



Behind the behaviour

Understanding children's violent behaviour
towards their parents

Insights from Parent Talk 2024/25

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About Action for Children

We take action so children don't miss out on a safe and happy childhood. In 2023/24 we helped 687,755 children, young people and their families across the UK. We provide practical and emotional support through 372 services in local communities across the UK, in schools and online. This includes children's centres and family hubs, family support services, homes for disabled children and in residential care, short breaks services and services for young people at risk of criminal exploitation. We deliver our Blues Programme, an internationally acclaimed wellbeing programme for young people aged 13-19, in schools across the country, and provide Sidekick, a confidential helpline for children across the UK.

Our Parent Talk service

Parent Talk is a free online service run by Action for Children for parents of children aged 0-19 (or up to 25 for children with additional needs). The service is funded through a mixture of voluntary income, organisational investment and commissioned contracts. It offers trusted information, advice and guidance, and access to experienced parenting coaches via webchat or WhatsApp. In 2024/25, 318,866 parents and carers accessed the service, with a further 3,883 receiving specialist one-to-one support from coaches. Around 88% of parents engaging with the service were from England, 5% from Scotland, 4% from Wales and 3% from Northern Ireland. This is broadly representative of the population across the four UK nations.

Of parents who used Parent Talk's chat service, 92% rated it 'good' or 'amazing'.¹ An academic evaluation in 2024 found that Parent Talk increases parents' self-efficacy by providing the information they need, increasing their knowledge, skills and confidence, and supporting them to resolve concerns or problems.²

For further information on any of the topics covered in this report please visit <https://parents.actionforchildren.org.uk/>

About this report

This report examines common drivers of children's violent or abusive behaviour towards caregivers and the support that families need. It presents analysis of two Parent Talk datasets:

- An overview of article views on the Parent Talk website and one-to-one chats between parents and coaches between April 2024 and March 2025.
- A focused analysis of requests for support about children's violence and abusive behaviour towards their parents between August 2022 and July 2025.

This includes an examination of article traffic and one-to-one chat trends from across Parent Talk, including spikes in page views at different points of the year, and analysis of transcripts of chats relating to violent or abusive behaviour by children towards caregivers. Some quotes have been edited or paraphrased for clarity, and all are anonymised to protect families' privacy.

A note on the language used in this report

A number of terms are used to describe violent behaviour towards caregivers, with child and adolescent to parent violence and abuse (CAPVA) the term preferred by the Domestic Abuse Commissioner and domestic abuse charity Respect. In Parent Talk's advice and discussion with parents we avoid using any specific phrase or definition, focusing instead on describing the behaviour that parents may be experiencing. We have continued that approach in this report.

Different terms are used around the UK to describe children's additional needs that may affect their educational access or development. In this report we have primarily used Special Educational Needs or Disabilities (SEN or SEND), which is the term used in England and Northern Ireland. In Scotland and Wales these types of needs are referred to as Additional Support Needs (ASN) and Additional Learning Needs (ALN) respectively.

In England and Northern Ireland, Individual Learning Plans (IEPs) are made by schools or nurseries and explain children's needs and how they will be supported, including through external provision from the local authority (England) or local education authority (NI). Educational, Health and Care Plans (EHCPs) in England and SEN Statements in Northern Ireland set out the support for children with more complex needs that a local authority or local education authority is legally required to provide. In Wales, all children with additional learning needs are entitled to a statutory Individual Development Plan. In Scotland, statutory Co-ordinated Support Plans set out the cross-agency additional support for learning to which a child is entitled.

Summary of findings and recommendations



“My child is controlling, demanding, abusive both physically and verbally. I’ve tried a range of different techniques but nothing seems to work. I feel like I’m in an abusive relationship I can’t walk away from.”

Children’s behaviour is now the second most accessed theme on Parent Talk, rising from 15% to 26% of article views in a year. This category covers a range of topics including school exclusion, boundary setting, bullying, self-harm and managing children’s behaviour, including violent or abusive behaviour to parents or carers.

Demand for support with children’s violent or abusive behaviour is increasing rapidly, up 51% since 2022. Our article ‘Dealing with violent behaviour from your child or teenager’ saw 20,840 active users between August 2024 and July 2025, an increase of 19% since 2023 and up by 51% since the page was published in 2022. This was the biggest proportionate increase in users across all articles in the ‘feelings and behaviour’ category.

Our analysis suggests a strong link between children’s behaviour and unmet SEND and mental health needs. Over a three-year period, 362 parents engaged in one-to-one chats with coaches about their child’s violent or abusive behaviour. 64% flagged their child’s mental health needs and 40% discussed concerns around special educational needs or disabilities.

Children’s violent and abusive behaviour at home can be viewed as a symptom of these unmet needs. The experiences of parents show a clustering of unmet needs and stressors that contribute to behaviour at home. These are exacerbated by delayed and fragmented support across SEND, child and adolescent mental health services (CAMHS) and education, with parents describing long waiting times for assessment and repeat referrals.

The severity of children’s violent behaviour escalates with age. The average age of children discussed was just over 10 and two thirds were boys. Parents described a trajectory from frequent-but-manageable meltdowns in younger children as a response to feeling overwhelmed, to emotional and physical dysregulation by the mid-teens, culminating in moments of crisis and violence. In cases where there had been police intervention the average age was 13, reflecting the rising risk of harm as children become older.

School transitions are a key trigger point for escalation. Just over a quarter (27%) of parents who talked to our parent coaches raised issues with school, with the transition from primary to secondary school a common theme. Views of our advice article increased by 46% from July to September 2024, reflecting a particular need for support around the new school year.

Summary of recommendations

1. Adopt a joined-up approach across the UK government to supporting children and families through early adolescence, including consistent terminology, data collection and clear responsibilities across government departments.
2. Recognise children's violent and abusive behaviour towards parents and carers as a safeguarding issue driven by unmet needs.
3. Improve pathways into specialist support and evidence-based interventions for children with violent and abusive behaviour.
4. Ensure timely specialist support for children with special educational needs or disabilities (SEND) and mental health needs.
5. Ensure early help is accessible for children and families across the whole of childhood, so that families with older children have access to the same multi-agency support as younger age groups.

Behind the behaviour: insights from Parent Talk

1. The rising need for advice on children's violent behaviour

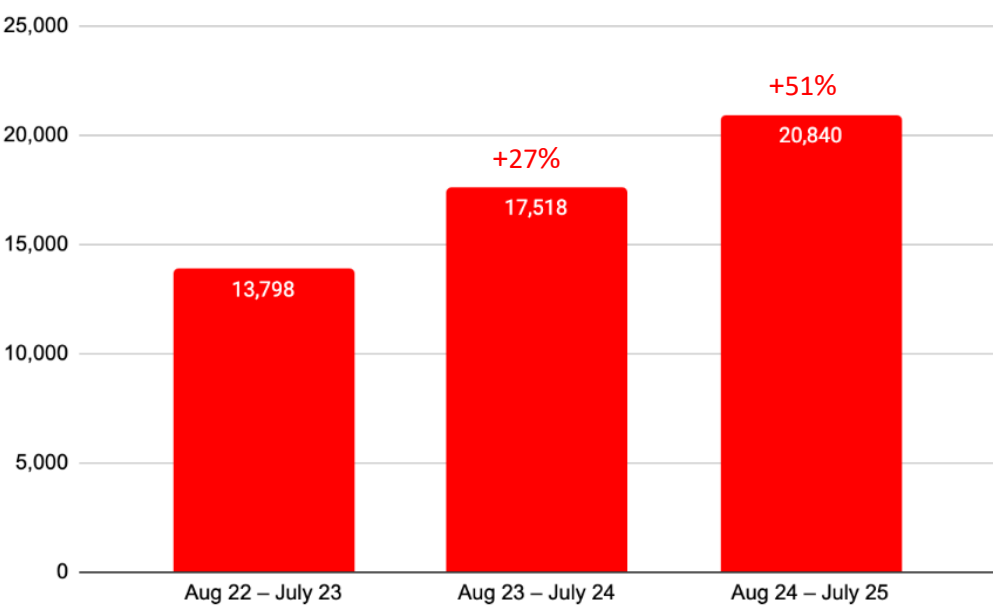
Between April 2024 and March 2025 our information, advice and guidance pages were accessed 376,223 times by 318,866 parents and carers. The most accessed article category was 'home and family life'. Just under a third (32%) of articles fell under this theme, which includes family relationships, work, money and healthy eating. **Support for managing children's behaviour was the second most accessed category, covering over a quarter of article views (26%), a significant increase from 15% in 2023/24.**³ These were followed by categories of articles on school life (21%) development and additional needs (16%) and early parenting (5%).

One-to-one support was provided to 3,883 parents and carers from April 2024 to March 2025, totalling 7,891 conversations. Just over a fifth of cases involved issues related to children and parents' mental health and wellbeing (22%), followed by parenting and relationships (17%) and children's feelings and behaviour (14%). This is roughly in line with the proportions in 2023/24, with a slight increase in conversations relating to behaviour.

The overall rise in article views on the topic of children's behaviour has been driven by a substantial increase in traffic to the page ['Dealing with violent behaviour from your child or teenager'](#), now the fourth most read article across the whole of Parent Talk. **Between August 2024 and July 2025, the article saw 20,840 active users, a 19% increase on the previous year and a 51% increase since 2022.** The article focuses on the types of violent or abusive behaviour that a child may exhibit towards caregivers and gives advice on how to stay safe in the moment, the physical and emotional aftermath of this behaviour for children and parents, and how caregivers can support their child to change behaviour over time. The page signposts to national specialist charities Capa First Response and Pegs, in addition to the National Domestic Abuse helplines for women and men, and universal health, early help and child and adolescent mental health service (CAMHS) provision.

The vast majority of visits to this page were from organic google searches. The top five searches from parents clicking through to this page were: 'How to deal with violent child'; 'My child is violent towards me'; 'Toddler hitting parents'; 'Child anger issues help'; and 'How to deal with an aggressive child'.

Figure 1: Active users of article ‘Dealing with violent behaviour from your child or teenager’ and % increase since 2022-2023



Monthly data on traffic to this article shows spikes in September following the transition back to school after the summer holiday and smaller spikes after other school holidays. There was a 46% increase in active page views between July and September 2024.

In addition, 362 one-to-one chats between parents and Parent Talk coaches were tagged as involving violent or abusive behaviour from children towards adults between August 2022 and July 2025. In about two-fifths of cases, parents and carers (156) had sought our support specifically for issues relating to their child’s behaviour. In the remaining 212 cases, parents and carers initially sought support for a different concern, but their child’s behaviour emerged as a key issue during the course of the conversation. We analysed all relevant one-to-one chats across this time period to build a picture of the topics that were most commonly seen alongside issues with behaviour, as set out in Box 1, and looked in detail at a sample of 150 chats to better understand parents’ and children’s experiences and needs.

Characteristics of families requesting support

Among parents and carers requesting one-to-one support from our parent coaches, the age of their children ranged from 3 to 19, with a mean age of just over 10. The exception was cases with police involvement, which spanned 10 to 19 with an average age of 13, reflecting the increased severity of behaviour in older children. Most parents were concerned with the behaviour of one child but, in some cases, multiple children were discussed.

Around a third of cases involved girls and two thirds involved boys. The exception was those in

which children's mental health was discussed as a key factor; these cases were split roughly 50:50 between boys and girls.

Although a small number of requests for support came from older siblings, male carers or other family members, the vast majority of those seeking help were female carers. While the relationship status of parents isn't routinely recorded, our sampling of the cases suggests that a significant proportion were single parents, many of whom were under considerable strain.

Box 1: Key issues raised by parents in one-to-one chats

Across the one-to-one chats with parents or carers requesting support for their child's violent or abusive behaviour, the following needs were also identified or discussed:

- 64% discussed concerns around the child's mental health or wellbeing.
- 40% discussed concerns around their child's special educational needs or disabilities (SEND), with a high prevalence of neurodiversity.
- 25% included both SEND and mental health concerns.
- 27% included concerns about school, including emotionally based school avoidance (EBSA).
- 7% identified domestic violence or abuse in the home, either now or in the past.
- In 5% of cases, there had been police involvement as a result of the child's behaviour.

2. The impact on parents, carers and siblings

Parents and carers described a wide range of violent and abusive behaviour by their children.

Physical assaults included parents being put in headlocks, bitten, kicked, punched, slapped and threatened with knives, with some parents describing locking themselves in rooms for safety. In many cases, children's non-violent behaviour had an equally strong impact on parents. This included children dictating when and how family members could use spaces in the home, repeatedly putting the parent or carer down, humiliating or degrading them, making threats, and controlling money or possessions. In addition, parents described smashed furniture or electronic devices, and stolen money and bank cards or phones.



“My grandson can become quite violent by putting a knife to me, and trashing the home. He’s stolen money from me in the past by getting hold of my bank card. I always have to lock my bedroom door and also lock myself in.”



“I feel like I’m in an abusive relationship with my child.”

Parents and carers told us that they felt shame, isolation and a fear of judgement or blame.

They described their exhaustion, depressing and feelings of failure, and reported having ‘tried everything’ – setting boundaries, changing routines, seeking support from school, GPs and local services – without improvement. Many parents viewed their child’s behaviour as a reflection of their own parenting, leading to a fear of judgement from professionals, friends and family. They told us that they were worried about being believed or, worse, that they would be blamed for causing or allowing their child’s behaviour. Many had indeed encountered professionals who did not recognise the severity of what was happening, or who had described it in terms of a parenting issue. This sense of stigma can leave families isolated, reluctant to approach services until the situation reaches crisis point.



“I am usually a very strong woman – I have a good job and I am well respected. But in the space of a few months I am a totally different person... I really don’t want any referrals made at this point. I am trying to improve my relationship with my son and if I do that, he will only pull away from me more.”



“I’m ashamed to admit it to others... When I told a friend she said she may have to ring social services which scared me more.”



“The school make out like I’m to blame for this. ... If I tell my partner how he is to me it

will make my partner blow up in protection of me because of what I've been through in the past. So I keep what he does bottled up. ... I'm not sure I'd ever call the police on my child if I'm honest."

Siblings were sometimes also targets of the behaviour. Parents described younger children being physically hurt, verbally abused or having their possessions damaged. In some cases, siblings began to imitate the aggressive behaviour. Parents worried about the long-term emotional harm of this on their children, as well as their immediate safety.

“*How do I support my other sons when their lives are so chaotic due to him? It's like we are living with a cruel & dangerous stranger."*

“*The toddler has started copying his behaviour and screams when he kicks off."*

The strain of managing their child's violent behaviour can have significant consequences for parents' and carers' own wellbeing. This includes their ability to work (and, therefore, family finances), particularly if children are absent from school, and additional pressure on relationships with wider family members and friends. It can also compound existing challenges such as parenting a child with additional needs or coping with the aftermath of domestic abuse. Parents spoke of feeling burnt out, lost and 'walking on eggshells' for fear of triggering an incident.

“*I'm in despair. Can you or anyone be able to help me. I'm on the brink of a nervous breakdown."*

“*Been to GP. They gave me and my husband antidepressants because, again, there's actually very little anyone can say or do to help. I can't see the wood for the trees."*

3. The drivers of children's violent or abusive behaviour at home

Violence and abuse from a child towards their caregivers do not have one single cause. However, parents who contacted Parent Talk clearly linked their children's additional learning and mental health needs with volatile behaviour at home.

Parents described how stressors such as school exclusion, the transition from primary to secondary school, transitions between households, family separation or unsupported learning needs or disabilities contributed to conflict at home. This complexity underlines the importance of seeing children's violent behaviour towards family members as a symptom of wider unmet needs that require joined-up support, particularly at key stages of transition during a child's life.

Unmet SEND and mental health needs

Of the parents looking for support for their child's violent or abusive behaviour towards them, **two in five (40%) raised concerns about their child's special educational needs or disabilities.** There was a high prevalence of neurodiversity in the children discussed, including autism spectrum conditions (ASC), attention deficit hyperactivity disorder (ADHD) and pathological demand avoidance (PDA). Parents repeatedly described how unmet needs, particularly around communication, sensory processing or emotional regulation, contributed to escalating conflict at home. Families told us that the lack of timely assessments and appropriate support left them managing very high levels of stress alone, including the risk of violent or abusive behaviour towards themselves or siblings. This included families whose child had an ECHP or equivalent (and therefore a legal right for support to be in place); those who were waiting for assessments or for a care plan to be issued; and those who had not yet been referred for assessment. This mirrors the findings of our 2022 Parent Talk report which highlighted the increase in parents requesting support around their child's special educational needs or disabilities and their difficulties in accessing timely support.⁴

In parallel, nearly two thirds (64%) of parents contacting us about their child's violent behaviour described a range of unmet mental health needs, including anxiety, depression, obsessive-compulsive disorder and emotional dysregulation. There was a significant overlap between the two, with 60% of parents who reported SEND as a contributing factor in their child's behaviour also describing unmet mental health needs.



"We have no support. Special needs families have very little support plus no-one I know has any idea how to deal with this. I don't think the social workers know either. Ultimately there seems to be very little advice or support out there because if a teen resists, nothing can be done. It's so utterly dreadful."

There is a clear lack of timely assessment and appropriate support available. Families

described long waits, rejected referrals and ‘ping-pong’ between school, GPs, CAMHS and early help, leaving them to manage significant risk without co-ordinated support. Parents spoke of difficulty in holding services to account and that, even with the best intentions, schools are struggling to deliver IEP or EHCP support without a robust network of services around them. Families trying to secure mental health support described years-long waits for assessments, referrals refused on technicalities, and services saying they were unable to help.

“Because her behaviours at home don’t match those at school she’s been refused multiple times for assessment. She recently had a meltdown because of a change in timetable, this was the first time she physically attacked me. She’s been seen by an ed psychiatrist who said she displays ASC behaviours but she needs to go through the NHS process. I can’t wait another three or four years before she gets the help she desperately needs.”

“Told there’s ‘no current role’ for CAMHS. Social care will refer to a behaviour programme to help him with his aggression, but nothing has come from this.”

“He was finally diagnosed, which we waited six years for. They gave us the diagnoses and just sent us off. Like: there you got, you figure it out.”

There is an escalation of violent and abusive behaviour as children get older. A common trajectory described by parents is frequent – but manageable – meltdowns in primary age children as a response to feeling overwhelmed, which develop into emotional and physical dysregulation by the mid-teens and culminate in moments of violent crisis. Parents frequently described their difficulties in handling behaviour as their children became bigger and stronger.

“My 11 year old son is autistic with violent meltdowns. We are struggling to manage his mental health and have been in contact with CAHMS over the last two years and we have repeatedly asked Social Services for help. All help has been very limited and we are really struggling. These issues are escalating and he is now a large boy.”

“When he doesn’t get what he wants he kicks, punches, scratches – he’s strong and I’m worried that he, us and our home will get hurt or damaged.”

“He is just so intimidating. He is taller than me now and sounds like his dad when he speaks.”

Crisis presentations are left without ongoing clinical support. In a significant subset of cases, parents described an acute risk to them or their child that received no significant follow-up

support. This includes instances of suicidal ideation and self-harm, children hearing voices, children grabbing knives during violent attacks on family members, and rapid-response visits from CAMHS or police. Parents describe a system failing to respond until a moment of urgent crisis, with no plan to prevent crisis occurring again.

“My lad is 14yrs old has ASD and ADHD. Has been on all sorts of medication. Everyone i.e. services know he hurts me. He has a social worker who has tried to get agencies involved. I’m at crisis – I’m scared for my own safety. The police have been out numerous times and paramedics they all know he needs help! He made an attempt on his life two months ago. CAMHS were going to offer talking treatment but because I can’t physically get him there, they can’t put him forward!”

“I’ve called the CAMHS crisis line repeatedly. Last week they called an ambulance who took him to A&E but then CAMHS literally refused to see him there. He feels failed.”

School transitions and emotionally based school avoidance

Just over a quarter (27%) of parents who talked to our parent coaches about their child’s violent or abusive behaviour also mentioned issues with their child’s education, including emotionally based school avoidance (EBSA), exclusion or suspension from school, and the transition from primary to secondary school. This aligns with the spikes in page views of the advice article just after the return to school in September. Parents described their child struggling to cope with the demands of school, experiencing high levels of anxiety leading to a reduction in attendance or withdrawing from school entirely. This could be exacerbated by exclusions linked to disruptive behaviour for both younger and older children, including for children in the first year of primary school. Parents felt that this lack of educational structure, particularly for children with SEND, contributed to their child’s frustration and the escalation of violence at home. This mirrors our 2023 Parent Talk report, which found that EBSA commonly coincided with difficulties in accessing specialist SEND and mental health services.⁵

“The whole household is completely disrupted every morning before school. Shouting, swearing, etc. I don’t really know what to do and I do not want to call the police on him.”

Families repeatedly reported sharp deteriorations in children’s behaviour around the move to secondary school, with children who had been settled and thriving suddenly withdrawing from the new environment. In addition, many parents with children now aged 15-16 noted that their children had transitioned to secondary school online during the pandemic, and had found the move back to mainstream education very difficult.

“

“My son is awaiting an ADHD assessment. He is a priority but the list is long. Transitioning to high school last September has pretty much broken him. School not supportive... He was ok in a small primary. He has now become angry and is having meltdowns that can last hours.”

“

“I have a 14 year old who is in a terrible state. He's violent, aggressive, abusive but also I'm terribly worried for him. He won't even get out of bed. I think my son has been on a downward path since Covid. He has always had low self-esteem and easily knocked. He was a very outdoorsy kind of child. Then Covid hit. He was alone and lonely, I was working, he struggled with home school. He went to secondary during covid and found the transition very hard. He was taken out of mainstream classes – it really knocked his confidence. He started telling people he was stupid. He's been on a downward spiral since. ... This morning he kicked me as hard as he could in the stomach when I went into his room to tell him to get up.”

Schools have an essential role to play in supporting parents. Where schools had worked alongside parents to identify and put in place the right support, parents described this being ‘lifechanging’. However, parents regularly described referrals and additional support not being forthcoming for a range of reasons, including lack of capacity, funding or the waiting times being so long that the child would have left school before they had been assessed. A significant number of parents felt disbelieved if their child was not misbehaving at school, with their concerns reframed as parenting issues rather than genuine support needs. This was highlighted as a particular issue for children with neurodivergence or mental health issues who may have become adept at ‘masking’ during the school day.

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“The secondary school has made two referrals to CAMHS but both were just automatically rejected because she was attending some school even though it's a reduced timetable.”

“

“He has pushed his mother in the street thrown things at her. The school have now no interest as it's his last month before secondary school.”

“

“At school he is this perfect child which is why I'm struggling to get the help because they think I'm exaggerating about how violent he is at home. Our home life is hell.”

Particularly at the secondary level, parents frequently reported schools defaulting to punitive measures, with children being suspended or isolated due to their behaviour, even in cases where children had existing EHCPs or other support plans.

Together, these experiences highlight the importance of schools as a key part of a joined up early help system, able to identify issues as soon as they emerge and coordinate the right support for the whole family.



“My daughter has regular meltdowns which have included her physically hurting me by hitting, kicking and pinching. She is really struggling at school, she can’t cope and then explodes like a volcano... The GP was fantastic and suggested CAMHS but the school said she didn’t need it.”

The impact of current or former domestic abuse

In 26 (7%) of the one-to-one chats about children’s violent behaviour, the parent linked their child’s behaviour to other forms of domestic violence or abuse in the home, either current or in the past. Many of these parents described their child’s behaviour as echoing patterns they had previously experienced from a partner, adding to the parent’s stress and difficulties in understanding how best to respond. These families faced multiple and overlapping harms, with parents recovering from their own trauma while trying to manage their child’s needs.

Some children mirror an abusive partner’s tactics. Children exposed to domestic abuse can internalise and reproduce the same behaviour directed at the non-abusive parent, with verbal aggression, coercive control and physical violence all described by parents in this situation. For parents who are survivors of domestic abuse by a former partner, this can trigger a feeling of hypervigilance, with many describing ‘walking on eggshells’ around their child.



“I left an abusive marriage 11 years ago and took my sons with me. Their dad has continually turned my children against me saying I am controlling and mentally unwell. My oldest is now 18 and incredibly angry. My younger son has been exposed to it and hates it but last week they both rounded on me and I couldn’t go home as a result. I’m heartbroken that this has all happened and I’m finding it harder and harder to find strength to keep going.... Their dad used to say to me that I was the issue and that has stuck with me and made me feel like this is my fault.”

Where younger siblings were also present in the home, many parents described feelings of shame and failure that their children were witnessing behaviour that echoed the actions of an abusive partner.

Abusive former partners may still be in children’s lives. Where parents were separated from a former abusive partner, they described spikes of behaviour from their child before and after handovers to the other parent. They also described ways in which their former partner continued to manipulate them and undermine the boundaries and parenting techniques they

were trying to implement with their child. Our 2024 Parent Talk report on parenting after separation also explored the significant increase in parents looking for support following a separation due to ongoing conflict or abuse.⁶



“She is acting out, shouting things that my ex used to call me... She lives with him. She was made to believe by my ex partner that I’m worthless.”

Though a small proportion of cases overall, these examples show the importance of specialist services that can address the impact of domestic abuse on the whole family, and ensure that responses to children’s behaviour are trauma-informed – for both the child and the parent.

Natasha's story

Natasha is a single mum of one and was supported by Action for Children's Parent Talk service after struggling with her 10-year-old daughter's challenging and aggressive behaviour.

"It started with verbal abuse, slamming doors and throwing things, but I could see it was leading to physical violence. Once when I was tying her shoes, she tried to kick me in the face, and she would constantly push into me and test physical boundaries.

"I noticed spikes in the aggression were often linked to changes in routine, such as going back to school after the holidays, or if she'd had a bad day at school. She spends some weekends with her dad, but the abuse was only ever directed at me."

Natasha believes her daughter's unmet emotional and communication needs due to neurodiversity contributed to the challenging behaviour. This included her ability to regulate her emotions in an appropriate way, and while waiting for a diagnosis she did not have the correct interventions in place.

"She has ADHD and is on a waiting list for an assessment for autism. She was struggling at school, emotionally she is a bit behind other children her age, and I think she was frustrated. I tried getting her Cognitive Behavioural Therapy (CBT) with a counsellor, but she didn't take to it. Then she was put on medication for ADHD, but this caused her to have dips in her mood which made things worse, so we stopped that."

Natasha said she had reached breaking point when she searched for help online and found Parent Talk. She said, "I just couldn't understand what was causing my child to be so angry at me every day. I felt like a punching bag. It was really affecting me mentally. I would sit outside in my car after work and not want to go into the house. It was a lot to deal with, especially on my own. I didn't know how to cope or make things better."

A Parent Talk coach shared tools Natasha could use to help deescalate her daughter's behaviour, which she was able to put into practice.

"One of the things I've learnt from Parent Talk is general advice doesn't always work for children who are neurodiverse. I had to find new ways of parenting to meet her needs, such as using non-verbal cues. When I used to ask her to do something she would scream at me and throw things, but now we've found new ways to communicate.

"I've also learnt about positive reinforcement rather than telling her what she has done wrong, which has made a big difference. I explain to her that it's completely normal to feel angry, but not to act out our anger onto other people.

"Parent Talk has honestly been a godsend – we're in a totally different place than we were a year ago. I wouldn't have been able to get this level of support and tailored advice just from speaking to other parents or friends and family. It doesn't take a lot to completely change someone's life – you just need the right advice for you and your child."

4. What support do parents need?

Many parents come to Parent Talk after struggling to find help elsewhere. The parents who got in touch with the service about their child's violent behaviour described being exhausted, fearful, at crisis point and at a loss as to where to turn. Families told us they had tried to access support from school, the GP, CAMHS or children's services repeatedly, but were bounced between services or told they didn't meet thresholds. They needed non-stigmatising support that recognised the complexity of their situations and help to navigate them.

“The good thing is that since we chatted I started approaching my son differently and I'm getting results, and I'm getting confident with the idea that a little support is just exactly what we need. Thank you so much.”

Practical advice and reassurance

Parent Talk coaches offered immediate, concrete guidance. This included family safety planning and de-escalation techniques; ideas for setting routines and boundaries; and advice on calmer communication and relationship building. Importantly, parents needed to be reassured that they were not alone and that it was not their fault. This emotional support helped to reduce isolation and build parents' confidence to take the next steps in finding the right support.

“Thank you for your kindness and advice... We met the criteria for disability early help. We now get respite and I'm keeping a behaviour diary for CAMHS.”

Help to navigate other services

Parents frequently needed help to navigate across multiple services while under significant stress. Some had been told they did not meet the thresholds for children's social care or CAMHS, while others were passed between school, health, children's and youth services. Parent Talk coaches were able to signpost or liaise with local services on parents' behalf, including making referrals to local Action for Children services, voluntary sector organisations and statutory support. Parents told us this was invaluable in helping them feel less overwhelmed.

“We had a CAMHS home visit and they've referred us on. We're getting another referral this afternoon and have spoken to children's services about support too. I've really appreciated the time you put into talking to me and the information you pulled together. Having this kind of help has been enormous.”

The role of police involvement

In 18 (5%) of the one-to-one chats with Parent Talk about children's violent behaviour, parents mentioned some level of police involvement. This chimes with data from studies such as that undertaken by the London Violence Reduction Unit in 2022⁷ that found that 40% of parents experiencing violence or abuse from their children do not report it. Police involvement usually happens only at crisis point when parents feel there is no other option.

Parents told us about their fears of criminalising their child, damaging their relationship or triggering involvement from children's services. In a number of cases, other family members – including siblings and grandparents – had called the police after a parent had been harmed.

“The real issue is that for anyone to help us with her violence it seems we have to refer her to the police. This means parents have to risk making their relationship with their child even worse by "shopping" them. I cannot really believe we have a system which operates like that.”

When follow-up work did happen and the incident led to rapid support being put in place, families described this as being a positive turning point. However, families too often described a lack of follow-up, meaning that underlying issues remained.

“The police just asked me if I wanted to press charges. I feel like I'm living with a ticking timebomb.”

“The police did say that children's services may contact me but I feel what I say sounds silly and I am terrified of my son knowing I have reported him.”

“I've contacted the police for some help with her and am still waiting for a reply from that. I've had the police here again this evening because she physically assaulted me and tried to smash the house up, they've taken her to stay with a family member. ... I've tried a few numbers the police gave me and nobody seems to be able to help.”

Conclusions

This report shows that a growing number of parents are seeking support for their children's violent or abusive behaviour at home, often at crisis point after multiple incidents and years of missed opportunities for earlier support. The impact on families is wide ranging – from the wellbeing and safety of parents and siblings to children's mental health, learning and longer-term outcomes. Yet parents frequently describe gaps in provision, high thresholds and frustrations in navigating a fragmented and underfunded system. The analysis in this report shows the significant overlap between children's violent behaviour and unmet mental health needs and special educational, learning or support needs or disabilities.

Children's violent and abusive behaviour towards parents and carers was described by parents as a hidden harm, with many families wary of reporting their experiences to the police or children's services for fear of blame, judgement or the impact on their child of potential criminalisation. Our analysis aligns with existing police data which shows that cases referred to the police skew towards boys in later adolescence, reflecting the most severe cases of violence.⁸ However, our analysis also shows the much wider demographic of families who are affected, and the pattern of escalation in behaviour as children get older.

Though there has been a developing understanding in recent years of the impact of children's violent or abusive behaviour, it is often discussed in terms of domestic abuse and policing.⁹

The priority must be to meet children's needs at the earliest opportunity. This starts with children's behaviour being recognised primarily as a safeguarding and behavioural issue stemming from unmet needs.

Adolescence is a key stage of developmental transition, with early adolescence beginning at age 10.¹⁰ It is every bit as important as the early years phase, and families need an equal amount of support through a visible, accessible, joined-up system of early help targeted at this crucial time. This must combine swift, non-stigmatising and trauma-informed advice and intervention with a clear pathway comprising schools, CAMHS, health and community provision. The transition to secondary school should be treated as equally important as beginning primary school, with plans and support in place from the start of Key Stage 2 to ensure secondary school readiness for all children (Primary 4 in Scotland and Northern Ireland). Where police intervention is required, there should be automatic referrals into early help services. Online support like Parent Talk can reduce isolation, provide practical next steps and connect families to their local offer.

Together, these steps have the potential to help families get the right support at the earliest opportunity, preventing escalation of unmet needs and improving outcomes across childhood.

Recommendations

1. **Adopt a joined-up approach across government to supporting children and their families through early adolescence.** This should include consistent terminology and clear departmental responsibilities so that the needs of this age group are addressed holistically, rather than framed solely as policing or youth services issues. This approach should underpin robust data collection, inform commissioning and strengthen accountability for local delivery.
2. **Recognise children's violent and abusive behaviour towards caregivers as a safeguarding issue driven by unmet needs.** Local partnerships should take an overarching view of the issues affecting children during the key developmental stage of adolescence. This requires first-line responses with appropriate emphasis on the role of policing, children's services, schools, early intervention and community services and a holistic approach to working alongside families.
3. **Improve pathways into specialist support and evidence-based interventions for children struggling with violent or abusive behaviour.** Clear referral routes across schools, social care and police can help families to access help and prevent crisis. Investment is needed to scale and evaluate evidence-based approaches such as non-violent resistance and Functional Family Therapy.
4. **Ensure timely specialist support for children with special educational needs or disabilities and mental health needs.** The analysis in this report and that of existing literature shows the significant overlap between children's violent behaviour and unmet additional learning and mental health needs. In England, the SEND strategy due in autumn 2025 and the new NHS Ten Year Health Plan must together ensure there is sufficient funding and provision available in every area of the country to meet the needs of all children and young people at the earliest opportunity.
5. **Ensure early help is accessible for children and families across the whole of childhood.** The UK government's recent commitments to rebalancing children's social care towards early intervention in England are welcome. The new local structures of early intervention provision, including Family Help teams, Best Start in Life Hubs and Young Futures Hubs, should ensure that families with adolescent children have access to the same multi-agency support as younger children and receive consistent support across multiple points of access.

Endnotes

¹ Internal Action for Children polling of users of our Parent Talk service between April 2024 and March 2025.

² Rübner Jørgensen et al. (2024) [Parent Talk: Filling a support gap for parents through an online service](#), University of Birmingham, May 2024.

³ 'Active users' data from Google Analytics. This refers to the number of distinct users who actively engage with the page and is a more accurate measure of engagement than page views.

⁴ Action for Children (2022) '[Let's talk about it: Insights from Action for Children's Parent Talk Service](#)', November 2022.

⁵ Action for Children (2023) '[School refusal: Insights from Action for Children's Parent Talk Service 2022-23](#)', October 2023.

⁶ Action for Children (2024) '[Parenting after separation: Insights from Action for Children's Parent Talk Service 2023-24](#)', August 2024.

⁷ and ⁸ London Violence Reduction Unit (2022) '[Child and adolescent to parent violence and abuse](#)', March 2022.

⁹ Recent research and policy developments include the London Violence Reduction Unit's comprehensive needs assessment (see above); [research by Respect commissioned by the Domestic Abuse Commissioner's Office](#) in November 2021 (available at:) and the [Home Office 2023 consultation on defining child to parent abuse](#).

¹⁰ Research in Practice (2018) '[Transitional Safeguarding from adolescence to adulthood](#)',



Safe and happy childhood

Action for Children protects and supports children and young people, providing practical and emotional care and support, ensuring their voices are heard, and campaigning to bring lasting improvements to their lives.

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