

Experiences
of Child and
Adolescent
to Parent Violence
in the Covid-19
Pandemic

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Rachel Condry,
Caroline Miles,
Toni Brunton-Douglas,
and Anuoluwapo Oladapo

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Acronyms

ADHD	Attention Deficit Hyperactivity Disorder
ASF	Adoption Support Fund
APVA	Adolescent to Parent Violence and Abuse
CAMHS	Child and Adolescent Mental Health Services
C/APV	Child / Adolescent to Parent Violence
CPA	Child to Parent Abuse
CIN & CP	Child in Need & Child Protection
DV	Domestic Violence
EBD	Emotional and Behavioural Difficulties
EHCP	Education, Health and Care Plan
EOTAS	Education Other Than at School
FOI	Freedom of Information
LA	Local Authority
NVR	Non-Violent Resistance
PPE	Personal Protective Equipment
SEN	Special Educational Needs
SENDCO	Special Educational Needs and Disabilities Coordination
VRU	Violence Reduction Unit
WHO	World Health Organisation
YJB	Youth Justice Board
YJS	Youth Justice System

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Executive Summary

This project has produced a fast evidence base on experiences of child and adolescent to parent violence (C/APV) through first-hand accounts from parents and the views of experts and practitioners working directly with families during the first months of the Covid-19 lockdown in the UK (April - June 2020). We consider a) what the impact of the pandemic and government restrictions has been on families and on the violence and abuse, b) what support has been available to families during this time, and c) what measures might be put in place to protect families and address their needs, both during government restrictions and when those restrictions are eased.

This report draws upon the findings of online surveys of 104 parents who have experiences C/APV from their child aged 10-19 years and 47 practitioners who work with families experiencing C/APV. It also draws upon conversations and emails with policy leads and a Freedom of Information Request to all 43 police forces across England and Wales, asking for their total numbers of reported C/APV incidents over the one-year period from 1st April 2019 to 31st May 2020.

Our analysis revealed:

- 70% of parents reported an increase in violent episodes during lockdown
- 69% of practitioners said they had seen an increase in referrals for families experiencing C/APV
- 64% of practitioners identified that the severity or incidence of violence had increased
- 29% of parents identified a decline in C/APV during the lockdown period which was explained by a reduction in the stresses and triggers for violence in this period. However, both practitioners and parents were very concerned for this group of families who might experience more severe problems when the pressures of everyday life return

Respondents identified some lockdown-specific reasons for the increase in C/APV:

- Spatial confinement and coerced proximity
- Changes in structure and routine
- Fear and anxiety
- Lack of access to formal and informal support

Practitioners described the support they had provided to families during lockdown and the changes they had had to make. They expressed particular concerns about safeguarding, risk assessment and safety planning; the difficulties of working remotely with young people and parents; difficulties with technology and access to it; escalation of mental health problems in young people and parents and increased need at a time when it was particularly difficult to meet; and their own isolation and stress and difficulty balancing their role with their own family and other commitments.

Practitioners identified serious future concerns as lockdown measures are lifted, and in the long term:

- A long-term impact on mental health of both children and parents who may have experienced lockdown as traumatic
- A need for increased support work to heal changed and damaged family relationships
- Anxieties and fear may remain high in families as the threat of a further national lockdown looms, along with the possibility of local lockdowns, and services struggle to meet increased needs
- Families are likely to have to contend with a wide range of problems, which might include financial worries and unemployment
- It will be difficult for young people and parents to return to their previous lives and the demands of school and other services, as well as having to enforce boundaries and rules that could be loosened during lockdown
- It might be a particularly difficult and risky time for those who found lockdown reduced violence because it removed some of these stresses
- There was a strong concern about how services would meet the increased need, at time when a return to work would be gradual and still constrained by distancing measures, and services would need considerable resources to do so.

We submitted Freedom of Information (FOI) requests to all 43 police forces across England and Wales, asking for their total numbers of reported C/APV incidents over the one-year period from 1 June 2019 to 31 May 2020. We received partial or full data from 19 of the 31 forces who responded (19 provided data, 11 said they were unable to provide the data, and 1 said they had no recorded cases), and 12 forces did not respond within the 20 day time limit.

In three of the forces there was some evidence that numbers had declined during the two complete months of lockdown (April and May 2020) captured by the data; however, all three of these forces had high levels of variance across the year.

By contrast, in at least five of the forces, there was some evidence of increased numbers of reported C/APV incidents during the lockdown months of April and May.

Overall, the data from the 19 forces are inconclusive in whether there has been an upwards or downwards trend in reported C/APV during the pandemic lockdown. More research is needed to examine trends in reporting C/APV to the police across the whole lockdown period and to see if cases increase as restrictions are lifted.

This reflects our findings from the parent survey. Of the 104 parents who responded to our survey, 102 answered a question about whether they had ever reported their child to the police; 43 said they had reported to the police (28 during lockdown, 15 prior to lockdown but not during lockdown); 59 parents said they had never reported to the police. There was a significant variance in how they described their experience. Parents expressed concerns about the potential criminalization of their child and particularly worried about calling police during the pandemic and whether this would increase the risk of exposure to the virus.

We conclude by making the following recommendations:

- 1 To ensure robust safeguarding measures for young people and families experiencing C/APV
- 2 To expect and plan for a rise in demand for support as lockdown lifts and schools and workplaces reopen
- 3 Caution to not over-criminalise young people using violence – prosecution of C/APV should be a last resort.
- 4 To provide safe spaces for families at crisis point and respite care for young people
- 5 That every local authority should have a specific programme for families experiencing C/APV and provide C/APV training for practitioners in other services.
- 6 Connections should be drawn between C/APV, young people's use of violence outside the home, and criminal exploitation
- 7 To develop a thorough understanding of how the impact of Covid-19 and violence in the home intersect with structural inequalities.
- 8 Practical measures need to be put in place to support remote working.
- 9 There should be a strategic approach to C/APV at both local authority and government levels.
- 10 A resounding call for increased funding, recognising families experiencing C/APV a priority.

1. Introduction

1.1 Child and Adolescent to Parent Violence

Child and adolescent to parent violence (C/APV) is a form of family violence that falls under the cross-government definition (and forthcoming criminal offence) of domestic violence and abuse,¹ most often (although not exclusively) directed towards mothers.² The focus of this report is on violent and abusive behaviour from children aged 10-19 towards their parents/carers, although it is recognised that violence does not necessarily start and end at these parameters. Following ten years of researching C/APV in the UK³, we are acutely aware that it is an extremely complex, hidden and potentially serious phenomenon, with a multitude of potential causes and pathways, and that families' experiences of C/APV, help-seeking, and support, vary enormously⁴.

Despite growing national and international research,⁵ and a Home Office information guide,⁶ C/APV remains on the periphery of the domestic abuse and violence against women and girls (VAWG) policy agendas in the UK. Community responses have developed in a piecemeal fashion, despite a broad range of social and health support workers encountering C/APV in their work, and the criminal justice response does not always meet the needs of families.⁷ Violence and abuse from children aged 16 and over falls under the definition of domestic abuse, but there are crucial differences between violence and abuse perpetrated by current or ex-partners and C/APV, including parental responsibility for their child, the potential vulnerability of the abusive child, and the reluctance of parents to criminalise their child. As we have argued previously, there needs to be greater recognition of C/APV at the policy level, so that a nationally coherent social and criminal justice response can be developed that provides emergency help (and where appropriate, prosecution processes) for parents in crisis; recognises the safeguarding needs of both parents and children; and facilitates access to tailored and holistic family support.⁸

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

2 Condry, R. and Miles, C. (2014), 'Adolescent to Parent Violence: Framing and Mapping a Hidden Problem', *Criminology and Criminal Justice*, 14(3): 257-275.

3 For more information, please see: <https://www.law.ox.ac.uk/research/filial-violence-project>

4 For a comprehensive record of policy, practice and research on C/APV see <https://holesinthewall.co.uk/>. For practitioner guidance, see Bonnick, H. (2019), *Child to parent violence and abuse: A practitioner's guide to working with families*, West Sussex: Pavilion Publishing.

5 For a recent review of literature, see Simmons, M., McEwan, T.E., Purcell, R and Ogloff, J.R.P. (2018) Sixty years of child-to-parent abuse research: What we know and where to go, *Aggression and Violent Behaviour* 38:31-52.

6 Home Office (2015), 'Information Guide on Adolescent to Parent Violence and Abuse', available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/732573/APVA.pdf

7 Miles, C. and Condry, R. (2014), 'Adolescent to Parent Violence: The Police Response to Parents Reporting Violence from their Children', *Policing and Society*, 26(7): 804-823.

8 Miles, C. and Condry, R. (2015), 'Responding to Adolescent to Parent Violence: Challenges for Policy and Practice', *British Journal of Criminology*, 55(6): 1076-1095; Condry, R. and Miles, C. (forthcoming), 'Children who perpetrate family violence are still children: Understanding and responding to adolescent to parent violence', in Fitz-Gibbon, K. Douglas, H. and Maher, J. (Eds.), *Young People Using Family Violence: International Perspectives on Research, Responses and Reforms*, Springer Nature.

1.2 Covid-19

The first cases of coronavirus were reported in Hubei Province, China in November 2019.⁹ In December 2019, the Chinese government informed the World Health Organisation (WHO) of the outbreak, then localised in the city of Wuhan. On 30 January 2020, the WHO officially declared the outbreak, which by then had infected 7,818 people in 19 countries, to be a Public Health Emergency of International Concern.¹⁰ On 31 January 2020, the UK's Chief Medical Officer confirmed the first two cases of coronavirus in the UK, two Chinese nationals who fell ill while staying in York,¹¹ although the virus may have been present in the UK as early as December 2019.¹² On 11 March 2020, the WHO officially classed the coronavirus outbreak as a pandemic.¹³

As the outbreak spread across Europe, European nations began to shut down gatherings, close schools, and confine people to their homes. Italy imposed a strict lockdown on 7 March, France on 17 March,¹⁴ and Spain declared a State of Emergency on 14 March.¹⁵ On 23 March, the UK government announced that it would now be compulsory for all people to remain in their homes unless "absolutely necessary," with necessary outings being limited to food and medical needs, work that could not be done from home, and once-daily exercise. Shops deemed to be "non-essential," alongside cafes, pubs, and restaurants, were all ordered to close.¹⁶ On 26 March, breaching these regulations became punishable by law.¹⁷

Restrictions in the UK began to ease on 19th June 2020, when some non-essential shops were permitted to re-open; followed by the further relaxing of social restrictions throughout June and July.¹⁸ However, many are concerned about the risk of a potential 'second wave' of Covid-19, leading to another lockdown in the near future. Indeed, local lockdowns have since been implemented, with the first local lockdown taking place in Leicester on 4 July 2020.¹⁹ Globally, as of 23 July 2020, the number of cases of coronavirus sits at nearly 15 million, with 617,297 deaths. In the UK, there have been nearly 300,000 cases, and at least 45,500 deaths.²⁰

9 Bryner, Jeanna (2020). '1st known case of coronavirus traced back to November in China', <https://www.livescience.com/first-case-coronavirus-found.html>

10 WHO (2020). 'Archived: WHO Timeline - COVID-19', <https://www.who.int/news-room/detail/27-04-2020-who-timeline--covid-19>

11 BBC (2020) 'Coronavirus: Two cases confirmed in UK', <https://www.bbc.co.uk/news/health-51325192>

12 BBC (2020) 'Coronavirus doctor's diary: The strange case of the choir that coughed in January', <https://www.bbc.co.uk/news/health-52589449>

13 WHO (2020). 'Archived: WHO Timeline - COVID-19', <https://www.who.int/news-room/detail/27-04-2020-who-timeline--covid-19>

14 BBC (2020) 'Coronavirus: How lockdown is being lifted across Europe', <https://www.bbc.co.uk/news/explainers-52575313>

15 BBC (2020) 'Coronavirus: Spain welcomes tourists back as emergency ends', <https://www.bbc.co.uk/news/world-europe-53126112>

16 BBC (2020) 'Coronavirus: Strict new curbs on life in UK announced by PM', <https://www.bbc.co.uk/news/uk-52012432>

17 *The Health Protection (Coronavirus, Restrictions) (England) Regulations 2020* <http://www.legislation.gov.uk/uksi/2020/350/made/data.htm>

18 BBC (2020) 'What shops are open?' <https://www.bbc.co.uk/news/business-52808931>

19 BBC (2020) 'Leicester lockdown: New laws come into force' <https://www.bbc.co.uk/news/uk-england-leicestershire-53283967>

20 Johns Hopkins Coronavirus Resource Center (2020) 'COVID-19 Dash' <https://coronavirus.jhu.edu/map.html>

1.3 Covid-19 and domestic abuse

It has been well-documented that the lockdown conditions have exacerbated domestic abuse: calls to Refuge's National Domestic Abuse Helpline have dramatically risen (as of 27 May 2020, calls to the Helpline were increasing 66% every week, and visits to their website had increased 950% above pre-coronavirus pandemic levels)²¹; and Women's Aid have reported that their survey of abused women found that 67.4% reported that their abuse had become worse since the lockdown, over 70% said that their abuser had become more controlling during the lockdown, over 60% of those currently experiencing abuse felt that the pandemic had made it more difficult for them to access support services, and of those who already had support in place, over 60% said that this support had either decreased or ceased entirely.²² Domestic Abuse Commissioner Nicole Jacobs reported on 20 July 2020 that calls to domestic violence helplines increased every week during the lockdown period²³.

It has also been highlighted by Imkaan²⁴, a UK-wide Black feminist organisation, that the 'dual pandemic' of violence against women and girls and Covid-19 has disproportionately affected black and minority women and girls, due to structural inequality and discrimination, and they are at an enhanced risk of domestic abuse victimisation during the pandemic, at greater risk from the virus itself, and being 'invisible' in dominant Covid-19 research and discourse.

1.4 Covid-19, young people and C/APV

In addition to the enhanced vulnerability of those at risk of domestic abuse, children's and young people's services have also raised concerns regarding the impact of the Covid-19 lockdown on well-being and the concurrent reduction of youth service provision due to the social measures.²⁵ Young people report feeling highly vulnerable and anxious due to the pandemic and lockdown conditions,²⁶ and a Young Minds survey found that 83% of young people with existing mental health issues felt that lockdown had made them worse.²⁷ The Children's Society has raised particular concerns about the impact of coronavirus and the lockdown on the estimated four million children and young people living in poverty in the UK: school closures are likely to have increased isolation, may also have increased the educational attainment gap, and isolation may exacerbate existing mental health issues and reduce young peoples' ability to access support.²⁸ Concerns about vulnerable children have also been echoed by the Disabled Children's Partnership, who report that parents are exhausted, stressed, and worried about the mental well-

being of their children²⁹.

Along with concerns about the well-being of children and young people during lockdown, there is also a real worry about the aftermath of the lockdown and in particular, how vulnerable pupils may be safely transitioned back into school.³⁰ Combined with the recognition that the social measures put into place to slow down the spread of coronavirus have taken a particularly heavy toll on those already experiencing high levels of structural inequality (for example, BAME groups).³¹

The particular issue of C/APV in lockdown has received some attention in the press following evidence given to parliament's Justice Committee on April 28th 2020³², by the Victims' Commissioner for England and Wales, Dame Vera Baird. She said that calls to helplines and victims' services for domestic violence offences had 'rocketed', rising much faster than complaints to police. She particularly highlighted the problem of C/APV: "There's some suggestion of abuse by older children on parents ... we're talking teenagers, and that is a worry. And there's a sense in which there's a spike likely to emerge of this kind of domestic abuse ... which is just coming through now." She emphasised an urgent need for funding, and to prepare for increased demand on services for victims of violence and abuse when restrictions are eased. Lee, writing for the BBC, reported that lockdown 'raises the stakes' for families enduring C/APV, 'reinforcing their isolation'. The article included testimony from a parent dealing with C/APV, stating that lockdown had made his life more difficult, as many of their coping mechanisms became unworkable.³³ There has therefore been some public recognition of the problem, though with limited impact so far.

It is important to investigate the consequences of the current pandemic and the government policy of lockdown for families experiencing C/APV. Lessons can be learnt about how best to support families if a further national or local lockdown occurs, and as we will suggest, consequences for families of the events that have occurred in the past three months may be long-term and entrenched.

21 Refuge (2020) 'Refuge reports further increase in demand for its National Domestic Abuse Helpline services during lockdown' <https://www.refuge.org.uk/refuge-reports-further-increase-in-demand-for-its-national-domestic-abuse-helpline-services-during-lockdown/>

22 Women's Aid (2020) 'The impact of Covid-19 on survivors: findings from Women's Aid's initial Survivor Survey' <https://1q7dqy2unor827bqjls0c4rn-wpengine.netdna-ssl.com/wp-content/uploads/2020/05/The-impact-of-Covid-19-on-survivors-findings-from-Women's-Aid-s-initial-Survivor-Survey.pdf>

23 Evening Standard (2020) 'Calls to domestic abuse helplines increased 'every single week' during lockdown, commissioner reveals', <https://www.standard.co.uk/news/uk/calls-increase-domestic-abuse-helplines-lockdown-nicole-jacobs-a4501431.htm>

24 Imkaan (2020) 'The impact of the dual pandemics: Violence against women and girls and COVID-19 on Black and minority women and girls', file:///C:/Users/mdeasc2/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/YBJ6LWHC/Imkaan%20report.pdf

25 UK Youth (2020) 'The impact of COVID-19 on young people & the youth sector' <https://www.ukyouth.org/wp-content/uploads/2020/04/UK-Youth-Covid-19-Impact-Report-External-Final-08.04.20.pdf>

26 National Children's Bureau (2020) 'Coronavirus: children and young people's views on what it means to be 'vulnerable'' <https://www.ncb.org.uk/news-opinion/news-highlights/coronavirus-children-and-young-peoples-views-what-it-means-be>

27 Young Minds (2020) 'Coronavirus: Impact on young people with mental health needs' https://youngminds.org.uk/media/3708/coronavirus-report_march2020.pdf

28 The Children's Society (2020) 'The impact of COVID-19 on children and young people' <https://www.childrenssociety.org.uk/sites/default/files/cv-19-impact-on-children-report-from-the-childrens-society.pdf>

29 Disabled Children's Partnership '#LeftInLockdown - Parent carers' experiences of lockdown' <https://disabledchildrenspartnership.org.uk/wp-content/uploads/2020/06/LeftInLockdown-Parent-carers-experiences-of-lockdown-June-2020.pdf>

30 Harry Daniels, H., Thompson, I., Porter, J., Tawell, A. and Emery, H. (2020), 'School exclusion risks after COVID-19' http://www.education.ox.ac.uk/wp-content/uploads/2019/11/Daniels-et-al.-2020_School-Exclusion-Risks-after-COVID-19.pdf

31 The Health Organization (2020), 'Will COVID-19 be a watershed moment for health inequalities?' <https://www.health.org.uk/publications/long-reads/will-covid-19-be-a-watershed-moment-for-health-inequalities>

32 <https://parliamentlive.tv/event/index/b8046908-cf70-4c50-bc50-eb6d663e06f6>

33 Lee, Joseph (2020) 'Coronavirus: The parents in lockdown with violent children' <https://www.bbc.co.uk/news/uk-52363197>

2. Methodology

This project aimed to produce a fast evidence base on experiences of child and adolescent to parent violence (C/APV) through first-hand accounts from parents and the views of experts and practitioners working directly with families. This has been achieved through the following methods:

- 1 Online parent survey open for two months across the period of lockdown in the UK (mid-April – mid-June 2020). The survey asked for participants who were parents of a child (10-19 years) who is violent or abusive in the family home. It collected demographic information but then asked a series of open free text questions about parents' experiences before and during lockdown, including their experiences of violence, the effects of lockdown, and any support they had received. 104 parents answered the survey and gave detailed answers to the questions.
- 2 An online practitioner survey open for two weeks in June 2020 – this was targeted at anyone working with families experiencing C/APV and asked for their experiences of providing support in lockdown, the main challenges, and their views about the impact of lockdown on families. This survey also asked open ended free text questions to provide an opportunity to explain in detail. 47 practitioners from a variety of fields responded.

Both surveys were advertised on social media and circulated through contacts in the field. All responses have been fully anonymized and are reported here with a number (Parent 1, Practitioner 2, etc.) Although this is rather impersonal it was not practical to allocate pseudonyms to such a high number of respondents.

The surveys used Jisc survey software and were anonymous. Respondents were told to skip past questions that were not relevant to them. The survey data were coded using the software Nvivo.

Apart from correcting some very obvious typographical errors, we have quoted verbatim from the parent and practitioner surveys allowing respondents to express their points in their own words.

- 3 One-to-one remote meetings and email correspondence with experts at a policy and strategic level.
- 4 Freedom of Information (FOI) requests were sent to all 43 Police forces in England and Wales. We requested data covering the period from 01/06/19 to 31/05/20, for all recorded incidents of violence perpetrated by children aged 13-19 years towards their parents/step-parents, across the whole of each force. The offences include all violence against the person offences and criminal damage. We received 31 responses to these requests: 11 forces stated they were unable to provide the requested data; 1 force stated they had no recorded incidents; and 19 forces provided full or partial data. 12 forces failed to respond to our request within the statutory 20 days.

The project was informed and advised by a Knowledge Exchange Board comprising ten experts working in strategy/policy and/or in practice with families experiencing C/APV. The Board was given an opportunity to comment on our plans, we met remotely mid-project to discuss the plans and preliminary findings, and the experts acted as a 'sounding board' for our questions throughout the project.

Our online surveys were a very useful way to access a wide range of views in a short period of time. As a method, this of course has limitations. Participants are self-selecting in choosing to answer the survey, and we cannot know whether they are representative of all families experiencing C/APV or all practitioners working with them. There were a high number of participants who were adoptive parents, for example, and we do not know whether this is representative of parents experiencing C/APV, a point we return to below. Anecdotal evidence suggests that C/APV is a common problem experienced in adoptive families, but we do not know how many families experience it or how many families generally experience C/APV, because no national data are collected that would allow us to answer these questions. Similarly, answering the survey required access to technology and literacy skills to explain experiences through writing which might have excluded some participants. However, the surveys generated some very rich data and useful insights which we have gathered in this report, and enabled us to hear the experiences of 151 people which would not have been possible using face-to-face methods during a pandemic.

A note on terminology: in our previous work we have referred to 'adolescent to parent violence (APV)'. There is much discussion in the field about the best term to characterise this form of family violence, and Child to Parent Violence, Parent Abuse, Adolescent Family Violence, and other terms are commonly used. In this study we asked parents of children aged 10-19 years to participate in our survey, so we use the term Child and Adolescent to Parent Violence which we have abbreviated to C/APV.

3. Survey Respondents

104 parents responded to our online survey, providing a wealth of narrative data on experiences of C/APV pre- and during lockdown, as well as parents' perspectives on and experiences of support, which are drawn upon in the sections below. Here, we provide an overview of the demographic data.

3.1 Demographic Data from the Parent Survey

Of the 104 parents who completed the survey, 101 identified their gender (Figure 1). Of these, 93 (92%) were female and 8 (8%) were male (Figure 2). The gender of the adolescent being violent towards them comprised 72% males and 28% females, indicating a high level of son-mother violence and supporting the conceptualisation of C/APV as a highly gendered phenomenon.

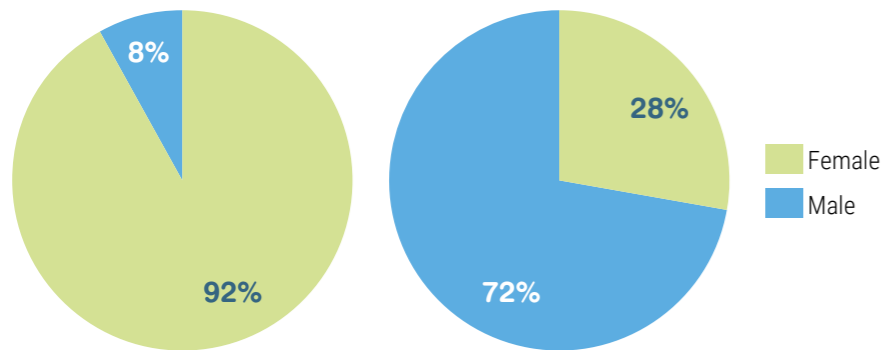


Figure 1: Parent gender

Figure 2: Adolescent gender

In terms of the child to parent relationship (Figure 3), 89% of respondents indicated that they were either the mother/adoptive-mother/step-mother or aunt of the child who was being violent towards them. It was particularly noteworthy that 39% of respondents said that they were the adoptive mother of the violent adolescent and 3% were the adoptive father. This could indicate that C/APV is a particular problem experienced by adoptive parents, but may also reflect a reporting bias - it is possible that adoptive parents are more likely to engage in forums or support networks through which the parent survey was distributed, or adoptive parents could be more likely to share their difficult experiences.

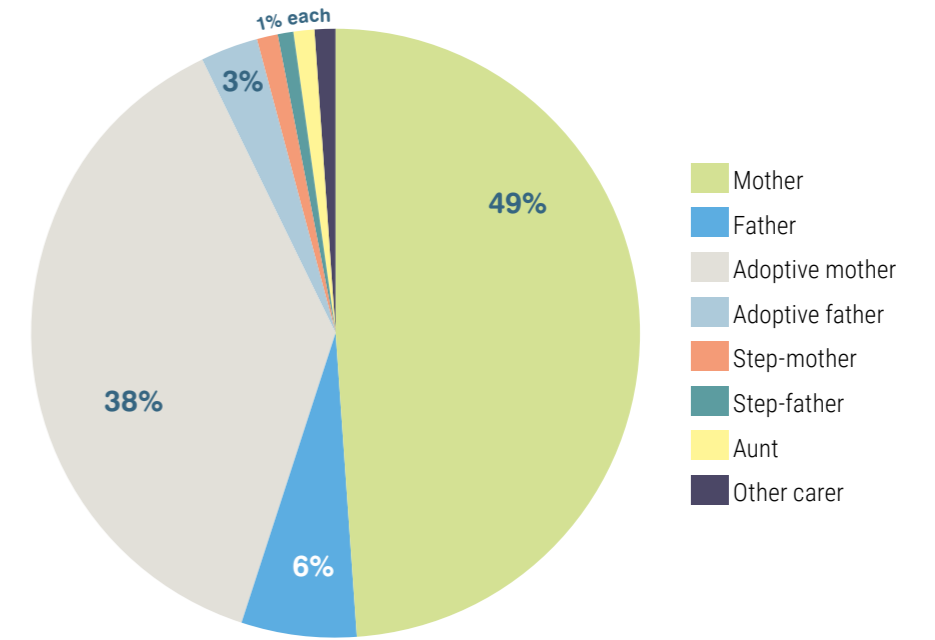


Figure 3: Parent/carer relationship to child

Figure 4 illustrates the age distribution of parents who completed the survey, showing that the vast majority of parents were in their 40s (40%) or 50s (41%). Correspondingly, the distribution of the age of adolescents being violent towards their parents (see Figure 5) shows that the peak age in this sample is 13-14years (mean age 13.85 years, mode and median age 14 years).

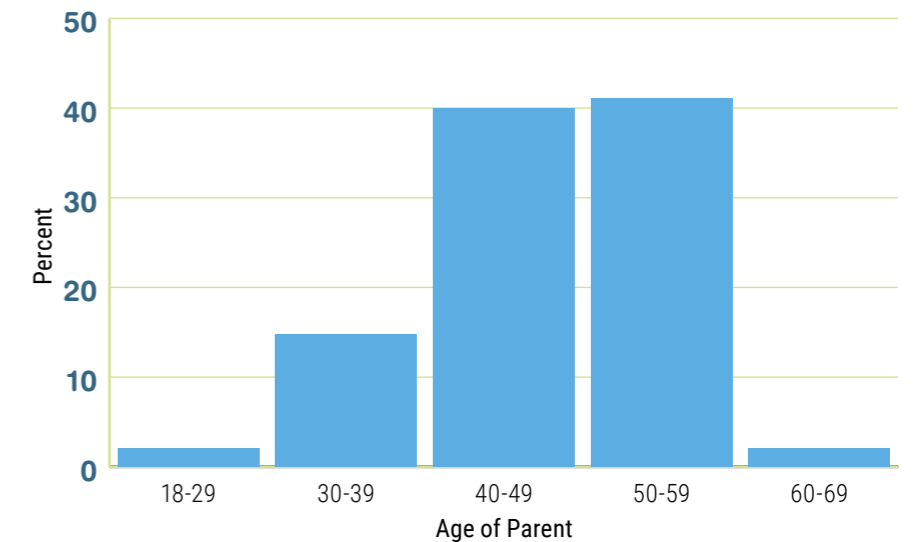


Figure 4: Age of Parent

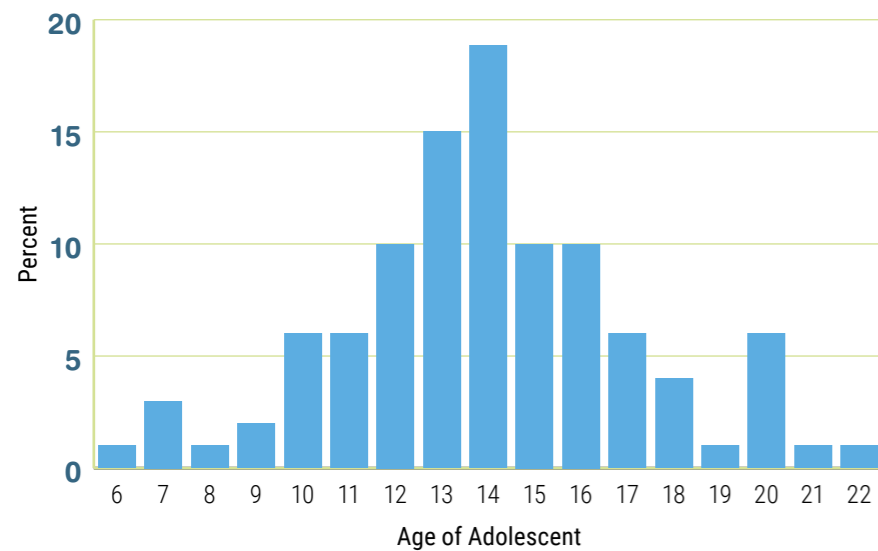


Figure 5: Age of Adolescent

We also asked parent respondents to self-identify their ethnicity, which generated a broad range of responses (see Figure 6); most of which could be assumed to fall within the 'white' category. Just 3% of respondents self-identified as non-white (1 respondent identified as 'mixed-race', 1 respondent as 'Bangladeshi', and 1 respondent as 'Black'). However, it is possible that some of the 12 respondents who identified their ethnicity as 'English', 'British', or 'Welsh' could also be non-white.

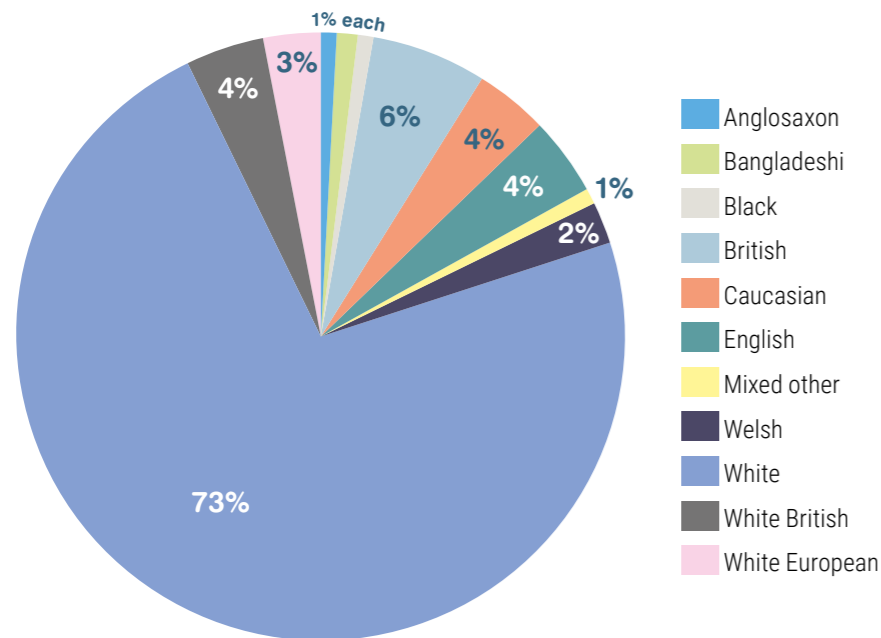


Figure 6: Ethnicity of respondent

In order to ascertain a sense of the socio-economic distribution of families who experience C/APV, we asked respondents to indicate their total household income (95 out of the 104 respondents provided this information). Overall, the findings indicate

that the majority of families in this sample comprise lower income households: 58% of respondents reported a total household income of less than £45,000, and just 7% of respondents reported a total household income of over £100,000. Finally, we asked parents approximately how long they had been experiencing violence and abuse from their child. For the vast majority of respondents, the duration of abuse at the time of completing the survey was between 2 and 5 years (n=45 out of 100 who answered this question; 45%) or 6-10 years (n=35 respondents; 35%). 14% of respondents had experienced violence for less than one year, and at the extreme end of the scale, 6% had experienced violence from their child for more than 10 years.

3.2 Demographic Data from Practitioner Surveys

A total of 47 practitioners completed the practitioner survey. Table 1 presents an overview of the sector in which the practitioners indicated they work, illustrating the breadth of organisations who encounter C/APV in their work:

Table 1: Practitioner Survey Respondent Sector

Organization/Sector	Number of respondents
Child/Adolescent to Parent Violence Service	10
Health Service	9
Children and Families Service	9
Domestic Abuse Service	8
Youth Justice	8
Housing Sector	2
Education Sector	1
Total	47

Practitioners therefore worked in a variety of fields and had experience in their profession ranging from 1 year to 37 years. Most of those who responded were working directly with families, with some in a policy or strategic role. In the report, we refer to each respondent in this group as a 'Practitioner' and do not distinguish individual roles to preserve anonymity.

4. Impact of Lockdown on Families

‘I think there needs to be an awareness that people are stuck at home with their abusers. I often think that it would have been better to just let the virus run its course. I do not think anybody realizes what happens when everything is shut down. All coping measures of the abuser and the abused are unavailable. I used to be able to go work out, go to the Y, or the park, or work. He was at school or work or with friends. Anger is multiplied out of fear and frustration. People are anxious, there was a problem with food for a while. People are losing jobs and income. There is no human to human contact anymore. Nobody sees a smile behind a mask. Humans need each other.’
(Parent 94)

4.1 Severity and Frequency of violence

The survey asked parents to reflect on their experiences during lockdown and how it had affected the violence. **Our survey responses record that 70% of parents reported an increase in violent episodes during lockdown** (73 out of 104 parents).

We asked practitioners whether they had seen an increase in referrals for families experiencing C/APV and 69% said that they had. (11 respondents did not answer this question because it was not applicable to their role. Of the remaining 36 practitioners, 25 said there had been an increase):

‘Arguments have become more violent and assaults have occurred.’
(Practitioner 43)

‘Referral rates have been above average as the lockdown period has exacerbated difficulties in some families.’
(Practitioner 44)

‘Yes, we have had a significant increase in the number of referrals due to CPV/APV, but also AED (adult entitled dependency).’
(Practitioner 13)

11 practitioners (or 31% of those who answered) said referrals had not increased. Some highlighted a higher level of severity in cases that did reach them:

‘A reduction in referrals - however those that are coming through are more complex and usually at breaking point for the family.’
(Practitioner 7)

Another stated that parents had been reluctant to call for help at an earlier stage or had needed to reach out because a crisis point was reached:

‘I have noticed an increase in calls to professionals for support regarding these incidents, however, on two occasions, I have noticed that this has meant 999 calls to the Police rather than disclosure of need for support before incidents have reached this stage.’
(Practitioner 5)

Others described a more mixed picture:

‘We have seen a split in needs from referrals, some families have found that violence has significantly reduced due to lack of external pressures e.g. school/social clubs, groups. Other families found that initially due to all being together all of the time the violence increased.’
(Practitioner 30)

‘Yes there has been an increase with children and parents being together more than normal and their usual outlets mainly unavailable. The severity in those experiences has also risen in some cases yet in others has decreased with them spending longer times together benefitting some.’
(Practitioner 33)

Many of those who did not see an increase in severity or incidence of violence expressed concern about this increasing when lockdown was lifted. This practitioner noted a rise when some of the restrictions of lockdown were lifted in families whose children had begun to return to school:

‘I have noticed that during lockdown a few parents have received less violence towards them. They feel that this is because there is less expectations for the children and they don’t have to get them to school or keep to times. They are needing to access support over the phone or video calls. Other parents have found that now the children are going back to school and them back to work that aggression is rising again as they have been used to a lot of their parents’ attention and time. ... The incidences did go down at the beginning of lockdown. This has stayed the same for parents who do not work or who have not returned. The same goes if the children have not returned to school. Those who have returned to school and work have noted a rise in negative behaviours.’
(Practitioner 41)

We asked specifically whether the severity or incidence of violence had increased and of those practitioners who answered, 64% said it had. (33 practitioners replied and of this number 21 said it had increased and 12 (36%) said it had not.)

As a policy lead from the Youth Justice Board explained, whether there has been an increase nationally is not yet clear:

‘There may be an increased risk of C/APV developing where it did not exist prior to lockdown. We may not know the extent of this until the circumstances return to normal and any available evidence and data is analysed. Reported and anecdotal information from the YJ sector indicates that the situation is unclear and we are not fully aware of how families are coping in the current circumstances. Parents will usually avoid criminalizing children whenever possible but in the current circumstances and where the situation escalates, parents may have little choice. This increases the risk of net-widening with the possibility of increased number of children coming into the YJS. Currently this is not accurately measured as there isn’t a separate charge for C/APV. There has been a reported increase in DV nationally which may include C/APV. However, data for this is not reported separately in the YJS so it is difficult to assess the increase in this area or the impact on Families and children and young people. The YJB is looking at how this data can potentially be recorded.’

In comparing their pre-Covid predicament to their current lockdown experience, Parent 8 acknowledged ‘our son is complex, he can be violent and was approximately 2-3 times a week, now he is violent at least once or twice a day’. According to Parent 64, ‘violence has been on the increase over recent years but since lockdown has seen a marked change

in frequency and ferocity'. Similarly, Parent 96's daughter had stopped being violent, but within four weeks of lockdown, she said that 'the physical violence has resumed'.

For respondents such as Parent 1 and Parent 75, C/APV had previously been declining within their household, but had lockdown triggered a rapid rate of regression. Parent 75 explained that despite an improvement in his son's behaviour before lockdown, abuse was occurring 'on an almost daily basis.' In an attempt to quantify the impact of lockdown on their child, Parent 1 expressed that their child has 'regressed about 2 years', forcing them to 'find (old?) solutions to this new situation'. While Parent 17 said, 'during lockdown behaviour has reverted to pre-therapy with more violence and meltdowns... more dysregulated behaviour...and a shrinking window of tolerance'.

In cases where lockdown was linked to an escalation of C/APV, parents frequently used the language of 'escalation' and 'regression'. For example, Parent 17 described her son's behaviour as having 'reverted to pre-therapy with more violence and meltdowns.' Parent 95 stated that 'lockdown has set a lot of children back', noting the regression in her daughter's behaviour.

'Escalation' could refer to an increase in the number of episodes of violence. Parent 18's son had escalated from being abusive a 'couple times a week', to '3-4 times a day.' Parent 55 stated that her son 'has gone from displaying his behaviour on weekends to displaying it every day. All day, every day!' Escalation was also used to refer to the intensification of abuse. Prior to lockdown, Parent 88's daughter had limited her abuse to screams and threats. During lockdown, she had escalated to destroying property, and kicking and punching her mother. Similarly, Parent 64 describes 'a marked change in frequency and ferocity' of C/APV incidents.

Other parents reported the abuse becoming both more intense and occurring more often. For Parent 71, violence 'is now a daily feature of lockdown life.' She said: 'my husband and I are literally covered in bruises.' For Parent 5, the abuse is now 'the most extreme it has ever been.' Below, one of the practitioner respondents describes two cases of escalation:

'One of my cases has had two incidents of child to parent violence during lockdown. On both occasions this has led to the police being called and on the most recent occasion their child being removed from the home. Although CPV was present before the restrictions the two incidents seem to be more significant. Another case within my team has led to ABH being committed towards a parent and the child being arrested twice during the restrictions for violence towards their parent. This is an escalation in his behaviour as he has not had to be arrested before and has not physically assaulted his parents before. Parents are not particularly positive about professional involvement and although they would like their child removed they find it difficult to engage with professionals around their own parenting.'
(Practitioner 31)

However, it is noteworthy that in the survey, parents pointedly recognise that lockdown is neither the primary nor sole initiator of their child's use of violence. For instance, Parent 23 explained: 'I doubt it's caused by lockdown but expect it is made considerably worse by it, as children pick up on parent's anxiety, push against restrictions and parents feel even less supported than usual'.

4.2 Lockdown-specific reasons for the Increase

It is clear, then, that an increase in incidence and severity of C/APV during lockdown has been noted by both parents and practitioners, though the picture is mixed, and the full extent of impact is not yet known. In **Section 7** we examine police recorded incidents of C/APV across England and Wales, illustrating a similarly mixed picture, with some forces reporting a rise in reports but others indicating no significant increase during the lockdown period. In this section we explore the multifaceted reasons underpinning the increase in C/APV experienced by many participants.

4.2.1 Spatial Confinement and Coerced Proximity

Restrictions on social movement, confinement within the home and the coerced proximity of family members have induced a feeling of entrapment and created triggers uniquely inherent to the lockdown predicament. One respondent pinpoints this 'cabin fever effect' as a trigger heightening 'his behaviour and possibly our response to it in that we don't have the option of just going out to get away from it' (Parent 3). Another noted that 'lockdown has put significant strain on us due to frustrations around boundaries and limits on both moving about outside the house' (Parent 10). Parent 3 likened their lockdown experience thus far to that of a 'pressure cooker'. With the reference to 'walking on egg-shells' in fear of the next outburst being reiterated frequently throughout parent responses, 'an event such as lockdown can only apply more pressure to a volatile household'(Parent 11).

With lockdown enforcing coerced proximity, the lack of escape from the home environment and reduced respite has concentrated the effects of C/APV, increasing parents' feelings of isolation and levels of exhaustion.

'I am furloughed so no longer have the wonderful normality of work as my respite'
(Parent 23)

'I guess it's more concentrated. Recently, prior to lockdown, I had become grateful for the time I have at home alone to recharge! Having him here all the time is very intense'
(Parent 45)

'our ability to cope has been lowered because there is no respite and no support'
(Parent 31)

'lockdown has increased a sense of isolation for me...We can't go out which have previously provided us with distinction in terms of places, people and activities. Never getting a break is exhausting for me'
(Parent 16)

'I am spending 24/7 with my husband which is extremely stressful because he really struggles to cope with the extreme of our son's behaviour without an escape to work or to socialise'
(Parent 23)

‘up till now there have always been periods in the week when I could relax knowing that someone else was taking care of him for a while and would deal with whatever happened. Now there are none of these periods. We are resilient and experienced and have some support, but even with all of those things, this is exceedingly distressing and if it goes on much longer, I am very much afraid that my son will be unable to continue living at home with us’
(Parent 42)

‘Being with each other in such constant proximity with reduced self-care respite options (yes I can have a bath etc. but I can still hear my son screaming downstairs) has taken its toll on all of us’
(Parent 64)

‘We’re trapped with a caged lion and there is no rest’
(Parent 86)

Reduced routes of escape have intersected with the reduction of formal and informal support to heighten feelings of parental isolation. Parents report this isolation emboldening their young person to use aggression and violence within the home. The realisation that the rules of lockdown ultimately lock out external and third-party access to the home eroded some of the previous safeguards against C/APV:

‘It is difficult that our safety net has been taken away, and people who would normally intervene and help are now not able to’
(Parent 62)

‘The lack of input from anyone else has been the toughest. Being only in each other’s company has put extra pressure on us all to get on. [My son] realised quickly that with no one coming over or being allowed over gave him free reign to kick off with no one knowing’
(Parent 67)

‘I think my son feels more invincible during lockdown because he knows that we can’t access support and we have no choice but to all be here together’
(Parent 43)

It was interesting to note that some parents described the experience of isolation and confinement to the home as a continuation of what they had already experienced from C/APV:

‘Generally, our life hasn’t changed much, her anxiety means we often can’t leave home and her problems with relationships mean we rarely have friends or playdates as they trigger CPV ... The experience of the past 7 years has probably given us the ability to cope as this is how we lived most of the time.’
(Parent 6)

‘My son’s emotional immaturity means he can’t be left alone in the home for long so (pre lockdown) we weren’t able to go out in the evening together.’
(Parent 23)

‘Life for us is actually more bearable than last year when we were isolated because of her behaviour.’
(Parent 25)

Practitioners similarly reported the negative effects of being confined at home:

‘Not being able to leave the house has caused increased stress; intensity of time together. There have also been difficulties caused by the young person not adhering to the lockdown requirements. There has been a tendency to the young person spending more time online and parents feeling isolated in coping; loss of direct support network and support of other agencies (school etc.)’
(Practitioner 44)

‘One of the biggest problems with lockdown was following or the lead up to an episode the families had no options to use their normal strategies of the child going to stay with family or friends to “cool off”. Often grandparents who are often a vital source of support were shielding and therefore could not help in their usual way. Children could not leave the house to try and prevent violence. Often the children were classified as vulnerable and so should have been offered time at school. However, many of the EBD schools only offered 2 hours or odd days. Often even when full time schooling was offered the children refused to go. many parents missed the support of teachers that they usually would have had ... not having alternatives following violent episodes has meant that there has been no time for the violence to stop. For one family where the 16 year old son had given his Mum a black eye by throwing a phone his Mum felt that the constant reminder for her (by pain) and to her son (by experiencing guilt and shame) led to further incidents in short succession which was unusual for them.’
(Practitioner 46)

4.2.2 Structure and Routine

Lockdown has led to drastic changes for families in structure and routine. On the one hand, everyday routines have stopped or changed with the closure of schools, shops, and support services. On the other, there have been increased workloads for some families, including those who are key workers, and an increase generated by remote working, home-schooling responsibilities and the need to support vulnerable family members:

‘Obviously, it is a challenging time for every family and on top of working full-time we have been trying to support various elderly and vulnerable family members and neighbours. Also, our respective workloads have increased with the pandemic so stress levels of both myself and my husband would have been more heightened which my son would have picked up on’
(Parent 64)

‘We have felt extremely anxious because the uncertainty is so high. we are also stressed and exhausted, as we both work and working from home whilst trying to also educate and look after the boys, and maintain the house, shopping, and cleaning and everything else is very taxing’
(Parent 31)

The lack of routine and structure caused by lockdown have become areas of contention and triggers of violence. This is evidenced in instances where pre-existing vulnerabilities are disturbed by the uncertainty and changes in routine:

‘He has ADHD and has struggled with having to stay in and not having structure’
(Parent 52)

Furthermore, some young people have adopted nocturnal lifestyles which has become an area of contention and added to parents' concerns:

‘It is very hard to be in the house with my son all day and night. He is often nocturnal and stays up all night playing loud drill music and smoking and shouting on the phone to his friends.’
(Parent 23)

‘Our son is mainly nocturnal, and this often means that we do not sleep.’
(Parent 30)

‘When he makes noise at 3 in the morning and I try to remind him that it might bother the neighbour, he says he doesn't give a...and for me to get back to my room right now etc.’
(Parent 79)

‘He has become nocturnal which is problematic as it is noisy at night’
(Parent 54)

The abrupt closure of schools, the new dynamics of remote education, and the uncertainty as to when schools will resume has disrupted normal routine for young people across the country. However, for those using violence within the home, parents report that this disruption has been a notable trigger:

‘Lack of routine has been hard for both of them. Being together all the time is hard. And attempts at doing schoolwork usually fail. It has been impossible to create a routine for both of them’
(Parent 31)

‘He's frustrated and out of his normal routine. He wants to do schoolwork at school. Get back to normal’
(Parent 93)

‘As all A-levels cancelled, he has been left in limbo. His mental health has worsened and he thinks he won't be able to get into the university he wanted and his life prospects ruined’
(Parent 54)

Again, this point was reinforced by practitioners:

‘Many vulnerable children are not accessing the education on offer and are sleeping most of the day, appointments and visits are far less, so parents have less need to challenge and young people are easier to appease’
(Practitioner 25)

‘Some parents are afraid to use any consequences as everyone is locked up in a small space, routine gone out of the window, most children refusing to go to school or do any school work. A lot of my parents want emotional support as they can't always speak due to children being present’
(Practitioner 26)

4.2.3 Increased Opportunities for Control and Difficulties with Boundaries

It is now widely understood that domestic violence centers on patterns of power and control and coercive behaviour. This is also the case for C/APV, but as we have reported in our previous research³⁴, this takes on very particular forms which are characterised by the child-parent relationship, rather than an intimate partnership between adults. The young person using violence in the family is wielding power and controlling family members, and this control extends along a continuum from a child who learns to get what they want using certain behaviours to more extreme versions of control that look a lot more like coercive control found in adult relationships. Much of the support work with families experiencing C/APV aims to help parents regain some of the control in their relationship with their child and to safely reintroduce boundaries and limits within the home.

Lockdown has provided an environment which makes this particularly difficult and reintroduces or compounds these problems. We have found in our previous research that young people can exert control over a range of different areas of their parents' lives. In this study, respondents described problems with control of physical space in the home and the movement of parents:

‘I mostly stay in my room because when I come out, he immediately starts abusing me ... using the bathroom is also difficult, he controls the whole house’
(Parent 79)

‘Parents are reporting high levels of stress at home - finding it difficult to 'pick their battles' during lockdown and family members not having any escape from the abuse. Some adolescents have been using lockdown as a means to take more control with parents - limiting how much they leave the house for example’
(Practitioner 7)

‘On-line support services are available but there is a risk that any contact may be discovered by those in a position of power depending on the dynamics and relationship which may further increase the risk of abuse’
(Practitioner 4)

Parents noted that heightened anxiety in the young person and a sense of a lack of safety led to greater levels of violence which they suggested might be a means attempting to reclaim control when a child feels it has been lost. Parent 6 shared how their daughter 'became very controlling and distrustful of parents; the world had changed and mum and dad were no longer in charge'. Others highlighted:

‘The changes themselves, lack of time away from home doing activities, fear of not seeing people important to him again, lack of creative outlets etc. have all increased his anxiety and urge to control. So he's more easily triggered again, and more threatening’
(Parent 9)

³⁴ Condry, R. and Miles, C. (forthcoming, 2020), 'Children who perpetrate family violence are still children: Understanding and responding to adolescent to parent violence', in Fitz-Gibbon, K. Douglas, H. and Maher, J. (Eds.), *Young People Using Family Violence: International Perspectives on Research, Responses and Reforms*, Springer Nature.

‘It has become worse for three reasons. Firstly, he is more disregulated because of (I assume) the change in routine, the uncertainty and the stress. Secondly as he is not in school there are more hours of the day in which loss of control can happen. And thirdly none of the rest of the household gets a break. His need to try to control us all is noticeably increased’
(Parent 53)

Social media, technology and screen time were often cited as points of conflict:

‘Falling out with friends online...or he is constantly calling people who then get fed up with him...all rejection stuff’
(Parent 6)

‘Typical flashpoints like tv and screen time are exacerbated’
(Parent 3)

‘Access to WiFi so online games can be played and friends contacted. However, supervision is needed due to vulnerabilities, but it’s unwanted and causes a lot of conflict’
(Parent 5)

‘Children who are staying in bed for most of the day because they are not at school are displaying violence at night and during the night, e.g. Mum is assaulted because the child can’t get the TikTok dance correct at 2 am’
(Practitioner 16)

‘Some families have experienced daily assaults. Being asked to come off technology is the most frequent trigger to violence’
(Practitioner 27)

‘Much of what parents are reporting is around how young people are using violent or abusive behavior when asked to come off the internet. Parents feeling unsure about how to manage their child on the internet and giving into demands. Many parents talk about giving into their child due to other people in the home mainly siblings - for fear of the impact this will have on them’
(Practitioner 38)

Others pointed to drugs as a point of contention:

‘He was already reclusive staying in his room and demanding food and snacks, never going out. Increasingly wants weed since lockdown’
(Parent 23)

‘Luckily, but sadly, he hasn’t friends / girlfriend, so he only leaves the house 2 or 3 times per week to source weed. The weed use is causing friction / financial abuse due to our son not working’
(Parent 30)

Other points of risk emerged from parents trying to enforce the rules of lockdown:

‘Some incidents have been sparked by trying to get the child to conform to rules about going out, which are then ignored, and mums cannot then get them to return to the home if have gone out and stayed at friends.’
(Practitioner 23)

‘He’s more angry at the world. He doesn’t understand how some people can do one thing and others can’t’
(Parent 67)

‘Hand washing is a source of conflict and can lead her to scream at us she hopes we die of coronavirus rather than wash hands.’
(Parent 6)

Practitioners expressed concern that parents not enforcing boundaries or allowing certain behaviours could have long term consequences including a potential increased risk of violence:

‘There is concern that some parents are backing off to avoid conflict and allowing children more behavioural independence than usual which could result in escalation with potentially serious consequences’
(Practitioner 4)

4.2.4 Fear and Anxiety

Parents and practitioners described heightened fear and anxieties in families during lockdown. Some anxieties were rooted worries about money or loss of employment. Others had their source in fears about Covid-19 and feelings of vulnerability, and concern for other family members:

‘So much bad news around has sent anxieties sky high’
(Parent 5)

‘My daughter is just so scared of everything’
(Parent 7)

‘He is very anxious about the situation’
(Parent 8)

‘She veers from being highly anxious to quite angry. I am frontline NHS and she is so fearful of catching coronavirus from me that she has become even more nocturnal to avoid me [...] My daughter has been very stressed and frightened. Obsessed with reading about coronavirus.’
(Parent 21)

In some cases, fears surrounding the virus and issues around personal hygiene were cited as triggers of aggression and violence:

‘During lockdown, he has become obsessed with the idea that I’m dirty, he washes the dishes again and again and bangs pots all night and doesn’t want me to touch anything or to come out of my room’
(Parent 79)

For others, pre-existing mental health problems and anxieties were exacerbated:

‘Yes - one of my clients lives with her Grandad - she has severe mental health challenges and very high anxiety. Grandad is her only means of family support and this was a challenge for him already. My client’s mental health deteriorated and anxiety, especially health anxiety has escalated and she has become physically violent - assaulting Grandad on several occasions’
(Practitioner 4)

4.3 Effects of APV and lockdown on parents, parent-child relationships, other family members and access to support

4.3.1 Impact on parents

‘We are very different people to what we used to be, now we are less sunny and optimistic. Two of us are on antidepressants. Seeing others in the household be shouted, called names and get hurt has made us all at times feel shocked and angry and we don’t know what to do with that feeling. Two of us have expressed the feeling that if he is going to kill us we wish he would just get on with it and give us some release’
(Parent 53)

Experiencing C/APV is incredibly distressing for parents, who face dealing with the direct effects on themselves (physically and mentally) and on their immediate family, as well as the wider feelings of shame, powerlessness, and isolation; often with little means of informal or formal support. The lockdown restrictions have not only enhanced the potential for violence in the home for some families but have also had significant implications for parents’ ability to cope with and manage the violence.

Several parents expressed the enormous strain they felt under due to living with a violent child during lockdown, highlighting the ‘massive emotional burden on family members’ (Parent 9); ‘massive strain on our family’ (Parent 43); and ‘feeling of dread on waking up in the morning; feeling of powerlessness as parents’ (Parent 32). Several parents emphasised the exhaustion they felt due to never being able to get a break due to the lockdown conditions, and Parent 46 warned of the severely dangerous impact of the situation, saying ‘I feel almost suicidal because I can’t get away.’

There was some evidence of the gendered nature of C/APV and the particular impact on mothers, for example, Parent 26 commented, ‘I feel very tearful, and like a completely useless mother’, and Parent 59 said, ‘I have felt like a failure as a mother as tried to kill myself’. However, there were also several respondents who highlighted the impact of experiencing C/APV during lockdown on both themselves and their partner:

‘I am at my limit, my mental and physical health is deteriorating daily and I’m worried that I won’t be able to cope much longer. We have all been badly affected and my husband is a key worker desperately trying to continue working in impossible conditions at home’
(Parent 17)

‘My husband and I work as a team to care for both our children but the strain our eldest child’s needs puts us under is often intolerable. My husband gets very down about our situation and has taken 2 weeks sick leave due to depression and fatigue caused by caring for our son’
(Parent 29)

A number of parents also talked about the negative impact that living with C/APV was having on their relationship with their partner, highlighting the importance of working as a team, and the detrimental implications of not working together (some parents highlighted that their relationship had previously ended as a result of C/APV). For example, Parent 28 explained that ‘it can cause arguments as husband tends to be softer and make excuses for his behaviour’, and Parent 64 lamented, ‘myself and my husband have felt the pressure in our marriage and it has almost brought us to consider separation’. This was also articulated by Parent 23:

‘[M]y husband and I frequently argue about our son and the best way to handle him/endure the impact of his complex needs. This means that we do not always manage to work together as a team and often feel unsupported by one another’

For Parent 71, the effort required to manage their son’s behaviour meant that their relationship with each other had deteriorated: ‘My husband and I are joint carers for our son but have no relationship ourselves, there is no time’.

4.3.2 Impact on other children/siblings

A strong theme within the parent survey responses about the impact of experiencing C/APV during lockdown centred upon the welfare of other children living in the home who, due to the lack of school and other childcare or respite options, were being exposed to C/APV. For some parents, their other children were also direct victims of violence from the abusive child and therefore also at a greater risk during lockdown, as articulated by the parents below:

‘Our youngest son is chased by and set upon by our son and we have needed to teach him to flee from the situation and/or call for us to shield him. He has said in the past “I wish I didn’t have a brother with problems”’
(Parent 29)

‘It is particularly damaging for our 14-year-old daughter, who suffers from anxiety during his meltdowns and has been hurt on occasions’
(Parent 71)

‘Her sister is frightened of her and sometimes needs to sleep in my room for protection’
(Parent 47)

For other parents, they were more concerned about the psychological effects of living with C/APV on their other children, who were now (due to the lockdown conditions) frequent witnesses of the violence from their sibling towards their parent(s), and were unable to escape:

‘Everything is amplified, there’s no escape, and it’s not just the person being hurt who’s affected, it’s everyone that sees and hears it. The other children are traumatized by seeing us hurt’
(Parent 33)

‘My other 2 children are very distressed as they are witnessing this every day and unable to escape’
(Parent 76)

Some parents said that their other children were already displaying concerning behaviour, as a result of living with C/APV during lockdown:

‘His younger brother (aged 9) has regressed a lot, having toileting accidents, talking in a baby voice and wanting to be read stories for much younger kids and drinking milk from a toddler cup’
(Parent 53)

‘My youngest son is showing signs of anxiety and is very sensitive to shouting within the house and will break down in tears immediately when things get heated’
(Parent 43)

4.3.3 Access to informal and formal support

One of the key impacts of the social distancing and lockdown measures for families living in a violent household is their reduced ability to access informal and formal sources of support. As highlighted by one practitioner, ‘Families have lost crucial access to the natural respite they would receive from extended family and friends during Covid-19’ (Practitioner 4).

Some parents said that they had had no choice but to move their other child(ren), out of their usual family home during lockdown, despite this potentially breaching guidelines, in order to shield them from their violent sibling, for example, Parent 76 explained that ‘my youngest son has had to go and stay with his Dad so that I can keep him safe’, and Parent 59 explained, ‘I moved into my parents’ with his younger brother’.

Other parents said that they resorted to sending their violent child to stay with extended family, in order to protect their family and obtain some respite: ‘For his own safety and that of everyone else’s in house he’s been at his Grandma’s for 3 weeks now’ (Parent 18); ‘We were fortunate enough to have my parents for the eldest to go to, to give us respite’ (Parent 34).

For many of the parents though, informal support or respite care was not available during lockdown, and a number of parents said they felt unable to confide in their families and friends, due to a sense of shame and failure.

‘I don’t tell friends or family because I’m ashamed’
(Parent 79)

‘I have to lie to my family, friends and colleagues’
(Parent 46)

‘It’s only me and my daughter who know we don’t discuss it with any other family member’
(Parent 44)

‘Most of this information will never be revealed and we will continue to live in silence and shame, pretending to others that everything is OK’
(Parent 31)

‘My family relationships can be strained because people don’t want to know how difficult things are, and I will often plaster a smile on my face and lie to keep the peace’
(Parent 16)

This sentiment was reiterated by practitioners, for example, Practitioner 33 acknowledged that ‘many feel ashamed and unable to seek support for fear of social services ... this has been enhanced during Covid due as they have felt alone without their normal outlets or support’.

Not surprisingly, the reluctance to confide in or seek support from informal networks meant that many families expressed feeling extremely isolated and alone, with no means of support. As Parent 16 articulated, living with C/APV during lockdown had led to an

‘increased sense of isolation for me definitely. The realisation that others cannot help or provide support in practical ways.’ Similarly, Parent 64 explained that during lockdown, the wider family had said they felt helpless and unable to provide practical support, which ‘has led us to not sharing as much about the daily challenges we are experiencing so they don’t have to feel so bad but it is very isolating for us’.

In addition to experiencing a lack of informal support, the lockdown has also led to formal sources of support being suspended, withdrawn, or limited in capacity. This was identified as an important issue in the practitioner surveys, which highlighted, for example, ‘the impact of lack of access to usual support for parents has been significant in raising stress levels and impacted on their mental health’ (Practitioner 27). In summing up the impact that lockdown has had on the support available to their family, Parent 17 highlighted ‘no support from parents, friends, or professionals’; and Parent 2 stated, ‘[I am] totally overwhelmed. We have lost all support and scaffolding.’

4.4 Positive impacts of Lockdown

Some respondents noted a surprising and positive shift in the behaviour of their young person using violence. In our survey, 29% of parents expressed positive improvements in behaviour and a decline in C/APV during the lockdown period (30 parents out of 104).

‘However, quite unexpectedly, his behaviour has improved, his respite enabler has continued to work with him but in a different way (he does a couple of hours, they meet here and walk to play football) and he is eligible to attend school so it’s possible if we are absolutely desperate as a last resort’
(Parent 40)

‘Initially I was absolutely terrified for my safety, partly because my safety plan is now not workable because of safe distancing and lockdown. In fact, she is calmer because there are significantly less transitions and relationships to manage’
(Parent 4)

For children who find ‘transitions’, such as those between home and school, or between different social situations, particularly stressful and triggering, the lockdown has been a welcome respite. For some, not having to attend school or appointments with services has been a welcome relief and reduced stress:

‘As an adoptive parent and also an emotional wellbeing worker with young people I would say that a lot of young people are less anxious during lockdown. This needs to be investigated’
(Parent 27)

‘Confining together gave us the longest and most peaceful time together in our home for years although this peace was conditional on excepting controlling behaviors of son’
(Parent 78)

‘I have coped by not making any demands on my child to conform to a normal routine. This avoids a lot of the conflicts’
(Parent 12)

‘There has been no violence under lock down. It seems there is no pressure on her from school or friendship groups. We think she is glad to have us both at home every day’
(Parent 27)

‘Yes, he has become my calmer - I would say 85% better. We aren’t walking on eggshells, I think it may be the reduction of external demands’
(Parent 35)

‘On a positive note, some families have bonded and become closer during this period’
(Practitioner 4)

For others, although lockdown has exacerbated the abuse, they felt that it has also provided the final ‘push’ that they needed to reach out to support services:

‘We have put this off for so long as we feared the effects of being returned to care would be worse for son than being at home. But during lockdown, we realised that we could not continue as we were all suffering at home, including Son’
(Parent 81)

‘The incidence of severity has always been severe but a feeling that during lockdown peaks have been reached more quickly/ frequently and that parents felt able to talk about it more openly or seek help because of lockdown. I have spoken to several family members who have witnessed or heard about the abuse who perhaps may not have done if there had not been a lockdown’
(Practitioner 39)

However, it should be noted that **the improvement experienced in lockdown might be short-lived, and these families might experience more severe problems when the pressures of everyday life return**, a point we return to in Section 8.

5. Families’ Experiences of Support

5.1 Support Before Lockdown

The issue of a lack of support for families dealing with C/APV has been frequently highlighted by previous literature³⁵. While the situation has been improving in recent years, provision is highly dependent on location; different regions take different approaches and provision of specific programmes to address C/APV is patchy at best. In line with this, parents in our survey reported mixed experiences with support services prior to lockdown. Many parents described positive examples of support they had received from schools and other educational provision or from family support services. However, two thirds of parents reported at least one negative experience with at least one service, from dealing with long waiting lists and other delays, to the support offered being unsuitable or unhelpful to their family and a lack of understanding of the problem of C/APV:

‘We have felt helpless for years as professionals don’t seem to understand or even believe the levels of violence we have suffered for years from our daughter. It would have been great to have been able to talk to someone who believed me’
(Parent 37)

‘we have been asking for help for many years. This often involves asking social care for help as they so often are the gatekeepers of mental health intervention for traumatised young people. In our experience large numbers of social workers are institutionally anti-parent, as well as determined not to endorse necessarily high-cost treatments and interventions’
(Parent 23)

‘I have all relevant services involved but find that the support doesn’t meet his needs and it’s just a tick box exercise’
(Parent 19)

‘I feel it is not taken seriously by professionals [...] the response has been (1) it is our parenting that causes it and/or (2) what do you expect because of their early life experiences (before they came to live with us). When I have mentioned violence to professionals more recently, they either ignore it completely or look a bit embarrassed’
(Parent 53)

A service that was referred to often was CAMHS, which received some criticism. 57 of the parents who responded to our survey mentioned CAMHS, and of these 37 gave an opinion of the service it provides. Seven parents reported good experiences with CAMHS, but 30 described negative experiences and felt that help with their child’s mental health had not been forthcoming, despite quite a high level of need:

‘CAMHS has no clue how to help adoptive families [...] I would not turn to CAMHS for a bucket of water if my house was on fire’
(Parent 23)

³⁵ For example see Bonnick, H. (2019), *Child to parent violence and abuse: A practitioner’s guide to working with families*, West Sussex: Pavilion Publishing

‘Also, infrequent contact with YOT family therapist from CAMHS, although I don’t feel she hears me or cares’
(Parent 40)

‘We were referred by school to CAMHS, a painful process grounded in the false presumption that all problems are due to deficient parenting, rather than fundamental neurological anomalies. Our child hated the CAMHS sessions, which were exceptionally patronising and unhelpful.’
(Parent 71)

As CAMHS is under resourced, support is rationed and waiting lists are long. This means it is often very difficult for children and families to access the support they need, as illustrated in the quotes below:

‘Tried CAHMS in the past but the waiting list was too long’
(Parent 11)

‘18 month waiting list for CAHMS’
(Parent 46)

‘Help is not available for either you or your child as the waiting lists are so long and even when you get to the top of the list, the help is for such a short amount of time that it doesn’t make much of a difference. I have had therapists say that she needs long term help, but they can’t (won’t) provide it, that is from the managers at CAMHS. Despite having 2 two-day hospital admissions as she was suicidal she still is not currently getting any help’
(Parent 48)

‘Been trying to get help for 2 years. Been turned down by CAMHS many times. Been referred to Children’s Services many times’
(Parent 50)

‘17 referrals refused from CAMHS in last 7 years’
(Parent 58)

‘Contacted CAMHS but again because he wasn’t suicidal they couldn’t help’
(Parent 8)

‘We have tried to get help from CAMHS and despite taking 2 overdoses and being hospitalised overnight on both occasions, she does not meet the threshold’
(Parent 20)

‘In March spent 2 nights in hospital as she was suicidal (also spent 2 nights in hospital in December. Then CAMHS refused to put her on the waiting list for 1:1 therapy and only offered group therapy which she did with no apparent effect)’
(Parent 48)

In discussing the support available to them, several parents criticised how support services are organised and managed and described having to navigate a labyrinth of services and organisations in the attempt to acquire appropriate support.

Parent 30 criticised the lack of C/APV-specific services, as their local domestic violence service states that it is ‘set up to provide support to those experiencing intimate partner abuse, not child to parent abuse’, and therefore could not help. Parent 87 expressed frustration at being passed from social services to the police, and then from the police

back to social services, with both organisations stating that C/APV was the others’ responsibility.

Even when parents successfully accessed support, this support was not appropriately joined-up between services. Parent 43 explained that while they had received support from Early Help, CAMHS, local GPs, paediatricians, and an educational psychologist, no single professional had ever looked through all of the evidence and documentation that they had put together. Instead, each professional looked at only the small slice relevant to their specific agency. This resulted in a lack of progress in the view of parents. This context prior to lockdown is important to keep in mind in exploring experiences of support during lockdown as some of the problems parents encountered have a long history.

5.2 During Lockdown

Support changed significantly during lockdown, due to the impact of face-to-face services shutting down and social distancing rules.

5.2.1 Schools

Many of the parents who reported positive experiences did so because their school was able to continue to accept their child. This daily respite clearly meant a lot to many of the parents who responded. Parent 13 was ‘very, very grateful’ that their school had decided to offer her son a place during lockdown. Although Parent 55 explained that it was helpful that her son was still in school, she also highlighted that the ‘teachers make [me] feel like a bad parent’ for sending him in. Parent 31 had been offered lockdown school places for her sons but felt too concerned about the potential health risks posed by the coronavirus pandemic to send them. As the abuse was escalating in lockdown, she reflected, she was ‘thinking about sending the boys to school despite the health risks involved’.

Likewise, parents whose children were no longer at school discussed the absence of this respite. Parent 61 felt that lockdown had affected her the most, as ‘there is no escape while he’s at school.’ Parent 53 said that the extra time at home just means ‘more hours of the day in which [a] loss of control can happen’ and similarly, Parent 45 said that no school meant that she had no time to ‘recharge’ from the abuse. As Parent 42 explained:

‘I have always lived with the knowledge that at any moment my son could up and do something horrific, but up till now there have always been periods in the week when I could relax knowing that someone else was taking care of him for a while and would deal with whatever happened. Now there are none of these periods’

For those children who were no longer allowed to attend school, the amount of support that the school had continued to provide appeared to vary significantly. Parent 33 said that ‘School has been amazing - phoning him, encouraging him in, being super positive with him. Without school he wouldn’t still be with us’. Similarly, Parent 91 highlighted the importance of their school link workers, saying, ‘I could not have managed this lockdown without the support from his school link worker. She’s amazing’, and Parent 40 said that the kindness of their school’s SENDCO had been helpful. For Parent 33, ‘our school has literally saved our family from breaking down’.

However, some schools were described more negatively by parents. Parent 23 complained that ‘since lockdown our local SEN has ignored us’. Parent 43 said that she had used to rely on school for support when her son was behaving particularly abusively. However, lockdown meant that ‘even that tiny bit of support is not available.’ Parent 14

had successfully secured 1:1 support for her son three weeks prior to lockdown, but lockdown meant that this arrangement had been cancelled, leaving their family in limbo.

Other parents expressed the challenges of homeschooling. For example, Parent 5 argued that 'school is school and home is home, and they don't mix if positive relationships are to be maintained', citing homeschooling as a trigger for C/APV incidents at home. Another parent described how schoolwork triggered 'meltdowns' in her son:

'The schoolwork is delivered online using Microsoft Teams, a complete nightmare for a severely dyslexic child. He cannot focus and refuses to work for more than a few minutes. There are frequent meltdowns associated with the schoolwork. We have abandoned a lot of it now'
(Parent 71)

Interestingly, a minority of parents noted improvements in their child's behaviour without school. For example, Parent 27 reported, 'There has been no violence under lock down. It seems there is no pressure on her from school or friendship groups.' Parent 16 contrasted the difference in how her son and daughter are coping with lockdown:

'Son has been the most affected I think...his emotional and mental health is deteriorating, and aggression increased, and this is having an impact on me and his sister. Daughter in some ways easier at the moment now she out of school where she doesn't cope with being told what to do and the drama of peer friendships ... While she has had meltdowns they are manageable on the whole'

5.2.2 Social and Health Services

As was the case for schools, services that stayed open had to make changes in order to comply with the restrictions of lockdown. For example, some services switched to telephone, rather than face to face, appointments. The impact of this on families has varied according to individual circumstance. Some families found online and telephone appointments easier, as they reduced potential 'triggers' for abuse. Children did not have to prepare to see support services or endure a long journey to access the support they needed. Parent 4, for example, highlighted 'transitions' as a significant trigger point for her son, and said that not having to deal with these meant that he was much calmer. Parent 62 said:

'in some ways some things have been better, like a video G.P. appointment, and telephone consultations, rather than having to attend appointments, as this can be difficult'

On the other hand, some families found online and telephone appointments were less helpful than face-to-face interventions. Five parents specifically identified their child not wanting to or being able to work with support services over the phone, with Parent 12 stating that,

'My child will not engage unless it is in person face to face'

Three other parents discussed not wanting to speak on the phone themselves, as they had little privacy, for example, Parent 17 stated, '[I don't] want to chat, and I can't talk on the phone when my son is around as it triggers his anxiety'. Instead, she said that she needed practical support, which was not available due to the lockdown. Practical support was also important to Parent 1, who said that services 'are offering online support but we've done all the courses, we know what to do - we just need physical support.' Parent 9 also raised concerns that her son's 'therapy has reduced to a smattering of Zoom calls'.

Some parents expressed that they understood the difficult circumstances of lockdown and appreciated that they were able to receive some support. Parent 32 stated that 'CAMHS appointments have continued by phone, for which we are grateful, but it's not as effective as face to face.'

Other parents expressed their perceived/experienced unavailability of support services:

'There is no help that can be given at this point. They can't see a therapist or do any activities.'
(Parent 31)

'[Lockdown has] taken away our options of help though, and interventions haven't happened due to professionals not being able to come to the house. We have not been able to access services we should have been able to.'
(Parent 62)

'It has been notable that I have had absolutely no contact from the social worker who is dealing with our case re: therapeutic support except an acknowledgement of an email that I sent.'
(Parent 41)

5.2.3 Parents' suggestions of what might have helped

In our parent survey, we asked respondents:

Is there anything that you think might help your situation at the moment? Is there anything that specific services, or the government, might do to help families experiencing C/APV during lockdown?

Some of the suggestions that parents made were general suggestions about what might help families experiencing C/APV, while others were more specific to lockdown. The suggestion that appeared most often was that parents should not be shamed, stigmatised, or not believed when describing their abuse. There should be greater awareness of the issue of C/APV, so that parents who are being abused find it easier to come forward and receive support. Parent 47 highlighted the fact that the support workers she encountered were far more used to dealing with families where the parents are the abusers, making them particularly ill-equipped to support families where the children are abusive.

Building on this, several parents discussed the importance of training for professionals. Parent 6 thought that if her daughter's teachers were more nurturing, her daughter would find schoolwork less frustrating, and the number of abusive outbursts would be reduced. Four parents named the police as an organisation that needs better sensitivity training regarding C/APV and the issues that cause it. While the police had been generally helpful towards Parent 23, she explained that her son has specific disabilities that mean that:

'Criminalisation will not help him to change his ways, his brain does not respond to consequences or threat of consequences'

Two parents called for education and training on C/APV at all levels of support – from domestic violence organisations to children's services. Another issue highlighted by parents was the inconsistency and underfunding of social services, for example Parent 37 described dealing with over 20 different social workers in the time they had been seeking help.

The next most common suggestion was making therapy and counselling more easily

accessible. There was some variety in who the parents felt the counselling should be for; while three parents specified that they wanted counselling for their children, five parents specified that counselling should be made available to the entire family. Parent 69 criticised agencies for attempting to treat just their child, without realising that all members of the family needed support:

‘Agencies isolate and just treat child. This is a big mistake as we need to be treated as a whole family unit’

In contrast, Parent 49 criticised agencies for working too much with her, and not focusing on her son’s needs:

‘But for all of this, no one is working with the child. All these people are concerned with is working with me. I’ve done all their courses and am disillusioned with their help, lack of consistency (3 workers last year, 4 this year) and failure to move forward as they are constantly saying things like ‘that was then this is now: using a fresh pair of eyes, etc.’

Four parents discussed needing someone to speak to themselves, to help them cope with the C/APV, whether a helpline or in-person counselling. For example, Parent 43 said:

‘[I need] support, just on the end of the phone, to be able to talk to someone who knows what we are going through, somebody impartial with no judgement and say ‘this just happened and I’m scared, what can I do?’

In terms of supporting their child, five parents highlighted the importance of mentoring services and role models:

‘I think he needs a life coach someone he will listen and look up to, to help him find the right path’
(Parent 18)

Five parents suggested education programmes for violent children. Two of these parents thought that social skills should be integrated into the existing curriculum, or emphasised more in day-to-day lessons:

‘Educate through the curriculum to all age children what behaviours look like and what choices mean, what boundaries mean, what good friendships look like, etc.’
(Parent 34)

‘Children would be more resilient if the schools focused on their social skills and govt funded mentoring and practical support. It is vital that these children develop social skills, these are more important than academic qualifications the government don’t recognise this’
(Parent 90)

The other three parents suggested residential or activity clubs that would teach fun, practical skills like canoeing or hiking, while also helping the children to develop more respect and discipline:

‘Summer Outdoor activity clubs would help e.g. canoeing, hillwalking. This needs to be run by people who are trauma informed or it would just become another thing for me to worry about’
(Parent 97)

‘Run compulsory army training courses or something during the school holidays in order to give them some discipline and structure for the children who are violent and are reported’
(Parent 101)

Finally, nine parents highlighted the importance of being able to access respite care or alternative housing for their child.

Parents thought that there should have been more continuity of care between support before and during the lockdown. For example, schools and support centres should not have been shut:

‘I wish they would open hubs or special schools [so] that my son could go socialise and have some education for a few hours a day’
(Parent 29)

‘I think withdrawing services completely is a mistake. More effort should have been made to continue support remotely. For example, I was attending a crisis intervention course that was stopped without any attempt to provide aftercare’
(Parent 22)

Linking to the above, children of families that were not classed as either vulnerable or key workers were not able to attend school. Many families felt that that C/APV meant that they should have been classed as vulnerable, so they would have been able to continue sending their child to school. However, even those who were classed as vulnerable still struggled to access the support that their parents believed they were due:

‘School have said they will not take [my] child as he is not vulnerable enough, but this excludes the needs of his younger brother who is made vulnerable by his brother’s violence. And I could do with a few hours of not being called a fucking bitch’
(Parent 53)

‘Vulnerable families should be single parent families with 2 children plus’
(Parent 24)

‘It would help if our local special school was more willing to take pupils back. My son has a full EHCP plan and is extremely vulnerable but I have not been offered a place at his school for him. [...] If he was at school, we could cope’
(Parent 42)

‘[W]e need the respite school provides but school are only taking key workers’ kids (they should be taking vulnerable children but they’ve refused to)’
(Parent 1)

‘My eldest son can’t take up his school place because he can’t cope without specialised one to one support, which isn’t available.’
(Parent 17)

Similarly, some parents criticised the support that had been provided by their school and suggested how it could have been improved. Parent 41 thought that if their school was better trained on C/APV issues, they could have checked up on the family more constructively during lockdown. Likewise, Parents 40 and 27 thought that regular check-ins are important. Others had suggestions to improve the teaching provision:

‘The school need to have more contact with vulnerable pupils. They need to offer Zoom sessions and not just send tasks for learning. It is hopeless to expect people in our situation to suddenly become also teachers - and teachers of their own children! - under such exceptionally difficult circumstances.’
(Parent 31)

Overall, parents found it more difficult to access support during lockdown. Many suggested that support should have been made available to them earlier. Parent 14 felt that ‘access to mental health team without waiting days even when at crisis’ would really have helped them through the experience of C/APV in lockdown.

Many parents felt that the restrictions should not apply as harshly to people living in violent homes. Several parents highlighted that members of abusive households should have been allowed outside more often, particularly at times of conflict:

‘When what is needed is a cooling-off period, not feeling confident to leave the home for fear of being stopped, questioned or even fined adds to what is already an extremely anxious situation. Having clearer legislation about what is allowed would help. Also being provided with some kind of pass to show if stopped to explain why that trip outside is necessary’
(Parent 22)

‘Allow young people with mental health issues a little leeway in terms of fines if out to avoid a meltdown at home as long as they are still respecting a 2m distance and not socialising with others’
(Parent 11)

‘to allow us to walk or leave home when necessary providing we socially distance. Telling parents whose children are aggressive they can leave home in the event of an incident providing someone remains with the angry child’
(Parent 40)

Or to help ‘burn off’ their children’s energy:

‘I think the move to extend the frequency and arrangements for exercise are helpful and should have been put in place sooner’
(Parent 10)

‘Being able to take him out the house more than once a day to burn off some energy’
(Parent 53)

‘Letting him out and maybe socialise with a friend. He needs to be stimulated’
(Parent 59)

Two parents said that going out in the car helped to calm their children, and not being able to do so in lockdown was particularly difficult:

‘It would just be so helpful to be able to go out for long drives again’
(Parent 32)

‘Being able to drive would help as it calms him being in the car’
(Parent 33)

Whether during the lockdown or just generally, several parents discussed the importance of counselling:

‘A Zoom counselling meeting for the child’
(Parent 98)

‘More specialised therapy in the house, have to be via Zoom at the moment’
(Parent 7)

‘He needs intervention behavioural therapy from psychiatric service, but CAMHS isn’t doing any video appointments yet in our area’
(Parent 71)

‘Therapy should be accessible online. Face to face very important not by faceless apps’
(Parent 25)

‘Face to face (not over a screen) mental health support’
(Parent 48)

Overall, it was felt that the lockdown was particularly challenging on families dealing with C/APV, and that applying the rules to them was both unfeasible and unfair. Parent 4 discussed having to ignore some of the rules in order to cope, and Parent 2 said that the most helpful thing the government could do for their family would be to ‘ease lockdown’. Parent 19 said they had found the guidance from the government and police to be poor and in places contradictory and suggested better and consistent guidance as something that would help them.

Finally, some parents were anxious about whether accessing support would increase their family’s risk of contracting the virus. One said it would have helped to know that support workers were being tested for the virus:

‘Testing so that parents can have confidence that using respite services or school care won’t place our families at risk’
(Parent 40)

6. Practitioners' Views on Providing Support during Lockdown

6.1 Support Provided During Lockdown

In our survey, practitioners wrote at length about the support they had provided to families during lockdown and the changes they had had to make. They particularly described an increased workload during lockdown, firstly because parents and young people needed a higher level of support:

‘There have been more frequent setbacks in the change process during lockdown. However, intensifying input has often helped to overcome setbacks in spite of Covid 19 restrictions, and in many instances, parents are seeking this additional support. In a number of cases, parents who have been habituated to their child’s abusive behaviour have been pushed to a point where the levels of aggression have become intolerable, and change has actually happened more quickly, but again requiring additional, more frequent sessions and a lot of texting’
(Practitioner 13)

‘I have been having more regular contact with parents and clarifying what young people have been telling me (e.g. are they going out, breaking lockdown restrictions). Checking in on the whole family’s welfare as part of my calls with parents. I have also increased the required frequency of contact with young people, especially where there have been concerns regarding their emotional and mental health’
(Practitioner 9)

‘I have had to move to online sessions, which in many cases I provide more frequently. There is also more frequent interaction via text messaging’
(Practitioner 13)

And secondly, because other services had either greatly reduced or stopped support to families:

‘Needs have changed because the children are not accessing school or other groups/services during lockdown, e.g. CAMHS appointments have ceased’
(Practitioner 16)

‘Many families have reported a lack of services available to them and reduced/no contact from agencies involved. Reporting feeling left alone to cope following withdrawal of services’
(Practitioner 39)

‘We are finding in the lockdown period parents are more in need of support because they have no support around them from services or if they have support it is very limited. The main issue for us is getting the parents to access the programme when they have free time. This has been a struggle due to all of the children being at home. We have had to do late evening calls to get around the problem’
(Practitioner 42)

Practitioners described a range of types of support and adaptations and innovations to their working practice:

‘Phone, FaceTime or Zoom support. In some cases visits in garden whilst maintaining social distance, we have also taken individual children on socially distanced walk to park on a few occasions too during lockdown dependent on circumstance. We had to apply for funding for devices to offer this kind of support very quickly’
(Practitioner 12)

‘Some YOTs have adapted parenting/Family programmes into an online format to continue support to families. Some YOTs have utilized ‘virtual’ services to hold family conferencing where other members of the family can join to discuss and provide support. Some families do not have I.T. equipment and cannot access on-line support services increasing their vulnerability. YOTs have also been providing doorstep services to help support and re-assure parents’
(Practitioner 4)

‘I have been able to offer doorstep visits, phone calls, video calls. The biggest difference has been that I have not been able to offer children or parents face-to-face visits. For children who have learning needs we have had shorter sessions and I have printed and dropped round worksheets to families in advance of sessions. I have also been able to share my screen with children, so we are looking at the same things. In my view this is not effective as usual face to face interventions. I feel that this is because it is more difficult for the children to develop relationships and read the body language of the person who is offering the intervention’
(Practitioner 31)

Changes to working practices reported by practitioners:

- Remote/virtual working for meetings with young people and families, and with colleagues (Zoom Skype.)
- Remote training and supervision for staff
- Assessments carried out over the phone
- Telephone calls, texts, and WhatsApp messaging
- Delivery of remote group work and courses for parents online
- ‘Door step visits’ and socially distanced walks
- face to face contact for high risk safeguarding cases with the use of PPE
- Developing a live chat service for young people
- Rewriting training materials to deliver online
- Providing additional web-based information and support materials for families
- Attending court virtually
- Setting up codewords with clients

6.2 Greatest Challenges to Providing Support

Practitioners faced a series of challenges in trying to adapt their work to support families. The lockdown in England and Wales happened with very little notice and changes had to be made suddenly, while at the same time many families were in crisis, needing a high level of support. They described some of the challenges as:

‘1) A sense of helplessness. Not being able to give the support I would have wanted because so much more demand and I don't know where to refer people. Such huge issues for some families that can feel quite overwhelming and dangerous. 2) Media attention sometimes less than helpful. An increase in coverage [of C/APV] which has been great but sometimes the message given wasn't the one I would have hoped for’
(Practitioner 3)

‘The lack of ability to have face-to-face contact or respond practically to crisis situations. Also, the limited assessments I have been able to complete, i.e. unable to visit the home environment and unable to have a full picture of the young person/families' current situation. (in particular missing episodes, breaches of Covid restrictions by having friends into the home etc.)’
(Practitioner 5)

‘Due to some clients being in lockdown with the alleged perpetrator, it has not been safe for them to contact us. Many have contacted us via our website, however I have not been able to call them. I had adjusted normal practice so we could start and advise of a safety plan via email, however to complete all paperwork I need to speak to them, especially for the risk assessment. Due to this not being safe to do, we have had to advise them to follow the advised safety plan and then contact us when it is safe to do so’
(Practitioner 8)

‘No direct contact with the young person. Video link is not the same, and impersonal at times, it is difficult for the young people to manage, especially if they have any learning difficulties. Not getting the sense of what is actually going on with the young person, within the home, and their behaviours in relation to risk and safety, and their mental and emotional wellbeing’
(Practitioner 17)

‘Not having support, due to demand on specialists and services. Children potentially becoming looked after - Child protection plans to soar, and quite possibly a serious incident where someone has been significantly harmed’
(Practitioner 17)

‘Having to speedily learn of new ways to continue running and adapt EVERYTHING! The increased number of enquiries and the amount of time spent listening to/working through crisis situations with parents. The number of agencies who have verbalised supporting parents without any real support available to them. The number of broken support promises to parents’
(Practitioner 39)

‘It has been particularly difficult for this group of parents as they often have no safe space in their house to talk on the phone or via video. They do not want the child to hear the conversation this has meant we have had to think about the best time to call and how we should do it. Some things we have had to resort to is the parent sitting in their car or phoning at 9am hoping the child is still in bed’
(Practitioner 46)

Greatest challenges to providing support identified by practitioners

- Safeguarding concerns are more complex and difficult to resolve
- Difficulties with risk assessment and safety planning
- Inability to respond practically to crisis situations
- Can only make limited assessments of young peoples' and families' needs
- No safe space for families to talk
- lack of face to face contact with colleagues for mutual support
- Problems with internet access and technology, need to develop new IT skills
- Isolation and stress for the practitioner
- Difficulty meeting the demands of an increased workload
- Balancing childcare / home schooling and other family commitments with work
- Difficulty keeping a division between home life and work
- Closure or reduction of other support services
- Other services are very busy, e.g. GPs or social care
- Escalation of mental health problems in young people and parents
- Engaging young people and building relationships with families remotely
- Lack of clear guidance and PPE when face to face visits do happen
- Not being able to run groups or facilitate peer support for parents

6.3 What Provisions or Policies Might have Helped?

Practitioners were able to identify a wide range of measures that might have helped. Some of these were a product of the very sudden nature of the first period of lockdown, and might be useful for services and authorities to consider should a further period of national lockdown, or indeed local lockdowns, take place.

Practitioners wanted clearer guidance, for example on managing risk in safeguarding in lockdown:

‘explanation of managing risk in safeguarding and how different risk assessments thresholds may have to adapt ... how to safeguard when using technology only contacts with vulnerable clients’
(Practitioner 2)

‘Clearer direction as to what the restrictions are/were and a clear emergency/crisis plan to ensure consistency of service delivery and working across different boroughs/geographical areas’
(Practitioner 5)

The wanted practical help, such as better technology for their work, PPE for visits, and improved provision for families:

‘More access to physical resources I use with young people on a daily basis. the ability to be able to print and send out resource packs to young people to complete. Better technology options to be able to attend Court virtually or have young people who are in custody, part of their virtual meetings’
(Practitioner 9)

‘Provision of PPE to Social Care and charities working directly with families so that had a home visit been required, we could have felt safe. However, as a charity, we would not have visited a home where there is an individual who may become aggressive or violent, so our support would have been more around trying to get someone at risk out of the house. But, then we’re back to schools being closed and a parent being unable to leave children in the house. It was a situation which seemed to have no real solution’
(Practitioner 16)

‘Clear guidance around how to safely see families face to face. Our national standards were suspended but we still have a duty to support children and it would have been more helpful to have advice around how to manage it rather than simply stating that the standards are suspended’
(Practitioner 31)

Access to technology:

‘Consistent access to technology for all. Bespoke education provision for our most vulnerable children. Emergency family leave to be able to home educate young children, instead of the stress of managing both working full time from home and trying to provide your children the education they deserve’
(Practitioner 25)

‘Providing parents with laptops as having a small phone screen is hard at times’
(Practitioner 26)

Funding was an issue, particularly for services that were commissioned and found demand increasing, or those services who had more precarious sources of support:

‘Extra funding under e.g. the ASF for parent groups based on NVR have actually been helpful. It would have been helpful had ASF contracts actually received a funding increase automatically during this time, in order to compensate for greater frequency of input. A very important provision has been to know that emergency accommodation is available and will be provided unbureaucratically and quickly if family members are unsafe. I experienced that in one case, where it made a huge difference to the family but also gave the therapeutic work with the parents greater momentum’
(Practitioner 13)

‘I am a self-employed Ltd company and most LAs love that this work is available , however struggle to access funding from their managers and families are not accessing appropriate support ... LA are still not recognising that CPA can have such a detrimental effect on relationships and lead to children being estranged etc, It may help if LA and schools had joint funding that community coordinated responses be incorporated within CP CIN plans and funding should be a priority for section 17 in relation to direct work with families who experience CPA’
(Practitioner 14)

‘Available funding to help provide more services and the recognition and support of services needed available for children and parents providing a safe space to offload and gain support for both’
(Practitioner 33)

Others pointed to the importance of respite care, including residential respite, for families in crisis:

‘the need for safe house for them to access some respite perhaps, as many are totally isolated, and have very few family and friends’
(Practitioner 23)

‘Youth workers to help families (and children) to have breaks. There could have been socially distanced opportunities’
(Practitioner 36)

‘The police not being able to take a violent child out of the home to a safe address for a cooling off period - instead having to take them into custody’
(Practitioner 38)

Some practitioners highlighted the importance of strategic coordination in responding to C/APV at both local and national levels, as well as specifically designed responses that enable a fast intervention:

‘Similarly to IDVA’s working with DV or abusive behaviour victims, their needs to be capacity for specific and targeted appropriate work to address the APV or training to those professionals placed to facilitate the work alongside the police contact so its quick, relevant and appropriate intervention with more potential for turnaround and scope for change’
(Practitioner 22)

Local government policies that gathered and noted all of the agencies that were still open to support families, pulled together and shared in a comprehensive way at local level. An immediate recognition that lockdown would create additional complications in this sector and additional harm rather than waiting for the emerging issue and feigning surprise. A co-ordinated response from national and local government. Policies that support families (approximately 50% in our data) that do not have past domestic abuse as an issue' (Practitioner 39)

'At the beginning we were told to concentrate on families where the child had the more serious mental health risk (i.e. suicide risk) rather than assessing the risk to others from their violence. This did change as the lockdown went on. Halfway through lockdown the government made it clear that victims could leave home in cases of DV in one case the social worker and I decided that this should apply to a family and the child should leave for everyone's safety for a period of time. It would have been helpful if the government were clearer as parents wanted to do the right thing' (Practitioner 46)

7. Families' Experiences with Police

7.1 The Decision to Call the Police

Phoning the police when in crisis is emphatically encouraged by police and support services, and it is important that families feel confident in contacting the police, for their own and their family's safety. As one parent highlighted, her son 'beat me so badly that if the police did not come when they did, I would not be alive' (Parent 94). For this mother, phoning the police led to her son being arrested, charged, (victimless) prosecution, and crucially, removed from her home, for her safety. Similarly, Parent 23 explained that '[w]e call the police to stop the violence ... There is no-one else who can help us in an emergency'. However, making the decision to involve the police is not a decision that any parents take lightly, and many parents agonise over the decision, ultimately choosing not to, for fear of the consequences for their child.

Of the 104 parents who responded to our survey, 43 said that they had contacted the police for support (28 during lockdown; 15 prior to lockdown but not during lockdown), and 59 had not (2 parents did not answer this question). 12 of those who had not called the police provided their reasons, which were diverse. For example, Parent 9 commented that contacting the police in the past had not reduced recurrence of violence, but it had 'triggered safeguarding interventions which were massively unhelpful'. Similarly, Parent 70 said that calling the police in the past had led to her son becoming 'chilled out for a day or two but went right back to abusive behaviour'. And for Parent 40, involving the police actively made her situation worse: 'He made me pay for phoning them, intimidating, mocking and bullying me for weeks'.

Six parents stated that although they had not yet contacted the police, they had considered doing so and felt that, should lockdown continue, their child's behaviour would escalate and they would be forced to do so. Parent 74 explained that they had not yet had to call the police, 'because we are treading so, so carefully but that is not always enough'.

There were a number of emotional concerns expressed by parents surrounding needing to contact the police. For example, Parent 43 explained that they had not contacted the police as it would be 'humiliating' for other people to find out that they cannot cope with their child. Two parents reported being 'nervous' and 'scared' of calling the police but did not clarify why they feel this way. Similarly, Parent 44 said that they were 'too worried about the consequences' of calling the police but did not explain what they thought these were.

Parents worried about criminalizing their child. Parent 54 cited specific concerns that the impact a criminal record would have on their child's future career: 'I do not want the associated issues of him having a criminal record as he is very intelligent and it would scupper his career ambitions.' Similarly, Parent 94, who had contacted the police, lamented the impact this has had on her child: 'Now, with the charges on his record, he cannot get a job and will not be able to return to school as he will most likely be in jail.'

In four cases, where the C/APV stemmed from a child's disability or previous trauma, parents were concerned that the police would not be able to help. For example, Parent 57 stated that they had not called the police as their son 'cannot understand what that means'. Likewise, Parent 71 stated that their son 'needs behaviour therapy, not the police ... [W]e don't wish to criminalise our child for behaviour he cannot control.'

Parents from BAME communities might have particular concerns about calling the police, a point that was raised by a policy lead from London's Violence Reduction Unit (VRU):

"Some parents/carers and grassroots support services that attended VRU stakeholder engagement events fed back that Black parents and carers can face difficult dilemmas when experiencing Adolescent to Parent Violence and Abuse. Attendees shared that even when parents and carers are experiencing, what can sometimes be very serious levels of domestic violence from their child, some do not feel able to call the police. Two reasons cited for this were:

- 1 Some Black African / African-Caribbean parents/carers told us that their experience of the Police has not been positive, and they feel the organisation is institutionally racist. As a result, they are more fearful of what will happen to their Black sons at the hands of the police, than they are of the abuse taking place in the privacy of their own home.
- 2 They do not believe that calling the police will achieve anything other than a criminal justice response, and this will result in a criminal record for their child, rather than support.

The parents/carers also shared that other services for parents, such as Early Help and Children's Social Care, are not competent in understanding and/or meeting their cultural needs. They therefore prefer not to approach them. Where parents/carers have felt able and/or comfortable enough to tell someone what is going on within their family, we have heard positive accounts of support being provided by the community and from peers."

Increases or decreases in reported C/APV therefore likely only reflect reporting tendencies, rather than experiences. This is important to consider when considering reporting rates, but also must be kept in mind when considering the cultural dimensions of C/APV and how best to support families.

Responses from parents therefore illustrate the difficult situations and decision-making processes that parents negotiate when considering seeking help and support. Not only do many parents fear making their experiences of violence and abuse worse through contacting the police, but they have real concerns about the impact of reporting their child. This points to the need for an effective and consistent response to C/APV from the criminal justice system, which enables families experiencing violence to access emergency support, but also to access alternative, diversionary measures.

7.2 Experiences with Police

Of the respondents who had contacted the police, there was significant variance in how they described their experience. Overall, 14 parents reported positive experiences and 10 reported negative experiences. Parents who had good experiences found that the police had been helpful, proportionate, patient, kind, and supportive. They did not feel judged or belittled by the police and were confident that they could reach out to the police for further support if they needed to. However, despite their positive experiences of police support, some parents also voiced concerns about contacting the police, for example, Parent 85 commented, 'I am concerned it may make my son more distressed', and Parent 23 acknowledged that 'criminalisation will not help him to change his ways' and that having him arrested 'could negatively affect the trust between us'.

Poor experiences with the police included parents saying that the police had been unable to provide the support they needed. For example, Parent 20 had been told that the police were 'too busy' to respond to her call and was advised to contact social services. Parent 87 likewise complained that the police had passed them over to other services, rather than coming out to speak to them. Parent 15 had contacted the police four weeks ago, but the police still had not followed their report up with them. Parent 16 said that the police 'said they couldn't help unless I wanted him arrested and to go back to social

services.' It was also highlighted by one parent that the Covid-19 pandemic meant that the police were even more limited in their ability to respond: 'because of Covid 19, they say they'll attend if I want them to, but warn of dangers' (Parent 73).

7.3 The Impact of Covid-19

Despite experiencing continued or enhanced levels of abuse from their children during the lockdown, many parents specifically cited the pandemic as their reason for not contacting the police, highlighting that they 'don't feel this would be appropriate use of resources, particularly at this time' (Parent 86); 'would be even less likely to contact the police during lockdown for fear of putting everybody at risk' (Parent 43); and that 'it feels harder to call the police during lockdown' (Parent 23). One parent articulated such fears very clearly:

"I wouldn't want to call the police as the danger is far greater from the virus now. Would think he would be vulnerable in police cell and any other situation arising from it. Before it was hard enough to call the police thinking of the usual consequences, but you could now be potentially sentencing your child to death by reporting violence."
(Parent 54)

There was, therefore, evidence in the parents' survey responses that in conjunction with pre-existing concerns and reluctance to contact the police about the violence and abuse they were experiencing from their child, the pandemic lockdown has led to enhanced fears and concerns about phoning the police to ask for help, even when in crisis. This reluctance to request police support was further apparent in our data obtained through Freedom of Information requests, which generated mixed rates of reporting from the different forces.

7.4 FOI Data

To supplement the survey data from parents and practitioners, we submitted Freedom of Information (FOI) requests to all 43 police forces across England and Wales, asking for their total numbers of reported C/APV incidents over the one-year period from 1 June 2019 to 31 May 2020. The purposes of obtaining this data was to enable us to construct a large database documenting the extent and characteristics of reported C/APV across the country and, crucially, to examine whether reports of this form of violence to the police have increased during lockdown, as per anecdotal claims. Our FOI requests asked for force level data on all reported incidents involving assaults against the person and criminal damage from a child (aged 13-19) towards their parent/step-parent/adoptive parent/other carer. We also asked for a breakdown of these data by calendar month, and by the age and gender of the perpetrator and the victim.

Within the 20 statutory days within which police are required to respond to FOI requests, we received responses from 31 of the 43 forces. Of the 31 forces who have responded, 11 rejected our request on the basis that they either do not record this data, or are unable to extract the data within the legal timeframe for police to spend processing FOI requests; 1 force responded that they had no relevant cases on record; and 19 forces have provided us with data. The FOI data we received varied in format and quality, and some of the police forces provided only partial data. However, we collated and analysed the data as far as possible, to produce the largest criminal justice dataset on C/APV in the UK to date, which will be updated as further data is received.

7.4.1. FOI data findings

The FOI data from 19 police forces across England and Wales provide an insight into the extent and nature of C/APV incidents that are reported to the police, as well as how reporting practices have been affected by the Covid-19 lockdown. As highlighted in the survey data, an increase in level and/or frequency of violence experienced by parents does not necessarily equate to an increase in police reporting, as many parents understandably have felt even more reluctant than usual to contact the police, for fear of spreading or contracting coronavirus and/or putting pressure on police resources during a difficult time. Increases or decreases in reported C/APV therefore likely only reflect reporting tendencies, rather than experiences.

The data received through our FOI requests illustrated a dramatic range in frequency and trends in the numbers of C/APV incidents reported to the police, ranging from just 18 (mean average of 1.5 incidents per month) reported incidents in Bedfordshire over the one year period, to 1,908 (mean average of 159 incidents per month) in Essex. Appendix 1 (Table 1: Overview of FOI data) presents an overview the key findings from the FOI data, showing the total (annual) count, mean number of incidents per month, monthly number of incidents for the four most comparable months (June 2019, July 2019, April 2020, May 2020), as well as the gender dimensions of reported C/APV and the peak ages for parents and children.

In support of our previous work³⁶ and international literature on C/APV, the data consistently portray C/APV as predominantly a son-mother phenomenon. With regards to the parent gender, mothers were more likely than fathers to be the named victim in reported C/APV incidents across all 19 forces, and in all but two of the forces (Nottinghamshire and Surrey), mothers accounted for at least two-thirds of the victims; typically comprising around three-quarters of victims. For the suspect gender, sons were recorded as the suspect in at least 64% of cases across all forces (with the exception of Bedfordshire, which only had 18 reported incidents across the year), and in some forces (e.g. Leicestershire), sons accounted for as many as 85% of the suspects. The peak age for parent victims varied from 36-40 to 40-50 years, but in the majority of forces from which were received data, victims were most likely to fall into the 36-45 years old category. There was also a little variation in the peak age of suspects: in three forces (Lancashire, Northamptonshire and Nottinghamshire) the peak age was between 16 and 18 years (note these three forces all had corresponding older peak ages for parents); however, for the remaining 16 forces, the peak age was between 14 and 17 years of age, supporting international literature on the characteristics of families who experience child to parent violence.

Finally, the key motivation for obtaining police force data was to ascertain whether reports of C/APV to police have increased during lockdown, in light of anecdotal claims of increased experiences of C/APV and disclosures to support services (evidenced by many of the parents and practitioners who responded to our surveys, as discussed above). The data from the 19 forces from which we received data paint a mixed picture. In many of the forces, numbers of reported C/APV incidents fluctuate considerably throughout the year, as illustrated by the ranges presented in Table 1 (see Appendix 1). With this in mind, it was not possible to observe dramatic changes in reported incidents in many forces.

In three of the forces (Essex, Humberside and Staffordshire), there was some evidence that numbers had declined during the two complete months of lockdown (April and May 2020) captured by the data; however, all three of these forces had high levels of variance

across the year. In Essex, for example, reported incidents per calendar month ranged from 116-190 (mean average 159, reaching a low of 116 in April 2020); in Humberside, they ranged from 62-104 (mean average 83, reaching a low of 62 in April 2020); and in Staffordshire, they ranged from 26 to 80 (mean average 60, reaching a low of 26 in May 2020). For each of these forces though, the lowest number of reported cases throughout the one-year period occurred during April or May 2020, during which time families were under the most severe level of lockdown.

By contrast, in at least five of the forces, there was some evidence of increased numbers of reported C/APV incidents during the lockdown months of April and May: Avon and Somerset (mean average 59, rising respectively to 69 and 76 in April and May 2020); Cambridgeshire (mean average 57, rising respectively to 65 and 74 in April and May 2020); Dorset (mean average 35, with respectively 28 and 41 reported incidents in April and May 2020); Norfolk (mean average 30, rising respectively to 42 and 40 in April and May 2020); and Suffolk (mean average 66, rising respectively to 78 and 67 in April and May 2020). **Overall, the data from the 19 forces are inconclusive as to whether there has been an upwards or downwards trend in reported C/APV during the pandemic lockdown, and to a large extent, reflect the variation of experiences and perspectives expressed by parents and practitioners** (discussed above).

³⁶ Condry, R. and Miles, C. (2014), 'Adolescent to Parent Violence: Framing and Mapping a Hidden Problem', *Criminology and Criminal Justice*, 14(3): 257-275.

8. Moving Forward and Future Challenges

Lockdown could potentially have long-term serious consequences for young people and their families, and practitioners and policy leads expressed a number of concerns about these future challenges. First, there was a concern about the **long-term impact on mental health** of both children and parents who may have experienced lockdown as traumatic, with the possibility, as we have seen, of increased levels of violence and abuse, along with isolation and loneliness, grief, illness, and bereavement:

‘The long-term impact could be detrimental to the child and family as it can increase the risk of developing a pattern of abusive behaviour if left unchecked for too long which can also have impact on future life and relationships. The psychological and physical impact on families is unknown and may only be revealed in the future. The lockdown period has produced an environment that may be comparable to an ‘Adverse Childhood experience’ producing increased trauma which may take some time to understand and address. This environment can increase the risk of young people entering the YJS where parents have no option but to inform the police. There is anecdotal evidence that the Police response to APV in some areas in these circumstances is indifferent & sometimes negative. This may be in part due to lack of knowledge of the depth and risk of the issue, which in turn can lead to increased risk and anxiety for parents.’
(Practitioner 4)

For some families abusive behaviour will have become more entrenched and severe and maybe more difficult to work with. There will be **a need for support work to heal damaged relationships** as lockdown lifts and there is a return to more demanding routines:

‘Drawing back from the extreme abuse of the last months. You would hope that as lockdown eases, some abuse would do so also, but things have been said and relationships damaged that will take a long time and a lot of support to heal. Schools have provided both “respite” and support for families (although it is also argued that for some families they have been part of the problem) Getting back to a school routine after not having to get up will be a challenge for some. Similarly persuading people to get back in to therapy after an enforced break - habits broken and back to building trust and motivation again.’
(Practitioner 3)

‘Re-establishing parental authority having had to lose so much during lockdown (having been unable to access the support of their broader family and friendship networks).’
(Practitioner 10)

‘Learning to live together safely. Learning to trust again. Getting the children to school’
(Practitioner 15)

‘Once the abuse has been addressed, how to move past this, and repair and rebuild’ relationships with each other.’
(Practitioner 24)

Anxieties and fear may remain high in families as the threat of a second wave of Covid-19 and a further national lockdown looms, along with the possibility of local lockdowns, and services struggling to meet increased needs:

‘Uncertainty and possible threat of further lock down. Poverty. Lack of or reduced social and educational community supports’
(Practitioner 12)

‘The constant change in services available especially if there are lots of localised lockdowns.’
(Practitioner 20)

‘Inconsistency and the potential for things to change quickly. Impact on support services.’
(Practitioner 30)

‘Feelings of isolation and despair and not always knowing where to go for the help that they need. Lack of contact, especially face to face with appropriate professionals. Fear about the future and their ability to maintain the level of care that they provide.’
(Practitioner 43)

As this practitioner expressed, **families are likely to have to contend with a wide range of problems, which might include financial worries and unemployment:**

‘Continued lack of services and support for families experiencing C/ APV. Lack of connectedness as we continue to social distance. Unemployment for parents and poverty due to the effects of the pandemic ... Missed education and re-integration into school for students who have been out of school for up to 9 months (some without contact). Food poverty. A rise in Anxiety, depression for parents and children. Less services available as charities and the voluntary sector struggle to continue and local government are still reducing service and jobs. Issues as many services remain online to protect staff.’
(Practitioner 39)

It will be **difficult for young people and parents to return to their previous lives and the demands of school and other services, as well as having to enforce boundaries and rules** that could be loosened during lockdown:

‘Parents attempting to reinstate boundaries and routines - many parents will have ‘laxed’ on their parenting skills and possibly allowed behaviours they would not normally. This has been done to keep the peace and also due to lockdown containment. Some parents will have allowed older children to take a parenting role with younger siblings during this time and this is not something they will easily give up. School is also a big issue for many of our children - the removal of school has seen some families’ incidents decrease to nothing during lockdown - the reintroduction of school in September will mean some issues resurface.’
(Practitioner 7)

‘Once children return to school, there are going to be major changes to adhere to government guidelines in relation to COVID-19. Therefore, some children may find school a very stressful place. I believe this could impact negatively if there is already APV in the home and escalate the risk to parents. I have also had clients disclose they fear there could be a second wave of COVID-19 and that we will go into full lockdown again, fearing they will be stuck indoors again with the alleged perpetrator.’
(Practitioner 8)

‘Parents trying to impose changing boundaries regarding restrictions and get young people back involved with education, training, employment.’
(Practitioner 9)

‘Getting school or college age children back into education or training as many are now in a new routine and very dominant in their households.’
(Practitioner 16)

As these practitioners state, this might be **a particularly difficult and risky time for those who found lockdown reduced violence because it removed some of these stresses:**

‘The biggest thing for me has been the families who have experienced no violence during lockdown; showing the huge impact that external pressures and expectations are putting on them daily and the importance of having family time. As we move forward, we have to acknowledge this and find better ways of supporting these young people through their daily lives. These families’ relationships with school is a massive factor.’
(Practitioner 30)

‘The impact of those young people who were using violence and abuse in the home who are no longer behaving this way, this is due to the triggers for escalation are no longer there, i.e. parent not having to get a child to school, not having to get a child to bed on time, do homework or put in boundaries around curfew etc. Once school is due to return there is likely to be a resurgence in this behaviour. The impact of those children who have really enjoyed being at home and home schooling going back to school is also a potential minefield for parents to negotiate.’
(Practitioner 38)

There was a **strong concern about how services would meet the increased need, at time when a return to work would be gradual and still constrained by distancing measures, and services would need considerable resources to do so:**

‘Gradual easing the lockdown could be confusing to clients and care providers’
(Practitioner 1)

‘Getting support, accessing home support, high levels of people requiring support and reduced capacity’
(Practitioner 2)

‘We are expecting a surge in safeguarding concerns following lock down and it may be difficult for families to access support due to increased demand.’
(Practitioner 19)

‘Mental health services and CAMHS should provide more support and also be prepared to receive a much higher demand than usual as lockdown eases.’
(Practitioner 4)

‘I see the greatest challenge in an increase of APV and parental demand on services, while statutory services such as Children’s Services largely continue to be unaware of issues pertaining to this problem, treat it as a parenting issue rather than a domestic abuse issue, engage in parent blaming etc. In other words, I anticipate more parents approaching statutory services that before, while continuing to receive inadequate and inappropriate service responses’
(Practitioner 13)

‘Confusion regarding services that are available and how these can be accessed, adjusting to “the new normal” and what a “healthy relationship” will look like in the future, overcoming isolation and fear surrounding the virus, measures that may need to be put in place to safeguard extended family members in the “at risk” groups (eg. elderly parents may be a source of support and refuge for victims of APV or a cooling off space for the perpetrator to stay for the weekend, but this is not currently available due to restrictions)’
(Practitioner 5)

These concerns will need to be kept in mind as services attempt to support families in the coming months, year, and longer term and decisions are made about the distribution of funding to support families in this period.

9. Conclusions and Recommendations

C/APV is a thorny problem which has at its heart a tension between the recognition of parents as victims of sometimes severe levels of abuse, who need their experiences to be taken seriously and safeguarding measures put in place, and the simultaneous recognition of the vulnerabilities and age of children who engage in violence towards their parents. This makes responding to C/APV difficult in 'normal' circumstances, but many of these problems are magnified in a pandemic. Our report has highlighted and explored some of these difficulties, and we end by making ten recommendations to services, local authorities, and government in planning a response to C/APV:

1 Ensure robust safeguarding measures for young people and families experiencing C/APV

A priority for families experiencing C/APV is to ensure that risk is fully assessed, and safeguarding measures and safety plans are in place. This becomes particularly difficult in a pandemic when work has to be done remotely and risk increases. As practitioners highlighted, there is a need for clearer guidance and support as they do this work and a recognition of how difficult and time consuming it is in lockdown. It is stressful and exhausting for practitioners to work in these conditions when they have serious concerns about the wellbeing and safety of families. In addition to other family members, children and young people who are using violence in the home are vulnerable and have safeguarding needs. Recent work in this field has emphasised the need to see safeguarding holistically and contextually. Children who use violence may not experience direct abuse or maltreatment (though this is not a given) but they will be experiencing a host of other problems which may include previous or current victimisation; being witnesses to violence in the family; mental health problems; self-harm; learning difficulties; substance misuse; vulnerabilities to peer violence or sexual exploitation, not being safe; not thriving and developing; and potential poor outcomes across a range of domains, including mental health and education. If they are using violence in the home they will not be growing up with safe and effective care, and their health and development will clearly be affected³⁷. Young people using violence are vulnerable and should be classified as such in decisions about intervention and about provisions of services (such as a school place during lockdown).

³⁷ See Condry, R. and Miles, C. (2020, forthcoming) for further discussion of the needs of young people using violence.

2 Expect and plan for a rise in demand for support as lockdown lifts and schools and workplaces reopen

Policy leads spoke to us about the 'safeguarding surge' expected as lockdown lifts and children return to school at the start of the new school year in September. Services are widely concerned that harm to children and young people might have been hidden during lockdown and will emerge as restrictions lift, and are recognizing that many people may have experienced lockdown as a time of extreme adversity. Furthermore, as we have shown, some children have found the removal of external pressures helpful in this period and these children may struggle as they return. There is a need for increased support for practitioners in services who may themselves be exhausted from the pressures of having to adapt and work with families through lockdown, and might be facing a further upsurge in their volume of work as lockdown is released. Schools will need to provide counselling and one-to-one support for young people³⁸ and specialist mental health support for children and young people in the community will need to be increased.

3 Do not over-criminalise young people using violence – prosecution of C/APV should be a last resort.

Family violence perpetrated by children is a problem that must be taken seriously, requiring a rigorous response, but this response needs to hold the age of the child in the foreground. As we have previously argued, if young people's use of family violence in the home is not specially addressed through policy and practice that recognises their age and the importance of not over-criminalising, then they will be subsumed within responses designed for adults. Specific guidelines need to address exactly how the police and support services should respond to C/APV. Existing guidance produced in 2015 needs to be expanded and updated³⁹. In particular, there should be diversion from prosecution where possible, following the principles of a youth justice response. This is particularly important during a time of pandemic when support services and places to refer are much reduced or closed, levels of violence are spiralling, and usual sources of informal support are not available.

4 Provide safe spaces for families at crisis point and respite care for young people

Local authorities need to consider the provision of safe spaces for families in crisis. We were told of an example in Brighton where the police are working with the youth offending service to offer a safe space for young people to go during lockdown. Previously they were taking young into custody as there were no safe spaces for them to go for a 'cooling off' period so they have collaborated with the youth offending service and a family support service to offer a safe space for young people to stay while their parents are given support. This kind of innovation is important at all times, a police cell is not the appropriate place for a child or young person in crisis, but during lockdown when other routes of escape are closed this becomes even more important. As one policy lead said: 'There is a requirement for safe spaces for families in circumstances when the situation begins to escalate beyond parental control. The risk of criminalisation of children due to these circumstances is increased and should be avoided if possible'.

³⁸ For more on the concerns about the return to school after lockdown see: Daniels H., Thompson, I., Porter J., Tawell, A. and Emery, H. 'School Exclusion Risks after COVID-19' http://www.education.ox.ac.uk/wp-content/uploads/2019/11/Daniels-et-al.-2020_School-Exclusion-Risks-after-COVID-19.pdf

³⁹ Home Office (2015), 'Information Guide on Adolescent to Parent Violence and Abuse', available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/732573/APVA.pdf

5 Every local authority should have a specific programme for families experiencing C/APV and provide C/APV training for practitioners in other services.

There are some excellent examples of local programmes designed to address the needs of families⁴⁰, and in our study, practitioners with specific expertise in C/APV and pre-existing relationships with young people and parents were better placed to understand and respond in lockdown. There is a need for a greater number of specific programmes to address C/APV – at the moment it is a lottery as to whether there is one available locally, and provision is patchy. Existing services need to have a better understanding of the specific dynamics and response needs of C/APV, e.g. CAMHS, schools, and children's services. For example, it will be very important for schools to understand that some parents experiencing C/APV will not be able to get their children to school when schools reopen, and this should be met with support rather than with punitive measures. Although beyond the scope of this research, there should also be consideration of transition at the age of 18 to adult services – violence towards parents often continues into adult life and this is rarely considered in planning support and responses.

6 Connections should be drawn between C/APV, young people's use of violence outside the home, and criminal exploitation

Research and provision for young people using violence within the family is often quite separate from that on young people using violence in public space. There is a burgeoning field on serious youth violence⁴¹, and this needs to 'join up' with the body of knowledge on C/APV. This would help us to better understand the safeguarding needs of young people who use violence contextually⁴² and to see their vulnerabilities to various forms of exploitation and how this intersects with lockdown. A policy lead from London's VRU drew attention to the connection between young people who are being criminally exploited and C/APV: "We have been consistently told that APVA is an issue for many parents and carers, especially in families where children are being criminally exploited, however this is hidden 'behind closed doors'. Youth Offending Team practitioners and grassroots organisations have told us that, for children who are the victim of child criminal exploitation, the stress, fear and anxiety of their situation often plays out in the home environment because it is safe to do so. These children are unable to express themselves in this way with their abusers due to being powerless, 'trapped in the situation' and at high risk of harm." A youth justice policy lead similarly told us: 'Children and young people involved in gangs and County Lines, particularly those in 'debt bondage' may have no choice but to use force to leave the house which perversely may be to prevent further harm to their family where threats have been made. The ability to leave the house, even for a short time is often a coping strategy for some young people in highly stressed situations. This opportunity has been lost during lockdown.' These connections, and how they have played out during lockdown, are very much under researched and need further attention.

⁴⁰ For details of provision, research, and all matters to do with C/APV see the website Holes in the Wall www.holesinthewall.co.uk

⁴¹ See for example the recent report by Irwin-Rogers, K., Muthoo, A. and Billingham, L. (2020) 'Youth Violence Commission Final Report' <http://yvcommission.com/wp-content/uploads/2020/07/YVC-Final-Report-July-2020.pdf>

⁴² See Firmin, C. (2020) *Contextual Safeguarding: Rewriting the Rules*. Routledge.

7 Develop a thorough understanding of how the impact of Covid-19 and violence in the home intersect with structural inequalities.

We know that BAME communities and socioeconomically disadvantaged communities have been more at risk from Covid-19 and have suffered more from the deleterious effects of lockdown⁴³. In addition, gender inequalities are compounded as mothers are the most frequent victims of violence from their sons. We need to know more about how structural disadvantage and the impact of the pandemic intersect with family violence and with seeking and receiving support.

8 Practical measures need to be put in place to support remote working.

Lockdown happened in March 2020 quite suddenly and many services struggled to adapt immediately to working remotely. If there are further lockdowns or social distancing measures, there will need to be further investment in technology and support for practitioners and families, including IT infrastructure, and provision of laptops and other tools for remote working.

9 There should be a strategic approach to C/APV at both local authority and government levels.

It was reported a decade ago⁴⁴ that C/APV suffers from not being the responsibility of any one service and 'falling between the cracks' in the way that provision for children and families is organised. C/APV needs to be the concern of every service that supports children and families, but also needs a strategic coordinated response which is still lacking. The current government made two commitments in the 2019 *Transforming the Response to Domestic Abuse Consultation Response and Draft Bill* about APV, to i) "Develop best practice, training and resources to improve the response to victims of adolescent to parent violence" and ii) "Promote and embed existing Home Office guidance and work with experts to develop service-specific guidance."⁴⁵ These commitments were made before Covid-19 and have become all the more essential following the effects we have mapped in this report. In February 2020 the Home Office convened a working group of experts in the field to discuss how best to take this forward and we look forward to this work continuing and clearly addressing the impact of the pandemic.

10 A resounding call for increased funding, recognising families experiencing C/APV as a priority.

This should include emergency funding for support services as well as planned, long-term funding to meet increased demands from the detrimental impact of the pandemic and to ensure sustainability of support.

⁴³ For further discussion see Imkaan (2020) 'The Impact of the Dual Pandemics: Violence Against Women & Girls and COVID-19 on Black and Minoritised Women & Girls' <https://www.imkaan.org.uk/covid19-position-paper> and Bibby, J., Everest, G. and Abbs, I (2020) 'Will COVID-19 be a watershed moment for health inequalities?' <https://www.health.org.uk/publications/long-reads/will-covid-19-be-a-watershed-moment-for-health-inequalities>

⁴⁴ See Hunter, C., Nixon, J. and Parr, S. (2010). 'Mother abuse: a matter of youth justice, child welfare or domestic violence?', *Journal of Law and Society*, 37(2): 264-284 and Condry, R. and Miles, C. (2012), 'Adolescent to parent violence and youth justice in England and Wales', *Social Policy and Society*, 11(2): 241-250

⁴⁵ HM Government (2020) 'Transforming the Response to Domestic Abuse Consultation Response and Draft Bill' https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/772247/Transforming_the_response_to_domestic_abuse_-_consultation_response_and_draft_bill_-_print.pdf

This study is limited as a 'fast' piece of research that has been designed, carried out, and reported in the space of three months. We recognise the need for further research into the impact of lockdown and the pandemic on families and how it intersects with family violence, and with other forms of structural inequality. The Covid-19 pandemic has been worldwide, and many countries have experienced lockdown in various forms – sharing knowledge across borders will be important in considering the impact on C/APV. Recent work at Monash University in Australia has explored practitioners' experiences of responding to gender based violence in the pandemic⁴⁶, for example, and connecting the findings from studies across the world will be of great benefit.

Finally, we would like to note that C/APV has tended to be a 'hidden' form of family violence, both by families who experience stigma and shame for the actions of their child, and because of a lack of recognition in government policy and service planning – often the 'poor relation' in family violence. It is imperative that the problem of C/APV is clearly articulated, and that responses are strategically planned and fully funded. A child using violence in the family presents an opportunity – an opportunity to intervene, and an opportunity to prevent the child from becoming an adult perpetrator. Lockdown is that opportunity writ large with an increase in levels of violence and an increase in intensity and severity and families crying out for help. If that opportunity is missed the consequences for the future for that individual child, and all those the child interacts with across his or her life, will be all the more severe.

⁴⁶ Pfitzner, N and Fitz-Gibbon, K. (2020) 'Gender-based violence and help-seeking behaviours during the COVID-19 Pandemic' <https://www.monash.edu/arts/gender-and-family-violence/research-projects/covid-19-and-gender-based-violence>

10. Appendix: FOI Data

Force	Total N for 1 year	N Range per month	Mean N per month	N June 2019	N July 2019	N April 2020	N May 2020	Victim Female	Victim Male	Suspect Female	Suspect Male	Victim peak age (years)	Suspect peak age (years)
Avon and Somerset	705	40-76	59	46	69	69	76	76%	24%	29%	71%	44-46	15-16
Bedfordshire	18	0-4	1.5	0	1	1	4	75%	25%	56%	44%	NA	NA
Cambridgeshire	684	42-74	57	55	50	65	74	68%	32%	29%	71%	40-49	14-15
Cleveland	344	16-41	29	33	32	27	26	78%	22%	36%	64%	36-40	14-15
Cumbria	408	24-48	34	39	32	42	30	67%	33%	15%	85%	36-40	15-16
Derbyshire	797	49-85	66	61	62	49	65	76%	24%	29%	71%	NA	NA
Dorset	420	23-48	35	23	26	28	41	74%	26%	32%	68%	36-44	16
Essex	1,908	116-190	159	159	173	116	136	73%	27%	35%	65%	36-45	15
Humberside	1,001	62-104	83	99	104	62	77	NA	NS	NA	NA	NA	NA
Lancashire	1,463	103-144	122	127	112	115	112	75%	25%	29%	71%	40-50	17-18
Leicestershire	89	3-11	7	11	6	9	3	72%	28%	15%	85%	36-40	15-16
Merseyside	1,135	NA	95	NA	NA	NA	NA	NA	NA	31%	69%	NA	15-16
Norfolk	369	19-42	30	21	24	42	40	71%	29%	29%	71%	36-45	15-16
North Wales	521	29-49	43	46	42	46	49	74%	26%	28%	72%	36-40	15-16
Northamptonshire	92	4-14	8	7	8	8	4	82%	18%	26%	74%	40-50	17-18
Nottinghamshire	176	9-22	15	9	14	13	14	53%	47%	22%	78%	41-45	16-18
Staffordshire	719	26-80	60	76	80	48	26	72%	28%	27%	73%	36-40	15-17
Suffolk	787	48-82	66	51	48	78	67	68%	32%	31%	69%	38-48	15-17
Surrey	89	2-11	7	6	6	8	7	58%	42%	36%	64%	47	15-16

Table 1: Overview of FOI data

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