

Unsafe and Unheard

Lessons from families affected
by Child and Adolescent to
Parent Violence and Abuse
(CAPVA)



Acknowledgements

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The project was a collaborative effort, and we would like to thank our partners, practice professionals and academics from the following organisations and universities:

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- Durham County Council
- Durham University
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- Silenced CIC
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- TLC: Talk, Listen, Change
- Together for Children
- Walk the Walk
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Most importantly, we would like to thank all the young people who took part in the co-production focus group and everyone who took the time to complete the National CAPVA Survey. The personal and professional experiences shared by those who took part have greatly enhanced our understanding of this distressing and complex issue. We hope to amplify these shared experiences to help improve practice, safeguarding and policy in relation to CAPVA, which remains an often overlooked, and greatly minimised hidden harm.

We feel it is important to share the lived experiences of the respondents by using their own words. The intention is to amplify the issues and distress of families experiencing CAPVA. Some of these views are critical of the services encountered. We have focused on validating these experiences and acknowledging their distress, while recognising that the lack of an official response has created gaps in service provision. Instead of placing blame on any single service, we believe these gaps need to be addressed through a systemic approach to the problem.



Introduction

The Respect Young People's Service (RYPS) has been working to raise awareness and train practitioners to recognise, respond and intervene in Child and Adolescent to Parent Violence and Abuse (CAPVA) since 2014. Respect use the term CAPVA in lieu of a nationally agreed definition. We use CAPVA to describe the dynamic where a child or young person (8 years to 18 years) engages in abusive behaviour towards a parent or adult carer, where the abusive behaviour is harmful and repeated. By abusive behaviour we mean physical violence, as well as other forms of harm including emotional, coercive, or controlling behaviour, sexual abuse, and economic abuse.

When we speak to practitioners in schools, early help and children's services across the country we know that this form of abuse is more common than previously believed. Home Office guidance on the issue was last updated in 2015. CAPVA remains missing from most local authorities' adult and children's safeguarding procedures. Service provision remains scarce and piecemeal. Referral routes often rely on parents contacting children's services or ringing the police to report their own children. Most families need to be at absolute crisis point before they can contemplate doing either. When they do reach out after much deliberation, not knowing what else to do, they are met with professionals who blame them, minimise the risk and ultimately fail to provide a safeguarding response.

In 2022, the Respect Young People's Service (RYPS) received a starter grant from the Noel Buxton Charitable Trust to ascertain general awareness of CAPVA and to gain insight into the barriers that parents, carers and young people are faced with when trying to get support. The aim of this evidence gathering exercise is to support a national dialogue, promote systems change, raise public awareness and influence policy. We hope that this report, built from the experiences of young people and their families, contributes to this.

Summary of main findings

1. The lack of a universally agreed definition presents barriers to addressing CAPVA.
2. Knowledge of CAPVA among staff in frontline services such as children's services, schools, health, police and policy-makers is low.
3. A system-wide approach is needed.
4. There are pockets of good practice but often parents have nowhere to turn.
5. Professionals dismiss and minimise the risk of harm in CAPVA cases, resulting in failure to undertake safeguarding responsibility.
6. The public has limited awareness of CAPVA and lacks clear guidance on where to obtain further information.



Methodology

Findings in this report have been collated from a three-phase process of:

1. **Co-production** with young people
2. **Research** - quantitative and qualitative
3. **Input and analysis** from partner agencies and practitioners



Phase 1

A young people's co-production group was set up to guide the research, set questions, and share their experiences of engaging with services. The group was facilitated in partnership with TLC: Talk, Listen, Change, a Manchester based organisation specialising in supporting safe and healthy relationships. Participation in the group was open to young people between the ages of 14-18 who were living in Manchester, who had a personal desire to help shape services that support young people displaying harmful behaviours in their relationships.

Thirteen young people were approached and three went on to be actively engaged in the co-production team. Their work culminated in a poster detailing positive and negative experiences of working with practitioners, reproduced on the next page. It has been shared widely on social media and reached over 4,000 people.



Phase 2

Designed by the young people's co-production group, we launched a new online survey for young people and adults to share their awareness and knowledge of CAPVA. For those with lived experience, there was also an opportunity for them to share their experiences of support and seeking help. The survey aimed to gather quantitative and qualitative information on barriers to accessing services, gaps in provision and experiences when families do reach out for support. The survey was distributed through networks in the CAPVA sector and was live online between May 2024 and August 2024. A total of 173 people responded.



Phase 3

Practitioner input was provided through a roundtable event hosted by Respect and attended by organisations from across the CAPVA sector, as well as academics with a research interest in the area. This provided further insight and analysis from expert organisations who deliver services to families affected by CAPVA, to identify patterns, gaps and potential solutions and recommendations.

This report is a culmination of the three phases, and the findings and recommendations are informed by the young people's co-production group, survey respondents and practitioners.

Young people's experiences

Respect

RYPs
Respect Young People's Service

TLC Talk Listen Change

What is your experience of working with professionals?

Let's talk about it.



Negative

Workers have to be confident when working within a family, they can't not be.

Rudeness

Don't patronise me

If you don't like people, why do this kind of work?

Don't be arrogant, just because you are older than us.

Body Language is very important if it is negative, it will put us off the work.

If you don't listen to me, how will you know how to help?

Not explaining the work and not being able to see the bigger picture.

If you're not patient with us, you're doing something wrong.

Don't expect us to change right away, it may take us some time.

If you're not going to be consistent, what's the point?



Positive

Concentrated on your feelings and thoughts.

When they have good ears to listen to you.

Takes time with family

I have patience with people at home now.

Having someone who is funny and can have a laugh with you.

Patient with how fast or slow pace.

Knowing their back story and why they do it.

Not constantly asking, are you okay?

It's hard before you get help but it really helps.

Respectful of you and your choices.



Trustworthy

Guides you towards your dreams.

Having a smile no matter what you say to them.

Building a good bond

Understanding your past and why you are the way you are.

Feeling like support gave me what I needed.

Humility



Finding 1

The lack of a universally agreed definition presents barriers to addressing CAPVA

Parents said:

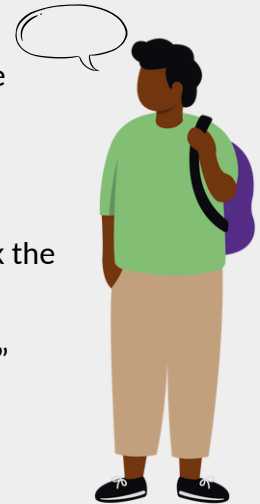
“I didn’t get help because I didn’t even know there was a word for it, the authority just dismissed the behaviour.”

Practitioners said:

“There is the need for a nationally agreed definition. This inability to talk the same language makes it impossible to collect data around prevalence.”

“Need for a national definition – it drives focus, awareness and funding.”

“Language matters – young people do not know what CAPVA means.”



The problem

A Home Office consultation regarding a nationally agreed definition for CAPVA was held in early 2024, ahead of the July General Election. However, at the time of writing, we are still awaiting a formally agreed national definition and the problem is known by a variety of acronyms including, but not limited to, APA (adolescent to parent abuse), APVA (adolescent to parent violence and abuse), CPA (child to parent abuse), and CoPVA (child on parent violence and abuse).

Without an agreed terminology, attempts to classify, record and count the issue are fraught with difficulty. This makes it difficult to gather data around prevalence. It also makes it difficult to raise awareness of the issue or plan for its reduction.



Recommendation

The government must introduce a national definition of child and adolescent to parent violence and abuse, building on the national consultation in 2024.

This should include:

- Developing a multi-agency task force to draft the definition
- Creating comprehensive implementation guidance
- Updating cross-departmental safeguarding procedures
- Establishing a framework for consistent data collection and monitoring



Finding 2

Knowledge of CAPVA among staff in frontline services such as children's services, schools, health, police and policy-makers is low

Parents said

"Train professionals, including social workers, teachers and health workers, to not ignore or dismiss CAPVA or blame parents/carers."

"Everything was negated and blamed on our parenting rather than looked into including when we were physically attacked."

"I felt like I was blamed and not able to parent."

"Those in authority dismissed the behaviour. My parenting was blamed and then the answer was to refer to children's social care and again I was blamed for the abuse that was happening to me."

Practitioners said

"There is a lack of understanding of what CAPVA is and its impacts within key sectors, such as in education settings, social work, police and healthcare settings."

"The response from schools and police is not helpful. There is a need to provide support to frontline practitioners to recognise and signpost."

"We did some surveys of Designated Safeguarding Leads in schools, they were saying they come across one case per week, but they don't know what to do with it. They've had no awareness training and in particular they don't know how to respond to siblings who come forward".



“

I felt like I was blamed and not able to parent.

”

The problem

Practitioners working with children and families do not receive training or support on how to recognise and respond to CAPVA. The parents responding to the National Survey told us repeatedly that their concerns were not taken seriously, and they were left feeling dismissed and disempowered. This often led to isolation, with few options for support available. Parent-blaming has serious consequences and can be used by children to validate their abuse in these situations. Good first responses to those seeking help are therefore crucial.

Almost half the parents identifying as having experienced CAPVA in our survey said they did not access support for the issue. They were given space to provide reasons for this. The following themes were collated from the answers given:

- 68% said it was because they were ashamed or worried about the stigma or judgement from professionals.
- 39% said that they had low trust in or had been let down by services in the past.



Recommendation

Commissioners and professional regulatory bodies must invest in comprehensive CAPVA training across universal and statutory services.

This should include:

- Mandatory awareness training for frontline professionals
- Standardised, evidence-based training modules
- Integration of CAPVA awareness into professional qualifications
- Ongoing professional development requirements
- Mechanisms to monitor and assess professional competency in CAPVA recognition and response





Finding 3

A system-wide approach is needed

Parents said:

“In reality, this perpetrator is your child, a child that is loved, and a child who you want to have a positive future. This all sits in the way of phoning 999 when you experience another (daily) episode of violence.”

“Early identification of CAPVA and intervention at the earliest point is needed.”

“Our case was very extreme - there were no appropriate services available, so our child ended up in care which has cost the Local Authority hundreds of thousands.”

Practitioners said:

“We have had increased requests from the health sector for training on CAPVA.”

“There is a need for outward facing services, linked to the communities they serve.”

“We need to provide help for young people, by signposting where to go if they are worried about their own behaviour and help for siblings in RSE lessons too.”



The problem

Where provision exists, the pathways to support are often routed through statutory services like police and children’s services. This means that parents must ring the police and report their own children to get help. Parents often reach out for help only at crisis point and many don’t reach out for help at all.

- 25% of parents who did not access support said that one of the reasons was because they were worried about what might happen if they did.

A common theme in the practitioner roundtable was the over-reliance on statutory services and the missed opportunity of engaging families in universal services like health and education. Practitioners worried that such routes were unfairly discriminatory to families from minoritised communities. If families could access intervention through GPs and pastoral support in a more preventative manner, this would reduce the burden and cost to statutory services and increase the effectiveness of intervention. We must intervene earlier before children become too physically intimidating and parents are too frightened. It is clear there is a systemic need for earlier, more accessible, and less stigmatising support for families experiencing CAPVA.



Recommendation

Local and national commissioners must develop a comprehensive prevention and early intervention framework for CAPVA.

This should include:

- Developing accessible, low-barrier referral pathways through universal services
- Creating proactive identification and support mechanisms
- Designing culturally sensitive, stigma-reducing interventions
- Providing flexible, confidential support options
- Integrating CAPVA awareness into community and educational programmes



Finding 4

There are pockets of good practice but often parents have nowhere to turn

Parents said:

"I tried to access support. There wasn't and is still not the appropriate support available."

"Nobody would listen."

"I was bounced between CAMHS and Children's Social Care - nothing to offer but therapies and parenting courses, which had no impact and just made things worse".

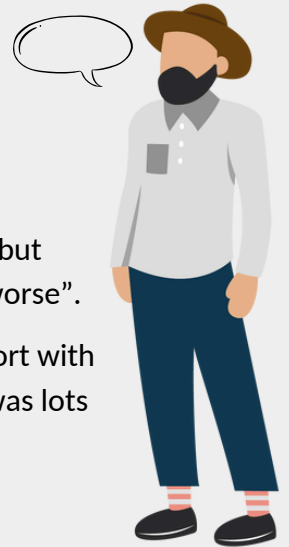
"I rang a few domestic violence numbers, but they couldn't give me any support with any of it as it was child to parent abuse. If it was a partner abusing me there was lots of support."

Practitioners said:

"Referrals are flooding into voluntary organisations, but we don't have the money to support the work."

"CAPVA is a postcode lottery up and down the country - there's a need for the younger age group to be recognised among those causing harm."

"There is a need for high-quality, long-term funding, especially for voluntary sector organisations who are getting more and more referrals but do not have the capacity or funding to respond."



I rang a few domestic violence numbers, but they couldn't give me any support with any of it as it was child to parent abuse. If it was a partner abusing me there was lots of support.



The problem

At present, specialised intervention designed to help families heal from CAPVA is piecemeal. Some local authorities have no access to intervention at all. Traditional parenting programmes are not appropriate for CAPVA and can be used by the child as evidence that the parent is failing, exacerbating the problematic dynamic. Where effective targeted intervention does exist, referral routes are not easily accessible. Successful intervention depends on families being able to self-refer for help when they can implement change. Offering behaviour change programmes at crisis point is much less effective. There are very few possibilities for parents to self-refer to specialist interventions and statutory services often fail to see CAPVA as their remit.

The problem is complex, straddling both adult and children's safeguarding. If a referral is made to children's services for CAPVA, the risk to the child is often overlooked and the case is then declined because harm to parents is not considered the remit of children's safeguarding. On the other hand, parents cannot access adult safeguarding services as they must be defined as vulnerable according to the Care Act 2014 to qualify as eligible for support.

Parents are also turned away from many domestic abuse services because CAPVA does not fit within their remit, because the definition of Domestic Abuse refers to the harm caused by those aged 16 or above.

Families fall through the gaps, leaving parents feeling helpless, frightened and frustrated, as evidenced by the responses above.

- 64% of parents who didn't access support said one reason they felt unable to was because they didn't know where to go or what was available.



Recommendation

National and local government commissioners must ensure dedicated, long-term funding and develop clear, cross-sector intervention pathways for specialised CAPVA support.

This should include:

- Creating ring-fenced, sustainable funding for specialist services, including for 'by and for' organisations
- Developing coordinated, cross-sector and accessible referral mechanisms
- Providing comprehensive professional training and guidance
- Implementing robust monitoring and evaluation systems



Finding 5

Professionals dismiss and minimise the risk of harm in CAPVA cases, resulting in failure to undertake the necessary safeguarding procedures

Parents said:

“Professionals were minimising the behaviours of the children against us including when my husband’s eyebrow was split open and needed stitches.”

“I lobbied my local authority for help. I had had a heart attack and was at my wit's end with how to support my son, who was suicidal.”

Practitioners said:

“The use of knives and other weapons to threaten or harm in CAPVA is more common than you would think.”



The problem

Input from parents, practitioners and learning from Respect’s work show that the risk of harm posed by the child is often minimised because of their age. Opportunities to explore the dynamic risk factors of the family situation are missed. The actions of the child can often be dismissed and minimised as it is seen as somehow inconceivable that a young person could cause serious harm. Despite this belief, Respect’s CAPVA case audits demonstrate that the use of weapons to frighten or harm is common.

Sibling abuse is a real issue in many cases of CAPVA. Children are deeply impacted by witnessing their parents being abused and are often also being physically and emotionally abused by the child who is harming them. In CAPVA cases professionals must assess the risk of harm posed to the child causing harm, their parents and any other children present. A risk indicator checklist for CAPVA exists but there are very few statutory agencies, such as children’s services or police, using it. There is no agreed shared process for multi-agency responsibility of high risk CAPVA cases.

Most young people engaging in CAPVA do not go on to seriously harm their parents or siblings, but some do, with fatal consequences.

We must not disregard potential serious harm simply because of someone’s age or declare someone less risky because they have not yet reached their 16th birthday.



Recommendation

The government and local safeguarding partnerships must ensure that robust safeguarding arrangements for CAPVA are in place in all services working with parents/carers and children.

This should include:

- Mandatory Risk Recognition Framework
- Clear guidelines on age-based minimisation of risk
- Multi-Agency Coordination Mechanism for high-risk cases
- Funding to support the implementation of systemic change required



Finding 6

The public has limited awareness of CAPVA and lacks clear guidance on where to obtain further information

Parents said:

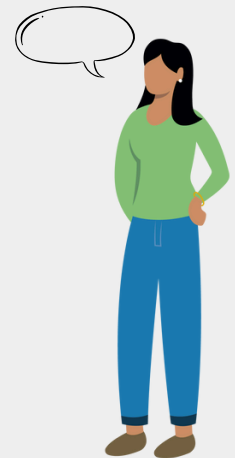
“We need to show people that child to parent abuse happens all the time.”

“The issue needs to be talked about more.”

“I didn’t know where to go and feared I would be judged. Also I didn’t want my child to get into trouble.”

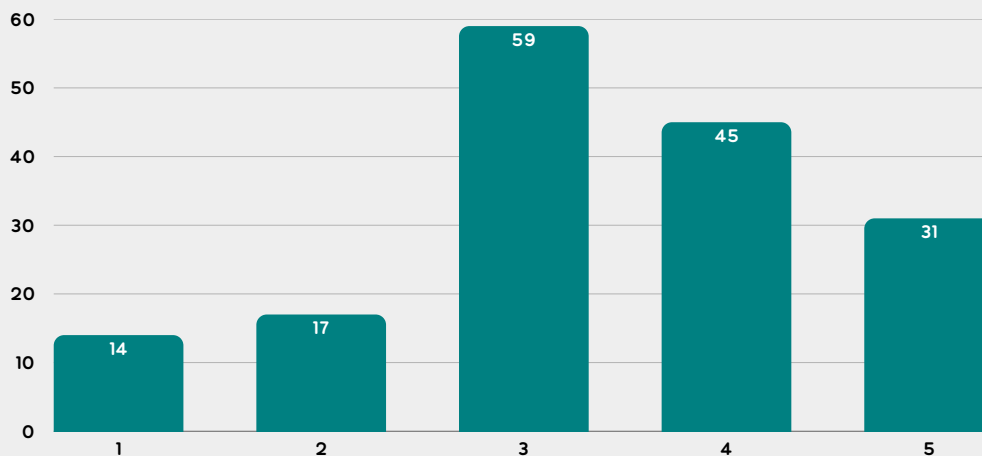
Practitioners said:

“Young people and parents do not know what CAPVA means.”



How survey respondents rated their current knowledge of CAPVA

People were asked to rate their knowledge of CAPVA on a scale from 1-5, with 1 being ‘I don’t know very much about it’ and 5 being ‘I know all about it’.



Even though almost half those surveyed had personal experience of the issue, knowledge of CAPVA was reported to be low. Overall, 19% of respondents felt their knowledge of the issue was below average. Given that the cohort surveyed had direct experience, it can be surmised that the knowledge of CAPVA among the general population is significantly lower, adding to the feeling that there is nowhere to turn for affected families.

The problem

Shame and stigma prevent families from speaking out to professionals, friends and family. When parents do speak up about what is happening, they often receive a response that further stigmatises them and prevents them from reaching out for help, until it is too late.

We cannot solve a problem that cannot be discussed.

Families need to know they can talk to loved ones and professionals when they first become worried. At present, the issue remains a hidden harm. Families wait until they can't cope anymore before they reach out. If parents felt able to talk freely about the problem, they could access support sooner, increasing its effectiveness and reducing the harm caused. As stated, 64% of parents who didn't access support said one reason they felt unable to was because they didn't know where to go or what was available.

A public awareness campaign would help educate family and friends on how to be better allies to parents affected by CAPVA, and would help extended family to spot the signs and encourage them to offer support instead of ridicule or disbelief. Poor responses from external family and professionals can exacerbate the issue and allow the child to feel validated in their abuse.



Recommendation

Increase public awareness and reduce stigmatisation of families experiencing CAPVA.

This should include:

- Multimedia public awareness campaign.
- A public messaging strategy removing parent blaming and sharing hopeful narratives
- Mechanisms to access support, including helpline and webchat support and signposting to appropriate services





Summary of recommendations

1. The government must introduce a national definition of CAPVA, building on the national consultation in 2024.
2. Commissioners and professional regulatory bodies must invest in comprehensive CAPVA training across universal and statutory services.
3. Local and national commissioners must develop a comprehensive prevention and early intervention framework for CAPVA.
4. National and local government commissioners must ensure dedicated, long-term funding and develop clear, cross-sector intervention pathways for specialised CAPVA support.
5. The government and local safeguarding partnerships must ensure that robust safeguarding arrangements for CAPVA are in place in all services working with parents/carers and children.
6. Increase public awareness and reduce stigmatisation of families experiencing CAPVA.

Limitations to data and need for further research

This project was carried out with limited resources and as such there are some limitations to the data collected in the survey. One limitation is the underrepresentation of young participants, particularly those under the age of 18. Despite efforts to engage this demographic, recruitment strategies did not yield a sufficient response from this age group. As a result, the findings do not fully capture the perspectives, preferences, or needs of younger individuals.

Another limitation is the insufficient representation of minoritised communities within the sample. While efforts were made to include participants from diverse ethnic and cultural backgrounds, logistical barriers resulted in lower-than-expected participation from these groups. Consequently, the study does not fully reflect the experiences, challenges, and viewpoints of minoritised populations, and findings should not be generalised to any particular community.

Further research and engagement are urgently needed to fully understand the perspectives and experiences of all those experiencing CAPVA.

Conclusion

Addressing CAPVA requires a multi-agency, government supported, cross sector response which is unified, compassionate, and evidence based.

The approach must:

- Prioritise family safety
- Recognise the complexity of family dynamics
- Provide non-judgmental, accessible support
- Intervene early to prevent escalation of violence.

The journey to effectively address CAPVA begins with empathy, understanding and a commitment to comprehensive, coordinated action. This report provides a roadmap: it is now incumbent upon policymakers, professionals, and society to transform these recommendations into meaningful change.

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