



Feeling Under Siege

Reports of child/adolescent family violence in calls
to Family Lives UK helpline (2020-2022)

Introduction

Over the past decade, there has been increasing concern about children and young people's use of violence towards parents/carers and other family members. Since the publication of our report, *When Family Life Hurts: Family Experience of Aggression in Children* (Parentline Plus, 2010), there has been a significant increase in research that has identified it as a problem in the lives of many families, with it often intersecting with other issues such as poverty, poor mental health and stress (e.g. Holt, 2013, Brennan et al, 2022).

The past decade has also seen national policy responses to this problem, such as the production of an information guide from the UK Home Office (2015) and the problem included in the Domestic Abuse Act (2021) and associated statutory guidance (Home Office, 2022). There have also been significant developments in practice, with an increase in tailored interventions and support services (e.g. see [PEGS](#)).

At Family Lives, we have seen an escalation in calls from family members relating to concerns about the levels of violence that children and young people are using against them. This has resulted in our call-handlers raising concerns about the significant risk to parents/carers and other family members, as well as to the children themselves.

To explore this issue in more detail, we undertook a data review to examine the ways in which child aggression and violence manifests itself in the family home, and to identify some of the underlying contexts that callers shared with us.



The data

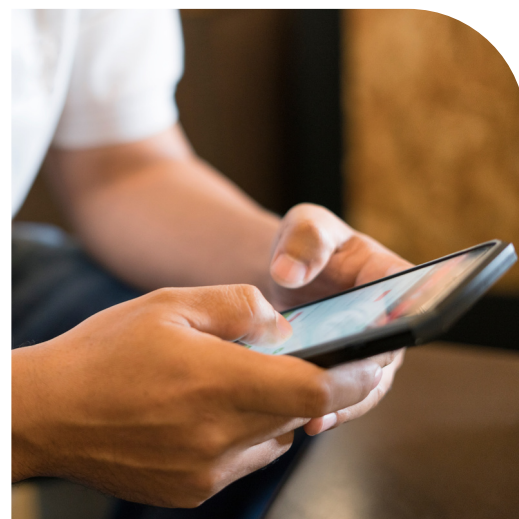
For the purposes of this report, we only included calls to the Family Lives helpline where a service-user form had been completed by the call-handler. Our call-handlers complete a service-user form for each substantial conversation[1], and the data comprises anonymised quantitative data recorded in pre-determined categories, as well as a brief written free-text summary of the call content. This data is based around what appears to be the 'primary issue' for the caller, relating to either the adult or the child, with further sub-categories available. The data collection period was **January 2020 to May 2022** and the completed service-user forms represented a total of **56,715 calls**.

We analysed all forms where the 'primary issue' was recorded as either *behaviour of 0-12 year olds* or *behaviour of teenagers*[2], focusing specifically on the two sub-categories of physical aggression and verbal aggression. The data discussed in this report therefore represents a total of **2,973 cases** where the primary issue concerns physical or verbal aggression from children or teenagers towards adults.

The characteristics of the callers

The family status of the callers was categorised as follows:

- Mother – 75%
- Father – 13% (including 1% of non-resident fathers)
- Stepmother – 1%
- Stepfather – 1%
- Grandmother – 4%
- Other Female Relative – 2%
- Child – 1%
- Female Friend – 1%
- Professional – 1%



The data above highlights that the majority of callers (i.e. 90%) were parents or step-parents and, understandably, this is where most policy, practice and research discourse has focused. However, the data also highlights the importance of recognising that there are others – relatives, friends and professionals – who are sufficiently impacted by this issue to call the Family Lives helpline and attention should also be drawn to their support needs. The family configuration of the callers was categorised as follows:

- Married or co-habiting – 49%
- Single parents – 42%
- Step-families – 4%
- Shared parenting – 3%

[1] In the context of this report, substantial conversations are those where the call was over 3 minutes in length and the call-handler was able to engage in the meaningful conversation with the caller and explore the issues they were facing.

[2] While this category primarily focuses on 13-19 year-olds, the data does include concerns about children up to the age of 25 years (as demonstrated in Chart 1).

- Grandparent – 1%
- Other – 1%
- Adoptive parent – 0.5%
- Foster carer – 0.1%

The data above highlights the wide range of family configurations that are impacted by this problem. However, while no family configuration is immune from child/adolescent family violence, the data does suggest that it disproportionately impacts on single-parent families[1] – something which has been found in other research (see Holt, 2013).

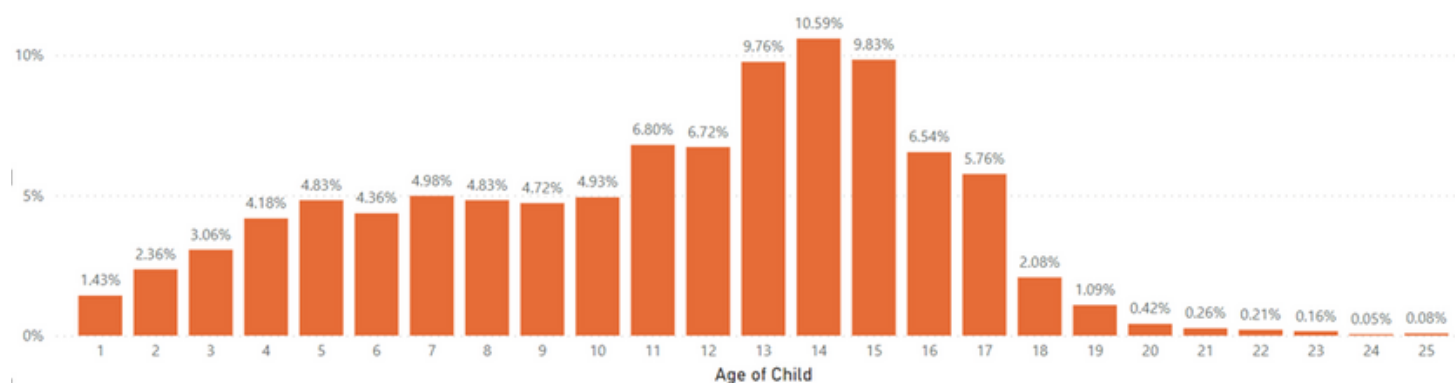
The characteristics of the child(ren) of concern

The sex of the child of concern was:

- Boys – 57%
- Girls – 41%
- Other – 1%
- Unknown/prefer not to say – 1%

While more boys than girls were reported as the child of concern, the difference is not as significant as is sometimes reported, particularly within the criminal justice data where boys are much more likely to be reported to the police than girls (Brennan et al, 2022). It may be, therefore, that girls' use of aggression is not as severe, or that it is not seen as severe, as boys' use of aggression.

Chart 1: The age of the child of concern



In terms of the age of the child of concern, the peak age for both boys and girls is 13-15 years (which also correlates with the peak age for the onset of mental health disorders – see Solmi. et al, 2022). However, the chart above also highlights the wide range of ages that were of concern to callers, with the child's use of aggression being reported from as young as one year, and up to 25 years. In particular, almost 40% of calls concerned a child aged 10 years and under, and over 4% of calls concerned a child aged 18 years or over. This highlights the wide-ranging nature of the problem, and a need for support services to tailor their responses to the differing developmental needs of each child and their family. It also highlights the risks of the problem continuing into adulthood and intensifying as a potential risk if the problem continues without appropriate intervention – while Chart 1 suggests a decreasing risk as the child grows older, it does not suggest a complete cessation of aggression and violence.

[1] In 2021, single-parent families constituted 15.4% of families in the UK (ONS, 2022)

Findings

For the purposes of this report we focused on 5-12 year olds and teenagers, and eliminated the calls which concerned children under the age of 5 years. These were most often categorised as 'toddler tantrums' although, in a number of cases, the children were reported as being 'emotionally out-of-control' and often violent and destructive. This resulted in a sample of 2,622 cases broken down as follows.

Verbal aggression only (1,110 cases)

Examples of verbal aggression taken from the call summaries^[1] include:

- Daughter is constantly 'obnoxious and rude' and her attitude is spoiling family life
- Child gets very angry and frustrated, says he would like to die or that he hates his life when things do not go his way
- Conversations escalate in screaming and shouting, and this is causing stress
- Son is out of control and caller is worried about the effect it is having on her daughter. She is also worried that son has threatened violence although he has not been physically violent so far
- Daughter is screaming and refusing to do school work, and has self-harmed in the past
- Child has been yelling and screaming through the bedroom wall at her and is very angry and abusive
- Child is screaming, shouting and being verbally angry when not getting her way

Verbal aggression is often normalised in families, particularly during a child's teenage years which are traditionally framed as a period of 'storm and stress' where young people 'test the boundaries'. However, research suggests that physical aggression is often preceded by verbal aggression (Eckstein, 2004).

Furthermore, as the comments above highlight, much of the verbal aggression reported by callers was experienced in a context of other harmful behaviours, such as suicidal ideation, self-harming and school refusal, and was often accompanied by threats of serious violence. In such contexts, verbal aggression needs to be taken seriously.

Physical aggression (with or without verbal aggression) (1,512 cases)

We undertook a more detailed analysis of the 1,512 calls that reported physical aggression (sometimes alongside verbal aggression (76%), sometimes not (24%)).

As evident from the comments quoted in this report, the kind of physical aggression described by callers included being punched, kicked, strangled/choked, and having objects thrown at them, as well as damage to property and household items.

[1] Quotes included in the report have been taken verbatim from the notes completed by the call-handlers after the calls were completed. As a retrospective data review, we were unable to gain consent from callers and therefore are limited to providing quotes rather than any detailed case studies.

In 8% of cases, callers also reported damage to property, with examples including punching holes in doors and walls, having ‘broken cupboards’, ‘smashed windows, television and phones’, ‘throwing furniture’ and ‘trashing the house’. Damage to property was slightly more common in teen behaviour (56%) than in the 5-12 years category (44%). In over 4% of cases, callers reported that the violence involved the use of weapons. Examples included having the child holding ‘a knife to his throat’, using scissors ‘to stab his brother’, and having ‘a sharp implement and cut their daughter's face’.

The callers also sometimes reported being threatened with a knife. Use of weapons was slightly more common in the 5-12 years category (52%) than in the teenage category (48%). There has been relatively little focus in research thus far about property damage and the use of weapons in child/adolescent family violence, but the callers’ reports certainly suggest the importance of understanding their role in this particular dynamic.

Contextual themes in the call summaries

To enable us to explore the free-text written summaries in more detail, we randomly selected 50 records of call summaries and identified their underlying themes. The key themes that were identified in this process were neurodivergent children (including attention deficit hyperactivity disorder (ADHD) and autism spectrum condition (ASC)); Breakdown of family relationships, especially those which involved domestic abuse; Adoption and fostering; School exclusion; School refusal; Drug use; Alcohol use; COVID-19; Gaming; and Death in the family.

We then searched all 1,512 call summaries for key words that related to these ten key themes. This provided us with context and more detailed information about the situations families were facing. However, it is important to note that the extent of the data provided depended very much on the amount of detail the call-handlers submitted when completing the form. In relation to the key themes identified, Table 1 outlines the frequency with which they were mentioned in the call summaries (distinguished by age group):

Table 1: The percentages (and number) of calls in which callers mentioned each key theme (plus broken down between 5-12 year olds and teenagers)

	Total %	5–12-year-olds	13–19-year-olds
1.Neurodivergent children	16.5% (249)	144 (58%)	105 (42%)
2.COVID-19	7.2% (109)	62 (57%)	47 (43%)
3.Drug use	4.6% (69)	2 (3%)	67 (97%)
4.School exclusion	3.9% (59)	26 (44%)	33 (56%)
5.Domestic abuse in the family	3.8% (58)	27 (47%)	31 (53%)
6.Gaming	3.6% (54)	17 (31%)	37 (69%)
7.School refusal	3.3% (50)	13 (26%)	37 (74%)
8.Death in the family	1.8% (27)	10 (37%)	17 (63%)
9.Alcohol use	1.5% (23)	3 (13%)	20 (87%)
10.Adoption, kinship care and fostering	0.9% (14)	6 (43%)	8 (57%)

1. Neurodivergent children

Over 16% of all call summaries relating to child/adolescent physical aggression mentioned neurodivergence. As Table 1 indicates, this was by far the largest key theme identified across all calls, and it was more common in the 5-12 years-old category (58%) than in the teens category (42%).

This data was further split into the type of neurodivergent condition and where in the diagnostic process the caller said the child was (see Table 2):

Table 2: Type of neurodivergence mentioned in calls (n=249)

Neurodivergent condition type	Status of diagnosis	Percentage
ADHD (39.6%)	Diagnosed ADHD	25.3%
	Being assessed for ADHD	3.2%
	Suspected ADHD	11.2%
Autism (34.5%)	Diagnosed autism	25.7%
	Being assessed for autism	3.6%
	Suspected autism	5.2%
Autism & ADHD (17.3%)	Diagnosed autism & ADHD	9.6%
	Being assessed for autism & ADHD	3.6%
	Suspected autism & ADHD	4%
Dyslexia (0.8%)	n/a ¹	0.8%
Other (7.2%)	n/a	7.2%

This is what callers told us about their experiences of their neurodivergent children who were using aggression in the family home:

- Caller subjected to physical violence, having difficulties restraining her son and having to hide sharp objects from him
- Sister now refuses to come home because she is too scared of her brother
- Child has threatened to push her partner down the stairs
- Child threatened to stab mother's eye with a fork
- Mother punched in the face and head and the father has been kicked in the groin
- Child tried to put a pillow over the baby's face
- Physical assault including punching and putting arm around neck and throat of caller
- Son had a meltdown at school and the staff called police for help to control him

Neurodivergence in relation to child/adolescent family violence has often been marginalised in policy, practice and research discourse. Most focus is on neurotypical families with little reflection on how existing policies, support strategies, and research frameworks might be more or less appropriate for neurodivergent children and their family members (who may also be neurodivergent).

The high proportion of callers who articulated neurodivergence as a contextual factor of the aggression (and it may well have been a factor in other cases) suggests that the issue requires more attention on all fronts.

[1] Callers did not provide detail of the diagnosis status in the cases of dyslexia and others

2. COVID-19

Over 7% of cases included reference to COVID-19 and the impact of its associated lockdowns, with the call summaries including:

- With lockdown, things have become aggravated
- The problem has escalated since lockdown
- She is aggressive because she is so restricted due to the coronavirus lockdown
- Intensified by lockdown
- Got worse since lockdown
- Now even worse through the lockdown
- Behaviour has started since lockdown

The data collection period covered in this report included the period where the pandemic lockdowns were at their most intense, and the negative impact that they had on families' lives has been reported widely, particularly in terms of exacerbating family violence (Usher et al, 2020). In relation to child/adolescent family violence, extended periods at home, elevated stress levels, and the lack of access to support services are all likely to have exacerbated the problem for families.

3. Drug use

Almost 5% of cases mentioned drug use, though the majority of these (97%) concerned teenage children. Examples from the call summaries included:

- Child is violent and smokes weed
- Child involved with drugs and illegal activities
- Son involved in a gang culture and regularly smokes cannabis, which is further influencing his behaviours
- Child involved with drugs, police involved, social services involved, school involved
- Smoking marijuana, is physically intimidating, he steals, he truants, he's verbally aggressive and beats up other children
- Son smokes cannabis instead of taking prescribed medication, he punches holes in walls
- Daughter is taking drugs (Xanax) with her boyfriend, self-harming and has a suicide pact with her boyfriend

The relationship between drug use and child/adolescent family violence has not been a research priority, though some correlational research does suggest links between the child/young person's use of drugs and physical aggression (e.g. Beckmann et al, 2021) and psychological/verbal aggression (Calvete, et al., 2015) towards family members.

4. School exclusion

Almost 4% of cases included reference to the child's exclusion from school. Examples from the case summaries include:

- Child is violent and has been excluded from several schools
- Child exhibiting very challenging behaviour, both at home and school, and he has just received an exclusion from school

- Child excluded from school because of 'challenging and bad behaviour' and is aggressive at home and at school
- Child aggressive towards her and others and was recently been suspended from school
- Child having violent outbursts at school, has been excluded 7 times in last 6 months and is on final warning
- Child 'out of control', has been excluded from school, the swimming pool, a local coffee shop and the childminders
- Child has behavioural issues at school and is currently suspended for attacking a student

While there is little research that has directly examined links between a child's exclusion from school and aggression in the family home, we do know that some children – particularly those with special educational needs, which includes neurodivergent children – are disproportionately more likely to be excluded from schools (Graham et al, 2019). Furthermore, it is clear that schools should consider whether excluding a child from school – particularly because of aggressive behaviour – may inadvertently put others at risk in the home.

5. Domestic abuse in the family

Almost 4% of cases involved domestic abuse within the family. Examples from the case summaries included:

- Dad was violent towards caller and daughter has witnessed his behaviour with another partner
- The children had fled domestic violence as younger children
- Mother had to extract herself from an abusive relationship and she sees son becoming like his father
- Son witnessed abuse from his father and this is affecting his behaviour and he is demanding and swears a lot to her and threatens her
- Caller was a victim of domestic abuse in past, the older two children are displaying aggressive and violent behaviour towards mother
- Caller believes their behaviour towards their mother is learned behaviour from their father
- Mother is a victim of domestic violence and is starting to see her son showing same behaviour as his Dad

Research has found correlations between growing up in households where there is domestic abuse, and subsequent child/adolescent family violence. For example, Simmons et al (2018) estimated that 50-80% of young people who engage in such behaviour have previously experienced domestic abuse. We therefore need to be mindful of how previous experiences of victimisation may shape later harmful behaviours, and of the importance of a trauma-informed approach to any kind of intervention.

6. Gaming

Almost 4% of cases involved the child's engagement with gaming, to the point where the caller has identified it as a problem.

The majority of these (69%) concerned teenage children. Examples from the call summaries include:

- Son spends most of his time on his games machine getting extremely angry
- He is becoming violent when the caller turns his Xbox off
- He becomes aggressive when asked to come off his games console, has thrown the printer on the floor today
- Child will become verbally and physically abusive if told to stop playing the PlayStation
- Child becoming very aggressive and has started hitting out at her, is obsessed with guns and computer games
- When he is being told he cannot play on his console then he is aggressive and punching the walls
- Son is abusive to his mother and stays in his room all day playing on the Xbox, he rarely sleeps and does not eat at normal times
- Son is addicted to gaming, drugs and beats and threatens his mother to get her to buy more videogames. He is not eating, no showering and doesn't leave his room

There is relatively little research on the role of gaming in child/adolescent family violence, though some interesting mediating factors have been identified (for example, playing violent video games may be associated with a reduction in such violence – see Ruiz-Fernandez et al., 2021).

While not a significant number of callers identified it as a problem, it is perhaps worthy of further investigation in terms of both a potential causal factor in aggression towards family members, and in terms of what prevention methods might focus on.

7. School refusal

Over 3% of cases involved school refusal, with the majority of cases (74%) involving teenage children. Examples from the call summaries include:

- Aggressive son who is refusing everything, including return to school
- Daughter being violent towards her and she told her that she is going to kill herself if she does not get her tablet back and she refuses to go to school
- Child is aggressive and angry and refuses to go to school
- Child refuses to go to school and has started to test boundaries in a very serious way
- Child verbally abusive and aggressive to her and very resistant to accepting any help – not going to college, refusing to attend counselling etc
- Child currently screaming, hitting him and refusing to go to school
- Child won't go to school and can be physically and emotionally abusive
- Daughter badly behaved at school and often refuses to go and destroys her uniform to prevent attending

Like school exclusion, there is little research on the direct links between school refusal and child/adolescent family violence though, as with school exclusion, there are links between school refusal (or, to be more accurate, a child's distress about attending school) and neurodivergence in children (Adams et al, 2022).

8. Death in the family

Nearly 2% of cases involved a death in the family. Examples from the call summaries include:

- Son very angry after his Grandad died and his behaviour has changed
- Child has real violent tendencies and is verbally abusive in a horrific way. Mum died when was 10
- She has had issues with aggression and had been obsessed with death since losing her mother
- Mum died by suicide and her son is displaying aggressive and inappropriate behaviour towards his girlfriend
- Daughter experienced many losses in a short period of time including the death of both her grandparents, parents divorce, and moving houses which the mum believes might explain her unpleasant behaviour
- Daughter behaving aggressively both physical and verbal, was badly affected by her grandfather's death two years ago

There is surprisingly little research on the relationship between child/adolescent family violence and bereavement, though as with growing up where there is domestic abuse, the role of trauma is likely to be implicated in it (see Evans, 2016).

9. Alcohol use

Nearly 2% of calls involved alcohol, with the majority of cases (87%) involving teenage children. Examples from the call summaries include:

- Son's behaviour is out of control. He goes out every afternoon until the early hours of the morning and comes back "out of his head". He has no respect for his mother and caller feels at risk of harm from him having previously been hit
- terrified of her 15-year-old son who is taking drugs and alcohol, and is also very aggressive
- is violent, drinking, taking drugs, and constantly being involved with the police
- daughter came home drunk and very abusive as well as trying to knock the door down

There is less research on the relationship between alcohol and child/adolescent family violence than on its relationship with drug use. However, there has been some speculation that alcohol is more associated with physical violence towards parents, whereas drug use is more associated with financial abuse towards parents (Galvani, 2017).

10. Adoption, kinship care and fostering

Almost 1% of cases involved adoption, kinship care and fostering. Examples from the call summaries include:

- Grandson has been very violent and has threatened to kill them
- The boy has knocked out caller's husband on two occasions. Last night he threatened to knife them and kill them and they spent the night with a chest of drawers against the door
- He has great difficulty with his behaviour, his aggression is mainly targeted towards women

- He injured his mother by hitting her near her pacemaker
- Child has smashed 3 doors in the home and is verbally abusive as well as aggressive
- Child picked up by the police on numerous occasions and has been put in a cell at least 10 times after damaging property or hurting people

Recent research has explored the experiences of child/adolescent family violence in adoptive families (e.g. Selwyn and Meakings, 2016) and in kinship care families (Holt and Birchall, 2022) and it is certainly the case that children living in these families are particularly likely to have a history of trauma.

There is also some evidence that, at least in adoptive families, the violence may start at a younger age and be more severe (Selwyn and Meakings, 2016). This suggests that we need to focus on the specific needs of such families where they may be unique antecedents to the violence and who may require specific forms of intervention and support.

Phrases used to describe feelings

There is now lots of research highlighting both the immediate and long-term impacts of child/adolescent family violence – on parents/carers, on other family members, and on the young person themselves (see Holt, 2013; Brennan et al, 2022).

The impacts are wide-ranging and include physical and mental health problems, family conflict and disruption, financial harms and damage to social and community relationships. The phrases listed below are taken from the call summaries to give some indication of how the callers felt about their experiences.

“Feeling under siege”

“In fear of their lives”

“Does not know which way to turn”

“Doesn't want him in the house anymore”

“At the end of their tether”

“Feel in a really difficult place mentally”

“Cannot cope any longer”

“Feels at the end of her tether and considered leaving home”

“Afraid to be in the house with him”

“Reaching the end of the line”

“Exhausted and like she's reached the end of her rope”

“Overwhelmed by the (grandkids') behaviour”

“Feels no-one will help until her daughter does something drastic”

“Was afraid for her life last time she was violent”

“Doesn't want to see him because he causes her too much stress”

“Feeling helpless”

“Making her life hell”

“Very distressed and is becoming depressed”

“Can't deal with it anymore”

The title of this report – ‘Feeling under siege’ – is taken from one of these phrases and we used it to highlight the complexity of feelings that child/adolescent family violence can produce. The OED defines ‘siege’ as a *military operation in which enemy forces surround a town or building, cutting off essential supplies, with the aim of compelling those inside to surrender* and the notion of force and surrender is central to how we understand much family violence to operate. But also intrinsic to this definition is the ‘cutting off of essential supplies’ and it is this lack of support – which is essential to help family members manage the situation – which we hope this report highlights and points the way towards an exit strategy for families.

Recommendations and implications

Child or adolescent violence towards adult family members is a serious form of family violence which, in cases where it is instigated by those aged 16 years or over, is understood as a form of domestic abuse. It is an area that is under researched, underfunded and under supported. Yet, as our findings suggest, child/adolescent family violence and abuse is a reality that many families are dealing with. It can exacerbate existing fractures and create an environment of fear, worry and stress which can increase the likelihood of family breakdown. We make the following recommendations for policy and practice:

- 1** This report adds to the growing body of research on adolescent family violence. However, there is a real dearth of research on interventions, in terms of which kinds of intervention are most effective for which kinds of families.
- 2** There is a need for greater dialogue with policymakers to ensure that guidance and protocols are clear and consistent for all services who work with families where there is adolescent family violence, including the police, social workers, schools, and mental health services.
- 3** A ‘whole family’ or ‘family first’ approach to support, that considers the dynamics and needs of the entire family. There should also be understanding around the role that stigma plays in preventing parents/carers from disclosing their struggles and seeking help.
- 4** Specific training to help professionals from a wide range of sectors to recognise and respond to child/adolescent family violence and abuse needs to be put in place.
- 5** Neurodivergent children and young people need early, tailored support that recognises the complexity of the condition, its challenges, and its implications for the wider family.
- 6** While this report only focuses on cases where the instigator is child-aged or adolescent-aged, there is a need to support cases where the child is adult-aged, where the parent or carer’s support needs may differ.

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