattern of behaviour'⁸. Many studies also impose age-related parameters on the child and adolescent population under consideration e.g., over 10 years and/or under 18 years.

For the purposes of this research study, we will be using the term Child / Adolescent to Parent Violence and Abuse (CAPVA), as we recognise that the term CAPVA encompasses a range of behaviours and forms of abuse, both physical and non-physical, such as coercive control, financial abuse, threats, intimidation and harassment. We have

⁶ Domestic Abuse Act, 2021.

⁷ <https://www.gov.uk/government/consultations/domestic-abuse-act-statutory-guidance>

⁸ Holt, A. (2013). *Adolescent-to-parent abuse: Current understandings in research, policy and practice*. Policy Press: Bristol

chosen to include reference to both children and adolescents to recognise the specific and distinct needs of each of these groups.

CAG reflections

The study initially used the term Child/Adolescent to Parent Violence (CAPV), reflecting the terminology in the study's Terms of Reference. In the initial CAG meeting, members of the CAG recommended that Child/Adolescent to Parent Violence and Abuse (CAPVA) would be a more appropriate term, which captures the non-physical forms of abuse that this behaviour can encompass. This feedback was taken on board, and the term CAPVA was used throughout the research study and communications materials.

Understandings of CAPVA

There was consensus among practitioners interviewed as part of this study⁹, that CAPVA, like other forms of domestic abuse such as intimate-partner violence, can often be characterised by coercive control. However, unlike intimate-partner violence, the dynamic between parent and child is such that the categories of victim and perpetrator are blurred, with both parent and child requiring support and intervention.

“An attempt to control another person is an act of violence and that is very much, I would say, true for when children are trying to control their parents or control the system around them so that they may not just get their own way but fulfil their needs in response to their own traumas.” (Youth Offending Service Officer)

While the issue of CAPVA has recently become more clearly defined in distinction to other forms of domestic abuse, the study highlighted a gap between practitioners' understandings of CAPVA and the understandings of those parents/carers who experience CAPVA. While practitioners interviewed understood CAPVA as a form of abuse, parents/carer interviewed commented that they were not initially aware that CAPVA was considered a form of abuse and that they could access support. This suggests that greater work is needed to raise awareness of the issue, among the general public and professionals, as a form of abuse for which support is available.

A number of additional factors such as fear of reprisal or fear of the child being removed or criminalised may affect the recognition of this harm. For example, parents/carers and young people highlighted the significant role of shame and stigma in their experiences of

⁹ This included stakeholders from across policing, youth offending, social care, health, education, domestic abuse, and mental health services.

CAPVA, as well as the normalisation of violence, to the extent that many parents and young people affected may not even recognise the situation as abusive:

“I don’t think young people would realise what they are doing. Their first point of contact, I was going to say friends, but it depends if they know they are doing it. Or if they realise. If they know it might be a bit embarrassing, or a difficult topic to talk about with your friends.” (Young woman)

CAPVA and extra-familial harm

The literature review highlighted that there is limited research which has specifically looked at harms such as involvement in gangs, child criminal exploitation and/or radicalisation and its relationship to CAPVA. However, the literature review also identified anecdotal evidence, from practitioners working with children and young people known to criminal justice agencies, that indicated financial abuse towards parents can be related to the child owing money to gang members¹⁰.

While links can be identified between CAPVA and extra-familial harm, the precise causal relationship is not possible to determine. The study involved interviews with strategic stakeholders and practitioners working in the criminal justice system and with young people at risk of Child Sexual Exploitation or other forms of criminal exploitation. These professionals tended to identify a stronger link between CAPVA and extra-familial harm than those practitioners working with parents/carers and young people more generally.

Practitioners working with young people at high risk of abuse or exploitation reported that young people are often referred to services on the basis of exploitation or offending, and that information about the occurrence of CAPVA only arises after working with the young person and family for some time. For example, one Early Help practitioner described a recent case of a young man initially referred for help due to child criminal exploitation, and later found that CAPVA was also a significant issue at home:

“When he was referred originally one of the concerns that the school had was that he was vulnerable to criminal exploitation and county lines, he said he didn’t want to be at home anymore. Later his mum disclosed that he was nasty and aggressive with her, she didn’t know what to do.” (Early Help Practitioner)

While practitioners recognised that CAPVA can affect all families, including young people who are not affected by extra-familial harm, practitioners working with young women affected by sexual violence and exploitation in the context of gangs reasoned that young

¹⁰ O’Toole, S. E., Tsermentseli, S., Papastergiou, A., & Monks, C. P. (2020). A Qualitative Exploration of Practitioners’ Understanding of and Response to Child-to-Parent Aggression. *Journal of interpersonal violence*, 0886260520967142.

people's violence towards their parents is often a symptom of the harm and trauma that they themselves have experienced:

"We see it when young women are in dangerous and awfully violent situations outside of the family home and that desperation and that trauma comes out and shows itself to a parent. When you're looking at sexual exploitation work, when girls are being exploited, they're coming home, they've been abused over the weekend, the only outlet they've got is to have this outburst of rage and violence at their parents." (Manager – young women's support service)

Practitioners working with high-risk young people also emphasised that it was difficult to assess whether extra-familial harm leads to a young person being violent at home, or whether a young person's violence at home increases their vulnerability to abuse and exploitation outside the home.

Chapter Four - The impact of CAPVA

The following chapter details the impact of CAPVA on parents/carers, young people, families, and communities, drawing from interview data and discussions with the CAG.

The study found that the impact of CAPVA on parents/carers, young people, families and communities is diverse and wide-ranging. The following sections explore the evidence that CAPVA affects not only those parents/carers and children/young people who are directly involved but also wider family and members of the communities in which they live.

Parents/carers

Shame and guilt

Practitioners working directly with parents/carers highlighted that CAPVA is often framed as a parenting failure, which can be reinforced by parents'/carers' interactions with schools, social services, wider family and some friends, who may lack an understanding of CAPVA. This conceptualisation of CAPVA as a parental failure places the responsibility and blame on the parent/carer which, to some extent, is distinct from other forms of violence and abuse. For example, one practitioner cited an example of a mother they were working with who had been the victim of intimate partner violence from her previous partner and was not supported by her family when her child became abusive towards her. The wider family blamed the mother for 'not being hard enough' on her children and advised her to take adopt a stricter parenting approach.

In other situations, judgemental or negative responses from services can lead to further isolation and the situation worsening. One young person disclosed that her mother did not feel she could reach out for support due to shame and fear of how they would respond to the situation:

"I've been in a predicament where I have hurt my mum and she's reached out to the police, but she didn't want to see her daughter locked up or taken from her. But she felt like she needed help and she didn't get that help. Fortunately, I made the change for myself after realising [the gravity] of the situation, but that's not always the case." (Young woman)

At the same time, interviews with practitioners as well as parents/carers highlighted that CAPVA affects parents in ways that are comparable to the effects of intimate partner violence and abuse. Parents/carers disclosed experiencing high levels of distress from the regular threat of intimidation or physical assault, as well as guilt for losing patience with

their children. These feelings, along with victim blaming, culminated in shame, mainly from parents/carers' view that they could not deal with the situation themselves and their associated sense of failure.

Parental capacity

Another reported effect of CAPVA on parents/carers was the repercussions of CAPVA for other children in the household. The literature review highlights that CAPVA can affect other siblings in the household as well as other adult family members, who may be subjected to violence and abuse as well as the parent(s). Interviews with practitioners highlighted that in some cases, CAPVA can result in siblings receiving less attention as the violence and abuse can diminish parenting capacity. While in other cases, it was perceived that some parents/carers direct all their attention and energy towards their other children. Generally, the perception was that, where CAPVA is present, it completely disrupts the family dynamic as the parent/carer (as the primary caregiver) is undermined and subjected to abusive behaviour:

“Ninety percent of my parenting is spent on my son [who can become abusive]. I spend a lot less time on the other children...it’s impacted on them a lot. My youngest has a lot of problems with anxiety, which is due to our family being so unsettled at times.” (Mother)

Practitioners and parents/carers alike highlighted the devastating impact of CAPVA on parents/carers' mental health and well-being. It was widely acknowledged that for a notable proportion of CAPVA cases, this behaviour is only used within the home and only against their parent/carer, which further alienates caregivers with them questioning 'why me?' Parents interviewed disclosed that CAPVA had such an impact on their mental health and well-being at times that they struggled to cope:

“I felt very low and very desperate. I felt like I’d gone through this massive upheaval to get their dad out, so that we could heal and mend and move forward, and that I was being consistently beaten down by the children.” (Mother)

Children and young people

As highlighted in the literature review, there is limited research on the impact of CAPVA on young people themselves, and almost no research on children and young people's experiences of the behaviour. Practitioners commented that children and young people using CAPVA form behaviour patterns that become entrenched and are increasingly difficult to disentangle. CAPVA can lead to children and young people making poor decisions and having difficulty in regulating their emotions, both inside and outside the home, as well as leading to young people becoming disengaged with education and social activities:

“The impact on the child is that they are children, but they are given independence and responsibility of a much older person, and that's not safe for them. It is not boundaried. It's not healthy.” (Youth Offending Service Officer)

“Young people, through their behaviour and actions, are establishing patterns of behaviour that harm themselves. They are losing out on development of support networks, losing family support, making themselves vulnerable to outside influences, like being exploited in the community sexually or criminally, and are excluding themselves from the school or home.” (Local authority safeguarding manager)

In some cases, CAPVA was reported to occur following upheaval in a child's life, such as changing school and friendship groups. Changed friendship groups were linked to negative extrafamilial influence by parents/carers as they reported this being when their child's behaviours changed or began getting worse. In one case a mother noticed her daughter's behaviour changed after she began affiliating with a new group of friends, as she would speak and conduct herself in a more aggressive manner.

“I didn't even recognise her. I was sure it was her [new] friend. When she started speaking and the stuff she said to me, it was like it was just [her friend] talking.” (Mother)

Some practitioners highlighted perceived links between and CAPVA and increased levels of gaming or excessive use of digital devices. They characterised this link more as a source of conflict around which tensions could arise, rather than the direct cause of the behaviour. This was considered to have been exacerbated by the Covid-19 pandemic due to children and young people having increased time at home without other distractions.

“You've got eight- and nine-year-olds playing violent video games in which you run around with a machine gun shooting other characters and throwing grenades. It's not just the game but it can lead to violence when the parent intervenes to, say, right, I'm taking your PlayStation off you. I'm taking your phone off you.” (Police officer)

Families and communities

CAPVA is perceived to impact upon the wider family and community as well on parents/carers and young people directly. Practitioners cited the main impact of CAPVA as family breakdown - of relationships and communication - causing a hostile living environment for the whole household. In two parent/carer households, practitioners emphasised the strain that CAPVA places on partner relationships. In addition, it was reported that CAPVA affects parents/carers' ability to maintain their work, which could result in financial challenges. Practitioners noted that the siblings of the child using CAPVA behaviours were often forgotten, sometimes by their parents/carers, but notably also by services providing support.

The impact of CAPVA on communities was less apparent in the data, and practitioners did not consider there were implicit or tangible impacts at the community level. However, the data suggests that CAPVA predominantly exists as a hidden form of harm that is often undisclosed or undiscussed. Practitioners said that, in their experience, parents/carers often only seek help once they have reached a crisis point. This means that the possibility of intervening at stages amenable to early intervention or prevention is diminished and intervention is harder as there is more complexity to work through. A major theme across all practitioners interviewed was that CAPVA can highlight a range of other familial support needs, such as a history of domestic abuse in the family, unmet emotional and psychological needs and learning difficulties or SEND needs.

There were several risks of longer-term impacts that research participants associated with CAPVA. These included unhealthy future relationships with those using the behaviour considered to be at risk of becoming perpetrators of IPV and abuse. Further risks included extrafamilial harm as children and young people look outside the home for relationships to replace the 'broken' ones within the family. Speculatively a youth justice professional reflected on the risks that might be related to CAPVA when young people using this behaviour reached adulthood.

“When they’ve learnt this behaviour and never received repercussions or discipline from it, they take that into adulthood and start thinking this behaviour is OK. That can manifest itself into other types of abuse- domestic abuse [intimate partner] or abusing their child if they were to have one. Or they could turn to other crimes as they have never been told different – people are too afraid to tell them no. They want to test the limits, until someone says no. It’s almost a power thing, no one told them different, so they want to test the extent to which its true.” (Youth Justice professional)

Chapter Five - CAPVA in context

This chapter discusses perceptions of the drivers and risk factors of CAPVA and contextual factors specific to London which shape young people and parents/carers' experiences of CAPVA.

Drivers and risk factors

Interviews with practitioners, parents/carers and young people revealed that there is no single driver of CAPVA, and that CAPVA can affect families across all socio-economic, religious, ethnic and cultural groups. However, both the literature review and fieldwork interviews identified several common pathways which are perceived to increase vulnerability to CAPVA.

Structural factors impacting on parental capacity

Practitioners emphasised that parents should not be blamed or judged for CAPVA and highlighted that structural factors impacting on parental capacity can play a role in shaping family dynamics:

“[CAPVA] is more prevalent in families with issues impacting on parental capacity, or where violence is normalised in the home, or a patriarchal culture in the family unit which normalises violence. I think that patriarchal culture is pervasive across our community regardless of race, faith, and ethnicity, but when that gets played out heavily in the family home, I think it makes violence more permissible, there is less resistance to violence.” (Manager – young women’s support service)

In addition, practitioners highlighted factors such as demanding work schedules, substance misuse, financial insecurity and unemployment, which can exacerbate parental stress and impact upon parental capacity. Practitioners remarked that this was a factor regardless of the family’s socio-economic circumstances and are as likely to occur in both low-income families as wealthy families with two high-earning parents:

“I suppose I anticipated that the vast majority of our referrals would come from families where there is a lot of poverty and deprivation, and certainly there is some truth in that. But we’re also having referrals for wealthy families where maybe both parents are working long hours.” (Senior Practitioner – CAPVA support service)

Multiple practitioners working directly with families perceived that lone parent households are disproportionately affected by CAPVA, and it can be more challenging for lone parents to manage their children’s behaviour.

“Parenting is difficult when you're a single parent, so whereas if it was a traditional family environment, mum and dad could sit down with the child and negotiate and intervene and enforce, that isn't often the case.” (Police officer)

This said, multiple practitioners across a range of sectors also highlighted the prevalence of a history of domestic abuse among families affected by CAPVA. This could mean that some of the single parents affected by CAPVA have separated from the other parent due to domestic abuse and despite the challenges of lone parenthood, a lone parent household can be a much safer environment for children and the remaining parent.

Domestic abuse

Exposure to domestic abuse in the home was frequently cited by practitioners as a potential driver of CAPVA, and multiple parents interviewed had experienced domestic abuse in their own intimate relationships. Practitioners across all sectors emphasised the gendered nature of CAPVA, and multiple practitioners reported that they are primarily aware of mothers being abused by their adolescent sons. Domestic abuse practitioners stressed the impact of growing up in a household where there is IPV on adolescent boys. In their view, this may then lead to those boys going on to model misogynistic behaviour and re-enact the abusive dynamics they have experienced at home, both with female family members and in their own intimate relationships. One mother described how her son would copy the way he had seen his abusive father behave towards his mother:

“He [my son] would try and manipulate me the way his dad used to. He would take my glasses so I couldn't see where I was going, he would take my phone so I couldn't ring out for help.” (Mother)

Practitioners reported that young people who have grown up in a household where IPV has happened can become resentful towards the remaining parent for failing to protect them or for the perceived 'weakness' of allowing the abuse, leading to further abuse and violence towards the remaining parent:

“It can manifest as an explosion of rage: how could you let him do this, how could you be so weak, how could you not protect us? All that rage and blame is directed at the remaining parent, usually the mother.” (Domestic abuse practitioner)

Similarly, being directly subjected to abuse as a child was highlighted by practitioners as a potential driver of CAPVA. Practitioners considered that CAPVA could be a common feature in adoption, kinship care and foster care children who have experienced acute trauma in early life, something which was highlighted in our literature review (see Annex One). This was a view underlined by young people, as care-experienced young people who participated in the research explained that they had seen violent and abusive behaviour in care settings towards caregivers.

Police officers interviewed disclosed that historical maltreatment, abuse, and neglect are often a factor in cases of CAPVA that come to their notice. However, historical abuse often only comes to light after some time. This view was echoed by Children's Social Care practitioners:

"One of the cases I was working with, the boy was starting to be aggressive and intimidate his mum. It emerged that quite a few girls made allegations of inappropriate sexual touching against him. When the social worker interviewed him and mum she asked about his dad and whether his dad talked to him about women and what views his dad had about women. The fact the son was being aggressive to his mum meant all of this stuff came out about sexual abuse that happened when he was little." (Early Help Practitioner)

Unmet emotional and psychological needs

While there was consensus across practitioners that coercive control is often a feature of CAPVA cases, it was understood that this coercion on the part of the child can be rooted in the child's desire to fulfil a deeper emotional or psychological need, such as the need for a sense of belonging or a fear of feeling out of control:

"All children want to get their own way but combined with those other factors like trauma, lack of parental presence, it can become violent or abusive. Getting what they want often fulfils a deeper need, like staying out past curfew with their friends may fulfil a need for a sense of belonging, a sense of community and to feel valued. If a child is coercing parents to buy them more material things, it might be rooted in wanting a sense of belonging because their peers have those things." (Youth Offending Service Officer)

In addition to unmet emotional needs, practitioners and parents/carers highlighted the significance of mental health and the impact of limited mental health provision on young people, who might then go on to misuse substances to manage their distress:

"So, that's part of the problem. People don't acknowledge that young people are in pain. So how do you expect them to come forward when they don't even acknowledge it because they are numbing their feelings by smoking something?" (Mother)

Special Education Needs and Disabilities (SEND)

Multiple practitioners commented that many of young people they work with who are violent towards their parent/carer have a learning difficulty or a special educational need:

"I would say the vast majority of the families we work with the child either has a diagnosis of ADHD¹¹ or ASC¹² or they're suspected of it, but they haven't yet had a

¹¹ Attention Deficit Hyperactivity Disorder

¹² Autistic Spectrum Condition

diagnosis because CAMHS has such long waiting lists, so that that is probably the most common kind of distinction from the other families we work with.” (Senior Practitioner – CAPVA support service)

Similarly, some parents/carers interviewed disclosed that they suspected that their child had a special educational need, but due to long waiting lists at CAMHS, had not received an assessment. One mother felt that an undiagnosed special educational need might be the root cause of her daughter’s violent behaviour. This mother felt that a diagnosis might help them understand their daughter’s behaviour and develop more effective coping mechanisms:

“I just feel that there needs to be somewhere where we could go, and they could observe her and see if there is any sort of disorder. I mean, she's not autistic. I don't think she has ADHD, but I think there is something underlying, and I just need to know. If I know what it is, then I can learn to deal with it, or find another coping mechanism to help.” (Mother)

Attitudes to help-seeking

Practitioners were keen to emphasise that CAPVA does not impact particular ethnic groups more than others. However, some practitioners felt that families from communities perceived to be more “insular” could be more reluctant to seek help outside their community because of the associated stigma of talking to professionals about family issues. Practitioners considered that having English as an additional language, or having recently arrived in the UK, could affect communications, understanding and trust of services and wider systems, as well as parents/carers’ ability to advocate for themselves and their needs.

The London context

The literature review highlighted some of the specific issues related to violence in London that involve young people, with specific reference to knife crime, child criminal exploitation (CCE) and gangs, violent offending, and domestic violence and abuse. That said, violence in London is highly localised and borough-level analysis shows that a high proportion of violence occurs in a small number of areas¹³. In terms of specific localities, wards with high levels of serious youth violence offending were more likely to be in the top quintile of the Vulnerable Localities Index¹⁴.

There is evidence that poverty and inequality can drive vulnerability to CAPVA, but this must be balanced with an awareness that CAPVA is not exclusive to families or communities most affected by poverty and inequality. Practitioners were careful to

¹³ The London Knife Crime Strategy, MOPAC, 2017.

¹⁴ <https://www.london.gov.uk/what-we-do/mayors-office-policing-and-crime-mopac/data-and-statistics/london-landscape>

emphasise that CAPVA can affect any family, regardless of socio-economic status, ethnicity, religion, family structure, etc:

“I think child to parent violence doesn’t discriminate; it’s found in all pockets of society. I would always say to the new Constables that domestic violence may well happen in that flat in that estate over there, but it’s also going to happen in that five-bedroom house with a Range Rover in the drive over there as well.” (Police officer)

While CAPVA affects families across London, practitioners highlighted the importance of understanding the socio-economic profile of the boroughs in which they work, and the role these contextual factors play in shaping families’ and young people’s experiences.

HOUNSLOW is a large borough in West London. Some areas are very affluent like Chiswick and other areas are more deprived, like Feltham and Hounslow. The pandemic has had a big impact on residents, as Hounslow is very connected to Heathrow airport. Many people working in Heathrow have lost their jobs or are on furlough or Universal Credit, and there are pockets of real poverty.

CROYDON is a very diverse borough and there are great disparities across the borough in terms of income and wealth. There are high rates of intimate partner violence and other forms of domestic abuse, as well as high numbers of children in care. Practitioners perceive that there has been an increase in gang affiliations in Croydon in recent years. Croydon Council is in severe financial difficulty, with limited voluntary services available to families and young people.

This said, interviews with practitioners, parents/carers and young people demonstrated how the specific contextual factors at play in different local areas shape parents/carers and young people’s experiences of CAPVA, as well as practitioners’ experiences of responding to it. Young people fed back that the day-to-day activities and profile of their local area has an enormous influence on the way they perceive their own and others’ behaviour:

“Because my area is a well-known area for drug activity, me and my peers were exposed to things like addictions and drug dealing from an early age. This led to some of my peers thinking that there is not much else to do than to take illicit substances such as cannabis.” (Young person¹⁵)

“My area has affected me in quite a negative light. I have found that my peers and surrounding circumstances can often be leading to negative pathways and a dangerous lifestyle. In regard to free time, I find that my area gives the opportunity

¹⁵ Testimony from written responses – gender of the young person was not disclosed

for crime and illegal activity as there is not enough young people friendly activities and opportunities.” (Young person¹⁶)

Practitioners echoed young people’s views that a lack of youth service provision and after-school activities is a major issue in London and leaves young people with a sense of limited opportunities and prospects:

“The under-resourcing of communities is a huge issue across London. If resources were poured into communities around youth clubs and things like that, it would change the child's behaviour and help them feel like safer.” (Youth Offending Team Lead)

¹⁶ Testimony from written responses – gender of the young person was not disclosed

Chapter Six - The prevalence of CAPVA in London

The following chapter examines the prevalence of different forms of CAPVA, the boroughs, groups or communities affected and the impact of Covid-19 on the prevalence of CAPVA at the local and London level. The data sources for this section include analysis of police data across London, analysis of the Crime Survey for England and Wales, interviews with practitioners, parents/carers and young people across London.

Prevalence of CAPVA

As highlighted in the literature review, it is difficult to measure the prevalence of CAPVA due to different definitions of CAPVA and different populations captured by the different methods used. In addition to this difficulty, there is evidence to suggest there is notable underreporting of the scale and prevalence of CAPVA incidences. Such evidence includes insights provided by practitioners and parents/carers (see the section on 'Qualitative insights' in this chapter).

Possible approaches to measuring the prevalence of CAPVA include

:

- the analysis of existing police (or criminal justice) data (for example, of reported incidents, arrests or convictions)
- the analysis of existing data from service users (such as families engaged with CAPVA intervention programmes)
- community surveys with parents and/or young people about their experiences of perpetration/victimisation

Prevalence rates could be measured through surveys using large and representative samples, such as the annual Crime Survey for England and Wales (CSEW). However, at the time of writing, the CSEW did not specifically ask about CAPVA, and while the relationship between victim and offender can be filtered within the main dataset, this data is subject to a number of response problems.

Our assessment of the prevalence of CAPVA across London included an analysis of aggregated data provided by the Metropolitan Police Service (MPS) (facilitated through MOPAC) for all violent offences recorded between January 2018 and December 2020 where the reported relationship between the offender/suspect was a child and the victim a parent/carer. In addition, we examined the CSEW by analysing nine data sets between 2011/12 and 2019/20, which provided a combined sample of 322,990 respondents.

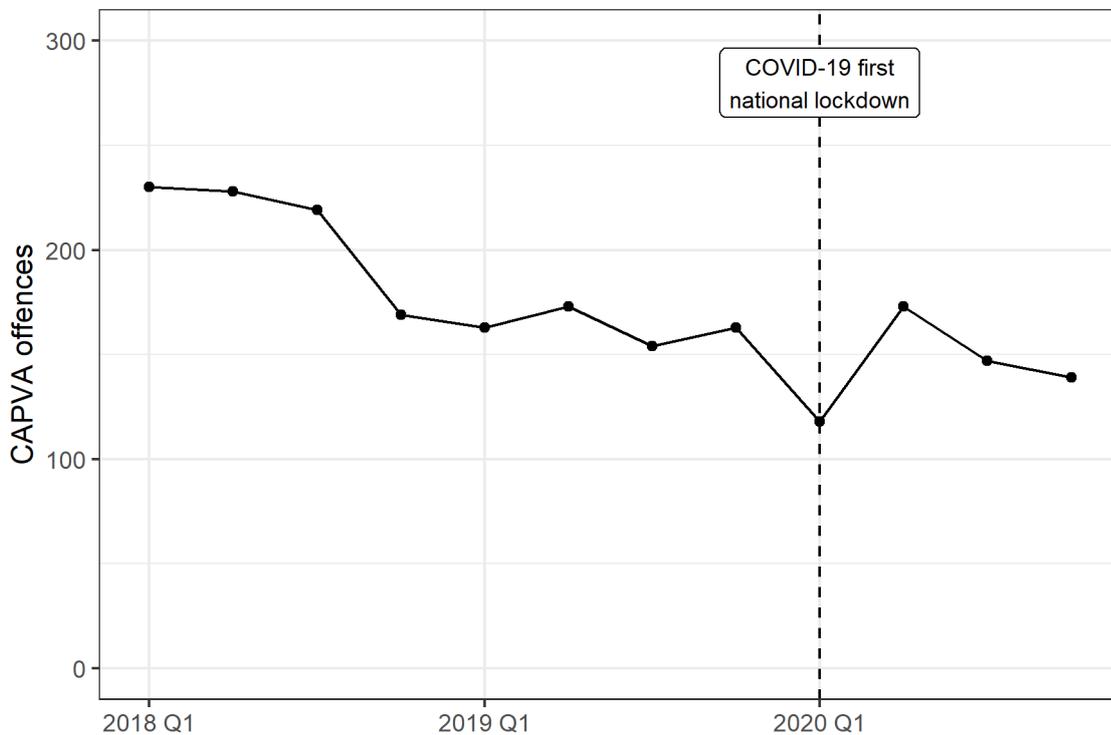
Results

As mentioned in the literature review, the Metropolitan Police Service (MPS) reported a gradual year-on-year increase of CAPVA-related offences (for which the offender was the child/ward of the victim) between 2014 and 2018. The most common outcome across the most recent four years of data (2015-2018) is evidential difficulties, where the suspect has been identified but the victim does not support further action. The MPS reports that 1,485 young people (aged 10-17 years) were proceeded against for attacking their parents between 2012-2017, averaging 248 such proceedings per year. The most common charge in all years was 'Charge/Further Charge' (in 61% of cases), with a 'Youth Caution' the second most common outcome (in 21% of cases)¹⁷.

Additional analysis of the MPS data as part of this study found that reported CAPVA cases have been decreasing since 2018. In 2020, there were a total of 577 offences recorded in London. This was down from 653 in 2019 and 846 in 2018, representing year-on-year decreases of 12 per cent and 23 per cent, respectively. Figure 6.1 presents the number of CAPVA-related offences in London over time (by quarter) since 2018. Following a high in 2018 (c. 220 per quarter), recorded offences fell and remained stable at around 160 offences per quarter. In the first quarter of 2020, offences reached a low of 118 offences but was followed by an increase to 173 in the second quarter (dashed vertical line), which coincided with the (first) national lockdown in response to the Covid-19 pandemic.

¹⁷ MPS (2018). *Freedom of Information Request No.* Available from: https://www.met.police.uk/SysSiteAssets/foi-media/metropolitan-police/disclosure_2018/april_2018/information-rights-unit---attacks-on-parentsguardians-by-children-aged-under-18-from-2012-to-2017

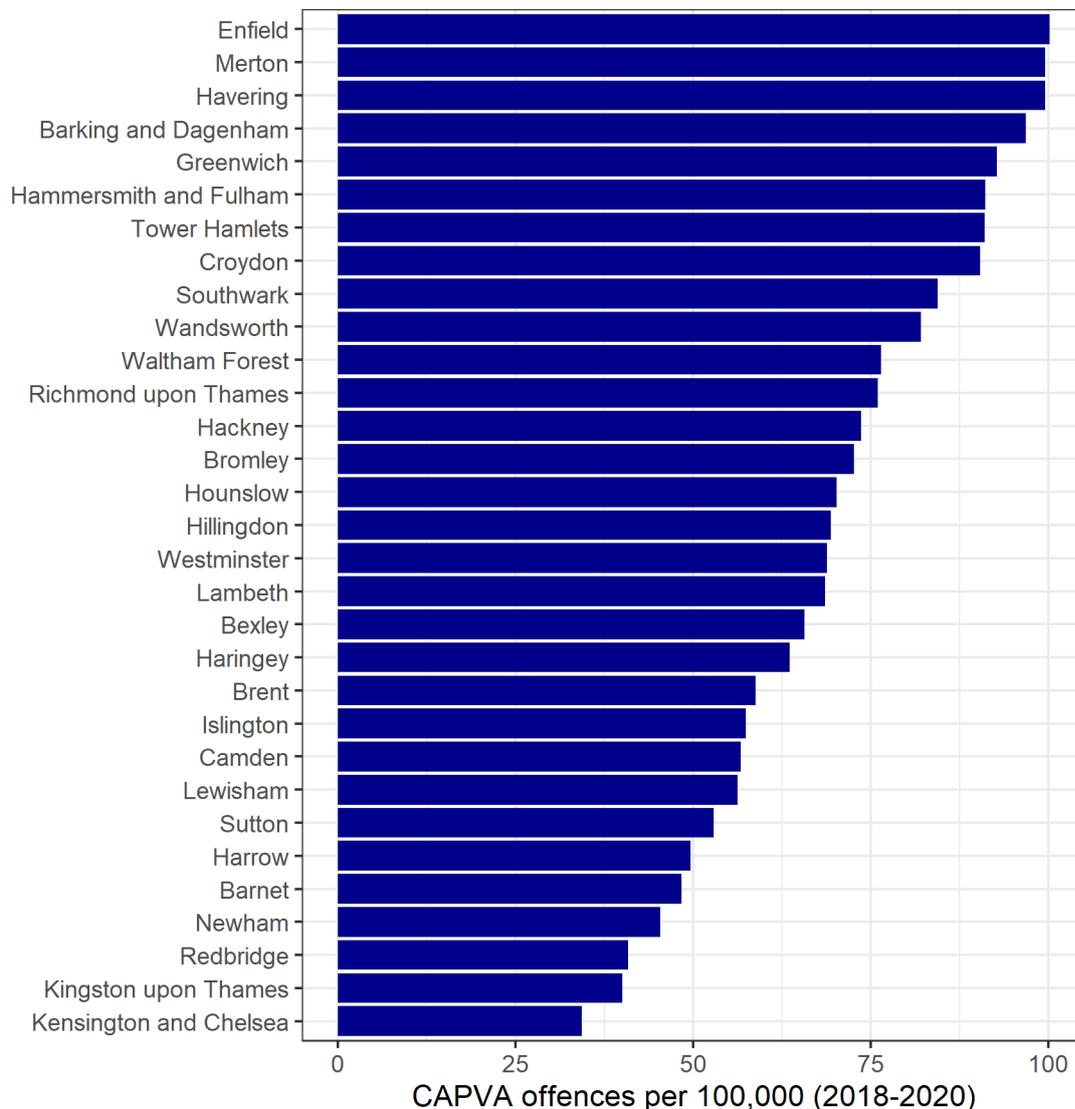
Figure 6.1: CAPVA offences in London recorded by the police (2018 Q1 to 2020 Q3)



At the borough level, Croydon (115 recorded CAPVA offences), Enfield (115), and Tower Hamlets (105) had the highest number of recorded CAPVA offences (between January 2018 and December 2020) but this in part reflects higher population levels.

Figure 6.2 charts CAPVA offence rates across London. Boroughs with the highest proportionate levels of reported CAPVA-related incidents are spread across London, with few similarities between the areas of high prevalence. Analysis focusing on population adjusted rates of CAPVA-related offences revealed Enfield, Merton, and Havering had the highest reported rates (all c.100 per 100,000 0–25-year-olds).

Figure 6.2: Rates of CAPVA (per 100,000 25 years or younger) by borough (2018-2020)



To understand whether there was an association between the rates of CAPVA and deprivation experienced in London boroughs, index of multiple deprivation data was accessed.¹⁸ Analysis did not indicate a correlation between CAPVA rates and deprivation. A likely explanation for this result is that the analysis was carried out at the borough level and across London there is greater deprivation within boroughs than between them.

The MPS data indicates that reported CAPVA-related offences primarily consist of physical violence, with violence against the person accounting for 60 percent of reported incidents from 2018 - 2020. This was followed by criminal damage (25 per cent). Analysis of more specific offence types (minor codes) revealed a similar pattern. For example, common assault and assault with injury (sub-offences of violence against the person), and criminal

¹⁸ <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2019>

damage of a dwelling accounted for the majority of offences. The latter provides an indication of CAPVA-related offences occurring in the home. Harassment accounted for seven per cent of offences. This said, insights from the MPS are limited as they only record a primary offence code, which means that multiple offences can be committed at the same incident but only one code recorded.

Analysis of the Crime Survey for England and Wales (CSEW) provides additional insights into CAPVA. Around 40 per cent of CAPVA victims identified in the CSEW did not report the offence to the police, which highlights the limitations of police recorded data. This analysis also revealed that victims of CAPVA were more likely to live in deprived areas, which the London data cannot be compared with as it was at borough level. The CSEW analysis confirms the finding from police data that most (71 per cent) of victims were female. Additional detail on the analysis of the CSEW is provided in Annex Three.

Qualitative insights

Qualitative interviews with practitioners enabled a deeper understanding of the prevalence of different forms of CAPVA and the limitations of the MPS data. Typically, practitioners working in support services said that non-physical forms of abuse are a common feature of CAPVA cases, which do not always include physical violence. Practitioners reported that they saw coercion in the majority of CAPVA cases, especially with older teenagers and young adults. In contrast, practitioners considered that, generally, younger children more commonly had violent outbursts towards the parent/carer by kicking, hitting or pushing.

Multiple practitioners disclosed that many of the parents/carers they have worked with were highly reluctant to report any occurrence of CAPVA to the police, for numerous reasons, including the following:

- Some parents/carers mistrust the police because of negative past experiences or cultural background.
- Parents/carers generally do not want to criminalise their children for fear of what may happen to them and how it might affect their future life chances.
- Parents/carers feared the repercussions to themselves, from their child using violent or abusive behaviour towards them following any police involvement.
- Social services were also mistrusted by some families, and parents/carers feared that the child using violent or abusive behaviour, or their other children, may be removed from their care as a result.

Due to the small sample of parents/carers interviewed, it is difficult to comment as to whether this sense of mistrust is more prevalent in certain groups/communities than others. However, the literature review highlights that there is a paucity of research about Black and minoritized parents' experiences of CAPVA. This said, research on domestic abuse suggests that there are likely to be additional concerns for parents from particular minoritized communities about the agencies they may seek help from, such as a lack of

language proficiency within those agencies, and concerns about prejudice and discrimination.¹⁹

Parents/carers interviewed as part of the study disclosed that they only contacted the police at crisis points when they felt they had no other choice and were afraid for their physical safety. All parents/carers interviewed disclosed that they had experienced multiple incidents of violence before reaching crisis point and calling the police. One parent felt that calling the police had made the situation worse, and she did not contact them again:

“I felt so hopeless. At one point I called the police and when I saw the police coming and taking my son out of the flat and the other kids were watching. When my son came back, he said “you called the police on your own son”. That just damaged the relationship.” (Mother)

The characteristics of victims and of those reported for CAPVA-related offences

The majority of those reported to the police for CAPVA-related offences are young adults, with almost two thirds of those reported over the age of 18, with 65 per cent aged 19-25, 34 per cent aged 15-18, and just 1 per cent aged 12-14²⁰. This finding is significant because, as the literature review highlighted, there is a paucity of research that has examined CAPVA that involves adult-aged children. There are a number of possible explanations as to why the majority of CAPVA reported to the police involves over 18s: perhaps they are more likely to be violent, perhaps their use of violence is more severe or more frequent, or perhaps the violence is simply more likely to be reported by parents/carers if the child is aged 18 or over. This is clearly an aspect of CAPVA that requires more research.

The majority (81 per cent) of those reported for a CAPVA-related offence were male. Ethnically minoritised groups were overrepresented when compared with both the general population of England and the population of London; they made up 53 per cent of all those reported for a CAPVA-related offence. Furthermore, analysis by different types of CAPVA-related offence did not reveal substantial differences in the characteristics of those reported.

The majority of victims in recorded incidents of CAPVA were a parent of the accused (89 percent). However, 6% smaller proportion of reported incidents were towards grandparent

¹⁹ Heron, R.L., Eisma, M.C. & Browne, K. Barriers and Facilitators of Disclosing Domestic Violence to the UK Health Service. *Journal of Family Violence* (2021). <https://doi-org.roe.idm.oclc.org/10.1007/s10896-020-00236-3>

²⁰ The analysis did not find any cases of reports involving children under aged 12 years, although there would be no records below age 10, because that is the age of criminal responsibility in England: <https://www.cps.gov.uk/crime-info/youth-crime>

carers which, while a relatively small proportion, is relatively high in relation to the proportion of grandparent kinship carers that there are nationally. Most victims (60 per cent) were aged between 40 and 54. Just 15 per cent of parent/carer victims were under the age of 35, which arguably reflects the older age range of young people reported for CAPVA-related offences. More than two-thirds (69 per cent) of victims were female and, in most cases, were the mother of the reported offender/suspect. The ethnicity of victims broadly reflected the ethnicity of the reported offender/suspect.

The impact of Covid-19

Prevalence

Qualitative research revealed the enormous impact of the pandemic on family dynamics, and in many instances, it exacerbated abusive and violent situations²¹. However, the impact of the pandemic is not reflected in the police data, which shows a brief increase in the reporting of CAPVA-related incidents which was not sustained and soon subsided, perhaps reflecting the difficulty of calling for help during lockdown.

Police recorded data (see Figure 6.1) indicated an increase in CAPVA-related offending during the second quarter of 2020, which coincided with the first national lockdown in response to the Covid-19 pandemic. However, it should be noted that in the previous quarter (first quarter of 2020) the lowest number of CAPVA-related offences since 2018 had been recorded (between Q1 2018 - Q4 2020), and CAPVA offences returned to pre-Covid-19 levels in the third and last quarters of 2020.

Our survey evidence also indicated a reported increase in CAPVA which spanned the period of the first national lockdown but, in contrast to the police data, indicated practitioners anticipated rising levels of CAPVA in future. In our survey of practitioners across London we asked whether the number of CAPVA incidences had changed in the last twelve months compared with the preceding 12 months. One fifth (20 per cent) reported that it had increased a lot, almost half (49 per cent) said it had increased a little, only 6 per cent said it had stayed the same and 22 per cent said they did not know (with 4 per cent answering not applicable). The majority of respondents predicted that over the next 12 months, CAPVA incidences would increase (22 per cent 'increase a lot' and 48 per cent 'increase a little'), with 11 per cent thinking it would stay the same. 16 per cent answered that they did not know and 4 per cent answered, 'not applicable'.

The qualitative data gives a mixed picture of the prevalence of CAPVA throughout the Covid-19 pandemic, with some practitioners reporting that they saw an increase and others that they did not. While lockdown restrictions brought some families closer together, the restrictions added pressure for other families who had been struggling before the onset of the pandemic:

²¹ https://www.law.ox.ac.uk/sites/files/oxlaw/final_report_capv_in_covid-19_aug20.pdf

“My son wasn’t allowed to attend school because of a health condition, and that had a big impact. He really couldn’t cope with being confined to the house. His behaviour spiralled out of control again, and a lot of the behaviours that we’d got on top of came back again.” (Mother)

Social care practitioners reported an increase in referrals, and domestic abuse helplines saw an increase of calls generally, with some concerning CAPVA, as well as sibling to sibling violence. Multiple practitioners commented that the complexity and severity of cases has increased during the pandemic because of the lack of contact with wider support networks and increased social isolation.

Service delivery

Covid-19 has also affected service delivery. Practitioners reported that the shift to online services has not met the needs of all families, in particular those who are neurodivergent or who have learning disabilities, who CAPVA-specific practitioners disclosed make up the majority of their caseloads. Lack of access to adequate technology to support online video software or not having an internet connection has also been a barrier. Parents/carers reported that the pandemic worsened their situations and exacerbated levels of violence. In one example this seriously impacted a mother’s situation where she feared for her and her younger son’s safety. Parents/carers’ support networks were diminished, and in general, they were more socially isolated and geographically removed from people.

Help-seeking

Practitioners who worked throughout the pandemic reported an increase in families seeking support after an initial lull during the early weeks of lockdown. For those experiencing CAPVA, this change in circumstance caused by the restrictions, linked to the pandemic, has been a catalyst for some families reaching a crisis point. For example, one parent felt that this enabled the family to get quicker access to professional support. Yet in general, the pandemic has led to a loss of support for families experiencing CAPVA. As restrictions were put in place, wider family support systems were unable to function in the same way. Similarly, professional services and support were temporarily drawn back or delivered virtually.

Chapter Seven - Accessing support

This chapter outlines how parents/carers and young people access support for CAPVA, the barriers and challenges in seeking help as well as enabling factors.

Barriers to seeking and accessing support

Awareness

Practitioners highlighted that parents and other family members must recognise that there is a problem with CAPVA within their home in order to seek and access support. One parent pointed out that they did not realise that the situation was abusive until they sought out support: "I thought my world was normal". In some circumstances, violent and abusive behaviour may have been accepted due to historical family experiences or may have become normalised as a result of the length of time in which it has occurred.

"The big barriers are parents recognising it as abuse and violence. They don't want to think of their child using abuse and violence. Equating those behaviours with something that is not the norm and not OK. Is this normal teenage or adolescent behaviour? or is it something going beyond that? Recognising it's a thing is the first barrier – that's where raising awareness is really important." (Lead practitioner – CAPVA specific service)

Social stigma

Parents/carers' feelings of self-blame, guilt and embarrassment associated with having to engage professionals to help with an issue regarding their child also presents a barrier to accessing support:

"People are so secretive; they are just so ashamed by domestic abuse generally. They are worried that people will feel they have done something wrong, that they will be judged or that their children will be taken into care." (Children's social worker)

The stigma of seeking help was also reported by young people. One young person felt that whilst youth services and facilities are a place where young people can access support, they also acknowledged that there was stigma amongst their peers around reaching out for help. A further issue for young people is the lack of provision and opportunities that

allow them to build trusting relationships and connections to professionals. Not having a prior relationship with a trusted adult compounds the stigma of asking for help when it is needed.

“There is also a judgement around asking for help, especially asking for help from a youth club.” (Young person)

Even when the problem of CAPVA is recognised, and the need for support is acknowledged, practitioner interviews demonstrated that families can be very hesitant to engage with services, particularly statutory services. Professionals reported that parents fear that their role and capacity as a parent or caregiver is being judged. This is exacerbated by the unknown of ‘what happens next’ once support professionals become involved with them and/or their child. Social workers noted that there is a pervasive view among parents/carers that the role of social workers is to remove children, leading to a fear of engaging with any kind of external support service for issues including CAPVA.

“There is this idea that if social services get involved with your family, then they are going to take your kids away. Something needs to be done around that because it is stopping people talking about things.” (Project Co-ordinator – youth support service)

Marginalised and minoritized communities

For the purposes of this study, we have defined “marginalised and minoritized” to include all groups who face additional structural barriers to seeking and accessing support. Practitioners highlighted that CAPVA indiscriminately occurs in families across all communities, ethnicities and socioeconomic status. However, some communities may be disproportionately impacted by the barriers to seeking and accessing support for CAPVA.

For some parents/carers, there may be cultural barriers to help-seeking and engaging with support services. There can be a sense of shame in not being able to deal with family issues internally. This may be coupled with a reluctance within the community in which the family lives to disclose personal issues, both within, and outside of, the family.

“I am not going to say this is frequent in my community because I don’t want them to be characterised by this. However, the reason why it happens a lot in my community is because we are often first- or second-generation immigrants in the UK. We are often put in difficult situations as immigrants, and we come from a culture that doesn’t really encourage talking about your problems and doesn’t appreciate being vulnerable or seen as weak.” (Young woman)

For parents/carers and families in other communities, particularly Black Caribbean and Black African communities, there may be a mistrust of services, particularly the police, based on recent and historical experiences of discrimination and/or police brutality:

“In my community it is seen as betrayal, there is a belief that you are betraying your community if you call the police. There is also the perception that if the police come then they will take the child away and it will be horrible.” (Young woman)

“There is a view that the police are scary, and the police are bad.” (Young man)

Parents/carers who do not speak English, or who have English as an additional language, may struggle to seek out services and advocate for themselves and their own support needs, according to most practitioners. There is an additional concern from families that those providing the support may not consider or understand their cultural or religious needs, particularly when receiving support.

Enabling factors

Practitioners and parents/carers highlighted the importance of an open and encouraging environment for parents/carers and young people in which they feel comfortable to share their experience of CAPVA and other related concerns without the fear of judgement. This needs to be facilitated by a trusted professional who has been able to build a relationship with the family. When the trusted professional is knowledgeable about CAPVA, they are able to assess the family in a sensitive way that may identify where CAPVA is present, even when this is something the family do not recognise as an issue. One parent emphasised how valuable one service’s open and non-judgemental approach was in enabling her to seek support:

“There was no judgement, and that was really helpful. The most important thing is just knowing that it’s a safe place. You can go there and even if they are busy, they will find time to speak to you.” (Mother)

Similarly, if the family has a wider support system such as family and friends, they may be able to recognise the issues of CAPVA occurring within their home. Having that support to acknowledge and understand their experiences of CAPVA can facilitate families seeking help and accessing the correct referral pathways.

Chapter Eight - Responding to CAPVA

This chapter outlines different services and intervention models used to respond to CAPVA across London as well as the gaps and limitations with the current landscape of service provision.

Key agencies and services

No single agency is responsible for responding to CAPVA, although the need for a multi-agency approach has been documented in previous guidance and in the recent Domestic Abuse: Draft Statutory Guidance Framework²², which was published in August 2021. The guidance recommends that a multi-agency response should be used for CAPVA and should include health professionals, schools, social services, housing, the police, and youth justice services. According to strategic stakeholder interviews, the frontline agencies that address CAPVA most often are the police, social services and Youth Offending Teams. Interviews with practitioners detailed that the police's first response will often be to liaise with social services but that there are also some police that will pursue prosecution.

The practitioner survey asked respondents to list any CAPVA-specific services, programmes, or other interventions that they were aware of. A total of 17 different interventions/programmes operating across London were identified (table 8.1). As shown in the literature review, some local youth justice services have developed in-house programmes to respond to cases of CAPVA²³, while others commission outside services such as YUVA young people's service run by the Domestic Violence Intervention Project in London²⁴. However, unless these programmes are court-ordered, they are dependent on local authority funds, which are already facing pressures: as with many non-statutory services, CAPVA programmes have been cut in recent years.

In response to this reduction in local authority provision, interviews with strategic stakeholders, practitioners and parents and carers highlighted the important role of

²² Home Office (2021). *Domestic Abuse: Draft Statutory Guidance Framework*. London: HMSO.

²³ Munday, A. (2009). *Break4Change: does a holistic intervention effect change in the level of abuse perpetrated by young people towards their parents/carers?* (Unpublished doctoral thesis, Brighton University).

²⁴ McGeeney, E., Barakat, F., Langeland, G., & Williams, S. (2015). The YUVA Young People's Service: A Holistic Approach to addressing child-to-parent violence in London. In A. Holt (Ed.). (2016). *Working with adolescent violence and abuse towards parents: Approaches and contexts for intervention*. London, Routledge.

charities and VCSE organisations in providing many of these interventions/programmes. For example, specialist VCSEs play an important role in providing family-based solutions and peer support. One stakeholder emphasised that “just being able to talk to other parents and realise they are not the only one it is happening to, sharing tips and ideas...people find that so valuable”. CAPVA-specific group programmes can provide spaces for families to openly speak about their circumstances without feeling judged, such as the Who’s In Charge programme for parents who are finding their children’s behaviour difficult to manage. There are also victim survivor programmes, perpetrator programmes and programmes for young mothers. A programme delivered by Limes College for children who have lived with domestic violence aims to educate participants about healthy relationships to prevent normalisation of violent behaviour. If required, this type of support is intensive therapeutic and one-to-one.

Multi-agency working

As previously mentioned, the new *Domestic Abuse: Draft Statutory Guidance Framework* emphasizes the importance of multi-agency working in responding to CAPVA²⁵. It specifically recommends the ‘...referral to a Multi-Agency Safeguarding Hub (MASH) (or local equivalent) in the first instance where a parent advocate can attend, followed by referral to MARAC (Multi-Agency Risk Assessment Conference) if necessary’ and that ‘(t)he parent victim should also receive appropriate domestic abuse response and support’.

Practitioner interviews revealed that practitioners find multi-agency working on CAPVA cases to be challenging at times due to a lack of coordination between different agencies. For example, some professionals from voluntary services were under the impression that Early Help services can only offer limited support:

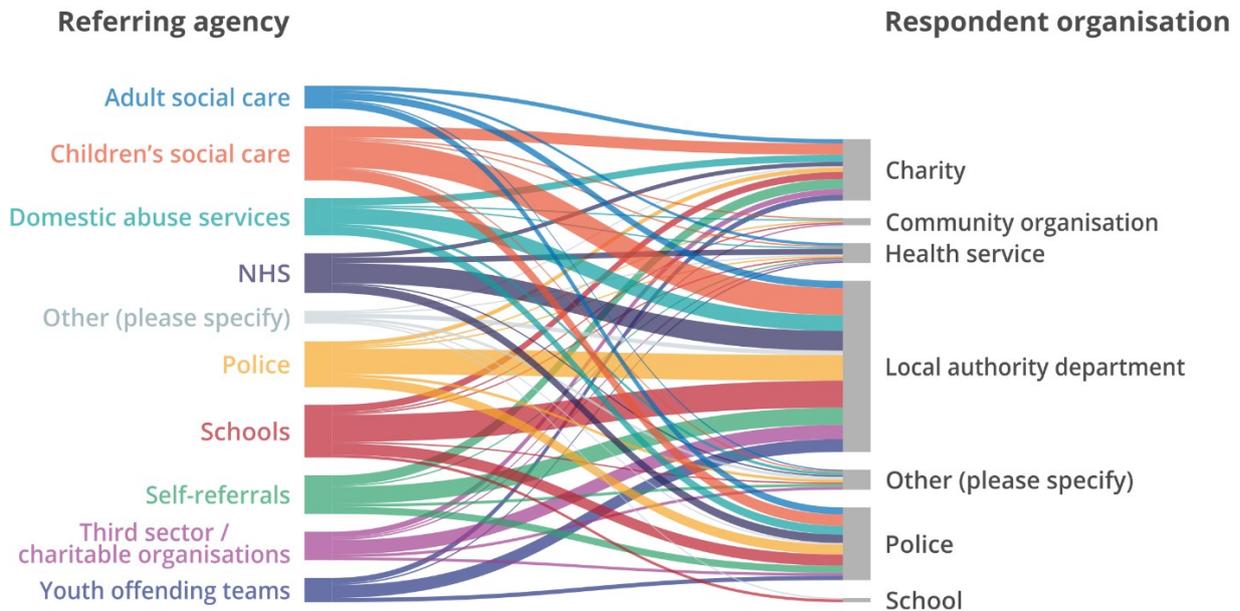
“So, if there's a social worker involved, generally the case is left open for longer. What's tended to happen with Early Help is from my understanding they only work with the family up to six months. But if they make the referral to us, for example, after three or four months of working with them, by the time we've started work, they're often sort of close to closing the case.” (Practitioner – CAPVA support service)

Communication between police and social care was also perceived to be poor by practitioners interviewed, particularly when trying to find accommodation for a young person who cannot return to the family home:

“We don't have that whole joint social services police relationship; it doesn't work as effectively as it should. For example, we may take a child into police protection, but we can only keep them for maximum 36 hours. Social care has a 24 hour call out system, but they won't necessarily arrive until a lot later because of everything they have to deal with.” (Police officer)

²⁵ Home Office (2021). *Domestic Abuse: Draft Statutory Guidance Framework*. London: HMSO

The diagram below shows the main agencies which are referring young people to specific interventions (represented as 'respondent organisation'). As evidenced, children's social care and schools are the main referring agencies, while statutory services sitting under various local authority departments are the main responding agencies.



While Multi-Agency Risk Assessment Conferences (MARACs) convene a range of professionals to discuss high-risk domestic abuse cases, interviews with practitioners demonstrated some confusion about the role of MARAC in CAPVA cases. Police officers interviewed were under the impression that CAPVA cases could not be referred to MARAC and thought that CAPVA fell outside the statutory definition of domestic abuse. However, discussions with practitioners involved in convening MARACs disclosed that CAPVA cases can be referred to MARAC, but rarely are, as professionals are uncertain of how to respond:

“CAPVA cases are notoriously difficult to respond to, because obviously where the victim is concerned, they're very unlikely to want to report their child, and they want to access support with their child.” (Violence Against Women and Girls Officer)

While there is no specific multi-agency forum in which CAPVA cases are discussed, practitioners perceive that MARACs are designed to address intimate partner violence and thus rarely refer cases of CAPVA. This raises the question of the need for a separate multi-agency forum, or mechanism, which seeks to safeguard both child/young person and the parent/carer in cases of CAPVA:

“Multi agency approaches to these cases are really essential and I don't know how much of that's already being coordinated by children's social care, but I think having a MARAC style information sharing model around these complex recurring cases would be helpful.” (MARAC Coordinator)

The policing response to CAPVA

A number of specific features of the policing response to CAPVA were noted by practitioners, including the severity of cases which they have encountered over the last 12 months. Practitioner and parent/carer interviews revealed that CAPVA was more likely to be reported to the police if physical incidents with injuries consistent with grievous bodily harm (GBH) or actual bodily harm (ABH) had taken place, which is reflected in the police data (see Chapter Six). Police officers interviewed said that they have noticed an increase in homicide cases where someone has killed their elderly parent / grandparent. It was suggested that this increase could be due to pandemic-induced mental health issues, paired with individuals who are prone to violence becoming more violent because of a lack of outlets and spatial confinement under lockdown.

Interviews with practitioners and the police themselves highlighted that it is challenging for the police to intervene positively in CAPVA callouts, and there was broad consensus among practitioners that it is best practice to avoid arresting a minor. Instead, more commonly police aim to take young people who have been violent or abusive to family members into police protection and will refer them to social services, particularly if the parent does not want to press charges. In cases where temporary accommodation is needed, it can be time consuming to secure a place for a young person given this type of accommodation is often limited across London due to shortages in temporary accommodation. As a result, police are often faced with the challenge of where to place the child/young person while arranging this accommodation:

“We would normally take a child who has been violent into police protection. We then contact social services. It takes a huge amount of time when we’re talking about really difficult children. There is limited secure accommodation, so you’re putting them into the care of a social worker. We don’t have any powers to keep them in secure accommodation, so it’s a real grey area for us.” (Police officer)

Services and intervention models

Given the multiple agencies involved in responding to CAPVA, there is also a multiplicity of different intervention models used to respond to CAPVA across both statutory and voluntary services throughout London. Youth Offending Teams’ offer varies and can include facilitating access to diversion programmes such as music, sport, speech and language support, delivered by specific organisations, which aim to support the young person at risk of (further) offending and divert them from entering the youth justice system. This said, Youth Offending Teams’ offer vary according to the budget of the local authority in which they operate, and not all offer the same range and quality of services.

Social services and local authority Early Help teams may also be able to refer young people into specific interventions or into CAMHS for mental health support or diagnosis of a learning disability or SEND. While there have been limited evaluations of Non-Violent Resistance both in the UK and internationally in recent years (see Table 8.2 for further

details), there is a paucity of evidence for other intervention models used to respond to CAPVA, and no research into the impact of a combination of intervention models used in conjunction to respond to CAPVA.

Practitioner interviews and the survey revealed a variety of different services and interventions models working to address CAPVA across London. Table 8.1 below lists the interventions and programmes which were identified through the survey and a desk review conducted for the purpose of this study, although the list is not exhaustive of all services available in the city. There are several services such as Family Lives and CAPA First Response which operate nationally which are not listed here.

Interviews with practitioners revealed that funding streams for CAPVA-specific services are varied, with some services funded by local authorities and others by non-profit organisations such as the Youth Endowment Fund. Some practitioners perceived that this diversity of funding streams is counterproductive, as non-profit organisations tend to have strict quotas, which are quickly filled. For example, one CAPVA-specific service works across two London boroughs, but only has a contract with one local authority, while the service in the other borough is funded by a non-profit organisation to work with forty-five families over two years. They recently hit that quota and are unable to accept new referrals.

Table 8.1 CAPVA-specific interventions/programmes in London

Organisation	Borough(s)	Referral criteria	Intervention model	Website
Rise Mutual	Croydon Bromley Waltham Forest, Barnet	Parents/ carers impacted by CAPVA	Non-violent resistance: (8 sessions for the parent(s) and 6 sessions for the young person)	https://risemutual.org/ child-to-parent- violence/
Who's in charge	Croydon Merton Wandsworth Hammersmith and Fulham Westminster	Parents/ carers impacted by CAPVA	Parental support: 9-week programme (8 sessions of 2.5 hours, two month follow up)	https://whosincharge. co.uk/

Organisation	Borough(s)	Referral criteria	Intervention model	Website
DVIP YUVA service	Pan-London	Young people ages 11-18 (up to 25 for young people with additional needs)	A 1-2-1 support service working directly with young people who use violence	https://dvip.org/for-young-people/
Family Based Solutions	Enfield, Haringey, Barnet	Families affected by CAPVA; children aged 6-18	Family therapy; solution focussed parent support group; positive activities for young people	https://familybasedsolutions.org.uk/paars/
Respect Young People's Programme	Waltham Forest, Hackney	Young people aged 10-16 who are abusive/violent to their parents/carers	Family therapy: 3 month programme of whole family and 1-2-1 sessions with the parent/carer and young person	https://www.respect.uk.net/pages/115-rypp
Strengthening Families, Strengthening Communities	Pan-London	Parents/carers	13-week face to face group parenting programme	https://raceequalityfoundation.org.uk/children-families/sfsc/sfsc-for-parents/

Support services can include a series of different exercises and activities, delivered in a range of formats. Activities may include training and workshops for parents as well as their children, family therapy, peer support, group programmes, and can be conducted on a one-to-one basis with a practitioner, or in a group setting. Peer support has been identified as especially helpful by professionals and parents alike, with one practitioner mentioning that: *“just being able to talk to other parents and realise they are not the only one it is happening to, sharing tips and ideas... people find that so valuable.”* One mother also noted that she was not able to access group activities due to Covid-19 lockdown restrictions, and she would have found this type of activity valuable.

The table below provides a detailed description of an intervention which has been identified as especially successful by both parents and practitioners consulted for this research. For a full case study of Non-Violent Resistance, refer to Annex Six.

Table 8.2 Spotlight on good practice: Non-Violent Resistance

Non-violent resistance, (NVR) is an approach that has been developed to effectively respond to aggressive, violent, self-destructive and controlling behaviours in children and young people.²⁶ There have been a number of evaluations^{27 28 29} of NVR both in the UK and internationally, which found NVR to be an effective method of managing conflict between parent and child.

The NVR parenting group is a training model aimed at helping parents deal with escalatory interaction with their children and to address the demand on CAMHS for young people with this issue.³⁰ It does not require the young person to participate.

The format of the activity includes therapy sessions with practitioners and additional support where necessary. NVR involves a number of key principles, as specified by practitioners interviewed for the purpose of this research:

- Prioritizing key behaviours from the child that are the most problematic: the activity encourages parents to focus on the most concerning behaviours of their children such as physical or verbal abuse, and not focusing as much on less damaging behaviours. When the violence has reduced, they start looking at the other aggressive behaviours.
- De-escalation: NVR identifies 2 forms of escalation. One where the parent feels coerced and manipulated by their child, feels as if they have no choice but to appease the child, or they might become violent; a second is when the family dynamics are openly aggressive, such as shouting in the household.

²⁶ <https://www.partnershipprojectsuk.com/non-violent-resistance-nvr/parents/>

²⁷ Visser, K.M., van Gink, K., Thissen, F. et al. Development and Preliminary Evaluation of the Reaction to Unacceptable Behavior Inventory: A Questionnaire to Measure Progress in Implementation of Non-violent Resistance. *Child Youth Care Forum* 49, 43–57 (2020). <https://doi.org/10.1007/s10566-019-09517-5>

²⁸ Van Holen, F., Vanderfaeillie, J. and Omer, H. (2015). Adaptation and evaluation of a nonviolent resistance intervention for foster parents: A progress report. *Journal of Marital and Family Therapy*, 42, 256–271. doi: 10.1111/jmft.12125

²⁹ Attwood, J., Butler, C., Rogers, L., Batterham, M., Cousins, L. and Wilson, R. (2020), Non Violent Resistance parent training and adolescent substance misuse. *Journal of Family Therapy*, 42: 222-251. <https://doi.org/10.1111/1467-6427.12257>

³⁰ Mary Newman, Catrin Fagan, Rebecca Webb, (2013), Innovations in Practice: The efficacy of nonviolent resistance groups in treating aggressive and controlling children and young people: a preliminary analysis of pilot NVR groups in Kent. *Child and Adolescent Mental Health*, Volume 19, Issue 2.

<https://doi.org/10.1111/camh.12049>

- Increasing the parental presence: NVR aims to encourage the parent to reach out to the child rather than withdraw from them, and to persist even if the child rebuffs them to show they care about the child.
- Increase the parental support network: Other family members/friends can play an important role, they can speak to the child after an incident and show their support to the parent. *“What we want to convey to the child is other people will know we’re going to remove the veil of silence. Much like in an intimate partner relationship, if there’s domestic abuse, often it perpetuates itself on no one else finding out.”* The support network expressing concern about the child’s behaviour is not designed to be a punishment, but it can be an effective tool to support the parent.
- Compared with other parenting programmes, NVR discourages reward and punishment, *“when a child is extremely violent, they tend not to respond well to reward or punishment.”* Rewards don’t work as the child is keen not to feel controlled, and punishment can just lead to more violence.

Gaps in service provision

Since most practitioners interviewed worked at a borough-level, rather than pan-London, it is difficult to assess the extent to which there are gaps in current service provision for CAPVA. As a result, specific areas affected by gaps in service provision were not specified. However, practitioner interviews indicated that Non-Violent Resistance provision was offered only in some London boroughs, and as illustrated in Table 8.2, there are likely to be a number of boroughs which do not offer any kind of specific intervention programme to address CAPVA.

Practitioner interviews suggested that as well as gaps in geographical coverage, there are inconsistencies in the mainstream provision of services. For example, service provision can be limited to one area due to local authority commissioning protocols and mandates to offer services to borough residents only. Practitioners also expressed the view that training should be rolled out more comprehensively, which would build towards more consistent provision.

Assessing risk and support needs

There is no standardised common risk assessment tool for identifying vulnerable families and young people experiencing CAPVA. Practitioners from specific CAPVA services have developed their own risk assessment tools, while statutory services such as the police and social care rely on the CAADA/DASH³¹, which was initially designed to assess risk for cases of intimate-partner violence.

³¹<https://safelives.org.uk/sites/default/files/resources/Dash%20risk%20checklist%20quick%20start%20guidance%20FINAL.pdf>

CAG reflections

Practitioners in the CAG highlighted the challenges of assessing risk in CAPVA cases, particularly for professionals for whom this is not their area of expertise. While CAPVA specific services often develop their own risk assessment tools, these are not publicly available to other professionals, who can feel unsure as to what to ask.

The CAG stressed that risk assessment checklists can only be used as blunt tools for understanding risk, as each family is unique and there is no “one-size-fits-all” approach. However, professionals working in services not specifically designed to address CAPVA highlighted the need for more support in identifying CAPVA and the risks to parent/carer and child/young person.

In some boroughs, Early Help services offer self-referrals, which then lead to assessments on safeguarding measures where necessary. Children’s Social Care usually undertake a Common Assessment Framework (CAF), which is the process of identifying children who “have additional needs, assess needs and strengths and to provide them with a co-ordinated, multi-agency support plan to meet those needs”.³²

Challenges in responding to CAPVA

While there are multiple types of service provision and intervention models used to respond to CAPVA, identifying the issue (and which service or intervention will work best for the young person and their parent/carer) can be challenging. As previously outlined in Chapter Four, practitioners noted that, given the shame and stigma attached to CAPVA, in many situations they are only made aware of CAPVA in the household after working with a family for quite some time.

While CAPVA is commonly understood by many (but not all) practitioners as a form of domestic abuse, practitioners also felt that CAPVA requires a completely different response to that of intimate-partner violence, and the inclusion of CAPVA under the definition of domestic abuse remains contentious. However, professionals are much more aware of the dynamics of intimate-partner violence and feel more equipped to respond:

“The classic dynamic of power and control are different between younger people and their parents; the current model is very much based on intimate partner violence. It’s even more complicated when the young person has a learning disability, mental health or autism diagnosis, people don’t know how to address that dynamic.” (Domestic abuse practitioner)

³² <http://www.nottinghamchildrenspartnership.co.uk/common-assessment-framework/what-is-the-common-assessment-framework/>

Although there are multiple interventions models to address CAPVA, there is a perceived tension between the mandates of different services. Some services have a singular focus on parents, while others are focused on addressing the child/young person's offending behaviour(s) and criminal justice responses. In addition, some interventions are underpinned by approaches which examine the unmet needs of the child, as reflected in youth-work approaches, for example. These tensions are even apparent *within* services which endeavour to manage children's/young people's offending behaviour as well as addressing the underlying causes for such behaviour:

"I think that therein lies the real balance that we have to strike is that we want to build rapport and be a really safe place for the child and their families. But also, we are a place of trauma, we do send kids to court. We are part of the criminal justice system. We are part of this system. So, there's that really difficult balance to strike."
(Youth Offending Service Officer)

Areas for improvement

Practitioner and stakeholder views

From a practitioner perspective, an increase in the level of training about CAPVA was identified as an area of development and some provided specific suggestions for improvement. One interviewee felt that there is not enough information around CAPVA being communicated from the 'top down' and that there needs to be more training across all levels of seniority. Another practitioner also suggested that a role should be created for a specific practitioner within children's services to identify those affected by CAPVA. As previously discussed, practitioners disclosed that multi-agency approaches could be challenging due to a lack of knowledge coordination. Accordingly, practitioners recommended more collaboration between services when asked about improvements that could or should be made to CAPVA service provision.

Improving the understanding of the factors that influence CAPVA as well as learning from, and replicating, existing good practice was identified by stakeholder interviews as an area for development. There is an urgent need to roll out training more comprehensively to agencies involved with families who experience CAPVA. Practitioners considered this would enable partners to be better able to recognise CAPVA early on and offer a non-judgmental and understanding response. In addition, practitioners called for more ongoing support and supervision for professionals working on CAPVA cases:

"What I would argue for is more support for youth services and youth workers, more clinical support and supervision for youth workers who are coming into contact with these young men. Particularly if they are men themselves. Male youth workers have a real opportunity to reintroduce a different narrative and way of interacting that doesn't revolve around aggression." (Clinical psychologist)

It was specifically noted that police should be well trained on CAPVA risk factors so that they can identify early signs of CAPVA and prevent escalation, this was cited to be

particularly important since police are often the first responders to cases of CAPVA. Some practitioners also emphasized the role that relationship and sex education in schools have in modelling healthy relationships for children and young people.

The importance of taking a holistic approach to addressing CAPVA and involving a range of sectors was also reflected in stakeholder interviews, with interviewees noting that it is crucial that these types of organisations are funded and resourced in order to continue their work.

“If you're going to address this issue and work preventatively and across a spectrum of time and experiences, you need interventions every stage along the way, whether it's within schools, whether that's training the adults, professionals, helping parents feel more skill to deal with it, I think there's needs to be intervention at every stage of what leads a child to perpetrate violence.” (Local authority safeguarding manager)

Practitioners working with adolescents emphasised the complexity of working with adolescents nearing adulthood. While younger children are clearly included in the vulnerability bracket in the context of child protection, these protections are less often extended to adolescents. For example, even though child protection legislation should still be extended to adolescents, they can be profiled as a “perpetrator” from a young age and professionals are much more likely to respond to them punitively.

“I think we need to be looking much more at transitional safeguarding because the young women we work with on these issues hit an absolute cliff edge in terms of both empathy, compassion and understanding services, resources, assessments. It all falls off at the age of 18, but their vulnerability doesn't stop, and the harm doesn't stop.” (Young women's support worker)

Parents/carers and young person views

From a young person's perspective, the provision of more safe spaces for young people was identified by multiple young people. One individual who was a child asylum seeker emphasised the point that if it wasn't for her youth workers and youth club she would have been left to her own devices. They felt that they only got access to this support because she was an unaccompanied child asylum seeker and that others may not get this support and that this should be more universally available to young people.

Parents/carers highlighted two areas of potential service improvement:

More training and awareness

Parents/carers echoed practitioners viewed that more training and awareness is needed for professionals. Parents/carers' felt that their experiences of services had been varied, and the quality of support and level of understanding they met with was highly dependent on the individual professional.

“With the police, it depended on who turned up. Some of the police officers were brilliant and went above and beyond, and some of them weren’t. On one occasion I was laughed at, they saw this child and thought I was overreacting. I explained how dangerous my son could be, but they still sent me home with him.” (Mother)

Early intervention / prevention

Parents/carers also highlighted the need for early intervention as soon as warning signs appear, rather than for services to only intervene at crisis point. One parent interviewed had a very negative experience with trying to get support, and went to the various youth organisations, the police and their GP, but was not offered any support as their child was by then legally an adult. The parent felt that if their child had received mental health support earlier in childhood, the situation would not have escalated to such a degree:

“I hoped that he would be taken to a place where could he get treatment and the effect of drugs would go out of his system, get some coaching and some talking therapy. I wanted something that would treat him like a human and for him not to be charged, not to be threatened, not to be worried about anything, just to be spoken to and for someone to try and understand what his pain was and show him that you can come out of it and continue on the path.” (Mother)

Chapter Nine - Conclusions and recommendations

This section presents the key findings of the study as well as recommendations to inform a good practice toolkit.

Conclusions

Defining CAPVA

1. CAPVA can be understood as a form of domestic abuse in cases that involve young people over 16 years old. Like other forms of domestic abuse, it can be characterised by both physical and non-physical forms of abuse.
2. While young people under 16 are not included under the statutory definition of domestic abuse, CAPVA involving younger children are at times responded to as though they are adult perpetrators of domestic abuse.
3. The dynamics of CAPVA are distinct from those of other forms of domestic abuse due to the difficulty of complete separation between parent and child, the continuing role of parental responsibility, and the complex and often ambiguous boundaries between “victim” and “perpetrator”. CAPVA thus requires tailored interventions and responses from the multiple agencies involved in addressing the issue.
4. CAPVA is a form of hidden harm. The shame and stigma attached to experiencing CAPVA, as well as fear of criminalisation or having a child removed from the family home, has meant that there are disproportionate levels of underreporting of CAPVA and thus limited awareness of the issue both among professionals, parents/carers and young people. This lack of awareness has led to a lack of support and resources for families affected by CAPVA.
5. There are different understandings and perceptions of CAPVA across different services and organisations providing CAPVA-related support, as well as among parents/carers and young people, which presents a particular challenge when developing an integrated response to CAPVA.

The drivers and nature of CAPVA

6. There is no single driver of CAPVA. There are multiple complex, and intersecting, common pathways which increase the vulnerability of both parents/carers and young people to CAPVA. These include (but are not limited to) Adverse Childhood Experiences (ACEs) and trauma, structural factors that impact on parental capacity, exploitation and extra-familial harm, exposure to domestic abuse, unmet emotional and psychological needs and unidentified SEND needs.
7. CAPVA often presents as a gendered form of abuse, with the majority of cases which are known to services taking place between boys in late adolescence and their mothers.
8. Young women and girls' violence towards parents/carers appears to be viewed through a gendered lens and receives a different response from services and intervention than that of young men and boys.

The prevalence of CAPVA

9. Both police data and the CSEW are limited measures of the prevalence of CAPVA, due to levels of underreporting and the hidden nature of CAPVA. As a result, it is difficult to accurately assess the scale of CAPVA across London
10. The scale of CAPVA is likely to be much greater than the baseline figures in recorded data. Parents/carers reported only contacting police when the harm had reached crisis point. Likewise, analysis of the Crime Survey for England and Wales (CSEW) revealed that approximately 40 per cent of CAPVA victims identified in the CSEW did not report the offence to the police. In addition, responses to our survey indicate practitioners' expectation that levels of CAPVA will increase in future.
11. Violence against the person accounts for the majority of CAPVA incidents reported to the police. The police are more likely to be contacted in crisis situations involving physical violence, whereas non-physical forms of abuse are more commonly disclosed to voluntary support services.
12. Police data indicates the relationship between victim and offender, and this can be used to identify reported incidences of CAPVA. Numbers of reported incidences of CAPVA have fallen since 2018, with reported incidences rising slightly during the first national lockdown from March-June 2020 in response to the Covid-19 pandemic.

Multi-agency responses

13. No single agency holds the statutory responsibility to respond to CAPVA, and responses to CAPVA sit across multiple agencies and services.

14. Cases of CAPVA are rarely referred to multi-agency forums such as MARAC (Multi-Agency Risk Assessment Conference) due to a lack of professional awareness that CAPVA cases can be referred to MARAC, as well as difficulties in assessing risk using tools tailored to cases of intimate-partner violence.
15. There is no formal mechanism for communication between different agencies when addressing CAPVA. This can lead to a lack of awareness of how to respond, as well as a disjointed approach to multi-agency working and duplication/absence of services.

Service provision and intervention models

16. Multiple intervention models are used to address CAPVA across both statutory and voluntary services. There is a perceived tension between the mandates of different services. Some services have a singular focus on parents, others on the offending behaviour(s) and criminal justice responses, and other approaches which examine the unmet needs of the child, as reflected in youth-work approaches.
17. There is inconsistent and patchwork provision of specific CAPVA support services across London, with multiple services clustered in some boroughs and no provision in others.
18. While there has been some evaluation of Non-Violent Resistance, there has been limited evaluation of the range of intervention models used to respond to CAPVA and thus a limited evidence-base in terms of 'what works'. There is a need for more robust and independent evaluation of the existing models and services across London.

Accessing support

19. There continues to be a misconception across society that CAPVA is a symptom of parental failure, and the abusive behaviours are highly stigmatised. Parents/carers can feel immense shame and isolation, which prevents them from seeking support.
20. CAPVA affects families across all socio-economic, ethnic, religious and cultural backgrounds. However, some families are particularly vulnerable to this form of harm and experience additional barriers to accessing support.
21. Different communities and groups have distinctive needs and can face additional barriers to accessing support including (but not limited to) fear of police discrimination and criminalisation of the child, English as a second language, fear of deportation or impact on immigration status, lack of awareness of CAPVA as a form of abuse, etc.

Recommendations

- 1. Establish the variation in terminology and definitions of CAPVA used by different statutory services and VCS organisations to inform the development of statutory guidance on CAPVA** which includes a shared definition of this type of abuse. The VRU to advocate for statutory guidance/definitions of CAPVA to include any young person up to the age of 25.
- 2. Promote an understanding of CAPVA both as form of domestic abuse, as well as potentially symptomatic of other child protection/safeguarding issues such as extra-familial harm as well as exposure to abuse and violence in the family home.** The VRU to support local authorities and local safeguarding partnerships to ensure CAPVA is included in their thresholds, documents and guidance, with particular focus on transitional safeguarding so that older adolescents receive support as well as sanctions if necessary.
- 3. Statutory guidance on CAPVA to support the development of a longitudinal dataset on the incidence of CAPVA by** requiring all services working with young people and families to use a collectively agreed definition to capture and record data at an earlier stage than captured through police reports. This data should be more routinely recorded and organised in a standard format that can be used to inform both local (borough level) and Pan London decisions on Early Intervention service provision. The MPS to be required to apply a CAPVA flag to incidents involving a child/young person and their parent/carer.
- 4. Support all services to identify CAPVA and develop more specialist expertise in understanding the dynamics of CAPVA.** Explore feasible ways to incorporate CAPVA specific questions into existing protocols/assessment processes used by services and organisations working with the YP or their family, particularly those which are not already delivering specialist CAPVA service/provision. Include the risk assessment questions developed by CAPVA-specific services in a Pan-London strategy for CAPVA to be used as a resource by non-specific services working with families affected by CAPVA.
- 5. Encourage tailored responses to CAPVA** which recognise the complex dynamics between parent and child and other family members. Promote a holistic, family-centred approach to addressing CAPVA, which identifies and recognises the support needs of both child/YP and parent/carer, including potential safeguarding needs/issues, as well as those related to cultural or religious needs. Work with both child/YP and parent individually and in conjunction with each other and other family members.
- 6. Raise and embed awareness and understanding of CAPVA as a form of domestic abuse distinct from intimate-partner violence.** Produce a standard set of

information materials for practitioners to highlight the existence of CAPVA, explain it as similar to, but distinct from, other forms of family abuse and increase awareness of where to get support for this specific form of abuse and/or support/help from others experiencing CAPVA (both parents/carers and young people). Explore potential to include reference to, discussion of, CAPVA in existing training and CPD offered within services e.g. multi-agency training offered by safeguarding partnerships, online training for Key Adults in schools as part of involvement in Operation Encompass.

7. **Facilitate greater multi-agency collaboration on CAPVA cases and consider the development of a multi-agency information sharing forum for professionals to discuss high-risk cases.** Such a forum could follow a MARAC model but have the mandate to safeguard both parent/carer and child/young person. MARACs themselves may not be sufficient to address CAPVA cases due to the emphasis on safeguarding a single victim, while the boundaries between victim' and 'perpetrator' can be more complex and ambiguous in CAPVA cases.
8. **Train and develop CAPVA champions in each London borough's children's social care / safeguarding team** who can advise other professionals on appropriate referrals and available services and coordinate multi-agency working (consider situating them within children's services). The model could follow that of the 'Ask Me' pilot scheme³³ which was used to widen opportunities for survivors of domestic abuse to access the help they need from their communities.
9. **Ensure pan-London coverage of CAPVA specific services** for both parents and children/young people by establishing a central 'helpline' to provide information and guidance to practitioners with identifying, and making, referrals related to incidences of CAPVA. Provide opportunities to expand awareness and share understanding of CAPVA provision, as well as experience, by setting up networking events for both practitioners and parents/carers. Build on the community of practice established by the CAG as part of this study, and develop a 'good practice pipeline' between different boroughs to facilitate the sharing of best practice in responding to CAPVA.
10. **Commission independent evaluation which examines the existing intervention models used to respond to CAPVA across London** to evaluate their cultural competence, value for money, and impact in terms of sustainable/long-term outcomes, as well as commonalities between different intervention models. Produce a 'good practice' guide that can be used to inform future commissioning of CAPVA-specific services.

³³ <https://www.womensaid.org.uk/new-pilot-launches-help-support-women-suffering-domestic-abuse/>

Annex One – The literature review

Child and Adolescent to Parent Violence and Abuse in London: Literature Review

September 2021

1. Violence, young people and London
2. Child and adolescent violence towards parents (CAPVA): Prevalence and correlations
3. The experiences and impact of CAPVA on families
4. The policy context of CAPVA
5. Covid-19 and CAPVA

Violence, young people and London

London is a diverse and vibrant city that has a population of nearly nine million people, organised into 33 boroughs. A number of recent research studies have highlighted some of the specific issues related to violence in London that involve young people, with specific reference to knife crime, child criminal exploitation and gangs, violent offending, and domestic violence and abuse.

Since 2013, the number of violent crimes and offences by sharp instruments have increased continually (following a previous decrease), with the majority of cases occurring in London and involving young people (Haylock et al, 2020). A rapid scoping exercise of serious youth violence (SYV) in London, which examined data from the police, hospital admissions and the London Ambulance Service, identified a number of patterns. For example, serious wounding offences comprised 55% of serious youth violence, followed by personal robberies (30%). Domestic violence and abuse featured in 13% of all serious youth violence offences, with victims tending to be slightly older than the other SYV victims (83% aged 18-24 years) (see Hobart, 2018). London is recognised as the dominant urban source of child criminal exploitation in the UK, with estimates of at least 283 ‘county lines’ originating in London (National Crime Agency, 2017). On average, young people involved in gangs are younger in London than those involved in gangs elsewhere in the UK (Disley and Liddle, 2016).

In 2016/17 over 102,000 people were proceeded against (PPA) by the London Metropolitan Police Service (MPS). Of these, approximately 36,000 were under 25 years, with youth PPAs peaking at 18-19 years. 86% of the PPA cohort were male, and 76% of the young people from the Youth Offending Services were from Black and minoritized backgrounds, which is disproportionate to their likelihood of offending. The largest proportion of youth PPA were proceeded against for Drugs (35%) closely followed by Violence Against the Person (30%). Youth reoffending rates (43%) are significantly higher than the adult cohort (24%), and have increased at a higher rate in London than nationally (MOPAC, 2017).

Longitudinal data from South London has identified similar predictors for both domestic violence and street violence, with individuals who commit both types of violence having the most risk factors overall (Piquero et al., 2014). Adverse Childhood Experiences (ACEs) are more prevalent in young people who become involved in violence: for example, it has been found that children and young people who had experienced four or more ACEs are around eight times more likely to be involved in violence than their peers (Hughes et al, 2017; see also Duke et al, 2010). Experiences of crime victimisation (such as knife crime) can produce agentic responses in young people (such as engagement in violence) as they seek to alleviate their suffering (Bakkali, 2019).

Violence in London is highly localised and borough-level analysis shows that a high proportion of violence occurs in a small number of areas (MOPAC, 2017). In terms of specific localities, wards with high levels of serious youth violence offending were more likely to be in the top quintile of the Vulnerable Localities Index (VLI). Further analysis at borough-level shows a significant statistical association with borough rates of serious youth violence offending for young people (in order of importance): living in poverty and multiple deprivation, experiencing emotional disorders, social (dis)integration (as measured by voter registration rates), child/youth custodial sentences, conduct disorders, rate of looked-after children, proportion of residents aged 18 to 24, first time entrants into the criminal justice system (10 to 17 year-olds), social, emotional, and mental health (SEMH) needs, persistent absenteeism from school and hospital admissions for self-harm (10 to 24 year-olds).

The Youth Violence Commission (Irwin-Rogers et al, 2020) recently reported that employment was an important issue for young people, as it provides financial security, direction and a positive identity. In contrast, the absence of a hopeful, positive vision for the future can have a damaging impact on young people's outcomes. Many witnesses who gave evidence to the Commission spoke of the link between the current economic situation, the psychological effects this has on young people, and the behaviours that can result. Furthermore, witnesses linked the scale and impact of youth service cuts to escalating violence between young people, revealing a landscape where youth services are shaped by 'short-term and inconsistent funding and planning cycles, which follow the agendas set by electoral politics and a small number of influential funding bodies' (Irwin-Rogers et al, 2020: 87-88). This ultimately prevents youth services from engaging in long-term, early intervention work that might otherwise help to build trust and consistent relationships with vulnerable young people.

Child and adolescent violence and abuse towards parents: Prevalence and correlations

Child and adolescent to parent violence and abuse (CAPVA) is a form of interpersonal violence that, despite the term 'parent', refers to violence towards any primary caregiver including foster carers and kinship carers. Until relatively recently, CAPVA was absent from research, policy and practice discussions about family violence, which historically

have focused on intimate partner violence (IPV) and child maltreatment. The body of research reviewed here primarily emerged over the last decade and, while the UK research base is drawn on wherever possible, the vast majority of research on CAPVA is international, primarily from Spain, Australia and the USA.

Prevalence of CAPVA

It is difficult to measure the prevalence of CAPVA due to different definitions³⁴ of CAPVA and different populations captured by the different methods used. These methods include:

- the analysis of existing police (or criminal justice) data (for example, of reported incidents, arrests or convictions)
- the analysis of existing data from service users (such as families engaged with CAPVA intervention programmes)
- community surveys with parents and/or young people about their experiences of perpetration/victimisation

Prevalence rates could be measured through surveys using large and representative samples, such as the annual *Crime Survey for England and Wales*. However, at the time of writing, the CSEW does not specifically ask about CAPVA, and while the relationship between victim and offender can be filtered within the main dataset, this data is subject to a number of response problems (see main report).

In a number of countries, including Canada, Germany and the US, CAPVA has been measured in large-scale population surveys, and a review of this data has found prevalence rates ranging from 4.6% in Spain to 20% in Chile (Holt, 2021). In the UK, a survey with 819 pupils (aged 11-18 years) from two mainstream secondary schools found that 'any physical aggression' towards parents (e.g. slapped, kicked, or punched parents) was reported by 4.3% of schoolchildren, with 1.3% of children reporting this happened 'often'. 'Psychological aggression' (e.g. shouting at, swearing at, and threatening parents) was reported by 64.4% of schoolchildren, with 10.4% of pupils reporting that this had happened 'often' (McCloud, 2017). A second survey of 210 students at a sixth-form college found that use of 'minor physical aggression' (e.g. pushing, grabbing, slapping) towards parents was reported by 18% of students, with 7% reporting using it 'more than once', and 1% reporting using it 'frequently' (Baker, 2021). In the same survey, 8% of students reported using 'severe physical aggression' (e.g. kicking, punching, 'beating up' parents), with 2% reporting using it 'more than once' and 1% using it frequently. 'Minor psychological aggression' (e.g. shouting, swearing) was reported as used frequently by 25% of students, with 'severe psychological abuse' (e.g. undermining parents, threats to

³⁴ For example, some studies might classify CAPVA as 'any incident' of physical and/or verbal abuse towards parents (e.g. Cottrell, 2001), while others might define it in terms of 'a pattern of behaviour' (e.g. Holt, 2013). Many studies also impose age-related parameters on the child and adolescent population under consideration e.g. over 10 years and/or under 18 years.

harm, insults) reported as used frequently by 7% of students. Very few studies, in the UK or elsewhere, have measured financial abuse or sexual abuse towards parents.

In terms of criminal justice data, the Metropolitan Police Service (MPS) reported a gradual year-on-year increase of CAPVA-related offences between 2014 (2304 offences) and 2018 (3233 offences)³⁵. In terms of outcomes, the most common outcome across the most recent four years (2015-2018) by quite some margin³⁶ is 'Evidential difficulties: suspect identified; victim does not support further action' (MPS, 2019a). The MPS also reports that 1485 young people (aged 10-17 years) were proceeded against for attacking their parents between 2012-2017, averaging 248 such proceedings per year. The most common charge in all years was 'Charge/Further Charge' (in 61% of cases), with a 'Youth Caution' the second most common outcome (in 21% of cases) (MPS, 2018).

Correlates of CAPVA

In the UK, there are some useful existing data. Most significantly in relation to London, Condry and Miles (2013) analysed all cases reported to the Metropolitan Police Service in one year (April 2009-March 2010) that involved violent offences against a parent or step-parent by a child aged 13-19 years. The analysis focused on the offence categories of: Violence against the person, Criminal damage, Robbery and Sexual offences (n=1892 cases). This analysis found that 87.3% of suspects were male (mean age = 16.4 years) and 77.5% of victims were female (mean age = 43.6 years). In terms of ethnicity, 59.9% of victims classified as 'White European', 24.3% recorded as 'Afro-Caribbean' (police-defined categories), which is reported as broadly similar to the ethnicity of suspects. The victims' occupations were reported as 46.7% unemployed; 11.6% 'housewife', 3.4% 'teacher'; 2.9% 'nurse' (most occupations each received less than 2%).

That CAPVA is primarily a problem of gender-based violence is evidenced by the finding that son-to-mother cases accounted for 66.7% of all cases (Condry and Miles, 2013), a finding that has been replicated elsewhere (e.g. Strom et al, 2014). In terms of injuries, in the majority of cases (69.6 per cent) 'no injury' or 'threat of injury' was recorded, though the 'instrument' in these groups was often recorded as punched, kicked and/or strangled. 25.4% of cases were recorded as 'minor injury', 4.5% as moderate injury, and 0.5% as serious injury. No significant differences were found between type of crime and gender of suspect, though the victims' gender appeared to shape the type of crime reported, with

³⁵ This data was derived from a Freedom of Information (FOI) response, where the analyst '...extracted crimes where the suspect or accused was shown as son, step son, daughter or step daughter of the victim and that suspect or accused is 17 years or under'. This data identified all crimes types 'that could be considered forms of abuse' and included Violence against the person, Criminal damage, Theft and handling, and Other.

³⁶ For example, in 2018 this was the outcome in 66% of offences. This is notably higher than in cases of adult domestic abuse which, in the year ending March 2018, was the outcome for 46% of cases (ONS, 2018).

fathers more likely than mothers to report Crimes against the person, and mothers more likely than fathers to report Criminal damage (Condry and Miles, 2013). More recent data produced by the London Metropolitan Police in response to Freedom of Information requests largely support these findings. For example, the MPS reports that 73% of suspects proceeded against for Violence against the person in cases of CAPVA are male (MPS, 2018) and that the peak age of such violence is 16 years (MPS, 2019b). An analysis of one year (April 2018-March 2019) shows that child and adolescent (13-19 years) violence towards other family members (who may be primary carers) is also evident, with 132 offences against grandparents and 43 offences against aunts and uncles (MPS, 2019c).

While there is a paucity of UK research on the correlates of CAPVA, international research has identified some of its important correlates, as discussed below.

Gender

In terms of gender and perpetration, a comprehensive literature review by Simmons et al. (2018) found no significant differences in rates of perpetration between females and males in community samples or in service-user samples. Some research suggests that girls are more likely to engage in verbal aggression than boys (Beckmann et al, 2021): this is also found in practitioners' observations of the problem (O'Toole et al, 2000). However, in criminal justice samples, males account for 59-87% of perpetrators, though there are no gender differences in the nature or severity of behaviour within those populations (Simmons et al, 2018). A large-scale analysis of CAPVA incidents in the US found that gender shapes police decision-making, in that boys are more likely to be arrested if the victim is a mother, but are no more likely to be arrested than girls if the victim is a father (Armstrong et al, 2018).

In terms of gender and victimisation, Simmons et al (2018) report that mothers are significantly more likely to be targeted than fathers across all sample types. Furthermore, mothers are more likely to be fearful of the young person following an incident compared with fathers (Boxall and Sabol, 2021).

Age

CAPVA appears to peak in mid-adolescence and then decline with age (Simmons et al, 2018; Calvete et al, 2020). This is broadly consistent with offending more generally, though not with domestic abuse-related offences. There is also some evidence that CAPVA peaks earlier with girls than boys (Moulds et al, 2019a) – again reflecting more general offending behaviour – and that adolescents who are violent towards their fathers and other adult family members more likely to be older at the time of first reported incident (Boxall and Sabol, 2021). While very few quantitative studies have measured the perpetration of violence towards parents by adult children, some qualitative studies report parental experiences of CAPVA continuing into adulthood (e.g. Stewart et al, 2007; Simmons et al, 2020). In terms of its development over the life-course, parents/carers have reported it starting very young (e.g. from as early as five years), particularly in

specific populations where there is likely serious trauma in early childhood, such as with adopted children (Selwyn and Meakings, 2016) and children in kinship care (Holt and Birchall, 2021).

Ethnicity

In line with the findings from Condry and Miles (2013), US research has also found an over-representation of Black and African-Caribbean perpetrators in the criminal justice samples (e.g. Kennedy et al, 2010; Evans & Warren-Sohlberg, 1988). However, this is also the case for non-CAPVA offenders, and is likely to be a reflection of systematic discrimination within the justice system more broadly. This clearly has implications for considering the likelihood for particular populations reaching out for help, particularly in terms of family and community members' reluctance to call the police for fear of racial discrimination, something which has been found in the domestic violence literature (Decker et al, 2019).

Disability and Neurodiversity

There is very little research that has examined CAPVA in relation to families and/or young people with disabilities. There is some evidence that CAPVA offender populations have a higher rate of learning difficulties (Nowakowski & Mattern, 2014). ADHD is the most common diagnosis in CAPVA offender populations, with other diagnoses reported as Conduct Disorder and Oppositional Defiant Disorder (Contreros and Cano, 2015).

Mental health and substance misuse

Some evidence suggests that those who engage in CAPVA experience greater mental health problems. For example, research in Spain has found greater reporting of depressive symptoms in CAPVA offenders (Ibabe et al, 2014), who are also more likely to receive psychiatric or psychological treatment (Contreros and Cano, 2015). In Mexico, adolescents who engage in CAPVA show higher levels of psychological distress and suicidal ideation (Martinez-Ferrer et al, 2020). Substance use appears to predict psychological/verbal abuse (Calvete, et al., 2015a) and physical abuse (Beckmann et al, 2021) towards parents. However, there is little research on the nature of the substances, on the nature of its use, and whether it is implicated directly or indirectly in CAPVA. While many have speculated that substance use contributes to an escalation of CAPVA, one recent UK study which interviewed young people who engage in CAPVA found that substance use, specifically cannabis, *de-escalated* incidents of CAPVA (Baker, 2021).

Class, income and poverty

Broadly speaking, the research on the relationship between socio-economic status, income and CAPVA is 'weak and often inconclusive' (Simmons et al, 2018: 40). However, there do appear to be links between CAPVA and lone-parent families (e.g. Kennedy et al., 2010; Pagani et al., 2003) which, as sociological research has consistently found, is linked to lower household income, increased poverty and domestic and family violence.

Wider harmful contexts

One consistent finding across all sample types is previous exposure to family violence, with Simmons et al (2018) estimating that 50–80% of young people who instigate CAPVA have been experienced family violence – particularly in cases of frequent or enduring CAPVA. There is some evidence that this effect is particularly pronounced in boys (Calvete, et al., 2015b) and in cases of violence towards mothers (Lyons et al, 2015). The effects of this can be buffered by strong peer attachments (Nam et al, 2020) and family cohesion (Beckmann, 2020). A meta-analytic review of 19 empirical studies found that the probability of developing CAPVA increased by 71% in children who had been victimised by their parents (compared with non-victimised children) (Gallego et al., 2019). A further study has identified links between experiencing IPV between parents and going on to either instigate or be victimised by dating violence as a young adult, with CAPVA as an intervening variable (along with ‘ambivalent sexism’) in this process (Ibabe et al, 2020).

Much research suggests that CAPVA takes place within the context of other harmful behaviour, with one study finding that a history of aggressive behaviour in a young person is highly predictive of CAPVA (Pagani et al, 2003; 2004; 2009). Links have also been found between CAPVA and less engagement in school (Ibabe et al, 2016). One large-scale study in Australia that analysed young people who had been reported to the police for family violence found that 39% had previously been charged with a non-family violence-related offence, though this finding held more for those who were violent towards other family members (e.g. siblings, grandparents) than towards parents (Boxall and Sabol, 2021), a finding supported by other research (Moulds et al, 2019b).

There is currently no research that has specifically looked at harms such as involvement in gangs, child criminal exploitation and/or radicalisation and its relationship to CAPVA. However, practitioners, notably from the police and youth justice services, have reported that financial abuse towards parents can be related to the child owing money to gang members (O’Toole et al, 2020). Evidence of gang involvement has also appeared in some of the case files on CAPVA analysed by Bettinson and Quinlan (2020). Anecdotally, practitioners have noted that the anxieties produced by being a victim of child criminal exploitation may be played out in the home environment through CAPVA, as may a child using force to leave the family home because they feel compelled to respond to threats from their abusers (Condry et al, 2020).

The experiences and impact of CAPVA on families

One interesting finding is that parents of adolescents, and adolescents themselves, have different conceptualisations of what kinds of behaviour towards parents constitute ‘abusive’, with young people more permissive about which behaviours towards parents they consider acceptable (Simmons et al, 2019). As discussed below, there is also some evidence of different ‘framings’ of CAPVA across different agencies, which presents a particular challenge when developing an integrated approach to responding to it.

Parent/carer and young people’s experiences of CAPVA

Very little research has asked young people about their motivation for engaging in violence towards their parents. In the UK, Papamichail and Bates (2019) interviewed eight young people who were completing a CAPVA intervention programme, and the majority of young people reported growing up in an environment where there was violence, either between their parents, from their parent(s) towards them or, in some cases, from their older siblings. Young people reported that physical fights with parents were often the result of arguments over relatively minor issues (e.g. having a haircut). The young people often reported that 'being told what to do' was a trigger point for such incidents. All of this often took place in a wider context of loss, feelings of abandonment from their father and rejection from their mother, and a perception that they are unable to control their emotions. Similar themes have been found in the few other studies which interviewed young people about their use of violence against parents (e.g. Gabriel et al, 2018; Baker, 2021).

The immediate and long-term harms of CAPVA are well-documented, and include physical harms (e.g. injury and death), emotional harms (e.g. anxiety, depression, suicide ideation), financial harms (e.g. loss of income and home, property damage) and social harms (e.g. isolation from friends, family, and communities) (Holt, 2016). The harms caused to young people by CAPVA are less researched, but young people have reported harms caused to themselves including physical injuries, emotional harms (e.g. guilt, regret, anger and emotional exhaustion), damage to self-worth and identity, financial harms (e.g. damage to their own possessions, the consequences of parental job loss), damage to their family relationships which, in some cases, result in the child's removal from the family home (Baker, 2021). Time spent in care and other, more legal repercussions of CAPVA, such as police intervention and criminalisation, can produce further harms to young people which are well-documented (see Deakin et al, 2020; Gordon and Klose, 2020).

Parent/carer help-seeking

There are many barriers to parents/carers seeking help for CAPVA, many of which have been frequently recited in the qualitative literature (see Holt, 2016). These barriers include shame, stigma and guilt; fear of not being believed; fear of retribution from the child (or from other family members); and fear of consequences, including the child's removal from the family home (especially if the parent/carer has previous experience of children's social care services), and/or the child receiving a criminal record. Organisational barriers, such as perceived appropriateness and safety of the setting, time made available for disclosure, the quality of the relationship with the potential help-giver (including the ability to listen, show empathy, and 'ask the right questions') are also likely to play a role. Some factors may result in parents/carers being more likely to seek help, such as having previous experiences of IPV and being already connected to domestic abuse support services (Desir and Karetakin, 2018)

It is important to recognise this gendered and intersectional aspect of help-seeking. While we know that mothers are more likely to be victimised, a synthesis of research on mothers' experiences of CAPVA tells us that they are also likely to have also experienced past domestic abuse victimisation and to have experienced blame and maternal guilt (Peck et

al, 2021). Practitioners also report that mothers and female carers are more likely to seek out and attend support intervention programmes (Holt and Lewis, 2021). Furthermore, while there is a paucity of research about Black and minoritized parents' experiences of CAPVA, from what we know about domestic violence, there are likely to be additional concerns for parents from particular minoritized communities about the agencies they may seek help from, such as a lack of language proficiency within those agencies, and concerns about prejudice and discrimination (Heron et al, 2021). Furthermore, undocumented migrants may fear deportation due to their immigration status (Voolma, 2018).

The policy context of CAPVA

In 2015, the UK Home Office published a document for practitioners who may need to respond to cases of CAPVA in their workloads. The *Information Guide: Adolescent to Parent Violence and Abuse* (Home Office, 2015) highlighted how a range of agencies should respond to the problem, with advice for health professionals, schools, children's social care services, housing, the police and youth justice services. However, none of this guidance was made statutory, and CAPVA continues to be a social problem that no single agency is responsible for.

In terms of criminal justice, many CAPVA-related behaviours are already criminalised: for example, Violence against the person, Criminal damage, and since 2015, Coercive control – though this latter offence remains contentious in its application to children engaging in CAPVA (see Bettinson and Quinlan, 2020). In such cases, the police may arrest and charge anyone over the age of 10 years who is engaging in such acts. Furthermore, violence towards parents comes under the new statutory definition of 'domestic abuse' in cases where the perpetrator is 16 years or over³⁷. This means that such incidents should be flagged and counted as such by the police. According to the new *Domestic Abuse: Draft Statutory Guidance Framework*, which was published in August 2021, CAPVA should be responded to through a range of measures including '...referral to a Multi-Agency Safeguarding Hub (MASH) (or local equivalent) in the first instance where a parent advocate can attend, followed by referral to MARAC (Multi-Agency Risk Assessment Conference) if necessary' and that '(t)he parent victim should also receive appropriate domestic abuse response and support'. (Home Office, 2021: Section 40 and 41). It is too early to assess the effectiveness of this suggested response, but previous research has highlighted problems with applying existing 'domestic abuse' measures to cases of CAPVA, such as Non-Molestation Orders or DASH checklists (see Hunter and Piper

³⁷ The cross-Government definition of domestic abuse defines it in terms of behaviour which involves '...physical or sexual abuse; violent or threatening behaviour; controlling or coercive behaviour; economic abuse...; psychological, emotional or other abuse; ...and it does not matter whether the behaviour consists of a single incident or a course of conduct'. (*Domestic Abuse Act, 2021*), s.1 (2) and (3)). See also sections 35-44 of the draft statutory guidance which specifically refers to cases of Child to Parent Abuse (Home Office, 2021).

(2012) and McManus et al (2017) respectively). The new draft guidance also highlights the importance of frontline professionals recognising ‘...the dynamics, impact, and risk of cases of CPA³⁸. This may include, for instance, commissioning specialised local CPA services or embedding staff within the multi-agency ‘front door’ referral system (for example, MASH) who are trained to identify and respond appropriately to both the child and the parent victim’ (Home Office, 2021: Section 43).

Some local youth justice services have developed in-house programmes to respond to cases of CAPVA (such as *Break4Change* in Brighton and Hove: see Munday, 2009). Others commission outside services to do such work (such as *Yuva* young people’s service run by the Domestic Violence Intervention Project in London: see McGeeney et al, 2016). However, unless they are court-ordered, they are dependent on already dwindling funds within the local authority: as with many non-statutory services, many have been cut in recent years.

Local authorities have a responsibility to intervene in cases where children are at ‘risk of significant harm’ or are a ‘child in need’ (Children Act, 1989). In some cases, CAPVA may involve violence towards other children in the household, and children’s social care services may then become involved. Local authorities also have a responsibility to intervene in cases where an adult is considered to be vulnerable or at risk (Social Care Act, 2014), but most parents experiencing CAPVA are unlikely to fulfil this criterion. One common finding in the research is that, given their focus on child protection, children’s social workers tend to frame this problem in terms of ‘poor parenting’ with parents often left feeling blamed (Holt and Retford, 2013; Selwyn and Meakings, 2016; Holt and Lewis, 2021).

Within this policy context, there are tensions that are difficult to resolve. For example, parents can be held criminally responsible for the crimes of their children, and certainly early research found that this was happening in cases of CAPVA through the issuing of Parenting Orders in youth courts (Holt, 2009). Similarly, parents have a legal responsibility to house their children up to the age of 16 years, and there have been documented cases of parents being threatened by children’s social services with prosecution for child abandonment if they evicted their child or left the family home themselves because of CAPVA (Holt and Retford, 2013). There is clearly much work to do in bringing different agencies together – not only in terms of their differing conceptualisations of CAPVA, but also in terms of how the specific tools they commonly use might be inappropriate or even counterproductive in cases of CAPVA.

Covid-19 and CAPVA

³⁸ The draft guidance for domestic abuse refers to Child to Parent Abuse, or CPA.

There is some evidence that the Covid-19 global pandemic, and its associated lockdowns, may have exacerbated CAPVA. Two surveys conducted during 2020 report that parents and carers have found an increase in the perpetration of CAPVA³⁹ (e.g. Condry et al, 2020; Grandparents Plus, 2020). Lockdown-specific reasons cited by the survey participants include: spatial confinement and coerced proximity, changes in structure and routine, increased fear and anxiety, and lack of access to formal and informal support (Condry et al, 2020). However, it is important to recognise the limitations of such surveys, i.e. that those completing the surveys might be more motivated to do so because they have experienced an increase in CAPVA, and we should be cautious about using these figures to make claims of any increase (or decline) of CAPVA during the pandemic. Analysis of police data from 19 UK police forces on total numbers of reported CAPVA incidents over the one-year period (June 2019 to May 2020) was inconclusive as to whether incidents were increasing or decreasing over lockdown (Condry et al, 2020). Furthermore, data from the London's Metropolitan Police Service was not included in this analysis.

Nevertheless, we need to be mindful that the Covid-19 pandemic is producing a number of profound anxieties for young people, their families and their communities as a result of increased financial pressures, fears of infection, additional caring responsibilities and uncertainty about the future. For some families, there are particular concerns. For example, kinship carers, who are generally older than parents (and are often grandparents), have reported feeling particularly anxious during the pandemic because of their own health concerns, their need to shield, and the implications of caring for children and adolescents who are not shielding (Grandparents Plus, 2020). We also need to be mindful of the structural nature of the Covid-19 pandemic, in that a greater proportion of Black and minoritised communities are affected which may, in turn, affect those families' experiences of CAPVA (as well as other forms of domestic and family violence: see Imkaan, 2020).

³⁹ Condry et al (2020) found that 70% of the parents surveyed (n=104) reported an increase in violent episodes during lockdown, while 29% parents reported a decline; Grandparents Plus (2020) found that 25% of the kinship carers surveyed (n=108) experienced aggression for the first time from the children they were caring for during lockdown.

Conclusions and recommendations

Research

- Distinguish CAPVA in national and local measures and estimates of crime victimisation, including the national *Crime Survey for England and Wales*, and within every local police force
- Identify the causal relationship between CAPVA and specific extra-familial harms such as child criminal exploitation, gang involvement, and radicalisation
- Identify links between CAPVA, family structure, poverty and economic deprivation, including at borough-level analysis
- Explore the sequential nature of CAPVA across the life-course, including into adulthood and later life and its link with previous experience of, and subsequent involvement in, intimate partner violence.
- Examine the current referral routes (and current gaps) through which different agencies process cases of CAPVA, including current criteria applied to the threshold of need
- Analyse the long-term impact of Covid-19 and associated lockdowns on CAPVA, parent/carer responses to CAPVA, and services' responses to CAPVA, with particular attention focused on Black and minoritized families who face a 'dual pandemic' of both Covid-19 and family violence.

Strategy and Intervention

- Produce a cross-agency definition of CAPVA to enable different agencies to identify, measure and respond to cases consistently and appropriately
- Consider the existing 'conceptual gulfs' regarding CAPVA between different agencies (e.g. police, social workers, domestic abuse workers) and how these might be overcome to enable a more integrated response to tackling CAPVA
- Develop a comprehensive policing approach to CAPVA through the development of a specific 'London policing protocol' to responding to such cases
- Develop a 'joined-up approach' that integrates intervention work with domestic abuse with prevention/intervention work for CAPVA
- Consider the need for an 'age-inclusive approach' to working with CAPVA: while age-specific intervention programmes may be appropriate, there is also a need to address the problem in families where children are adult-aged and are continuing to engage in violence towards parents.
- Consider early intervention work for specific populations where CAPVA may emerge particularly early, such as with adoptive and kinship care families, and with other cases where there has been family trauma
- Consider the need for a gendered approach to intervention work, given that both victimisation and of perpetration of CAPVA operates within a gendered context. This will also require attending to the intersectional aspects of victimisation and perpetration, including the ways in which structural discrimination shapes both families' and agencies' responses to CAPVA.

References

- Armstrong, G. S., Muftic, L. R., & Bouffard, L. A. (2018). Factors influencing law enforcement responses to child to parent violence. *Journal of interpersonal violence*, 0886260518794510.
- Baker, V. (2021). *Exploring adolescent violence and abuse towards parents: the experiences and perceptions of young people*. (Unpublished doctoral thesis: University of Central Lancashire).
- Bakkali, Y. (2019). Dying to live: Youth violence and the munpain. *The Sociological Review*, 67(6), 1317-1332.
- Beckmann, L. (2020). Family relationships as risks and buffers in the link between parent-to-child physical violence and adolescent-to-parent physical violence. *Journal of family violence*, 35(2), 131-141.
- Beckmann, L., Bergmann, M. C., Fischer, F., & Mößle, T. (2021). Risk and protective factors of child-to-parent violence: A comparison between physical and verbal aggression. *Journal of interpersonal violence*, 36(3-4), NP1309-1334NP.
- Bettinson, V., & Quinlan, C. (2020). De-criminalising adolescent to parent violence under s 76 Serious Crime Act 2015 (c. 9). *The Journal of Criminal Law*, 84(1), 3-18.
- Boxall, H., & Sabol, B. (2021). Adolescent Family Violence: Findings from a Group-Based Analysis. *Journal of Family Violence*, 1-11.
- Calvete, E., Orue, I., & Gámez-Guadix, M. (2015a). Reciprocal longitudinal associations between substance use and child-to-parent violence in adolescents. *Journal of Adolescence*, 44, 124-133.
- Calvete, E., Orue, I., Gamez-Guadix, M., & Bushman, B. J. (2015b). Predictors of child-to-parent aggression: A 3-year longitudinal study. *Developmental psychology*, 51(5), 663.
- Calvete, E., Orue, I., Fernández-González, L., Chang, R., & Little, T. D. (2020). Longitudinal trajectories of child-to-parent violence through adolescence. *Journal of family violence*, 35(2), 107-116.
- Condry, R., & Miles, C. (2014). Adolescent to parent violence: Framing and mapping a hidden problem. *Criminology & Criminal Justice*, 14(3), 257-275.
- Condry, R., Miles, C., Brunton-Douglas, T. and Oladapo, A. (2020) *Experiences of Child and Adolescent to Parent Violence in the Covid-19 Pandemic*, University of Oxford.

- Contreras, L. and Cano, M.C. (2015). Exploring psychological features in adolescents who assault their parents: a different profile of young offenders? *Journal of Forensic Psychiatry and Psychology*, 26(2), 224-41.
- Deakin, J., Fox, C., & Matos, R. (2020). Labelled as 'risky' in an era of control: How young people experience and respond to the stigma of criminalized identities. *European Journal of Criminology*, 1477370820916728.
- Decker, M. R., Holliday, C. N., Hameeduddin, Z., Shah, R., Miller, J., Dantzler, J., & Goodmark, L. (2019). "You Do Not Think of Me as a Human Being": Race and Gender Inequities Intersect to Discourage Police Reporting of Violence against Women. *Journal of Urban Health*, 96(5), 772-783.
- Desir, M. P., & Karatekin, C. (2018). Parental reactions to parent-and sibling-directed aggression within a domestic violence context. *Clinical child psychology and psychiatry*, 23(3), 457-470.
- Disley, E., & Liddle, M. (2016). *Local perspectives in ending gang and youth violence areas*. London: Home Office.
- Duke, N. N., Pettingell, S. L., McMorris, B. J., & Borowsky, I. W. (2010). Adolescent violence perpetration: associations with multiple types of adverse childhood experiences. *Pediatrics*, 125(4), e778-e786.
- Evans, E. D. and Warren-Sohlberg, L. (1988), A Pattern Analysis of Adolescent Abusive Behaviour towards Parents, *Journal of Adolescent Research*, 3, 201–16
- Gabriel, L., Tizro, Z., James, H., Cronin-Davis, J., Beetham, T., Corbally, A., Lopez-Moreno, E., and Hill, S. (2018). "Give me some space": exploring youth to parent aggression and violence. *Journal of family violence*, 33(2), 161-169.
- Gallego, R., Novo, M., Fariña, F., & Arce, R. (2019). Child-to-parent violence and parent-to-child violence: A meta-analytic review. *European Journal of Psychology Applied to Legal Context*, 11(2), 51-59.
- Gordon, F., & Klose, H. (2020). *Submission to the youth violence commission in the United Kingdom*. Monash University. doi:10.26180/5e2abe4365545.
- Grandparents Plus (2020). *Kinship Care Covid-19 Impact Report July 2020*. Available from: https://kinship.org.uk/wp-content/uploads/COVID_impact_report_July_2020.pdf
- Haylock, S., Boshari, T., Alexander, E. C., Kumar, A., Manikam, L. and Pinder, R. (2020). Risk factors associated with knife-crime in United Kingdom among young people aged 10–24 years: a systematic review. *BMC Public Health* 20 (1), 1-19.

Heron, R.L., Eisma, M.C. & Browne, K. Barriers and Facilitators of Disclosing Domestic Violence to the UK Health Service. *Journal of Family Violence* (2021). <https://doi-org.roe.idm.oclc.org/10.1007/s10896-020-00236-3>

HMSO (2019). *Transforming the Response to Domestic Abuse: Consultation Response and Draft Bill*. HMSO, London.

Hobart, V. (2018) *Progressing a Public Health Approach to Violence Prevention and Reduction*. Report for Violence Reduction Unit Partnership Group. <https://www.london.gov.uk/moderngovmb/documents/s62484/04b%20Serious%20Youth%20Violence%20Public%20Health%20Approach.pdf>

Home Office (2013). *Information for Local Areas on the change to the Definition of Domestic Violence and Abuse* (March 2013). https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/142701/guide-on-definition-of-dv.pdf

Home Office (2021). *Domestic Abuse: Draft Statutory Guidance Framework*. London: HMSO.

Holt, A. (2009). Holt, A. (2009). Parent abuse: some reflections on the adequacy of a youth justice response. *Internet Journal of Criminology*, 1-9. https://www.researchgate.net/publication/242691950_Parent_abuse_some_reflections_on_the_adequacy_of_a_youth_justice_response/link/53da07b40cf2e38c63364ebc/download

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

Holt, A. (Ed.). (2016). *Working with adolescent violence and abuse towards parents: Approaches and contexts for intervention*. London, Routledge.

Holt, A. (2021). (2021) International and cross-cultural research on violence against parents. In T.K. Shackelford (Ed.) *The SAGE Handbook of Domestic Violence*. (pp. 841-858) London: Sage Publications.

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

Holt, A., & Birchall, J. (2021). “Their Mum messed up and Gran can’t afford to”: Violence towards grandparent kinship carers and the implications for social work. *British Journal of Social Work*, 0-18.

Holt, A., & Lewis, S. (2021). Constituting child-to-parent violence: Lessons from England and Wales. *The British Journal of Criminology*, 61(3), 792-811.

Hughes, K., Bellis, M. A., Hardcastle, K. A., Sethi, D., Butchart, A., Mikton, C., Jones, L. ... & Dunne, M. P. (2017). The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *The Lancet Public Health*, 2(8), e356-e366.

Hunter, C, and Piper, C. (2012). Parent abuse: Can law be the answer? *Social Policy and Society* 11(2), 217.

Ibabe, I. (2016). Academic failure and child-to-parent violence: family protective factors. *Frontiers in psychology*, 7, 1538.

Ibabe, I., Arnoso, A., & Elgorriaga, E. (2014). The clinical profile of adolescent offenders of child-to-parent violence. *Procedia-Social and Behavioral Sciences*, 131, 377-381.

Ibabe, I., Arnoso, A., & Elgorriaga, E. (2020). Child-to-parent violence as an intervening variable in the relationship between inter-parental violence exposure and dating violence. *International journal of environmental research and public health*, 17(5), 1514.

Imkaan (2020) *The Impact of the Dual Pandemics: Violence Against Women & Girls and COVID-19 on Black and Minoritised Women & Girls*. [Covid-19 position paper | Imkaan](#)

Irwin-Rogers, K., Muthoo, A., and Billingham, L. (2020). *Youth Violence Commission Final Report*. Youth Violence Commission. London. [YVC-Final-Report-July-2020.pdf \(yvcommission.com\)](#)

Kennedy, T. D., Edmonds, W. A., Dann, K. T., & Burnett, K. F. (2010). The clinical and adaptive features of young offenders with histories of child-parent violence. *Journal of family violence*, 25(5), 509-520.

Lyons, J., Bell, T., Fréchette, S., & Romano, E. (2015). Child-to-parent violence: Frequency and family correlates. *Journal of Family Violence*, 30(6), 729-742.

Martínez-Ferrer, B., Romero-Abrio, A., León-Moreno, C., Villarreal-González, M. E., & Musitu-Ferrer, D. (2020). Suicidal ideation, psychological distress and child-to-parent violence: a gender analysis. *Frontiers in psychology*, 11.

McCloud, E. J. (2017). *Adolescent-to-parent violence and abuse (APVA) : an investigation into prevalence, associations and predictors in a community sample*. (Unpublished doctoral thesis, University of Portsmouth).

McGeeney, E., Barakat, F., Langeland, G., & Williams, S. (2015). The YUVA Young People's Service: Working with adolescent violence and abuse. In A. Holt (Ed.). (2016).

Working with adolescent violence and abuse towards parents: Approaches and contexts for intervention. London, Routledge.

McManus, M. A., Almond, L., & Bourke, J. (2017). Exploring child-to-parent domestic abuse: Offender characteristics and DASH individual risk factors associated with recidivism. *Journal of Forensic Psychology*, 2(3), 1-6.

MOPAC (2017). *Youth Offending LCPF Co-Commissioning Workshop* (July 2017). https://www.london.gov.uk/sites/default/files/mopac_lcpf_co-commissioning_workshop_yo_july_2017.pdf

Moulds, L., Mayshak, R., Mildred, H., Miller, P., & Day, A. (2019a). Adolescent violence towards parents: Prevalence and characteristics using Australian Police Data. *Australian and New Zealand Journal of Criminology*, 52(2), 231-249

Moulds, L. G., Mayshak, R., Mildred, H., Day, A., & Miller, P. (2019b). Adolescent violence towards parents: a case of specialisation?. *Youth justice*, 19(3), 206-221.

MPS (2018). *Freedom of Information Request No.* Available from: https://www.met.police.uk/SysSiteAssets/foi-media/metropolitan-police/disclosure_2018/april_2018/information-rights-unit---attacks-on-parentsguardians-by-children-aged-under-18-from-2012-to-2017

MPS (2019a). *Freedom of Information Request.* Available from: https://www.met.police.uk/SysSiteAssets/foi-media/metropolitan-police/disclosure_2019/march_2019/information-rights-unit---incidents-of-adolescent-to-parent-violence-andor--abuseapva-from-2015-to-2018

MPS (2019b). *Freedom of Information Request.* Available from: https://www.met.police.uk/SysSiteAssets/foi-media/metropolitan-police/disclosure_2019/january_2019/information-rights-unit---incidents-of-adolescent-to-parent-violence-andor-abuseapva-from-january-2015-to-september-2018

MPS (2019c). *Freedom of Information Request.* Available from: https://www.met.police.uk/SysSiteAssets/foi-media/metropolitan-police/disclosure_2019/june_2019/information-rights-unit---violence-perpetrated-by-children-aged-13-19-towards-their-parentsstep-parents-from-april-2018-to-march-2019

Munday, A. (2009). *Break4Change: does a holistic intervention effect change in the level of abuse perpetrated by young people towards their parents/carers?* (Unpublished doctoral thesis, Brighton University).

Nam, B., Kim, J. Y., Bright, C. L., & Jang, D. (2020). Exposure to family violence, peer attachment, and adolescent-to-parent violence. *Journal of interpersonal violence*, 0886260520960109.

National Crime Agency (2017) *County Lines Violence, Exploitation & Drug Supply 2017: National Briefing Report (v.1)* (November 2017). Drug Threat Team, Commodities; National Crime Agency. <https://www.nationalcrimeagency.gov.uk/who-we-are/publications/234-county-lines-violence-exploitation-drug-supply-2017/file>

Office for National Statistics (2018) *Domestic abuse in England and Wales: year ending March 2018*. Office for National Statistics.

O'Toole, S. E., Tsermentseli, S., Papastergiou, A., & Monks, C. P. (2020). A Qualitative Exploration of Practitioners' Understanding of and Response to Child-to-Parent Aggression. *Journal of interpersonal violence*, 0886260520967142.

Pagani, L., Larocque, D., Vitaro, F., & Tremblay, R. E. (2003). Verbal and physical abuse toward mothers: The role of family configuration, environment, and coping strategies. *Journal of youth and adolescence*, 32(3), 215-222.

Pagani, L. S., Tremblay, R. E., Nagin, D., Zoccolillo, M., Vitaro, F., & McDuff, P. (2004). Risk factor models for adolescent verbal and physical aggression toward mothers. *International journal of behavioral development*, 28(6), 528-537.

Pagani, L., Tremblay, R. E., Nagin, D., Zoccolillo, M., Vitaro, F., & McDuff, P. (2009). Risk factor models for adolescent verbal and physical aggression toward fathers. *Journal of Family Violence*, 24(3), 173-182.

Papamichail, A., & Bates, E. A. (2020). "I Want My Mum to Know That I Am a Good Guy...": A Thematic Analysis of the Accounts of Adolescents Who Exhibit Child-to-Parent Violence in the United Kingdom. *Journal of interpersonal violence*, 0886260520926317.

Peck, A., Hutchinson, M., & Provost, S. (2021). Young Person-to-Mother Violence: An Integrative Review of Evidence from Australia and New Zealand. *Australian Social Work*, 1-14.

Piquero, A. R., Theobald, D. & Farrington, D. P. (2014). The Overlap Between Offending Trajectories, Criminal Violence, and Intimate Partner Violence, *International Journal of Offender Therapy and Comparative Criminology* 58, 3, 286 – 302

Selwyn, J., & Meakings, S. (2016). Adolescent-to-parent violence in adoptive families. *The British Journal of Social Work*, 46(5), 1224-1240.

Simmons, M., McEwan, T. E., Purcell, R., & Ogloff, J. R. P. (2018). Sixty years of child-to-parent abuse research: What we know and where to go. *Aggression and Violent Behavior, 38*, 31–52.

Simmons, M. L., McEwan, T. E., & Purcell, R. (2019). “But All Kids Yell at Their Parents, Don’t They?”: Social Norms About Child-to-Parent Abuse in Australia. *Journal of family issues, 40*(11), 1486-1508.

Simmons, M., McEwan, T. E., & Purcell, R. (2020). A social-cognitive investigation of young adults who abuse their parents. *Journal of interpersonal violence, 0886260520915553*.

Stewart, M., Burns, A., & Leonard, R. (2007). Dark side of the mothering role: Abuse of mothers by adolescent and adult children. *Sex Roles, 56*(3), 183-191.

Strom, K. J., Warner, T. D., Tichavsky, L., & Zahn, M. A. (2014). Policing juveniles: Domestic violence arrest policies, gender, and police response to child–parent violence. *Crime & Delinquency, 60*(3), 427-450.

Voolma, H. (2018). “I Must Be Silent Because of Residency”: Barriers to Escaping Domestic Violence in the Context of Insecure Immigration Status in England and Sweden. *Violence against women, 24*(15), 1830-1850.

Annex Two – The research framework

Comprehensive needs assessment of Child/Adolescent to Parent Violence and Abuse

Overarching research questions	Key questions	Method / data source						
		Literature review	Quantitative data profile of the prevalence and geographic distribution of CAPVA	Strategic scoping interviews	Practitioner survey	Qualitative interviews with practitioners	Qualitative interviews with families and young people	Mapping and coding of interventions
1. How is CAPVA conceptualised and understood in London?	<p>To what extent are the definitions / distinction of CAPVA aligned across different services?</p> <p>How is the issue of CAPVA defined across services, interventions, and policy frameworks?</p> <p>How is CAPVA understood by policymakers and frontline practitioners, in distinction to other forms of family and domestic abuse?</p>	X		X		X		

Comprehensive needs assessment of Child/Adolescent to Parent Violence and Abuse

Overarching research questions	Key questions	Method / data source						
	How does CAPVA intersect with other forms of violence, exploitation and extra-familial harm?							
2. What is the nature of CAPVA in London?	<p>What are the drivers and risk factors for CAPVA?</p> <p>Are there any contextual factors specific to London / specific boroughs that have shaped the drivers and/or impacts of CAPVA?</p>	X		X		X		
3. How prevalent is the issue of CAPVA across London?	What is the prevalence of different forms of CAPVA? (e.g.,		X	X		X		

Comprehensive needs assessment of Child/Adolescent to Parent Violence and Abuse

Overarching research questions	Key questions	Method / data source						
	<p>physical assault, financial abuse, etc)</p> <p>Are any areas / boroughs particularly affected?</p> <p>Are any groups / communities particularly affected?</p> <p>What has been the impact of Covid-19 on the prevalence of CAPVA at a local level and London-wide level?</p>							
4. How do children and families experience CAPVA?	<p>What is the impact of CAPVA on young people and their families / carers / wider community?</p> <p>What are the main barriers young people and families</p>	X		X		X	X	

Comprehensive needs assessment of Child/Adolescent to Parent Violence and Abuse

Overarching research questions	Key questions	Method / data source						
	<p>face in seeking and accessing support?</p> <p>Who are the most marginalised and minoritized communities in terms of accessing services to support with CAPVA?</p> <p>What additional barriers marginalised and minoritized communities face in seeking and accessing support with CAPVA?</p> <p>What are the main factors that enable allow families / young people to seek and access support?</p> <p>How has the Covid-19 pandemic impacted on young people and family dynamics, as well as their capacity to</p>							

Comprehensive needs assessment of Child/Adolescent to Parent Violence and Abuse

Overarching research questions	Key questions	Method / data source						
	seek and engage with support?							
5. What interventions and services are available in London for children and families experiencing CAPVA?	<p>Which are the key agencies and services that are working to address CAPVA in London?</p> <p>What is the overall policing response to CAPVA?</p> <p>To what extent and how do different agencies work together to address CAPVA?</p> <p>What data on CAPVA is available to support agencies and how is this collected and used?</p> <p>What improvements could/should be made to the interventions and services available in future e.g., changes</p>			X	X	X		X

Comprehensive needs assessment of Child/Adolescent to Parent Violence and Abuse

Overarching research questions	Key questions	Method / data source						
	<p>to existing provision or the introduction of different interventions and services?</p> <p>To what extent are there gaps in current service provision?</p> <p>Are certain groups of children and families or geographic areas/localities particularly underserved?</p>							
<p>6. How do different agencies identify, categorise and respond to CAPVA?</p>	<p>What are the main challenges practitioners face in identifying and supporting young people and families affected by CAPVA?</p> <p>Are any groups particularly hard for practitioners to reach?</p>			X		X		X

Comprehensive needs assessment of Child/Adolescent to Parent Violence and Abuse

Overarching research questions	Key questions	Method / data source						
	<p>What kind of risk assessment tools are used to identify vulnerable families and young people experiencing CAPVA?</p> <p>How has Covid-19 impacted on practitioners' ability to identify and support families and young people in need?</p>							
7. What policy recommendations to address CAPVA and related harms can be made based on the findings of the study?	<p>What is missing from the existing policy response to CAPVA?</p> <p>What should a Pan-London Strategy for CAPVA consider?</p> <p>What and how should the London VRU prioritise going forward in terms of strategy and commissioning?</p>		X	X		X	X	

Annex Three - Prevalence, characteristics and reporting to the police in Child/Adolescent to Parent Violence reported to the Crime Survey for England and Wales

Background

Child/Adolescent-Parent Violence and Abuse (CAPVA) is a problem that has only achieved widespread recognition in the past twenty years. With any new construct, services who might collect information about the issue through their routine data collection procedures lack a shared definition, which undermines the validity (i.e. what is being measured?) and reliability (i.e. is the concept being measured in a consistent way?) of the data collection. In addition to this lack of conceptual clarity, many of these offences may not come to the attention of the services doing the routine data collection: the emotive and complex nature of the crime, coupled with the consequential nature of disclosing victimisation means that many victims may not see the abuse they have suffered as a crime and many more will choose not to report this experience to any services. Furthermore, as with other crimes, there are likely to be patterns in the reporting and non-reporting of these offences. A consequence of this is not only an incomplete record of cases, but the cases that are recorded are not representative of the issue.

To begin to address this concern, this section uses data available through a national victimisation survey to estimate the prevalence of CAPVA, express CAPVA as a proportion of all violence experienced by the population, describe the population who suffer CAPVA and to illustrate the extent to which CAPVA cases are absent from police records.

Methodology

The Crime Survey for England and Wales is a survey of the experience of crime victimisation in the preceding year. A survey of this kind has been run in Britain since 1982 with the population being limited to England and Wales since 2012. Each financial year, between 30,000 and 50,000 households are surveyed with an adult within each household being selected at random. The survey has a complex sampling design to ensure that a representative sample of the population of England and Wales is achievable with the use of statistical weights. As the survey design and items have changed little since 2012, it is possible to pool annual waves of the survey.

The survey is primarily a survey of personal victimisation, collecting information about experience of and the circumstances of crimes and/or patterns of crimes as well as victim-related and criminal justice-related outcomes of those experiences. Importantly, regardless of victimisation experience, the survey collects demographic information about the respondent, their family and their local environment. In post-survey data preparation, reported victimisation is assigned a crime type classification that coincides with Home Office crime codes.

The survey identifies individuals as having been a victim of violence by asking, 'If anyone has used force/violence' on the respondent. Follow-up questions ask if the violence was 'done by someone you knew or a stranger' and, if it was, what was 'the person's relationship to you'. One of the response options for that item is 'Son/daughter (in law)'. A further question asks about the age of the offender using a set of age bands (Under 10; 10-15; 16-24; 25-39; 40 and over). Using these items, it is possible to identify individuals who have been assaulted by a child or adolescent (age 24 and under⁴⁰) of whom they are a parent.

Respondents who indicated that they were a victim of violence are also asked 'Did the police come to know about the matter?', which allows the incidents that did and did not feature in police records.

Results

Using these measures and pooling the nine data sets between 2011/12 and 2019/20 provided a combined sample of 322,990 respondents. Of these, 5,246 reported a violent victimisation. In these cases, there were 133 reported cases of CAPVA across 102 respondents representing approximately 1.2% of all violence reported in CSEW.

The perpetrator was male in approximately 71% of cases and the victim was female in 78% of cases. CAPVA disproportionately affected respondents who lived in more deprived areas: 17% of all CAPVA identified was experienced by those living in the most deprived decile and 64% of CAPVA was experienced by those living in the more deprived half of neighbourhoods.

Of the 133 reported cases, approximately 57% were reported to the police. Detailed analysis of patterns in reporting is not advisable or possible as the very small number of cases used can result in unreliable statistics. At a basic level, informed by patterns of reporting observed in other violence, we found that there was no difference in likelihood of an incident being reported if the victim was male, but violence by male children was more likely to be reported.

Conclusion

Despite the limited data, we can infer from this nationally representative data, that CAPVA is a gendered issue, around 40% of incidents do not come to the attention of police or appear in police records and that this crime disproportionately affects those living in more

⁴⁰ We have taken a liberal definition of child/adolescent. The CSEW item used means that children and children in law perpetrators cannot be disaggregated.

deprived neighbourhoods. The low prevalence of this offence within the pooled data sets is encouraging as it suggests this offence is relatively rare. However, the data collection method, which is susceptible to response bias, is likely to have suppressed the capture of CAPVA within the survey.

Annex Four – The Community Advisory Group (CAG)

The CAG met at three points during the research cycle:

1. June 2021

The initial CAG was held as an introductory session to outline the research study to the group participants and collect their initial reflections and feedback on the scope of the research. Key findings from the literature review were presented as well as the research methodology.

2. July 2021

The second CAG presented initial emerging findings for the CAG to reflect on, as well as a discussion of how best to recruit young people and parents/carers to participate in the research.

3. October 2021

The final CAG was held to share the study's key findings and recommendations and obtain the group's reflections and feedback on refining recommendations.

CAG membership

The CAG included the following stakeholders:

- Dunia Shafik (A Life of Choices)
- Jane Griffiths and Saba Ali (Capa First Response CiC)
- Reverend Denise Parnell (Christian Evangelical Centre)
- Ayse Adil and Joseph Lettieri (Family Based Solutions)
- Standing Together Against Domestic Abuse
- Carole Baker (Who's in Charge)
- Amra Dautovic (Richmond Fellowship)
- Bolaji Olagunju (You and Me Counselling)
- London VRU's Young People's Action Group

Annex Five – CAPVA practitioner survey

CAPVA Practitioner Questionnaire

OPENING PAGE

Introduction

Ecorys and partners at the University of Hull and the University of Roehampton have been commissioned by the London Violence Reduction Unit (VRU) to carry out a comprehensive needs assessment of Child / Adolescent to Parent Violence and Abuse (CAPVA) in London. As part of the research study, Ecorys is collecting information about the different interventions and services across London that are working to address CAPVA. The main purposes of this survey are the following:

- *gain a deeper understanding of the service provision landscape in place to address CAPV in London*
- *identify practitioners who would be willing to participate in an interview in the next phase of the research*

This information will help us map existing services and interventions to address CAPVA against Metropolitan police data on CAPVA incidences as well as enable us to interview practitioners in more depth about their views and experiences supporting young people and / or families affected by CAPVA.

For the purposes of this study, we refer to the cross-Government definition of domestic violence and abuse: “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, CAPV can equally involve children under 16, and the scope of our research study reflects this, with no lower age limit on children.

The research is being carried out in full compliance with all relevant data protection legislation, including the General Data Protection Regulation 2016/679 (GDPR). The information sheet and full privacy notice for the study is attached to the email you received with the link to the survey. You can also access the privacy notice by clicking this link: <https://files.ecorys.org.uk/mopac/index.html>

If you agree to participate in the research study, please press 'next' to start the questionnaire.

Q1. From the following list, please select the sector which best describes where the majority of your work takes place.

Policing	<input type="checkbox"/>
Adult social care	<input type="checkbox"/>
Children's social care	<input type="checkbox"/>
Community safety	<input type="checkbox"/>
Domestic abuse / Violence Against Women and Girls	<input type="checkbox"/>
Education	<input type="checkbox"/>
Health	<input type="checkbox"/>
Youth services	
Criminal justice system	
Specific CAPVA services	<input type="checkbox"/>
Other PN: TYPE IN	<input type="checkbox"/>

PN: SINGLE CODE

Q2. Please select what kind of organisation you work for.

Police	<input type="checkbox"/>
Local authority department	<input type="checkbox"/>
School	<input type="checkbox"/>
Charity	<input type="checkbox"/>
Community organisation	<input type="checkbox"/>
Central government department	<input type="checkbox"/>
Health service	<input type="checkbox"/>
Other PN: TYPE IN	<input type="checkbox"/>

PN: SINGLE CODE

Q3. Please enter your job title.

Q4. Please type in the name of the organisation that you work for and whether it is a statutory or voluntary service.

PN: TEXT BOX

Q5. Roughly what percentage of your working time do you spend on CAPVA?

PN: SLIDER SCALE ([example here](#)), 0% to 100%

Q6. Roughly how long have you been engaging with CAPVA in a professional capacity? This could mean different things depending on your job role, for example working directly to support those experiencing CAPVA or being involved at a strategic/policy level.

Less than 12 months	<input type="checkbox"/>
1-2 years	<input type="checkbox"/>
3-4 years	<input type="checkbox"/>
5-6 years	<input type="checkbox"/>
More than 6 years	<input type="checkbox"/>

PN: SINGLE CODE

Q7. Please indicate the geographical area served by your organisation’s work engaging with CAPVA.

Pan-London	<input type="checkbox"/>
Specific London borough(s)	<input type="checkbox"/>
Specific London ward(s)	<input type="checkbox"/>
Other PN: Specify	<input type="checkbox"/>

PN: SINGLE CODE

PN: IF SELECTED “SPECIFIC LONDON BOROUGH(S)”, SHOW:

Q8. You indicated that your CAPVA work covers specific boroughs within London. Please tell us which boroughs your work covers. Type the borough name into the text box, and if your work covers multiple boroughs, click “Add another borough” to add an additional text box.

PN: TEXT BOX

PN: “ADD ANOTHER BOROUGH” BUTTON GENERATES ADDITIONAL TEXT BOX

PN: TEXT BOX BASED ON PREDEFINED LIST AS FOLLOWS:

Barking and Dagenham
Barnet
Bexley
Brent
Bromley
Camden
City of London
Croydon
Ealing
Enfield
Greenwich
Hackney
Hammersmith and Fulham
Haringey
Harrow
Havering
Hillingdon
Hounslow
Islington
Kensington and Chelsea
Kingston upon Thames
Lambeth
Lewisham
Merton
Newham
Redbridge
Richmond upon Thames
Southwark
Sutton
Tower Hamlets
Waltham Forest
Wandsworth
Westminster

PN: IF SELECTED “WARD LEVEL”, SHOW:

Q9. You indicated that your CAPVA work covers specific wards within London. Please tell us which wards your work covers. Type the ward name into the text box, and if your work covers multiple boroughs, click “Add another ward” to add an additional text box.

PN: TEXT BOX

PN: “ADD ANOTHER WARD” BUTTON GENERATES ADDITIONAL TEXT BOX

Q10. Please indicate the target groups served by your organisation. Select all that apply.

Children (17 years or under)	<input type="checkbox"/>
Young adults (aged 18 to 24)	<input type="checkbox"/>
Parents / carers	<input type="checkbox"/>
Family groups	<input type="checkbox"/>
Other PN: TYPE IN	<input type="checkbox"/>

PN: MULTICODE

Q11. Please indicate which criteria, if any, are used to refer people to your organisation/service. Select all that apply.

Disability	<input type="checkbox"/>
School exclusion	<input type="checkbox"/>
Mental health	<input type="checkbox"/>
Past or present experience of the care system	<input type="checkbox"/>
Domestic abuse	<input type="checkbox"/>
CAPVA	<input type="checkbox"/>
Substance misuse	<input type="checkbox"/>
Past or present social care involvement (Child Protection /Child in Need plan in place)	<input type="checkbox"/>
Criminal justice involvement	<input type="checkbox"/>
Belonging to a particular community / faith or ethnic group	<input type="checkbox"/>
Other PN: TYPE IN	<input type="checkbox"/>

PN: MULTICODE

Q12. Which are the main referring agencies to your organisation / service? Select all that apply.

Police	<input type="checkbox"/>
Children’s social care	<input type="checkbox"/>
Adult social care	<input type="checkbox"/>
Youth offending teams	<input type="checkbox"/>
NHS	<input type="checkbox"/>
Schools	<input type="checkbox"/>
Domestic abuse services	<input type="checkbox"/>
Self-referrals	<input type="checkbox"/>
Third sector / charitable organisations	<input type="checkbox"/>
Other PN: Specify	<input type="checkbox"/>

PN: MULTICODE

Q13. In the last 12 months, roughly how many incidences of CAPVA has your organisation encountered?

PN: NUMERIC BOX

Q14. Would you say that the number of CAPVA incidences encountered by your organisation in the last 12 months has changed compared to the preceding 12 months?

Increased a lot	<input type="checkbox"/>
Increased a little	<input type="checkbox"/>
Stayed the same	<input type="checkbox"/>
Decreased a little	<input type="checkbox"/>
Decreased a lot	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>

PN: SINGLE CODE

Q15. Thinking about the **next** 12 months, what do you predict will happen to the number of CAPVA incidences encountered by your organisation?

Increase a lot	<input type="checkbox"/>
Increase a little	<input type="checkbox"/>
Stay the same	<input type="checkbox"/>
Decrease a little	<input type="checkbox"/>
Decrease a lot	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>

PN: SINGLE CODE

Q16. Are you aware of any CAPVA-specific interventions/programmes in your area? Please enter the name of the intervention(s) below.

Q17 We would like to conduct interviews with frontline practitioners, in order to discuss your experiences and insights into CAPVA in further detail.

Participating in an interview is completely voluntary. Any views you choose to share with us will be anonymised and interviewees won't be named or otherwise identified, although we may use some anonymous quotes in the final research report due later this year. Any

information you choose to share with us will be used for the purpose of the needs assessment, after which it will be securely destroyed in compliance with current data protection legislation. In addition, we may use anonymised data in academic journal articles and/or presentations.

Do you agree to being contacted in relation to an interview within the next 2 months?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

PN: IF YES, PROCEED TO FOLLOWING QUESTIONS – IF NO, END SURVEY

Please could you provide the following information so that we can contact you in relation to an interview:

First name:

Last name:

Email address:

Confirm email address:

PN: CHECK THAT EMAIL ADDRESSES MATCH

Phone number:

Confirm phone number:

PN: CHECK THAT PHONE NUMBERS MATCH

Survey end screen

Many thanks for taking part in this survey. If you have consented to being contacted in relation to an interview, we may be in touch in the coming weeks.

Annex Six – Non-Violent Resistance

Non-Violent Resistance

Non-violent resistance, (NVR) is an approach that has been developed to effectively respond to aggressive, violent, self-destructive and controlling behaviours in children and young people.⁴¹ The NVR parenting group is a training model aimed at helping parents deal with escalatory interaction with their children and to address the demand on CAMHS for young people with this issue.⁴² It does not require the young person to participate.

The format of the activity of includes therapy sessions with practitioners and additional support where necessary. NVR involves a number of key principles, as specified by practitioners interviewed for the purpose of this research:

- Prioritizing key behaviours from the child that are the most problematic: the activity encourages parents to focus on the most concerning behaviours of their children such as physical or verbal abuse, and not focusing as much on less damaging behaviours. *“We encourage the parent to agree to just home in on those top behaviours and the idea of it ought to be quite empowering really, because it ought to be like actually we don't need to tackle that now, it can be quite freeing to let the parent just think not everything needs to be handled right now and they can save their energy for the most important things.”* When the violence has reduced, they start looking at the other aggressive behaviours.
- De-escalation: NVR identifies 2 forms of escalation. One where the parent feels coerced and manipulated by their child, feels as if they feel have no choice but to appease the child, or they might become violent; another is when the family dynamics are openly aggressive, such as shouting in the household.

⁴¹ <https://www.partnershipprojectsuk.com/non-violent-resistance-nvr/parents/>

⁴² Mary Newman, Catrin Fagan, Rebecca Webb, (2013), Innovations in Practice: The efficacy of nonviolent resistance groups in treating aggressive and controlling children and young people: a preliminary analysis of pilot NVR groups in Kent. Child and Adolescent Mental Health, Volume 19, Issue 2.

<https://doi.org/10.1111/camh.12049>

- Increasing the parental presence: NVR aims to encourage the parent to reach out to the child rather than withdraw from them, and to persist even if the child rebuffs them to show they care about the child.
- Increase the parental support network: Other family members/friends can play an important role, can speak to the child after an incident and show their support to the parent. “What we want to convey to the child is other people will know we're going to remove the veil of silence. Much like in an intimate partner relationship, if there's domestic abuse, often it perpetuates itself on no one else finding out.” The support network expressing concern about the child's behaviour is not designed to be a punishment, but it can be an effective tool to support the parent.
- Compared to other parenting programs NVR discourages reward and punishment, “when a child is extremely violent, they tend not to respond well to reward or punishment.” Rewards don't work as the child is keen not to feel controlled, and punishment can just lead to more violence.
- **Both practitioners and parents find that NVR training is extremely useful.** One practitioner stated that “NVR works, I do it because it works”, and believes that it should be the first answer to CAPVA. The practitioner believes that NVR is an effective tool to help prevent children's violent behaviour from escalating. One parent in fact stated that she wishes she had had access to NVR sooner, she believes NVR should be taught across the board not just at crisis but generally, “it's a shame that not more people know about it”.

Although NVR has been described as very effective by parents and practitioners alike, **it is a time-consuming activity, which may be challenging for parents to take on.** Additionally, some practitioners have mentioned that there can be **cultural barriers** to parents taking on a non-violent method. For instance, a parent may want to approach the difficulties with their child by implementing the tools taught through NVR, but their family may be pressuring them to act in a more violent manner because of different cultural settings. One practitioner mentioned that: *“We can see that it's quite stressful for the parent, because they're not quite sure what to do. We've had a few parents say, but you're telling me this, my dad is telling me that, and I don't know which to do’, and so I guess our response to that would be ‘how has that worked out so far? If your dad is saying you just need to punch him or you need to not let him out of his bedroom and that's not worked, how about we try something different?’”*

Other formats and languages

For a large print, Braille, disc, sign language video or audio-tape version of this document, please contact us at the address below:

London's Violence Reduction Unit
169 Union Street
London SE1 0LL

Telephone **020 7983 4000**
www.london.gov.uk

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