Violence in young people’s relationships
Introduction

This briefing outlines key findings and practice messages relating to two forms of domestic violence (DV) perpetrated by young people:

- violence and abuse in adolescent relationships
- adolescent to parent violence and abuse.

The term interpersonal violence and abuse (IPVA) will be used to refer to violence and abuse in adolescent relationships, and adolescent to parent violence and abuse (APVA) to refer to violence and abuse towards parents or carers. The section on APVA is relatively short, reflecting the fact that, as this is a comparatively new area of DV, much less research and practice information is currently available.

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Part One
Interpersonal violence and abuse (IPVA) in young people’s relationships

Definition and legal context
The government definition of domestic violence and abuse changed in 2013 to include young people aged 16 and 17:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive control is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish or frighten their victim.

Home Office, 2013

It is important to remember that all children and young people under 18 years of age are protected by child protection legislation. Professionals need to follow their agency’s safeguarding children procedures (which should comply with the Local Safeguarding Children Board’s child protection procedures). It is however acknowledged that governmental advice to local areas does not specify whether child protection or Multi-Agency Risk Assessment Conference (MARAC) procedures should be used. However, in reality young people are often left unprotected when living with IPVA as it often fails to reach the criteria for child protection registration.

Forms of IPVA in adolescent relationships
Research has focused on three forms of IPVA, although more recent studies have included an additional category of IPVA through new technologies. However, in practice different forms of IPVA often co-exist. It should be noted that some IPVA acts will be illegal.

Emotional abuse and control includes:
> being put down; insulted; made fun of which is hurtful
> verbal abuse
> made to feel bad or worthless
> unreasonable jealousy
> repeatedly lying
> being threatened
> partners threatening to hurt themselves
> constant shouting
> making a partner feel they are alone and no one cares about them
> constantly checking up on who a partner sees or where they go
> stopping a partner from seeing their friends or going out
> telling a partner what they can and cannot say/wear/act
> wanting a partner to be with them all the time.

Physical violence and abuse involves a partner:
> hitting
> pushing
> scratching
> punching
> kicking
> threats of physical violence
> throwing objects
> smashing belongings or objects up
> hair pulling
> pushing you around or dragging you
> threatening you with an object
> use of a weapon.
Sexual violence and abuse comprises pressurising or physically forcing a partner to do something sexual against their wishes: pressure includes telling a partner they would do ‘it’ if they loved them, telling them they were being immature or that they would finish the relationship if they didn’t agree.

Abuse through new technologies includes:

- looking at a partner’s private messages on their phone or social networking sites
- sending constant and unwanted texts, messages and phone calls
- controlling activities through online pressure
- demanding passwords
- online monitoring/surveillance of a partner’s movements/activities
- emotional online aggression or abuse
- pressured sexting
- distribution of sexual images without consent.

IPVA prevalence rates

Prevalence rates vary considerably depending on the populations sampled, definitions used, forms of IPVA included and acts incorporated (Barter, 2009; Stonard et al, 2014). The majority of studies do not measure sexuality; although research which includes an exploration of adolescents with same-sex partners indicates that all young people are equally at risk of IPVA (Barter et al, 2009).

However, often these studies do not consider specific forms of LGB (lesbian, gay, bisexual) abuse, such as forced outing to peers or family. No research has been undertaken on IPVA in the lives of transgender young people. Little is known about disability and IPVA, although practitioners should not assume disabled children and young people are not engaging in intimate relationships.

Emotional abuse

A recent international evidence synthesis on ‘dating violence’, which included UK research, determined that around half of adolescents reported some form of emotional IPVA (Stonard et al, 2014). Younger adolescents (13-14 years-old) report slightly lower rates (Fox et al, 2014). Verbal abuse and controlling behaviours were most commonly reported (Barter et al, 2009; Barter et al, 2015).

Physical violence

On average, one-fifth of all adolescents report physical IPVA from a partner (Stonard et al, 2014). However, UK and international research shows a greater proportion of females report more severe forms of physical violence (Barter et al, 2009; Foshee 1996), including the need for medical attention (Foshee, 1996; Molidor et al, 1998).

Sexual violence

Rates vary depending on the definition used. A wide measure which incorporates both pressured and/or forced unwanted sexual contact shows that around a quarter to a third of adolescent girls and a quarter of boys experienced sexual victimisation from a partner. Using a more restricted definition, consisting of unwanted sexual intercourse, reveals that between 12-19 per cent of girls and 6 per cent of boys reported this form of sexual violence (Stonard et al, 2015).

Abuse through new technologies

Although less well researched, on average between 50-70 per cent of all adolescents report some form of IPVA though new technologies (Stonard et al, 2015). However, pressured sexting and unwanted sharing of sexual images is primarily experienced by girls (Wood et al, 2015; Drawker and Martsold, 2010; Zweig et al, 2013). Online abuse occurs both alongside face-to-face IPVA and as a discrete form of abuse in its own right (Barter et al, 2015; Stonard et al, 2015).

Overall, apart from sexual violence, IPVA rates in adolescent relationships appear to be relatively gender neutral, especially if compared to adult DV experiences. Nevertheless, once incidence and impact are considered together a more detailed picture emerges regarding the gendered nature of IPVA for young people (Barter et al, 2009; Barter et al, 2015).
Subjective impact

UK research suggests that girls more frequently report a negative subjective impact compared to boys. Most commonly girls report feeling scared, humiliated and upset whilst boys who report a negative consequence most often report feeling angry or annoyed (Barter et al, 2009; Barter et al, 2015; Hird, 2000; Wood et al, 2011).

International studies addressing the subjective impact of IPVA report similar findings (Hamby and Turner, 2013; Jackson et al, 2000; Foshee, 1996; Molidor et al, 1998) - although it is possible that adolescent boys may be reluctant to report feelings associated with vulnerability, such as being scared, due to stereotypical concepts of masculinity. This requires exploration by professionals in their discussions with young men.

Health outcomes

A range of adverse health outcomes are associated with IPVA victimisation in adolescence, including: suicidal behaviours; mental health problems; depression; eating disorders; substance and alcohol use; pregnancy outcomes; and physical injuries (Exner-Cortens et al, 2013; Silverman et al, 2001; Van Dulmen et al, 2012). It is also one of the strongest precursors to IPVA victimisation in adulthood (Exner-Cortens et al, 2013; Van Dulmen et al, 2012).

Risk factors

Risk and protective factors are aspects of a person, group or environment that makes violence more or less likely to occur. It is important to remember that risk factors are often correlational rather than causal. Some of these factors could be indicative of many things. Risk factors should be viewed as a way to guide prevention work, to identify people who could be at risk and also as outcomes which may require intervention.

Domestic violence and child abuse

Adolescents with a history of familial domestic violence, child abuse or punitive parenting are at greater risk of IPVA victimisation and instigation in their own intimate relationships (Barter et al, 2009; Barter et al, 2015; Temple et al, 2013; Roberts et al, 2010). However, we also know that many young people who experience family violence do not experience violence in their relationships, thus other moderating factors come into play, such as attitudes to violence (Temple et al, 2013). For a review of the impact of DV on children see Stanley (2011).

Attitudes towards violence

Adolescents whose beliefs normalise or support the use of intimate violence; endorse negative gender attitudes, including the rape myth (women and girls are to blame for sexual violence due to leading men on, etc); or validate victim blaming discourses are more at risk of IPVA victimisation and instigation in their intimate relationships (McDonald et al, 2010; Foshee et al, 2001; Maxwell et al, 2002; Barter et al, 2015; Josephson and Proulx, 2008; Wolfe et al, 2004; Lombard, 2015; Burman and Cartmel, 2005).

Peer influence

Risks for both victimisation and instigation include having friends who have experienced IPVA victimisation, perpetrated IPVA and/or associating with peers who are generally aggressive or violent (Arriage and Foshee, 2004; Barter et al, 2009; McDonald et al, 2010; Miller et al, 2009; Foshee et al, 2001). Conversely, having pro-social friends and peers acts as a protective factor. Studies suggest that peer behavioural norms associated with IPVA are sufficiently influential to affect individual relationship behaviours (Leen et al, 2013).

Psychological factors

There are some indications that depression, destructive responses to anger, internalising and externalising behaviours and self-efficacy are correlated with IPVA perpetration (Leen et al, 2013). Boys with greater externalising behaviours (such as hostility, delinquency and aggression) and girls with higher internalising behaviours (withdrawal, anxiety, depression, compulsion) show greater IPVA perpetration (Chase et al, 2002). Thus IPVA may provide a release for girls from internal stress (Leen et al, 2013) whereas for boys it may be an extension of wider behavioural issues.
Risky behaviour
Adolescents who engage in more risky forms of behaviours may also be more at risk of IPVA, these include: early (generally before 13 years of age) alcohol use; early intimate relationships; early sexual activity; multiple partners; regular viewing of online pornography (Barter et al, 2015; Espelage et al, 2014; Cleveland et al, 2003; Foshee et al, 2014; Foshee et al, 2001; Firmin, 2013; McDonald et al, 2010) and involvement in gangs (see below).

Gangs
Most commonly girls enter gangs as girlfriends of gang members or to perform casual sex with one or more members (The Office of the Children’s Commissioner, 2013). Girls often experience sexual victimisation, including rape, both within the gang and from rival gangs. Child Sexual Exploitation (CSE) represents a major concern for girls in contact with gangs (The Office of the Children’s Commissioner, 2013). Gang sexual victimisation can have a devastating impact, further reducing already very low self-esteem and worth. However, their vulnerabilities often remain ‘invisible’ to statutory services and many fail to adequately understand their needs (see The Office of the Children’s Commissioner 2013 report for specific advice).

Wider vulnerability
Research indicates that young people in care, and those who have left care, are especially vulnerable to IPVA victimisation and instigation, possibly because of previous experiences of child abuse and DV (Barter et al, 2004; Wood et al, 2011). Young mothers also appear to be vulnerable to IPVA victimisation, although social work responses have often been viewed as problematic (Wood and Barter, 2015).

Protective factors
Less is known about protective factors. However, it seems that doing well at school, having long-term aspirations, associating with pro-social peers and high self-esteem are key protective factors in relation to IPVA victimisation (Barter et al, 2009; Barter et al, 2015). Based on its practice knowledge, SafeLives, a national charity working to combat domestic violence, has identified a wider range of protective factors:

- Achievement at school.
- Having a safe haven.
- Support from positive role models.
- Assertiveness.
- Sense of physical, emotional and economic security.
- Belief that others have high expectations of them.
- Participation in engaging and challenging activities.
- Sense of belonging/safety and structure.

Theoretical understandings
A range of theoretical frameworks have been applied to adolescent IPVA. It is however unlikely that any one theory in isolation can provide an adequate explanation. Consequently, most applied work seeks to combine a range of approaches.

Social Learning Theory (SLT)
SLT developed by Bandura (1977) has been widely used in public health interventions, including those addressing IPVA in adolescent relationships (for example Wolfe et al, 2006). SLT argues that observation of violence in the family or peer groups creates attitudes, concepts and norms about how to behave within intimate relationships and associated acceptability of violence within specific contexts (Corvo and DeLara, 2010).

SLT stresses that this behavioural replication will only be sustained if the individual experiences a positive outcome (for example partner behaves as they want) and if the behaviour is congruent with their wider experiences, values and knowledge. Interventions using SLT seek to provide new knowledge, challenge IPVA attitudes and develop victim empathy so that the individual’s abusive actions are no longer congruent with their new values, thus altering behaviour.
Attachment Theory (AT)
AT asserts that family violence and harsh parenting styles can influence the formation of negative patterns of social behaviour during childhood which can then be transmitted into adolescent intimate relationships (Bowlby, 1969). An absence of close and supportive relationships in childhood may result in later attachment issues surrounding intimacy, characterised by fearful, anxious and mistrusting relationships.

Different attachment traits may result in a fear of intimacy or obsession and extreme jealousy and anger (Bowlby, 1984). Interventions seek to provide children and young people with a positive and supportive adult relationship, often over a relatively long period of time, where children can begin to build bonds and develop more constructive attachment styles.

Social Norm Approach (SNA)
A strong evidence base has been developed by bodies such as the World Health Organization (WHO, 2009) to support the use of interventions that challenge attitudes and behaviour that tolerate violence. SNA assumes that people have mistaken perceptions of the attitudes and behaviour of others and that the prevalence of risky behaviour is usually overestimated, while protective behaviours are normally underestimated (Berkowitz, 2004).

This affects individual behaviour in two ways: by justifying and increasing prevalence of risky behaviour and by increasing the likelihood of an individual remaining silent about any discomfort caused by such behaviour (thereby reinforcing social tolerance). IPVA interventions seek to challenge attitudes and behaviours that support and justify the normalisation of IPVA in adolescent relationships by presenting a more accurate depiction of IPVA behaviour and thereby altering what is considered the norm.

Theory of Gender and Power (TGP)
TGP was originally developed by Connell in 1987. A large body of literature argues that social and institutional mechanisms constrain women’s and girls’ daily practices through gendered expectations and gender-based inequalities. The TGP model hypothesises that exposure to traditional beliefs around gendered cultural norms associated with hegemonic masculinity (active, controlling, embodied) and femininity (passive, vulnerable, disembodied) underpins IPVA norms and behaviour.

It is also recognised that these norms are further mediated by wider inequalities based around race, ethnicity, culture, religion, socio-economic background and disability. Although this theory can be used to address male violence it is more difficult to apply to girls’ IPVA instigation. TGP interventions seek to challenge and debunk gender attitudes which underpin and justify male violence, raise awareness of gender inequalities and minimize gender-based defensive or hostile reactions.

Young people’s help-seeking
Only a minority of adolescents report their IPVA experiences to adults, including professionals – even young people who already have workers in their lives (Wood et al, 2011). Barriers to disclosure include: feeling embarrassed; fearing they will be judged or that their relationships will not be taken seriously; that they will not be believed; concerns around confidentiality, especially that their parents may be informed; not wanting to end the relationship; and possible repercussions from their abusive partner (Barter et al, 2009; Wood et al, 2011; Hellevik et al, 2015). For some groups, such as young people who may be at risk of forced marriage or honour-based violence (Barter et al, 2005) and young LGBT (lesbian, gay, bisexual, transgender) people whose families may react negatively to their relationships, very careful consideration is required in relation to informing families.
Young people may therefore be reluctant to initiate discussions or may deny they have any relationship problems. Generally, young people state they would like to discuss their concerns but within an established trusting relationship in a non-judgemental and open manner; where they can decide how much detail to reveal at their own pace, where their views are taken seriously and they can retain control over decisions. However, adolescents have stated that professionals rarely ask about this aspect of their lives in any depth and generally focus solely on the reason for referral rather than their wider experiences and concerns (Wood et al, 2011).

Practice messages

To help guide practitioners SafeLives has developed a range of practice messages, based on the research evidence and their own practice experience, for engaging with young people experiencing relationship abuse. The development of a rapport is viewed as a perquisite to exploring this issue with young people. All direct work should be undertaken in a reflective manner which seeks to explore and address specific issues relating to culture, ethnicity, sexuality or disability.

As some young people may also be experiencing health related problems (such as mental health or drug/alcohol problems) partnership working may be necessary. In addition, IPVA and Child Sexual Exploitation (CSE) distinctions require consideration, so that responses can be properly targeted (see Webb and Holmes, 2015, and Godar, 2013, for CSE).

Key messages include:

Discussing healthy relationships

> Young people may not be aware they are in an abusive relationship. Practitioners should explore what a healthy relationship is with the young person and then ask them to compare this to their current relationship.
> Discuss the young person’s ideal relationship and encourage them to think about how their current relationship compares to this.
> Don’t be afraid to challenge young people if their understanding of what a healthy relationship is makes them unsafe.

Assessing abuse

> Be prepared to spend time exploring what abuse is as young people may not identify their own experiences as abusive.
> Validate the seriousness of young people’s relationships.
> Explore using the young people’s version of the ‘DASH’ Risk Identification Checklist (formally called CAADA-DASH) or the Duluth Teen Power and Control Wheel to help inform conversations with the young person and identify the levels of risk they face. Both tools can be used as a guide to inform assessments, taking into account they may not always be appropriate depending on the age of the child.
> It is important that this is handled in a sensitive manner. Revealing to a young person that they are at high risk of serious harm may well be frightening and overwhelming.
> State exactly what your concerns are by using the answers the young person gave and by explaining your professional reasoning and judgement.
Online forms of abuse

> Ask about a young person’s online life/habits to ascertain risks, vulnerabilities and approaches to improve online safety.

> The young person may fear that disclosing online abuse will result in limits to their use of online communications. Explain internet safety instead and work around limits so that the young person can continue to use social media.

> Don’t press the issue if the young person doesn’t disclose. Instead, work with the young person on a more general theme of abusive behaviour and discuss how it can take place via social media/online.

> It is important that you know how young people communicate online. When asking the questions as part of your risk assessment, give examples of how abuse can take place online so that young people can identify and feel confident you know how to respond to their disclosure.

Safety planning: During and after an abusive relationship

Many young people do not want to end the relationship (and may be very resistant to being told to do so), but they do want the violence to stop (Barter et al, 2015; Wood et al, 2011). Reflecting on adult DV, the most risky time for victims is often when the relationship ends which can lead to an escalation of violence. It is therefore essential that any move to end a relationship is undertaken in a considered manner led by the young person and supported by a professional or adult, with an agreed safety plan in place.

The NSPCC and the Association of Teachers and Lectures (ATL) have developed a safety plan tool to assist adults with supporting a young person who is experiencing relationship abuse. The plan sets out key principles to follow: www.atl.org.uk/Images/guidance-and-safety-plan-for-young-people-nov-13.pdf

Within these plans consideration should also be given to how wider peer groups or peer networks may present a risk (see Firmin, 2013b).

Prevention messages

A recent UK review of domestic violence prevention programmes for children and young people provides clear messages for what works (Stanley et al, 2015):

> Programmes that seek to challenge social norms, including gender norms and victim blaming, and harness pro-social peer pressure to change attitudes.

> Both young people and experts argued for the value of drama/theatre and narrative.

> Authenticity achieved through material that delivered emotional charge, which was meaningful to young people and made it ‘real’.

> Authenticity enhanced when interventions delivered by those with relevant expertise or experience, including young people themselves.

> Whole population interventions harness peer group power but can also identify those at risk who require additional services.

> Interventions need to take account of power differentials, particularly in relation to gender and sexuality.

> Messages should be positively framed, avoiding the blaming that can provoke resistance from some boys.

> Children’s and young people’s perceptions and experiences should be incorporated into interventions and evaluations.

Wider practice messages on what works

> Modelling of positive conflict resolution and healthy relationships.

> Enhancing empathy for victims.

> Supporting self-esteem.

> Enhancing relationship attachments, possibly including work with parents/carer.
Working with young IPVA instigators

Less evidence exists on direct work with young instigators of IPVA. Some key messages for working with young people, and especially young men (whose violence and abuse has been shown to have the most significant impact), are provided by Fox et al (2014) based on their boys to men project:

- Terminology must be carefully considered; referring to young people who have undertaken acts of abuse against a partner as ‘perpetrators’ may inhibit receptivity to professional support and intervention.

- Young men who present the greatest dangers to partners often have multiple problems that leave them beyond the reach of schools and too difficult for offender managers to support in the context of time-limited interventions.

- The absence of secure and trusting relationships in their past can make it difficult for some young men to form positive relationships and to engage effectively with organisations.

- Commissioners and organisations need to develop structures that allow practitioners the time and space to build trust with young men who are resistant to talking openly about IPVA - providing a basis to initiate engagement.

- Young people who perpetrate IPVA are more likely to have been exposed to abuse in the home during their childhood. Practitioners need to be able to provide young people with supportive mentors over the longer-term and to attend, where necessary, to the wider dynamics of family and community life that contribute to the occurrence of violence.

Practitioners working with young people in this context must be able to go beyond working with ‘couples’ in order to fully understand the family and wider dynamics involved, including peer groups and networks. The limitations of school-based universal interventions to change engrained IPVA perpetration need to be recognised (Fox et al, 2014; Barter et al, 2014).

Similarly, The World Health Organization (2014) concluded that the only evidenced effective intervention for entrenched youth violence, including IPVA, was therapeutic programmes and that those based on Cognitive Behavioural Therapy (CBT) showed the best results.
Part Two
Adolescent to parent violence and abuse (APVA)

Definition and legal context

No official or agreed definition of adolescent to parent violence and abuse exists. Paterson et al’s (2002) definition will be used as it includes not only behavioural patterns but also the impact on parenting and wider family members:

*Behaviour considered to be violent if others in the family feel threatened, intimidated or controlled by it and believe that they must adjust their own behaviour to accommodate threats or anticipated violence.*

Paterson et al, 2002

Depending on the age of the child APVA may fall under the government’s official definition of domestic violence and abuse (Home Office, 2013).

Forms of APVA

APVA often involves a pattern of behaviour which can include physical violence, property damage, emotional violence, threats, financial abuse or controlling behaviours against a parent or carer. Although parents may present an isolated incident, practitioners need to understand whether this is part of a wider pattern of behaviour and the parent-child relationship history (Wilcox et al, 2015; Condry and Miles, 2015).

Recognition

APVA is the most hidden and misunderstood form of domestic violence (Wilcox and Pooley, 2012). Practitioners rarely ask about this form of intimate violence (Wilcox and Pooley, 2014); often it is viewed as challenging behaviours and, consequently, the wider patterns of abuse remain unrecognised (Nixon, 2012). Parents often report feelings of isolation, guilt and shame when their child is violent and abusive towards them and may be reluctant to approach services (Wilcox, 2012), often fearing they will not be believed, blamed or that their parenting skills will be questioned (Condry and Miles, 2015; Selwyn and Meakings, 2015). Most are worried about being labelled a bad parent, and often this means mother-blaming (Edenborough et al, 2008).

Prevalence rates

No robust prevalence data has been collected to measure APVA in the UK.

> A US literature review found that between 7 per cent and 18 per cent of families reported APVA (Kennair and Meller, 2007).
> Parentline (renamed Family Lives) reported that 17 per cent of its 30,000 calls in 2008 were from parents reporting their adolescents’ verbal aggression and a further 8 per cent physical aggression (Parentline Plus, 2010).
> Analysis of all reported cases of APVA to the Metropolitan Police over a one year period found 1,892 incidents, although authors recognise this will be an under-reporting due to the reluctance of parents to report (Condry and Miles, 2014).
> APVA is a major contributing factor for adoption breakdown (Selwyn and Meakings, 2015).

APVA dynamics

Both national and international evidence suggests that the majority of reported cases involve son to mother violence. Nevertheless, reported cases also include violence from daughters (around 25 per cent of cases) and physical violence, often very severe, directed at fathers from sons. It is, however, recognised that gender norms associated with girls’ violence may have resulted in lower reporting rates. Most young people identified as APVA instigators were between 13 and 15 years old and it appears to affect all levels of society.

Causes of APVA

No single cause of APVA has been identified and pathways appear complex. Families have described a range of reasons, including: substance abuse; mental health problems; learning difficulties; or a history of DV/abuse or self-harm (Condry and Miles, 2015; Selwyn and Meakings, 2015). In some instances no clear explanation was apparent and parents found it difficult to understand why one of their children was aggressive towards them whilst their other children were not (Condry and Miles, 2015).
Interventions

All APVA interventions are in the early stages of evaluation. Promising programmes include trauma-based approaches (for example the Wish Programme), Cognitive Behavioural Therapy (Step-Up programme) and systemic therapy (see Holt, 2015, for an informative overview of specific interventions). A review by Newman et al (2014) identified two types of interventions as effective (although within the context that most have yet to be evaluated): Non-Violent Resistance (NVR) and Solution-Focused Brief Therapy (SFBT). Both approaches draw heavily on psychology and use a therapeutic approach.

Non-Violent Resistance interventions (see Omer, 2004) bring together attachment theory and theories of parental authority; positive parental authority is viewed as a central aspect of a healthy parent-child relationship (Newman et al, 2014). Non-Violent Resistance is based on behavioural therapy: the idea is that by teaching parents non-violent resistance they can modify their interactions with their children and improve family dynamics. Parents learn non-violent behaviour; specifically they are encouraged to ‘model non-aggressive behaviour, to de-escalate situations, delay responses, increase parental presence, re-establish their quiet authority, break the secrecy, and enlist supporters to help in resisting the violent and controlling behaviours’ (Newman et al, 2014).

There is some evidence that supports the use of SFTB as an early intervention with children showing behavioural problems. Specifically, Bond et al (2013) conducted a systematic review and concluded that SFTB is an effective tool for APVA early intervention.

Practice implications

> This form of abuse positions children as the instigators of violence and parents as vulnerable victims, thus reversing the general protectionist discourse of adult abuse of children. This requires consideration of the boundaries of normative family relationships and acknowledgment of the limits of parental boundaries and control (Biehal, 2012).

> Practitioners should routinely ask about this form of family violence in their assessments to break the silence around this issue.

> Parents and children need to be supported to discuss any issues in an open and honest environment with joint aims of improving communication and rebuilding respectful communication (Wilcox et al, 2015).

> Practitioners need to carefully consider their terminology as most parents do not see their experiences as domestic violence and do not want to perceive their child as a perpetrator. Most parents talk about their child as being out of control (Wilcox et al, 2015).

> Wider factors, such as disability, sexuality and the exercise of power and control within other family relationships require consideration.

> Some children and their families may require more intensive support, especially if children have a history of DV/child abuse, including adoptive parents (Selwyn and Meakings, 2015).

> Things parents have found helpful include (Holt, 2013):

  - Naming the abuse.
  - Being listened to and listening to the experiences of others.
  - Developing strategies to establish boundaries with young people.
  - Developing self-care strategies.
  - Education and awareness-raising about the dynamics of APVA.
Further reading

Violence and abuse in young people’s relationships

Practice briefing for IDVAs: Working with young people experiencing relationship abuse
SafeLives
www.safelives.org.uk/sites/default/files/resources/Young%20People%20practice%20briefing%20for%20IDVAs%20FINAL.pdf

Practice briefing for professionals working with young people experiencing or at risk of online abuse
SafeLives
www.safelives.org.uk/sites/default/files/resources/Practice%20briefing%20for%20young%20people%20-%20online%20abuse%20FINAL.pdf

SafeLives Risk Identification Checklist for the identification of high risk cases of domestic abuse, stalking and ‘honour’-based violence. Young People’s Version with practice guidance
SafeLives
www.safelives.org.uk/sites/default/files/resources/YP%20RIC%20guidance%20FINAL.pdf

Duluth Teen Power and Control Wheel

A safety plan for young people experiencing relationship abuse
NSPCC and ATL

Women’s Aid has a dedicated website for children and young people about domestic violence.
www.thehideout.org.uk

Expect Respect Educational Toolkit
Women’s Aid has also produced this toolkit which consists of one easy to use ‘core’ lesson for each year group from reception to year 13.

The Home Office ‘This is Abuse’ site provides resources - including videos, quizzes and information on abuse in adolescent relationships.
www.thisisabuse.direct.gov.uk

STIRitAPP is an Interactive app and web-based resource produced with young people for young people who want to know more about relationships, and to explore their own attitudes and behaviours using interactive technology.
play.google.com/store/apps/details?id=skillcom.stiritapp

Broken Rainbow is a specialist phone support for lesbian, gay, bisexual and transgender (LGBT) survivors of relationship abuse.
www.brokenrainbow.org.uk

Young People’s Violence Advisors (YPVA) are trained to work with 13-17 year olds in regards to IPVA and related areas. They can provide support and advice to practitioners. Local DV services should be contacted to see if there is a YPVA provision.
Adolescent to parent violence and abuse


Responding to Child to Parent Violence is a multi-agency research project led by the University of Brighton. Their Break4Change Programme Toolkit for practitioners is available at: www.rcpv.eu/50-b4c-toolkit-english-part-1-3/file

Alternative Restoratives is a practitioner-run resource which aims to raise awareness about parent abuse and highlight restorative approaches to intervention. It also organises UK-based training and events for practitioners. www.alternativerestoratives.co.uk/about.htm

Holes in the Wall is a blog run by a professional social worker which provides updates on research, practice and policymaking developments. www.holesinthewall.co.uk Twitter @HelenBonnick

The Youth Justice Board has a web page outlining useful information and resources about adolescent to parent abuse: www.justice.gov.uk/youth-justice/reducing-reoffending/domestic-abuse

Step-Up is a US counselling programme for teenagers who are violent at home. It includes curriculum materials and resources for practitioners, and offers training for setting-up your own ‘Step-Up’ programmes. www.kingcounty.gov/courts/step-up.aspx

www.rip.org.uk 15
References


