Understanding CAPVA

A rapid literature review on child and adolescent to parent violence and abuse for the Domestic Abuse Commissioner's Office

By Victoria Baker
and Helen Bonnick
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ABOUT THE AUTHORS

Dr Victoria Baker

Victoria has worked as a researcher within academia and the third sector for around ten years and has recently completed her PhD on child and adolescent to parent violence and abuse at the University of Central Lancashire's Connect Centre for International Research on Violence and Harm. Victoria is currently supporting the domestic abuse charity Respect with the development and evaluation of their 'Respect Young People's Programme' (RYPP), in addition to exploring domestic homicide as part of her role as Research Associate within Manchester Metropolitan University's HALT (Homicide, Abuse, Learning, Together) Research Team. Victoria is also a long-standing Associate of the Dartington Service Design Lab.

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Helen is a social worker with over 30 years of experience in the field of family work, at both practitioner and supervisory levels, based first within local authority social services teams, and then within schools for around 16 years. She also worked for a number of universities, supporting and assessing social work students on placement.

In 2004 Helen started researching the difficulties experienced by parents in finding help when their children were violent or abusive towards them; and since 2016 her work has been exclusively within this field, writing, training and consulting. She has a website, www.holesinthewall.co.uk, which acts as an international discussion and resource hub; has been a member of a number of working groups; and regularly speaks on the radio, at training events and conferences. Her book, *Child to Parent Violence and Abuse: a practitioner's guide to working with families*, was published in May 2019 by Pavilion, and offers advice and guidance to all those engaged in work in this developing field. Helen is a member of the Respect board of trustees.

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Background to the review

Purpose and scope

This rapid literature review[1] on child and adolescent to parent violence and abuse (CAPVA) was commissioned by the Domestic Abuse Commissioner's Office in February 2021, with the aim of providing policy makers and practitioners with an accessible overview of the subject and its main issues, the current approaches taken to intervention, and the gaps in the evidence base. To this end, the following research questions guided the review:

- What does CAPVA 'look like' and who does it typically involve?
- What do we know about its prevalence and incidence?
- What are the challenges in researching and measuring this form of family abuse?
- What are the causes and contexts of CAPVA – why does it happen?
- What are the links between CAPVA and other forms of abuse?
- What do we know about the impact of CAPVA on the family?
- What are the current approaches and interventions used to address the issue?
- What is the nature and quality of the evidence underpinning programmes and practice?
- How has Covid-19 impacted upon CAPVA and the services/supports addressing it?
- What and where are the key gaps in knowledge and research?

The review also sought to identify recommendations for where future research efforts and funding should be directed, in order that identified gaps in knowledge be filled and policy and practice in the area improved.

Search methodology

The review draws significantly from (and expands upon) the literature review carried out as part of the first author's recent doctoral thesis *Exploring adolescent violence and abuse towards parents: the experiences and perceptions of young people* [1], where relevant peer-reviewed journal articles, books and reports were identified using the abstract and citation databases Web of Science, Scopus, and ProQuest, supplemented by searches of key journals, including the *Journal of Adolescence*, *Journal of Family Violence*, and *Journal of Interpersonal Violence*. Boolean searches used various combinations of the terms: 'child-to-parent', 'adolescent-to-parent', 'parent abuse', 'mother abuse' (AND) 'abuse', 'violence',

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[1] Being rapid rather than systematic, this literature review attempts to provide a detailed, although not exhaustive, account of the subject area.

'aggression' (and their variants). Searches using the Google online search engine helped to identify grey literature, most commonly evaluations or research relating to small-scale CAPVA interventions – both locally and globally. Unpublished texts such as internal programme evaluations were obtained through professional contacts.

An overview of the literature

Child and adolescent to parent violence and abuse (CAPVA) is a serious and significant social problem [2], which, despite receiving greater media and academic attention over the past 15 years, is still relatively unacknowledged and under-researched [3,4]. Identified initially as 'battered parents syndrome' by Harbin and Madden through their clinical work with families in the late 70s [5], early research sat mainly within the fields of family violence and clinical psychology in the US, using population surveys to identify the prevalence of physical violence towards parents and clinical case studies to create typologies of abuse and 'deviant' children. These early accounts of CAPVA focused mainly on physical violence and were heavily reliant on survey instruments not specifically designed for capturing data on the phenomenon [6].

The literature on CAPVA is sparse in comparison to other forms of family abuse [3,7], with variations in the methods, samples, and definitions used creating inconsistency and contradiction in findings [4,7]. However, over the last few years, this body of work has grown significantly, reflecting a growing recognition that CAPVA is a harmful social problem demanding attention [2]. Research in this area is diverse and includes analyses of clinical/service data [8-10] and police/judicial records [11,12], national policing datasets [13-15], secondary analyses of population surveys [2,16,17], clinical case studies [18,19], programme evaluations, as well as surveys, focus groups, and in-depth interviews with young people, parents and practitioners. There is also a significant amount of practice literature drawing on the experiences of those working on the front line with families [20,21], as well as, particularly in the UK, articles that explore tensions in definition and conceptualisation [22,23] and their implications for policy and practice [24,25]. In the main, however, research is quantitative and cross-sectional, utilising youth- and (less commonly) parent-report surveys to measure the prevalence, risk factors and correlates of violence and abuse towards parents in clinical/service, youth justice, 'at-risk', and community samples. Unfortunately, the majority of these studies represent community populations in Spain, where CAPVA is particularly prevalent [26], providing less insight into the UK picture.

Structure of the review

This rapid review is structured into three parts. Part 1 'Understanding CAPVA' explores what we currently know about the issue, how it is defined, measured and conceptualised, what it 'looks like', who it affects, the impacts it has and the current explanations for why it occurs. Part 1 ends with an exploration of what we currently know about how CAPVA may be connected to other forms of interpersonal violence such as parricide and intimate partner abuse. Each section of Part 1 begins with a summary of key takeaways. Part 2 'Addressing CAPVA' explores the current policy and practice context in the UK, the various

support options available to families experiencing CAPVA and the theories or practice approaches underpinning them. The section also provides five detailed profiles of promising programmes currently being delivered in the UK and explores the evidence underpinning their use. Gaps in the evidence base are also highlighted, alongside an examination of how the Covid-19 context has affected programmes providing support. Part 2 begins with a summary of key takeaways and ends with an examination of 'Gaps, inconsistencies and a need for shared learning'. The review then concludes with part three, key recommendations for research, policy and practice.

PART 1: UNDERSTANDING CAPVA

Section 1: What does CAPVA 'look like'?

Section summary

- *CAPVA is a form of family abuse where children/adolescents use a range of harmful behaviours towards parents/caregivers in an attempt to get their own way, hurt or punish, communicate distress and/or control their environment*

- *Behaviours include physical violence, verbal abuse, behaviours that are emotionally and/or psychologically abusive, and those which damage property and/or hurt parents financially. Abuse can also be sexual in nature.*

- *The forms that abuse take often leverage the close parent-child bond and the legal and moral responsibility of parents to care for their children*

- *What differentiates CAPVA from typical teenage rebellion is that it represents a harmful pattern of behaviour*

- *However, what 'counts' as abuse is still contested, with debates surrounding 'intentionality' and 'choice', particularly in the context of neurodivergence*

- *The lack of an agreed definition of CAPVA (including terminology) hampers our collective understanding of and response to the issue*

- *Although sons and daughters abuse both mothers and fathers (including step- and adoptive/foster/kinship parents and carers), CAPVA is highly gendered, with mothers much more likely to be victims, and sons more likely to come to the attention of services*

- *Abuse towards parents can begin from an early age, although typically peaks between the ages of 14 and 16. This does however, reflect the age profiles of services and the sampling of research studies*

- *CAPVA can involve families from all backgrounds, ethnicities and cultures. However, robust research investigating the socio-economic and racial/ethnic characteristics of families is severely lacking*

- *CAPVA can also affect families of all shapes and sizes, although single mothers do seem to be disproportionately affected – potentially due to their greater likelihood of having experienced domestic abuse from a partner and having fewer social resources to draw upon*

- *Future research should be intersectional, involving detailed examinations of how age, sex and gender, race and ethnicity, disability and other social identities such as being an adoptive/foster/kinship carer or a parent surviving domestic abuse, may intersect to shape the experience and presentation of CAPVA*

Defining child and adolescent to parent violence and abuse (CAPVA)

Defining child and adolescent to parent violence and abuse (CAPVA) is challenging and, at least in the UK, there is currently no agreed legal definition [27]. However, broadly speaking, CAPVA can be defined as a pattern of harmful, and in some cases, controlling, behaviour by children or adolescents towards parents or caregivers, where abusive behaviour can be physical, verbal, emotional, psychological, financial, property-based or sexual. Abusive behaviour can represent an intentionally harmful and controlling dynamic with similarities to the 'emotional terrorism' of intimate partner abuse [28], or can be unintentionally harmful, representing 'functional' or 'expressive' forms of aggression used to communicate distress, anxiety or trauma [29]. In many cases, it can involve both forms, or can begin as expressive violence and develop into more coercive forms of abuse as time goes on [29]. Abuse also often extends to other family members such as siblings or grandparents [30].

Although there is no clear threshold for differentiating between CAPVA and those behaviours 'typical' of teenage rebellion such as shouting, swearing and storming out of rooms [31], key distinguishing characteristics are that it represents a *pattern* of behaviour and that the pattern of behaviour is *harmful* [30]. A number of authors provide useful guidance here, with Cottrell [28] stating that 'typical' adolescent behaviour involving defiance, resistance and conflict can be differentiated from 'threats, force or manipulation to gain power over the other' (p. 3) and with Paterson and colleagues [32] explaining that:

> behaviour is considered to be violent if others in the family feel threatened, intimidated or controlled by it and if they believe that they must adjust their own behaviour to accommodate threats or anticipation of violence (p. 90)

Reviewing these definitions, it is clear that, similar to other forms of family abuse, power, control, fear and harm are key defining aspects. Further, as with other forms of abuse, CAPVA is similarly characterised by secrecy, shame and stigma [16,32]. This has contributed to it being a particularly 'hidden' and 'hard to reach' form of family violence [33,34], with parents often denying or minimising the abuse to protect themselves from judgement or retaliatory abuse, or to protect their child from criminalisation or being taken into care [35,36].

Although for some families, CAPVA can sit within a wider pattern of child and adolescent violence [37] and, in some cases, can develop from early-onset persistent (EOP) behavioural difficulties and temperamental hyperactivity [37,38], CAPVA is a distinct form of abuse that often sits outside of more general patterns of child and adolescent aggression. For some parents, their child's behaviour towards them can sit in stark contrast to the behaviour demonstrated towards teachers, peers, or even other family members [37]. That said, although CAPVA should be seen as distinct from broader forms of child and adolescent violence, such generalised aggression can still be a potential risk factor for it [4].

Violence and aggression by children and adolescents is not always abusive however, sometimes representing behaviours used in self-defence or in protection of others [29,39], or a one-off event triggered by environmental stressors. It can also be reactive behaviour taking place within the context of acute episodes of mental ill health. This is reflected in the definition of 'filio-parental violence' used by the Spanish Society for the Study of Filio-Parental Violence (SEVIFIP), which states that outside of the definition are:

> one-off aggressions that occur in a state of diminished consciousness which disappear when upon recovery (intoxications, withdrawal syndromes, delirious states or hallucinations), those caused by (transient or stable) psychological disorders (autism and severe mental deficiency) and parricide without history of previous aggressions. [40]

However, differentiating between reactive and 'proactive' behaviours can be difficult, particularly in the context of neurodivergence, which often operates along a spectrum of 'difference'. Indeed, within the areas of neurodivergence and developmental trauma, concepts and terms such as 'intention', 'choice' and 'abuse' are highly contested [41], with some authors arguing that 'violent and challenging behaviour (VCB)' and 'childhood challenging, violent or aggressive behaviour (CCVAB)' should be seen as distinct from parent 'abuse' and its associated responses [42]. Moving forwards, consensus will need to be reached on 'what counts' as CAPVA, particularly in relation to neurodivergence, where the drivers of behaviour and young people's capacities to address it, may differ.

Terminology

Historically, the literature has used a variety of terms to represent violent and abusive behaviour by young people towards parents, including most commonly 'child-to-parent violence (CPV)', 'adolescent-to-parent violence and abuse (APVA)' and 'parent abuse' (see Table 1 below for a comprehensive list of terms). This variation in terminology has unfortunately contributed to difficulties in defining, measuring and responding to the issue [43]. Within this review, the term 'child and adolescent to parent violence and abuse (CAPVA)' has been adopted, in recognition of the wide age range of young people that can be involved in the dynamic and of the importance of age to both our understanding of, and response to, the issue.

When referring to 'parents', we mean any parent or adult with a caregiving role. This includes not only biological parents, but also stepparents, adoptive or foster parents, and other family members providing care (including kinship care), such as grandparents, aunts and uncles. However, in the majority of cases, studies tend to limit their samples to children living with biological parents [39] and it is possible (although as yet mostly unexplored) that abuse may play out differently depending on variations in the child–caregiver relationship. For example, being an adoptive parent may add an additional layer of relational complexity that could have implications for how abuse is experienced and responded to [44,45]. Indeed, in a society where the family structure is becoming increasingly diverse [46], limiting research to the archetypal family unit may be obstructing more nuanced understandings of the issue.

Table 1: CAPVA terminology in the literature

Term	Used in
Adolescents' aggression towards parents	USA
Adolescent family violence (AFV)	Australia
Adolescent-initiated parent abuse	USA
Adolescent-to-parent abuse (APA)	UK, Canada, USA
Adolescent-to-parent violence (APV)	UK
Adolescent-to-parent violence and abuse (APVA)	UK
Adolescent violence and abuse towards parents	UK
Adolescent violence in the home (AVITH)	Australia
Battered parents syndrome	USA
Child and adolescent to parent violence and abuse (CAPVA)	UK
Childhood challenging, violent or aggressive behaviour (CCVAB)	UK
Child-to-mother violence (CMV)	Australia
Child-to-parent abuse (CPA)	Australia
Child-to-parent aggression (CPA)	Spain
Child-to-parent maltreatment	China
Child-to-parent violence (CPV)	UK, USA, Spain, Ireland, Canada, Australia
Filio-parental violence	Spain
Filial violence	Australia, UK
Mother abuse	UK, Australia
Parent abuse	UK, Canada, Australia, NZ, Egypt
Parent maltreatment	China
Violent and challenging behaviour (VCB)	UK

Forms of abuse

CAPVA can take a range of forms including physical violence, verbal abuse, emotional and psychological abuse, and economic and material abuse (see Table 2 overleaf for a list of typical behaviours). Although rare, abuse can also be sexual in nature [21]. Evidence on the forms that abuse takes comes from survey studies involving parents and young people [16], interview and focus group studies involving parents and practitioners [28,36,37,44], and analyses of clinical case files and police reports [15]. The methods and samples used in studies typically determine the severity of the abuse identified, with studies drawing on police or clinical data often highlighting more severe forms of behaviour. To date, young people's first-hand accounts have rarely been used to describe the behaviours typical of the dynamic.

Although listed in Table 2 as distinct forms of abuse, behaviours typically fall across a number of different categories. For example, destroying something that belongs to a parent can represent material/property abuse but can also represent emotional abuse – particularly if the object has known sentimental value. If intentionally placing a tenancy at risk or forcing a parent to spend money on repairs or replacements, the destruction or damaging of property can also represent a form of economic abuse. The destruction of property can also be psychological, signalling to parents the potential for physical violence [6,28].

Table 2: Abuse behaviours characteristic of CAPVA

Abuse type	Typical behaviours involved
Physical	Punching, kicking, pulling hair, pushing, throwing or pinning, trapping, biting, throwing or hitting with objects.
	In more extreme cases, strangling, using weapons such as knives, the use of poison/gas, and burning/scalding.
Verbal	Shouting and swearing to argue, challenge and intimidate. Demeaning, sarcastic and critical language used to humiliate, hurt, and undermine parents' sense of self.
Emotional or psychological	Derogatory names, withholding affection, manipulation, threats, intimidation, blackmail and coercion to obtain control over the household, psychological tactics, e.g. hiding household objects, using 'silent treatment' and other 'mind games', social/obstructive tactics.
	The threatening of self-harm and use of risky and endangering behaviour.
	The use of sexualised language to demean and humiliate.
Economic or material	Destruction of property, e.g. smashing up rooms, kicking or punching holes in walls and doors, smashing windows, destroying parents' personal possessions. The demanding or theft of money and goods, the selling of property, endangering employment, incurring fines, endangering tenancies.

(Adapted from Baker, 2021)

As with all forms of abuse, the forms that CAPVA takes is often very specific to the parent-child relationship, leveraging the legal and moral obligations for parents to provide for their children, as well as the unique parent-child bond [30]. For example, children can attempt to undermine the parental role by threatening to call the police or social services with false claims of abuse [1,28,44,47], make repeated verbal attacks on parental capacity, and manipulate the close parent-child bond by threatening or carrying out self-harm in acts of 'self-sabotage' [1,48]. Although some of these acts may happen occasionally as part of typical teenage behaviour, what makes them abusive is their repeated nature [30], with parents reporting that the continual use of such tactics undermines their sense of self and well-being, while forcing them to alter their own behaviours to avoid abuse [44]. However, the way in which CAPVA presents does vary from family to family, with no 'one size fits all' [49].

In terms of the onset of CAPVA, parents often report a gradual escalation or deterioration in behaviour, beginning with verbal, emotional and economic/material abuse (the most common forms) and escalating to physical violence over time [21,28,30]. In many families, what triggers the onset of abuse is unknown, appearing to come from nowhere [8,44]. However, some children using violence and abuse at home have histories of early onset oppositional and aggressive behaviour [1,44], meaning that aggression may have started in early childhood. Typically in these cases, behaviour is only identified as 'abusive' once children reach the physical stature where physical injury becomes more likely [28].

Who is involved? Characteristics of parents and young people

Gender[2]

CAPVA is a highly gendered phenomenon, with the majority of population, community, criminal justice and clinical/service studies finding that mothers are significantly more likely than fathers to experience physical, verbal, emotional and psychological aggression from their children [4]. Through their analysis of population survey data, Ulman and Straus [50] found that mothers had a 42% higher rate of being hit by their child than fathers when looking at past 12-month rates, with Agnew and Huguley [16] finding mothers twice as likely to have been hit. In clinical studies, the rate has been reported as four times higher for mothers than fathers [39], although this could potentially be due to mothers being the primary help-seeking parent in these cases. Evidence on severe forms of aggression is mixed, with Cornell and Gelles [51] finding that rates of severe physical aggression were five times higher for mothers than fathers. Browne and Hamilton [52] however, found that fathers experienced more severe physical aggression, while some community studies found that frequent physical and psychological aggression was directed equally towards both parents [53]. As commented by Gallagher [29], when severe physical aggression is measured, it tends to begin to resemble the clinical, police and service gender ratio of about 80% mothers to 20% fathers.

As regards the gender of children and adolescents, findings are mixed [4], with a number of studies finding no relationship between child/adolescent gender and rates of physical, verbal, psychological or emotional 'aggression' towards parents [38,54-56]. In some studies, sons have been identified as the more likely physical aggressors [51,57], while in others, it is daughters [53]. Although not the case when physical aggression becomes frequent, highlighting the importance of capturing data not only on form but also on frequency. In the majority of community studies in Spain, daughters appear to be more likely to use psychological and verbal forms of aggression than sons [54,58,59], with only one study finding

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[2] The terms 'sex' and 'gender' are often used interchangeably throughout the CAPVA literature despite referring to different (although connected) concepts. The term gender has been used within this review to centre the social and relational rather than the solely biological. In future, research should attempt to capture information on both sex and gender, to allow for a more nuanced discussion.

no difference [60]. However, when comparing against parent reports, a number of studies have identified a pattern of daughters over-reporting and sons under-reporting their aggressive behaviour [57,61,62] – a common limitation of survey studies of interpersonal violence which results in a gender 'neutral' picture [29]. Other studies have argued that such a gendered pattern of parent/child reporter disagreement could be due to parents more readily recognising sons' aggressive behaviour and minimising that of daughters [18,61].

Research drawing on criminal justice and clinical/service data paints a more clearly gendered picture, with young people using physical aggression towards parents typically being male [9,10,18]. However, this pattern is not always constant across both parents, with some finding violence from sons is more prevalent only when directed towards mothers [39] and in others, fathers [62]. Other studies have identified similar levels of physical aggression for sons and daughters [37,63] while a more recent US study [64] identified a trend in increasing parent 'assault' among female adolescents. In her comparison of youth offenders in the US, Gebo [65] identified that although male adolescents were much more likely to appear in court for non-family assault charges, the rates of parental assault were only slightly higher than for females. However, the most typical presentation in clinical and criminal justice samples is adolescent sons abusing mothers [7,15,29,66,67]. Although, similar to community studies, clinical and criminal justice studies have identified daughters as more likely to use emotional and verbal aggression, and sons, physical aggression [12,63], which could explain why sons are more likely to be represented in police and clinical statistics [60]. What is clear is that the methodology and samples used by these studies determine, to a large extent, the victim/victimiser characteristics identified [7,29].

Age

Although parent victims of CAPVA have articulated the early onset of aggressive behaviour from as young as five years old [28], with analyses of criminal justice data in the US and elsewhere highlighting its extension into adulthood [4,66], CAPVA is typically reported as beginning in early to mid-adolescence, peaking between 14 and 16 years and declining after 18 [4,30,68]. However, some authors have suggested that the age profiles identified have as much to do with the age structures of services and the research samples used, as the phenomenon itself [69,70], with recommendations calling for a focus on the parent-child relationship, rather than specific age ranges [4,70]. Studies attempting to differentiate between the 'tantrums' of early childhood and 'abuse' of middle to late childhood have emphasised the importance of harm to our understanding of 'what counts' [28].

Further, some studies have found an interaction between child/adolescent gender and age, with daughters' violence typically peaking then declining at a younger age and sons' violence beginning and ending later [18,51,67]. This reflects the gender/age pattern identified within wider youth offending and within the generalised aggression literature [4,30]. It is also particularly the case with more 'serious' physical violence, identified as decreasing over time for daughters but increasing for sons [51]. Moving forwards, longitudinal research should seek to examine the life course of CAPVA, including how sex and gender may differentially shape its development and presentation over time, as well as its impact.

Ethnicity and family demographics

In their systematic review of CAPVA studies, Simmons and colleagues [4] identified that 'the ethnic profile of CPA perpetrators internationally is largely unknown' [4], although studies examining race and ethnicity have tended to find that 'White or northern European ethnicities are more likely to be the perpetrators and targets of CPA than people from other ethnic backgrounds in community, offender, and clinical samples' [4]. However, some criminal justice studies in the US and UK have identified an over-representation of Black and Afro-Caribbean perpetrators relative to the population demographics [9,12,15], something Condry and Miles [15] have argued could be due to their over-representation in crime statistics and criminal justice more broadly. What is clear is that studies with robust examinations of ethnicity are needed for any real conclusions to be drawn.

With respect to families' social class or *socioeconomic status* (SES), study findings are 'at best, weak and often inconclusive' [4]. Variations in the definition and measurement of SES (e.g. parent education, income or occupational 'prestige'), combined with its strong association with known risk factors for CAPVA (e.g. family violence, substance misuse), make it difficult to identify its unique contribution to the dynamic. Not only are robust and representative survey studies using randomised probability sampling needed to properly examine prevalence across social class and ethnic groups but high quality qualitative studies are also needed to explore the ways in which these factors may shape the CAPVA dynamic and its outcomes.

Finally, as regards family structure, although several population studies found no relationship between family structure and physical aggression towards parents [16,17], a number of young offender and clinical/service studies identified that young people using violence towards parents were less likely to live with both biological parents and more likely to come from a home where parents had divorced or separated and where mothers were parenting alone [9,61,65,71]. It may be that, as single parents, mothers may not have 'the familial, emotional or physical support necessary to cope with their children's behavior, making them more inclined to seek external support' [4]. However, findings from the *Crime Survey of England and Wales* (CSEW) [72] have also highlighted that separated, divorced or single women are more likely to have experienced domestic abuse – a known risk factor for CAPVA – making clear the importance of contextualising such insights and framing them within a broader continuum of domestic and family abuse, experienced throughout the life course.

Section 2: What are the impacts of CAPVA?

Section summary

- *CAPVA is a harmful form of family abuse that can have wide ranging impacts on parents/caregivers, siblings, wider family and young people themselves*

- *Harm can be physical, emotional and psychological, material and financial, and legal*

- *The dynamic can also impact on parents' and young people's space, movement and personal agency and on their relationships with one another*

- *For young people, their education and life chances can also be affected*

- *Research is lacking into young people's own perspectives on the harm their violence and abuse causes themselves, parents and other family members*

- *Longitudinal research is needed to fully understand the long-term implications of CAPVA, including the wider 'costs' to society*

The impacts of CAPVA are wide ranging, affecting not only parents but also siblings, wider family and those young people using violence and abuse at home (see Table 3 at the end of the section for a summary). Impacts can be physical, emotional, psychological, relational, legal, material and financial. For the young person, there can also be educational implications. However, compared to studies investigating the prevalence of CAPVA and the possible individual and family factors that may 'predict' it, research into its impact is scant, with what few studies there are focusing mainly on the impacts on parents rather than children. This means there is little understanding of the short- and long-term effects on those young people involved. Further, unlike studies on prevalence, research into the consequences of abuse tend to be limited to clinical and service studies of parents (mainly mothers) who have sought help for the issue, generating little understanding on the impact of abuse on families in the general population.

Impact on parents/caregivers

Physical injuries

Research drawing on the accounts of mothers [34,35,73], clinical/service assessments and case files [18,37,63], and analyses of police reports [12,15,66] have highlighted the physical injuries that can occur as a result of child and adolescent violence, including more common minor injuries such as cuts, grazes and bruises, as well as more severe but less common injuries such as broken bones, burns, and wounds from weapons or household objects. Alongside

the physical injuries comes the emotional impact of such violence, argued as being more damaging to parents and extending well beyond that of the physical injuries themselves [16,73].

Emotional and mental health consequences

Evidence on the emotional and mental health impacts of CAPVA comes mainly in the form of interview and online accounts from mothers in Australian, Canadian, US and UK studies [6,8,24,32,34,35,47,73,74]. Insights from these studies highlight the damaging emotional impacts CAPVA can have on parents (particularly mothers) experiencing abuse, including short- and long-term feelings of stress, anxiety, depression [6,8,28,32] and, in some cases, suicidal thoughts [73], particularly in cases where there are prolonged experiences of abuse [24,34]. Further, these impacts have sometimes been reported as continuing long after the abuse itself has stopped [28,32,47].

Such poor mental health outcomes appear to be the result of extended periods of feeling helpless, hopeless, desperate and ashamed [8,47,73,75], with mothers reporting feelings of guilt around being a 'failed parent' – particularly in cases where children are removed from the family home, where there are contexts of domestic abuse, or where parents have responded with their own violence [28,44,73,76]. Mothers have also reported being fearful of physical violence towards themselves and younger children [6,24,32,34,73,74], often contributing to a sense of unpredictability and 'walking on eggs shells' [34]. The fear of violence can also have a detrimental impact on parents' ability to establish and reinforce boundaries, something that becomes harder and harder the older (and physically larger) children become [24].

Restrictions on space, movement and personal agency

The accounts of mothers have also highlighted the restrictions on space, movement and personal agency they can experience, with reports of hiding in cupboards, bedrooms and bathrooms, or avoiding the home altogether to guard against violence and abuse [32,34,35,74,77]. Friendships and social supports can also be impacted, with reports of avoiding public spaces for fear of embarrassment, shame, and public scrutiny [76] and being prevented (through obstructive behaviour) from going out and socialising [34,76,77]. This is important, as a lack of social supports significantly reduces the opportunities for parents to disclose the abuse they are experiencing.

Material and financial consequences

Child and adolescent to parent violence and abuse can also involve the destruction of property, including damage to the home itself. Indeed, an analysis of police reports of CAPVA in the UK found that around a quarter of reported cases involved criminal damage to the home [15]. Accounts from parents include examples such as the theft or destruction of the family car, demanding or stealing money, punching holes in walls and kicking

through doors, destroying personal items, and the tearing or theft of clothes [6,24,32,35,37,47,74,77]. For parents, this can have significant financial implications through having to pay for repairs or replacements, as well as in some cases, being evicted from their homes [78]. Besides the financial implications of such behaviour, parents report feeling emotionally hurt by the destruction of personal items and the knowledge that their child has deliberately destroyed something meaningful to them [34]. The financial consequences of CAPVA can also be felt in the form of giving into demands for money, and paying fines for damages, non-attendance at school, and for breaching court orders – aspects unique to the dynamic due to parents' financial and legal responsibility for their children [21,24,33,43,49].

Legal implications

Lastly, CAPVA can have legal implications for parents, with mothers reporting getting into trouble with the police and social care as a result of false accusations of child abuse [47] or in cases where they refuse their child entry back into the family home for fear of violence [43]. Although now used less often, parents – most often mothers – can also be issued Parenting Orders due to their child's non-attendance at school or their anti-social and violent behaviour [24,49]. This can involve compulsory attendance at a parenting programme [24], something which may impact parents' earnings, through having to take time off work. Indeed, such programmes have been argued as compounding parents' feelings of shame and parental failure [49]. Mothers have also reported their capacity to maintain work has been affected, with the emotional and physical toll of abuse impacting the energy and concentration required [28] and some mothers even leaving their jobs to increase their presence in their children's lives [48]. Although such impacts are primarily felt by mothers, they also have implications for young people and their siblings, with the family having fewer resources and less stability in terms of housing and school moves.

Impact on young people

CAPVA can also be highly detrimental to those young people using violence and abuse at home, having physical, emotional, educational, legal and relationship implications. However, insights into these impacts are limited mainly to parent and practitioner accounts within community and service studies drawing on interviews, focus groups and therapy sessions, with only one UK study drawing on the accounts of young people themselves [1]. Unfortunately, the lack of quantitative evidence limits the extent to which findings on the impact of CAPVA can be generalised to the populations from which they are drawn or can be used to confidently predict negative outcomes. Further, as most of the survey evidence that does exist is cross-sectional in nature (i.e. looking at one snapshot in time), it is often difficult to establish whether co-existing issues such as peer violence and offending, educational difficulties, mental health and substance misuse problems are negative outcomes as a result of CAPVA or risk factors for it [12,18,34,35,37,74]. Since the evidence is so limited, there are few, if any, insights into how individual factors, such as age, gender or ethnicity, may affect the consequences experienced.

Physical injuries

What evidence there is highlights three main mechanisms through which young people's physical well-being can be affected by CAPVA: as a result of injuries gained during aggressive episodes – either by hitting parents, walls or doors, or throwing objects [1,6,43,49,79]; by parents responding with violent behaviour in retaliation, punishment, self-defence, or for restraint [1,47,48,73,79]; or by the increased use of risky or self-destructive behaviour by young people, such as unsafe sexual behaviour, self-harm, staying out late with anti-social or unsafe peers, running away, or substance misuse [1,34,48]. Such behaviours can clearly have negative implications for young people, in terms of poor sexual or wider general health and impacts on emotional well-being [80,81]. However, these outcomes have yet to be measured specifically in relation to CAPVA and is an area worthy of attention.

Emotional and mental health consequences

There is scant evidence on the emotional and mental health impacts of CAPVA on young people, although research drawing on parent accounts [49], service data [8], and clinical/practice assessments [18,37] do indicate that mental health difficulties such as depression, hyperactivity, suicidal tendencies, and low self-esteem, are often *co-occurring* factors in the lives of those young people involved. Through their use of structured interviews with young people in the US, Paulson and colleagues [56] concluded that those who 'hit' parents 'have lower self-esteem, are less happy, and feel that they are not living up to others' expectations'. These findings have also been supported by young people's own accounts in a recent UK study[1].

Through his therapeutic practice insights, Micucci [79] identified that young people using violence and abuse at home can have their self-esteem impacted as a result of the dynamic – with families' negative views shaping their sense of self-worth. Further, he found that by focusing solely on the abusive behaviour, parents can also be 'less likely to attend to normal developmental tasks', with young people sometimes finding themselves 'profoundly delayed in their development' [79]. This can then result in feelings of anxiety, depression and frustration as he/she realises 'they are poorly equipped to face the developmental challenges of adolescence' [79]. Potentially, this could also be compounded by the low school attendance and poor engagement that can be typical of the dynamic.

Impacts on education

Several studies have indicated that children and adolescents abusing parents are more likely to have co-occurring problems such as poor educational attainment [56]. However, similar to our understanding of those other co-occurring challenges faced by young people experiencing CAPVA, there is currently no longitudinal evidence available to identify whether poor educational outcomes are an outcome of, or risk factor for the dynamic. Potentially, they could be both, with some studies highlighting poor educational attainment as a trigger of parent-child conflict and others describing how the tapering of parental control can lead to greater school refusal and absence [10,82]. Practitioners speaking

in focus groups in Spain identified that, particularly among girls, the self-destructive nature of CAPVA often manifested in poor behaviour at school, as a way to punish parents by damaging their own life chances [48].

Restrictions of space, movement and personal agency

Similar to parents, CAPVA can also impact on the space, movement and personal freedoms of those young people involved. It can result in the loss of material privileges, such as access to computers, phones and other personal items and also restrictions on movement, through being grounded or having strict curfews in place – something which in turn, can reduce the opportunities for extracurricular activities and social interaction [47,73,79].

Young people's living arrangements can also be affected through their removal from the family home and admission into local authority care – in cases where there is significant physical violence and risk of sibling harm [74]. Understandably, such outcomes are reported as being extremely distressing for all members of the family [6,10,12,28,32,44,73,74]. Where CAPVA co-occurs with child mental health or psychiatric conditions, removal from the home can mean placement in short- or longer-term secure psychiatric accommodation [10,18,79].

Legal implications

CAPVA can also have legal implications for young people, particularly when abuse involves the use of physical violence in the home. Evidence from parents and practitioners, as well as analyses of police case files suggests that legal implications can involve being arrested and having ongoing involvement with youth offending services [8,12,34,43,73] and, in extreme cases, can involve the issuing of legal measures – such as non-contact orders – preventing children from returning to live with their parents [35]. Criminological studies have captured – particularly through analyses of police reports – that CAPVA often takes place within a wider context of youth offending behaviour and that assaults against parents involving weapons are more likely to result in the arrest of children and adolescents [12]. Further, this is often highly gendered, with sons much more likely to come to the attention of youth justice for CAPVA-related offences than daughters [30].

Evidence from parents posting on online message boards [73] and participating in community studies [34] indicate that police involvement often occurs either in an attempt to 'scare' young people into compliance, to remove them from the family home, or to attempt to control the violence via legal sanctions. Such legal measures have implications for adolescents not just in the short term but could also have longer-term implications in terms of the impact of criminalisation on their life chances [83,84]. Further research is needed to fully understand the longer-term legal implications of CAPVA, as well as how it may impact upon the life trajectories of those young people using violence and abuse at home.

Impact on siblings

The impact of CAPVA on siblings is an area distinctly lacking in research, with no studies centred on the accounts of siblings themselves. However, insights from focus groups and interviews with parents, clinical case files, and practitioner accounts highlight the detrimental effects that CAPVA can have on other children living in the family home. For example, siblings can often be victimised themselves, or become caught up in violent incidents through attempts to protect parents [10,34,37,73,85]. Younger children can also begin to mirror the abusive behaviour they are exposed to, placing parents under greater strain [28,48].

Siblings can also be impacted emotionally through the dynamic, receiving less attention from parents [79], experiencing fear and distress as a result of witnessing violence and abuse [24,86], and experiencing psychological conditions associated with trauma, such as depression and anxiety [28]. Siblings can also experience trauma and loss by being separated from one another, either as a result of abusive siblings being removed from the family home, leaving home themselves to avoid abuse, or distancing themselves emotionally to avoid witnessing or experiencing abuse [24,79]. Such separation and distancing can tear families apart and serves to emphasise the fact that CAPVA affects not just individuals, but entire families [74].

Impact on relationships

One of the most significant impacts CAPVA can have is on family relationships, with parents, siblings, wider family, and those young people using violence and abuse all suffering from poorer familial bonds and fewer positive family interactions and experiences. Indeed, CAPVA is argued as a hidden factor in family breakdown [34,87,88] and particularly adoption breakdown, where adoptive families are identified as being particularly at risk [44].

CAPVA can result in short- and long-term damage to the relationship between parents and those children being violent and abusive at home [36,87], with mothers reporting a painful loss of the parent-child bond [34]. This is particularly the case for those families where children have been taken into care as a result of their violence [77]. Damage to the parent-child relationship can result from a betrayal of trust through lying, stealing, and being 'disloyal', resulting in parents – particularly mothers – feeling unloved [77] and resentful [6]. Parents – more often fathers – can also begin to avoid the abusive child, resulting in emotional distancing [79].

For parents experiencing abuse, relationships with their other children can also be affected, with the CAPVA dynamic becoming the sole focus of attention [28,79]. Relationships between parents can also be placed under significant strain – particularly in cases where only one parent is targeted [18], or where one parent begins to avoid the family home [79]. Parents can often blame one another for the dynamic, may disagree on how to address it, and can end up neglecting to nurture their relationship with one another – in some cases resulting in separation or divorce [28,34,77,79].

Mothers have reported finding themselves out of favour with other family members due to taking the role of mediator, attempting to prevent escalation between the abusive child and others [79], or defending their child's behaviour to other children or partners [77]. In the study by Stewart and colleagues [77], mothers typically did this in cases where the abuse was thought to be due to the child's mental health problems – highlighting the importance of an intersectional approach to understanding the dynamic.

As previously mentioned, relationships outside of the family can also be impacted, with mothers reporting depleted social support networks as a result of avoiding social interaction [44]. This can lead to feelings of isolation which, in turn, result in parents feeling helpless at their situation and their perceived lack of control over it [9,28]. Some of the reasons given by parents for difficulties maintaining relationships include their child's destructive and aggressive behaviour towards people or property [74,77,79], the telling of untruths about them [28], and the lack of time and energy to nurture positive relationships [79].

Lastly, CAPVA has been identified as a precursor to adolescent isolation from friends and family and as a risk to developing healthy romantic relationships [18], with studies identifying a potential link between CAPVA and violence in later intimate relationships [89,90]. As Hastie [89] argues, CAPVA could represent part of a continuum of violence in a young person's life – contextual factors this review will later explore.

Table 3: Summary of CAPVA impacts on the family

Impacts on	parents/carers	the young person	siblings
Physical health	Minor or serious injuries as a result of violence by child/adolescent	Minor injuries from hitting parents, hitting/smashing walls or objects, self-harm or risky behaviour, being restrained	Minor injuries from direct or indirect violence from sibling
Emotional health	Low self-esteem from feeling like a 'failed parent', shame and guilt, poor mental health, stress and anxiety from 'walking on eggshells'	Low self-esteem, shame and guilt, poor mental health, stress and anxiety, trauma from historic or ongoing victimisation	Distress from witnessing violence and abuse
Property/finances	Damage to property or personal belongings, financial implications of replacing/mending, loss of earnings and endangering of rental agreements, paying off debts owed by child (often in context of drug debts)	Removal of privileges, potential reparation, own belongings damaged	Belongings damaged
Relationships	Damaged relationship with abusive and non-abusive children, partner conflict, loss from child separation, diminished support network	Damaged relationships with parents and siblings, loss from separation, reduced social contact with peers	Damaged relationships with sibling, loss from separation, lack of parental attention
Education/work	Potential job loss due to needing to spend more time with child and addressing issues	Missed school, wider aggression resulting in exclusion, reduced life chances	-
Legal consequences	Fines for missed school and child anti-social behaviour, potential legal consequences of harming child through restraining or fighting back, as well as legal consequences of refusing a child under 18 entry to the home (child abandonment)	Arrest and legal orders due to violence and abuse	-
Space, movement and personal agency	Parents' social contact limited as needing to stay in the home, parents (particularly mothers) hiding in rooms for protection, parents forced to take/drive child places	Lack of freedom of movement through grounding, refused entry to home, moved out of home	Avoiding the home

Section 3: How common? CAPVA as a hidden form of abuse

Section summary

- *CAPVA is becoming more widely recognised in the UK and internationally as a 'growing social problem', with significant numbers on agency caseloads*

- *However, high quality research into the prevalence and incidence of CAPVA is lacking, with what studies there are producing wildly varying estimates*

- *Such diversity is due to variation in how CAPVA is defined and measured – with studies that include one-off incidents or behaviour typical of adolescence producing inflated estimates*

- *In the UK there is currently no population-level data on CAPVA, meaning there is little understanding of how prevalent it is in the general population in the UK*

- *Population and community survey studies in the US, Canada, UK and Spain indicate that more serious physical violence towards parents is likely to sit somewhere between 3 and 5%*

- *Studies drawing on crime and service data are useful in understanding the prevalence of more severe violence and abuse towards parents, although typically underestimate the size of the problem, representing only those cases where parents have sought help for the issue*

- *This is important as parents often attempt to hide or minimise the abuse they are experiencing, making CAPVA a hard to reach and hard to measure social problem*

- *Diversity in samples and methodology make it difficult to gain insight into the prevalence of CAPVA within 'at-risk' populations such as those receiving support for mental health issues, those within the criminal justice or care systems, and those living in families with histories of domestic abuse*

Prevalence and incidence

CAPVA is becoming more widely recognised, in the UK and internationally, as a 'growing social problem' [13], by both practitioners working with young people and their families [27,49] and by researchers investigating the complexities and difficulties of family life. Indeed, studies from Australia and Spain have highlighted increases in reports of violence towards parents, with Moulds and colleagues [67] reporting increases of between 42% and 71% over a five year period (2009-2013) and the General State Public Prosecutor's Office in Spain reporting a 230% increase, also over five years [53].

Robust evidence on the prevalence and incidence of CAPVA in the general population however, is severely lacking, with what studies there are producing wildly varying estimates [30]. This has much to do with how CAPVA is conceptualised and operationalised, in terms of the types of abuse being measured, the forms of behaviour chosen to represent them, as well as the severity and frequency of those behaviours [1]. Furthermore, as evidence on population prevalence predominately comes from North America, and community incidence mainly from the Basque region in Spain, there is a gap in understanding around the extent of the problem here in the UK, where there is currently no nationally-representative survey capturing evidence on the prevalence or incidence of CAPVA.

Crime and service data in the UK

Although evidence from the UK is sparse, a handful of studies drawing on police incident reports and data requests, national parenting helpline data, crime survey data, case load data, and cross-sectional surveys using opportunity samples do provide some insight. An analysis of the Metropolitan Police Service's statistics on 'adolescent-to-parent violence' [15], found 1,892 cases involving 13- to 19-year-olds reported by parents between 2009 and 2010. Incidents included physical violence, threats of violence, sexual assault, robbery, and criminal damage to the home. Of these, 69.6% involved no injury to parents, with 25.4% resulting in minor injury, 4.5% moderate injury, and 0.5% serious injury. More recent evidence comes from a freedom of information request reported by The Guardian newspaper [91] which found that 'in the year 2015/16, 10,051 cases of domestic violence against adults by children were investigated by 35 of the 43 police forces in England and Wales.' However, as the legal definition of domestic abuse in the UK excludes those children under 16 years of age, this is likely to represent only a fraction of cases coming to the attention of the police. Data on parent 'assault' in the UK has also been collected from young people themselves in the 2005 Offending, Crime and Justice Survey [92]. This self-report survey asked 4,980 males and females aged 10 to 25 living in England and Wales about their own offending behaviour over the previous year. The survey found that 3% of the 593 assaults reported by young people were towards parents. However, this was less than assaults to partners (7%), siblings (22%), or friends (47%). Early research examining agency caseload data from across four local authorities in England has also identified significant proportions of CAPVA cases within youth offending services (21-27%), with 64-67% of police domestic abuse incidents where the suspect was under 18 involving violence and abuse towards parents [93].

Although now over 10 years old, evidence from the third sector highlighted an increase of calls regarding CAPVA made to the parent support helpline 'Parentline' (run by the UK national charity Family Lives) – increasing from just over 2,000 reports of child-to-parent physical violence between 2007 and 2008 [94] to 7,000 over the following two years [8]. Furthermore, reports of aggression towards parents, including non-physical aggression, was reported in 22,537 of cases, demonstrating that the problem extends beyond just physical violence. Unfortunately, however, as with all types of violence in families, reported rates typically under-estimate the scale of the problem, representing only those

parents willing to approach services for support or those young people willing to admit to offences.

Community and population survey studies

Survey studies of CAPVA can provide more useful insight into the size of the problem in the general population. In their international systematic review of 'child-to-parent abuse (CPA)', Simmons and colleagues [4] reported rates of between 5 and 21% for past 12-month incidence of 'adolescent-perpetrated physical CPA' in community samples; between 33 and 93% for verbal, psychological, and emotional CPA in community samples; and rates of 21% and 53% for financial CPA in non-CPA juvenile offender/non-offending youth and CPA offending youth samples respectively. However, the extent to which the rates reported within these studies actually represent the phenomenon of CAPVA is questionable, with the majority including one-off incidents that may not represent a *pattern* of parent 'abuse' [1,95]. Further, many of the behaviours reported as representing 'psychological CPA', could arguably represent behaviours typical of adolescence [1] – something that runs the risk of generating inflated rates of CAPVA (e.g. 93% for 'psychological CPA') which can be misleading and unhelpful in terms of our understanding of the prevalence and incidence of the issue [1,29,95].

However, a small number of studies in the UK [1,52,96] and Spain [53,59] reporting on rates of 'severe' and/or 'patterned' aggression by adolescents towards parents may be more helpful to our understanding of how common CAPVA is within community samples. These studies have identified rates of between 0.1 and 3.8% for frequent or 'severe' physical aggression, 0.4 and 10.4% for frequent verbal aggression, and 14.2% for frequent psychological aggression. One of the UK studies also explored the application of 'parent abuse thresholds' to their self-report survey data and identified that 10% of students aged 16 to 18 had reported a pattern of physical and/or psychological aggression towards parents over the past 12 month period [1]. However, as the study was small and used non-randomised sampling methods, further investigation is needed to generate greater confidence in the findings.

Lastly, a small number of studies in the US and Canada do provide some insight into the prevalence of CAPVA at the population-level, although data from these studies is in some cases now over 50 years old and captured using surveys not specific to the issue. These suggest that rates of severe and/or patterned physical aggression towards parents ranges from between 3 and 5% in the general population [16,38,50,51,55]. Although 3-5% may not seem high, even a rate of 5%, when scaled up to the whole US population, would represent over a million cases of 'non-trivial' assaults on parents per year [50]. In the UK, this would translate to around 246,100 households reporting adolescent-to-parent physical violence each year, or 364,700 if applied to the total UK population of those aged 10 to 19 [1]. However, as Gallagher [29] rightly points out, although this is indicative of a 'significant social problem', it is not more common than other forms of family abuse such as child abuse or domestic abuse.

It is important to note, however, that for several reasons these studies should be seen as conservative estimates of severe violence from adolescents to parents. First, the use of narrow and recent recall periods means that only those parents affected at the time of the studies are reflected in the rates. Also, differential attrition (drop out) in studies such as Pagani and colleagues [38,55] meant that more disruptive (and potentially more violent) adolescents were removed from the sample. Lastly, child and adolescent to parent violence and abuse, as with all forms of family abuse, is a hidden problem which often goes unreported and denied [57], with parents rarely over-reporting their children's violent behaviour [16].

'At-risk' populations

Research based on clinical populations, such as young people experiencing mental health or behavioural difficulties, can provide insight into groups where CAPVA may be more prevalent, while also indicating the upper estimates of prevalence. However, the figures provided in these studies vary considerably, with rates of 3.4% for 'parent battering' (defined as repeated physical aggression towards parents lasting at least three months), identified in 645 psychiatric in-patient records in France [10], 12.2% for 'parent-directed physical aggression' (any therapist- and family-identified intentional physical aggression towards a parent) in a US sample of 606 2- to 14-year-old outpatients and their families receiving therapy for child conduct problems [63], and 17% for 'physical abuse' in a US study of 200 child inpatients and 100 adult outpatients (Charles, 1986). These figures, although variable, are not too dissimilar to those higher rates identified in the population and school survey studies. However, information on the severity of reported behaviour indicates that the nature of the abuse may be more severe, with one study finding that acts of physical aggression tended to happen 'pretty often' (five to six times per year) and were of moderate severity – meaning that they involved 'a somewhat extended episode, resulting in marked pain and minor injury such as bruises' [63]. This again highlights the difficulties in making cross-study comparisons of prevalence and incidence rates.

Young people on the 'edge of care' in the UK potentially represent a particularly high-risk group for CAPVA, with 54% of social worker assessments in a self-referred family support intervention identifying significant violence towards parents [37]. In this particular study, families were experiencing such difficulties that parents were requesting their child be accommodated – indicating the serious nature of the abuse taking place. However, one of the main problems of clinical and service data is that it only represents those cases where parents are seeking help. This means that cases may not be representative of the wider population of young people experiencing these difficulties, or indeed, those more vulnerable families not in receipt of support. Lastly, in more recent years, studies have identified adoptive families as being at higher risk for CAPVA, with 16% of 390 adoptive parents surveyed reporting behaviours fitting the definition [44].

Although Simmons and colleagues [4] state that 'CPA appears to be particularly prevalent among young people involved with the criminal justice system', to date there have been no robust studies exploring the prevalence of CAPVA within the youth offending population as a whole. However, their review identified that in the US and Australia 'CPA is implicated in 85% of adolescent restraining orders, 40-60% of juvenile domestic violence charges, and 13% of domestic violence reports' [4].

Lastly, there is also evidence that adolescent-to-mother violence may be more prevalent in populations suffering from high levels of domestic abuse, with Livingston [97] finding that 29% of single mothers reported physical violence from their child at some point in their lifetime, and that those with histories of partner domestic abuse were particularly at risk. Two studies carried out in Australian communities with high levels of domestic abuse [6,98] found that 50.9% of mothers reported having experienced 'child-to-mother violence' in their lifetime [6], with 21% of mothers reporting feeling fearful of a child using violent and threatening behaviour [98]. Although the study by Stewart and colleagues was unique in that it captured whether mothers were fearful of their children – a key characteristic of abusive relationships [99,100] – postal studies such as these typically suffer from significant self-selection bias, achieving particularly low response rates, as well as at least in the case of [97] including cases that may have been single incidences rather than patterns of abuse. They should therefore be treated with caution.

The 'taboo' of parent abuse – secrecy, shame and minimisation

Like all forms of family abuse, CAPVA is characterised by the secrecy, shame and stigma surrounding it [16,28,43,75], with family members less likely to report violence by other family members than they are violence by strangers [101]. This 'veil of secrecy' [32] makes CAPVA particularly well hidden and hard to reach [33,34], with parents feeling too embarrassed and ashamed to report abuse, often blaming themselves as 'failed parents' [28,44], or fearful as to what may happen to their child if they do come forward [35,36,74]. Unfortunately, in many cases, parents who do disclose can often be met with a lack of understanding – both by extended family [36] and by the support services intended to help [35,44].

Denial and minimisation is also characteristic, with mothers reported as describing their sons' physical violence as "playfulness", "mucking around" and "affection" [36], potentially to maintain the 'myth of family harmony' [5]. As a result, the issue is considerably under-reported and, as such, often goes unaddressed [75]. As one mother in Haw's [34] study said: "*It is very difficult to deal with abuse that cannot be seen*" [34]. Methodologically, this is also problematic, with research tending to represent those families who have sought support and are willing to discuss their experiences.

Difficulties in researching and measuring CAPVA

A number of conceptual and methodological difficulties act as barriers to the effective study of CAPVA and contribute to its status as 'the most under-researched form of family abuse' [7]. First, variation in definitions and terminology impede cross-study comparison, making effective theory generation and interrogation difficult. For example, the words 'violence', 'abuse' and 'aggression' are often used interchangeably or without explanation, when they are not conceptually equivalent [102]. Even when explained, there is no consensus on how to operationalise abuse, meaning that its identification and measurement are inconsistent and, at times, misleading. For example, whereas some studies do not differentiate between single incidences and patterns of violence towards parents [17,52], others only categorise cases as 'abuse' where there has been repeated behaviour over several months [10,103]. Such differences can result in both over- and underestimation within prevalence studies, with confusion over what exactly is being measured. What is clear is that 'acts' of physical violence are much easier to operationalise than 'abuse', having clearer and more tangible definitional boundaries. As Gallagher [29] and Stewart and colleagues [98] explain, this is partially due to fact that the line between what is acceptable teenage defiance and what is 'abuse' remains unclear.

Second, the samples and research methods used often determine the findings reported, rather than representing 'accurate' reflections of the issue as a whole [7]. This is particularly pertinent when exploring the gender of victims and victimisers, which varies according to the specific methods of data collection. For example, criminal justice data is often biased towards son-mother dyads and, more often than not, represent what Holt [7] terms 'the "thin end" of the wedge' [7]. This means that cases often involve more severe violence, perpetrated by adolescent boys who are already involved with the criminal justice system, from families without the resources (financial or social capital) to address the difficulties outside of legal means. Further, as with epidemiological data, crime data focuses much more on the *who* and *what* of CAPVA and less on the *how* or *why* [7]. In terms of epidemiological data, this is mostly because the majority is cross-sectional, limiting insights to only snapshots of the phenomenon rather than an observable process over time in which predictors and 'mediators' of abuse can be identified. This gap in understanding points to the need for good quality longitudinal research that can explore both the antecedents and outcomes of child and adolescent violence and abuse towards parents.

Section 4: Why does CAPVA happen?

Section summary

- *There is no one explanation that can account for CAPVA in its entirety, with a range of theories contributing to our understanding of its development and maintenance*

- *Although a handful of clinicians have created typologies of youth and families where CAPVA is taking place [18,19], ecological models are useful in highlighting the range of factors and processes at the level of the child/adolescent, family, community, and culture – and their interactions – that may be implicated*

- *Factors and processes at the level of child/adolescent are the most common explanations and typically include: CAPVA as part of a wider pattern of aggression, difficulties around poor mental health, neurodevelopmental and emotional-behavioural conditions, substance misuse, and aspects relating to emotion regulation, narcissism, rejection 'schemas' and entitlement*

- *Factors and processes at the level of the family include: historic and ongoing domestic abuse and child maltreatment (and its associated impacts), issues around poor parent-child communication, and parenting practices or 'styles' which either lack boundaries/controls or impose too many controls and do so harshly*

- *Factors and processes at the level of the community include: young people's peer relationships (violence-endorsing and victimising), as well as stressors relating to school and poverty*

- *Lastly, factors and processes at the level of cultural norms relate to gender role socialisation, particularly the gendering of parenthood and the gendering of family violence, and sons' and daughters' reactions to perceived gender roles and identities*

An ecological approach

There is no one theory comprehensive enough to explain CAPVA in its entirety [30]. This is recognised by the majority of researchers and practitioners writing on the subject, who most commonly provide multi-theory accounts of the phenomenon, avoiding mono-theoretical explanations [30]. A number of authors have used Urie Bronfenbrenner's [104] nested ecological systems theory as a framework by which to analyse and organise explanations for the phenomenon, according to whether they sit at the level of the child or 'ontogeny' (e.g. age, psychology, development); the family or 'microsystem' (e.g. histories of domestic abuse, child abuse, parenting); the community/social structures or 'exosystem' (e.g. peer violence, school issues, neighbourhood violence, poverty); or wider

culture and society – the 'macrosystem' (e.g. gender socialisation, media messaging) [1,4,35,105-107]. Such a framework is useful as it highlights not only the diversity of theories that can help to explain why CAPVA happens but also, how the factors and contexts may interact with one another. That said, interactions between factors are rarely explored in the literature [1].

This review will similarly take an ecological approach to structuring the theories and explanations presented within the CAPVA literature.

Figure 1: Key influencing factors within an ecological model
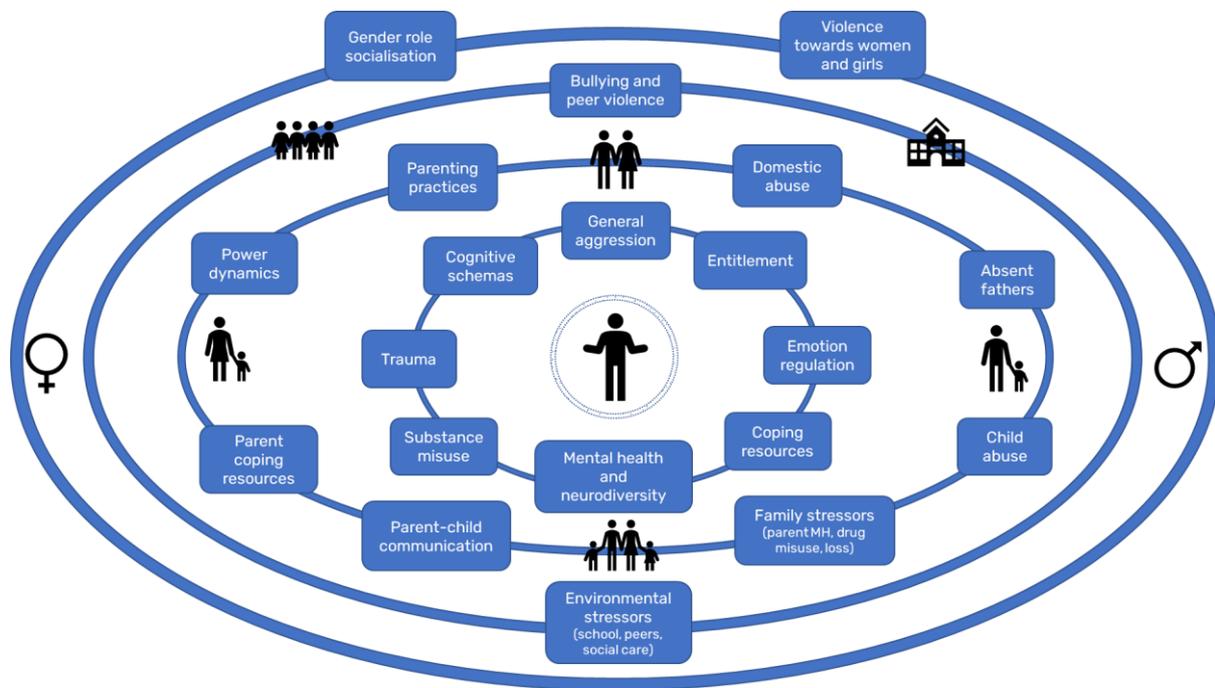
(Figure adapted from Baker, 2021)

Explanations at the individual 'ontogenic' level

Explanations centred at the level of the individual, such as child/adolescent mental health difficulties, neurodevelopmental conditions, personality, and cognitive 'traits' are some of the most widely investigated and referenced in the CAPVA literature [4]. However, although many of these studies are useful in their identification of 'profiles' of young people using violence and abuse towards parents and the co-occurring difficulties that they may be experiencing, only a handful attempt to explain the ways in which these factors specifically shape the development and maintenance of the CAPVA dynamic itself. Researchers have also highlighted that studies focusing on such factors can be 'incredibly disempowering in their construction of the child or young person as inherently damaged and therefore as fundamentally unchangeable.' [30]. Lastly, similar to previous limitations identified within this review, the majority of these studies are cross-sectional and quasi-experimental in design, meaning there is a lack of longitudinal research providing robust evidence on causal explanations [4,107].

Anti-social patterns of behaviour

Previous reviews of the literature have highlighted wider patterns of youth aggression as being a significant risk factor for CAPVA, with Arias-Rivera and Garcia [107] finding that 'CPV often occurs simultaneously with teacher abuse, dating violence, school bullying or sibling abuse'. Similarly, Simmons and colleagues [4] found that 'the best predictor of aggressive behavior is the presence of similar behavior in other contexts', with research in community, offender and clinical samples suggesting that 'CPA often occurs in the presence of a broader pattern of antisocial behavior by the child'. The strongest evidence for this comes from a French-Canadian population-based longitudinal study, where Pagani and colleagues [38,55,61] identified that a childhood trajectory of violence (rated over six years by teachers) was the strongest predictor of physical and verbal aggression towards mothers and fathers at age 15/16. Drawing on Moffitt's [108] developmental taxonomy of antisocial behaviour, Simmons and colleagues [4] suggest that such 'life-course persistent' (LCP) antisocial behaviour is often 'underpinned by social, familial and neurodevelopmental factors', with early patterns of antisocial behaviour inadvertently reinforced by the family environment [109] and embedded as 'cognitive relational scripts' [57]. The review by Simmons and colleagues [4] also identified that poor social skills and social maladjustment – such as aggressiveness and a tendency to rebel – were also factors associated with CAPVA in community and offender samples, although only in relation to aggression by male adolescents.

Emotion, cognition and personality

Children and adolescents using violence and abuse towards parents have been identified as having less empathy, lower self-esteem and self-confidence, and poorer emotion regulation abilities than their non-abusive peers [4]. However, the evidence into the roles of such characteristics is still patchy, with a need for larger, more robust longitudinal studies examining specific psychological processes and environmental contexts.

Although only explored in a handful of studies, poor emotion regulation in the form of low frustration tolerance and stress adaptability has been identified as a predictor of CAPVA in a clinical survey study of 606 2- to 14-year-olds [63]. It has also been identified as a characteristic of CAPVA in a number of qualitative studies involving parents and practitioners [35,48,103]. Young people themselves have also articulated difficulties in regulating emotions as being key to their use of violence and abuse towards parents [1]. However, similar to male perpetrators of domestic abuse, such explanations can often go hand-in-hand with a lack of responsibility-taking for abusive behaviour, with violence framed as being beyond the young person's control [1].

Violence leading from emotion dysregulation has been referred to by some as 'expressive violence' [29] or 'reactive aggression' [110]; referencing 'behaviour that is primarily an outburst rather than being intended to control others' [29]. Gallagher [29] notes that expressive violence is a categorisation commonly applied to traumatised children who may be communicating their distress through violent outbursts, a function confirmed by parents, practitioners and young people themselves [1,35,111]. However, highlighting the fluid nature of the dynamic, Gallagher [29] warns that expressive violence can easily turn into more instrumental forms of violence intended to control parents, with 'no unambiguous boundaries between these forms'. The issue of CAPVA and emotion dysregulation is also particularly prominent in studies exploring the role of neurodivergence, as well as trauma (including institutional trauma as a result of separation), with such studies emphasising violence and abuse as being a functional response to anxiety and distress [112].

Anger has also been identified as a potential predictor of CAPVA [110], with poor anger management identified as a quality of abusive children [43,73,74]. Studies drawing on mothers' [73,98] and adolescents' [1,53] accounts have frequently identified explanations that frame young people's anger and quick tempers as the cause of their abusive behaviour [73,98], with violence often conceptualised as a way to express anger and frustration and 'let off steam' [34,105]. However, a number of researchers and therapists writing in the field highlight the dangers of such conceptualisations, stating that explanations that frame abuse as 'a natural and logical response to anger and/or frustration' [34] can serve to blame victims and communicate to young people that such behaviours are acceptable and excusable. As argued by both Gallagher [113] and Haw [34], anger should be understood as an emotion, whereas violence should be seen as a choice. Thus, an alternative and more useful framing may be that violence is anger inappropriately expressed [28] or a destructive and maladaptive way of managing emotion [37,109].

Investigating the psychosocial processes that may be operating within the CAPVA dynamic, Calvete and colleagues [57] carried out a three-year longitudinal study involving 591 adolescents and their parents and found that sons' and daughters' disconnection and rejection 'schemas' (cognitive scripts that inform values and beliefs) predicted combined psychological and physical 'child-to-parent aggression' towards both mothers and fathers, with sons' narcissistic and entitled self-views also predicting child-to-parent aggression towards both parents. Interestingly, a lack of parental warmth in year one of the study

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predicted these disconnection and rejection schemas in year two, but only in the case of daughters, with a lack of parental warmth predicting narcissism and entitled self-views for sons. This study is useful in highlighting not only the potential cognitive processes that may mediate the effects of parenting on the development of CAPVA in young people but also the ways in which such processes may also be shaped and determined by child/adolescent gender.

Children's sense of entitlement has also frequently been cited as a contributing factor to CAPVA [19,36,113], with young people who use violence towards parents found to have higher levels of demandingness and lower levels of frustration tolerance [63]. This indicates a likely pattern whereby children and adolescents have higher levels of wants and expectations, then struggle to manage their emotions when these are not met. This was identified by Calvete and colleagues [53] who found that instrumental and proactive aggression, rather than reactive aggression, predicted 'child-to-parent violence', with children and adolescents using violence 'to obtain reinforcements and to avoid certain tasks' [59]. This has also been found in studies drawing on police reports [12], probation records [11], clinical outpatient records [103], parent reports [36,88] and accounts of young people themselves [1], who describe their frustration around parents removing or withholding privileges – particularly those of an addictive nature, such as cigarettes, sweets, television and mobile phones [1]. Prior to the CAPVA literature, entitlement had been highlighted as playing an important role in abuse more broadly, with abuse conceptualised as taking place when an individual's sense of entitlement outweighs their sense of responsibility [114].

Mental health and neurodiversity

In their comprehensive review of CAPVA studies, Simmons and colleagues [4] identified that children and adolescents using violence and abuse towards parents were more likely to have mental health concerns than their non-abusive peers, including Bipolar Disorder, depression and depressive symptomology [9,26,59], suicide attempts and self-harm [37,71,88], with studies also finding higher rates of psychiatric or psychological treatment [4]. Mental health issues have also been identified in the accounts of mothers and practitioners, who describe violent children who also self-harm [6,34,37] and adolescents using violence as a way of preventing depressive breakdowns [48]. Young people themselves have also framed their use of violence and abuse as being a symbolic 'cry for help' in the context of unsupported mental health difficulties resulting from experiences of abuse [1]. However, aside from the identification of higher rates of mental health difficulties in CAPVA samples and higher rates of CAPVA in mental health and clinical samples [4], the specific processes that may link mental health difficulties with a greater likelihood of violence and abuse towards parents are still mostly unknown.

Research into CAPVA has identified young people's neurodiversity as playing a role in shaping the dynamic, with research referring to diagnoses such as Attention-Deficit Hyperactivity Disorder (ADHD), Conduct Disorder, Oppositional Defiance Disorder and also Autism Spectrum Conditions (ASCs)[4]. Indeed, ADHD has been stated as 'the most common diagnosis among CPA perpetrators in contact with human service agencies in offender

and clinical samples' [4]. However, as argued by Simmons and colleagues [4] 'such findings are tautological, because perpetration of CPA could be used as justification for the diagnoses, which all emphasize disordered patterns of behavior.' Further, parent accounts of ADHD and CAPVA can frequently frame disorders as being the 'cause' of children's violence and abuse, thereby serving to justify it [29,34,115]. Although studies of ADHD have found emotion dysregulation to be a core aspect of the disorder [116], with a meta-synthesis of young people's experiences indicating a lack of control in the face of overwhelming emotions [117], such constructions are problematic as they can result in parents being more likely to tolerate and excuse violence and abuse from their children when it does occur, rather than condemn and take action against it [29,34]. As emphasised by both Gallagher [29] and Haw [34], although disorders like ADHD might make violence from children more likely, this does not and should not excuse it.

A small number of studies have sought to explore the ways in which such conditions may shape the development of the CAPVA dynamic, with some highlighting challenges around emotion regulation, empathy and perspective-taking, social anxiety, and sensory overload as playing a role [118]. Within the context of neurodivergence, violence and abuse towards parents can often be conceptualised as a way of communicating distress, or an attempt to control an environment that is confusing and/or frightening. However, further research is needed to more fully explore those environmental and individual factors that may result in CAPVA developing within the context of neurodivergence, as clearly, not all neurodivergent young people with will go on to use violence and abuse in their relationships with parents. It is important that we understand what may be different for those that do.

Substance misuse

Similar to the wider aggression literature, substance use has been identified by numerous studies as being a significant factor in CAPVA [4], although in the majority of cases, the isolated effect of substance use is small, and the evidence, inconsistent – particularly across adolescent and parent gender [4]. Simmons and colleagues [4] suggest that such small effects could be because 'research has typically assessed substance use as a distal factor, examining the history or frequency of use rather than differentiating between substance use and misuse, or considering the extent to which it is an immediate antecedent of abuse.' Indeed, in her study of young people's perspectives on CAPVA, Baker [1] found that interviewees' accounts varied according to the specific substances discussed and their associated psychotropic effects, as well as parents' perspectives on their use. Further research is needed that distinguishes between not only substance use and misuse, but also the specific substances used, parental perspectives on their use, as well as contextual data into the processes through which they may be impacting on the CAPVA dynamic.

The evidence from Baker [1] and Cottrell and Monk [35] point to two key mechanisms through which substance use may influence the CAPVA dynamic: 1) through their physical effects (i.e., being "high" and "coming down") and, 2) through the conflict relating to the use of

substances. In the study by Cottrell and Monk, over half of the cases examined had co-existing substance misuse problems, with parents and service providers most commonly describing how the detrimental impact of substance misuse on young people's behaviour, school performance, and peer relationships caused increased conflict with parents, which in turn, resulting in increases in CAPVA. However, it is important to realise that, similar to mental health difficulties, substance misuse may be symptomatic of some of the damaging contexts within which CAPVA may be taking place, such as homes or histories characterised by violence, abuse and trauma [1,35,59], or even parents misusing substances themselves [1,35].

Explanations at the family 'microsystemic' level

Parental domestic abuse and child maltreatment

Children and adolescents using violence and abuse towards parents can also be victims themselves, of domestic abuse, child maltreatment, or both [4]. Trauma in childhood, particularly that which stems from victimisation that is 'interpersonal, intentional, and chronic' [119], can have serious developmental consequences throughout the life course [120], with a range of both short- and long-term implications in terms of emotional, psychological, and physical well-being [121-123]. Specifically, trauma relating to domestic abuse, or direct violence and abuse by close and trusted family members, have been linked to a range of psychosocial and cognitive difficulties, such as poor mental and emotional well-being and an escalated risk of future violence perpetration [26,124-127]. This is particularly true for those children who experience multiple forms of victimisation who, as 'poly-victims', are more likely to experience trauma symptoms and develop emotional and behavioural difficulties as a result [123,128-130]. Specifically, children exposed to multiple forms of family abuse have been identified as being at greatest risk of using violence towards parents [60,62]. Indeed, in their review of the CAPVA literature, Simmons and colleagues [4] found that 'exposure to violence in the family of origin has consistently and positively been related to CPA perpetration across studies, with different methodologies and sample characteristics for community, offender, and clinical samples', with an estimated 50-80% of young people using violence and abuse towards parents also having experienced direct or indirect family violence and abuse. However, although the presence of domestic abuse and child maltreatment are the most consistent risk factors identified in the literature, there is still little in the way of studies investigating the mechanisms through which they may actually shape the CAPVA dynamic [4].

What studies there are, highlight four key mechanisms or processes that may explain how experiences of domestic abuse and child maltreatment are connected to the development of CAPVA, these being: 1) child and adolescent violence and abuse are functional responses to parental aggression (defensive or preventative), representing instrumental coping strategies for dealing with child maltreatment and/or fathers' violence towards mothers [1,2,4,35,37,48,131]; 2) violence and abuse are a result of feelings of resentment and anger, redirected towards mothers as targets of blame [1,35,131]; 3) violence and abuse lead from unsupported or unaddressed trauma symptoms such as poor mental health,

substance misuse, dissociation, and emotion dysregulation [1,131,132];and lastly, 4) violence and abuse are socially learned, a result of direct and indirect modelling and reinforced behaviour [1,4]. Indeed, social learning theory is one of the most widely referenced theories linking interparental domestic abuse with CAPVA and represents one of the key theories within the concept of the 'intergenerational transmission of violence', a metatheory drawing on social learning, genetics, risk factors and official bias (i.e. police responses) to explain how children with violent parents are more likely to become violent than those with non-violent parents [133]. However, the intergenerational transmission of violence theory has been widely criticised for its deterministic qualities [122,134], particularly in relation to its gendering of victim and perpetrator behaviours [135]. Although a handful of studies have highlighted the gender-mediated processes of modelling within CAPVA, Simmons and colleagues [4] argue that overall, the evidence for same-sex modelling of violence and abuse towards parents is inconsistent.

Social learning theory suggests that children learn to use violence either via direct experience or through the observation and imitation of others [136], a process referred to as 'modelling'. The modelling of violent behaviour by parents has been identified in numerous CAPVA studies as a potential explanation for the phenomenon [4], where interparental domestic abuse acts as a blueprint for children's own behaviour, resulting in a process of cognitive mediation, whereby 'the child can incorporate the belief that the use of violence is acceptable' [137]. This has been supported by a number of cross-sectional survey studies where interparental domestic abuse has been found to be strongly associated with CAPVA [50,60,62], as well as in qualitative studies involving focus groups and interviews with parents, practitioners and youth, where the modelling of aggressive behaviour by parents was cited as one of the causes of the dynamic [35,48]. Indeed, in some cases, violence and abuse towards a parent can be instigated or used tactically by another parent (most commonly, fathers) as part of a pattern of interparental violence and abuse, with the child coerced into abusive acts [10,18]. This can result in a learned pattern of abusive behaviour towards the victimised parent.

The second aspect of social learning theory – learning via direct experience – suggests that children learn through positive or negative reinforcement that violence will achieve either a positive outcome (such as control or blaming others), or the desistance/avoidance of a negative outcome (such as harm or punishment) [136]. The more that abusive behaviours are reinforced, the more they occur, in a coercive cycle of relational aggression [38]. Drawing on general strain theory [138] and coercion theory [109], Brezina [2] argued that adolescents' use of aggression and violence towards parents comes about initially through the strain of parental aggression and then persists as a result of the negative reinforcement that comes from its desistence [139]. However, as many of the studies citing social learning theory are cross-sectional in nature, further longitudinal studies specifically investigating social learning processes are needed to fully understand the extent to which social learning may or may not contribute to the development of CAPVA, or if it may be other co-occurring processes that are responsible.

Aside from social learning, a number of authors have highlighted how interparental domestic abuse can shape the CAPVA dynamic through its impacts on family power dynamics, with mothers parenting through domestic abuse often reporting a subjugation of power due to their partners' use of manipulation, humiliation and blame undermining their position within the family [140] and placing them below their children in the hierarchy [141].

Such subjugation can also extend beyond separation, with analysis of CAPVA case file data highlighting how contact between domestically abusive non-resident fathers and their children can result in increased aggression towards mothers [93]. This distortion of the family power structure has been highlighted as a risk for mother abuse in a number of practice models attempting to address the dynamic [141], Further, studies exploring the impact of domestic abuse on mothers have found that communication, the mother-child bond, and mothers' confidence in parenting can sometimes be negatively impacted by such experiences [121,140,142], alongside children's normalisation of their mothers as 'victims' [30]. Here we can see the importance of taking a gendered approach to understanding the development of CAPVA, as gender not only influences the way in which CAPVA presents but also the underlying contexts that may precipitate it.

Lastly, it is important to say that the majority of children experiencing interparental domestic abuse do *not* go on to use violence in their relationships with parents [30] or with intimate partners later in life [143]. Such messaging is important as it runs counter to the damaging, yet commonly-held beliefs and fears of parents, children and wider society that the children of abusers will become the victimisers (and victims) of tomorrow [121]. Further, although social learning theories around 'cycles of violence' may also be useful in understanding how some women experiencing domestic abuse from their partners may also go on to suffer violence and abuse from their sons [60,62], researchers such as Baker [134] have argued that such theories are overly deterministic and risk aligning being a boy with being a potential mother-abuser, whilst neglecting more challenging explanations of power relations between men, women and children [144,145].

Parenting styles and practices

Parenting 'styles' has been one of the major areas of investigation in relation to CAPVA, having been recognised as a key ecological factor shaping children's social environment and, in turn, their social, emotional and behavioural development [146]. However, this emphasis on CAPVA as being a problem of parenting [33,43], has been argued by some, as a form of victim-blaming and, given that mothers are the primary victims of this form of family abuse, a double victimisation of mothers [22,78]. This is also important given studies have found that parenting which lacks boundaries or behavioural control can in fact be a result of CAPVA, rather than a cause of it [47], with parents' – particularly mothers' – lack of confidence in the wake of abuse leading to a lack of action to address it [37,75,147] and parents' lack of boundaries a tactic of avoiding violence escalation [47]. This is particularly relevant for mothers who are survivors of domestic abuse, who can be disempowered by fathers in their relationships with their children [140].

The majority of CAPVA studies exploring the role of parenting styles have utilised the theoretical frameworks of Baumrind [148,149] and later, Maccoby and Martin [150], the latter having proposed a four-typology model of parent socialisation styles based on the two concepts of responsiveness (warmth) and demandingness (strictness). Various combinations of these two core concepts produced four distinct parenting styles: *authoritative*, where parents are strict with their children, but also warm and responsive to their needs; *authoritarian*, where parents are strict but use punishment to exert tight control and, unlike authoritative parents, are neither warm nor responsive. The remaining two styles are both permissive in nature (i.e. not strict or demanding), with *indulgent*

parents characterised by being warm and responsive and relinquishing of control, allowing children their independence, and lastly, *neglectful* or *uninvolved* parents, who, in addition to being neither strict nor demanding, are also neither warm nor responsive, leaving them largely absent from the caretaking role. Studies exploring these parenting styles has traditionally found that the authoritative style relates to children who are well-adjusted and 'competent', with the authoritarian and permissive styles relating to a range of externalising and internalising symptomology [146].

Studies investigating the role of parenting styles in the aetiology of CAPVA have identified both permissive and authoritarian styles as contributing to the dynamic, with the former being the most commonly cited [4]. Indeed, studies drawing on the perspectives of parents and practitioners have found that parents' lack of boundaries and consequences are often placed at the heart of the issue [25,35,75,78,151]. Further, a significant portion of the CAPVA literature discusses how equal power dynamics between parents and children can be a risk factor for the dynamic [5,28], with parents who interact on a level more akin to friendship resulting in children feeling insecure about who is in charge and having less respect for parents as boundary-setters, perceiving them instead as 'weak' and 'ineffective' [9,48].

With respects to authoritarian parenting, a handful of CAPVA studies suggest that parenting practices that are more appropriate for younger children can serve to make older children feel infantilised, resulting in feelings of humiliation, resentment and frustration [1,35,152]. Within this context, it seems that violence and abuse towards parents can be conceptualised as a way to wrestle back power and control from parents who are perceived by their children as being overly controlling [1]. Adding to this, a Spanish study by Ibabe and Bentler [152] found that inconsistency in the removal of privileges and implementation of controls was more predictive than the use of aggressive discipline by parents. However, a number of survey and qualitative studies [37,56] – particularly in Spain [137,153,154] – have revealed that young people engaging in CAPVA typically report lower levels of parental warmth, affection, care and positive communication, 'perceiving them as less warm, more rejecting, and less inductive' [147]. Furthermore, Spanish studies of individual and family risk factors for CAPVA identified emotional rejection by mothers as a predictor [60], with one longitudinal study identifying that perceived parental rejection explained the link between low parental warmth and subsequent 'child-to-parent aggression' [57]. However, it is important to note that, as with 'permissive' parenting behaviour, a lack of parental warmth could also be a *consequence* of violence and abuse from children, rather than a *cause* of it [147], with several qualitative studies pointing to the conflicting emotions that can further hamper the mother-child bond and interactions [1,74,77].

In their review of the CAPVA literature, Simmons and colleagues [4] identified that overall, the evidence on the impact of parenting styles on the development CAPVA was mixed, focusing instead on specific parenting practices associated with the dynamic. In their review they identified the use of verbal aggression by parents as being predictive of 'verbal CPA' towards both mothers and fathers [38,55], with parenting characterised by physical aggression, verbal aggression and a lack of supervision being predictive of 'physical and verbal CPA' against mothers but not fathers [38,55]. Again, this highlights the importance of gender in our understanding of the development of CAPVA.

Parent-child communication

Only a handful of studies exploring CAPVA have investigated the role that parent-child communication may play in the development of the dynamic [1,35,37,47,56]. In her exploration of adolescent accounts of violence and abuse towards parents, Baker [1] found that poor parent-child communication operated both directly and indirectly to shape the development of the dynamic, with parents shouting or being verbally abusive in the home acting as triggers of emotional dysregulation and feelings of anger, which in turn, lead to violence and abuse towards parents. Second, a lack of open and honest conversations around feelings and perspectives was described as contributing to a general sense of feeling unheard and misunderstood and a gradual decline in the parent-adolescent relationship [1]. As CAPVA became more embedded, young people and parents were much more likely to resort to aggressive forms of communication, leaving them less able to have calm, reflective and productive conversations respectful of each other's experiences, feelings and perspectives. As young people felt less heard, they became more frustrated, resorting to violence and abuse in the absence of positive ways of managing conflict with parents [1]. Further, as a result of these ongoing damaging interactions, some felt unloved and disliked by parents, an identified risk factor for CAPVA [147,154]. Similar findings have been found in the qualitative study by Cottrell and Monk [35], with youth describing how feeling 'invisible' and 'not heard' triggered anger which, in turn, triggered abusive behaviour. In their longitudinal study of 'child-to-parent violence', Paulson and colleagues [56] found that children aged 9-17 years who hit their parents were less likely to talk to their parents about their personal problems. They also felt less respected and less understood. However, as this was a cross-sectional survey study, it was not clear to what extent these issues preceded or were the result of children's violent behaviour.

Lastly, connecting back to harmful contexts of parental violence and abuse, service providers [35] and young people themselves [1] have described violence towards parents as being a form of communication in the context of poor parent-child relations and a symbolic way of disclosing abuse. Further, drawing on social learning theory, parents' aggressive language has been proposed as acting as a blueprint for future child behaviour, teaching young people that aggressive forms of communication are both necessary and acceptable within the home and locking parents and their children into 'coercive cycles of relational aggression' [38].

Explanations at the community/social structure 'exosystemic' level

Peer influence and violent victimisation

Although peer influence within the development of wider youth aggression and delinquency is well documented, the role of peers within CAPVA is much less explored. Peer relationships and interactions have been evidenced as playing a role in the development of CAPVA however, with young people using violence and abuse towards parents being more likely to associate with violent peers [71], friends with behavioural problems [58] and specifically, friends who use violence towards their own parents [16]. In their qualitative exploration of CAPVA, Cottrell and Monk found that young people using violence and abuse towards parents typically socialised with peers who modelled and endorsed violence as 'an effective strategy to gain power and control' [35] resulting in the

use of such learnt behaviour during conflict with parents. In her exploration of young people's first-hand experiences of CAPVA, Baker [1] found that difficulties with friendships acted as a powerful social stressor that could raise emotional sensitivities and take away from the emotional energy needed to calmy negotiate conflict with parents.

Studies have also shown that peers can influence CAPVA indirectly, through endorsing the use of drugs, alcohol and other risk-taking behaviours – which can act both as a trigger of conflict between parents and children, whilst also affecting young people physiologically and emotionally [1,35]. Lastly, bullying and violent victimisation by peers can act as an underlying trauma and stressor for young people that, in turn, can be taken out on parents in a form of 'displaced' aggression towards 'safer' targets [1,35].

Schooling and education

As previously highlighted, young people using violence and abuse at home can often also be experiencing issues within education and schooling, such as a higher level of learning difficulties, an aversion to school authority, and a lack of school engagement [4]. But how might these issues shape the CAPVA dynamic? Young people have articulated how stress relating to school – for example, the stress before an exam – can be a proximal trigger in violent episodes with parents, with stress described as making young people more irritable and less able to have calm conversations at home [1]. Parents and practitioners have also highlighted that young people with early experiences of school 'failure' can end up internalising those negative beliefs and labels, resulting in the use of negative and attention-seeking behaviours [35]. Similar to peer influences, poor behaviour and/or absence from school can, in turn, then act as a trigger of conflict between parents and their children [35].

Poverty

Although the evidence on the socioeconomic profile of families experiencing CAPVA is inconsistent [4], interviews with parents and service providers have highlighted that poverty may place an additional burden on families, with children and adolescents frustrated and resentful due to the lack of activities and opportunities afforded them and subsequently taking this frustration out on parents [35]. However, Cottrell and Monk also emphasise that CAPVA is not class-based, with families from a range of backgrounds affected [35]. As stated by Simmons and colleagues [4], it is often difficult to identify the unique contribution of poverty to CAPVA as it shares many of the same risk factors, such as substance misuse, antisocial behaviour, family violence and parenting style. Further research specifically exploring the role of poverty, as well as the intersection of ethnicity and other social identities – drawing on diverse samples – is needed to generate further insight in this area.

Explanations at the sociocultural 'macrosystemic' level

There is a dearth of research investigating the wider cultural factors – such as values and beliefs – that may shape the development of CAPVA. As stated by Cottrell and Monk [35] this is most likely because macrosystemic factors are less visible and thus harder to measure within research. However, a few qualitative studies have explored the role that gender role socialisation may play in shaping the abuse dynamic.

Gender role socialisation

As highlighted previously, CAPVA is a gendered form of family abuse which disproportionately impacts mothers [4]. Despite this, researchers have identified 'a failure by both policy makers and academics to recognise the gendered dimensions of this form of family violence' [3] and much still needs to be done to properly explore how the gender of both parents and children/adolescents shapes the development and experience of CAPVA. Theories attempting to explain why mothers are the most likely victims focus mostly on the gendering of parenthood, that is, parents' differing roles in caregiving and, specifically, mothers' role as primary caregiver. This differentiation means that typically, mothers are physically and emotionally closer to their children than fathers [1], spend more time with them and therefore are more actively involved in the everyday interactions and decision-making of parenting [19,30,50]. This often includes limiting children's movements and privileges, and asking them to do housework or school work – factors that can spark conflict, particularly as children grow older [1,38,55]. Such episodes represent tensions that occur during the daily negotiations of power within the parent-child relationship, which become particularly prevalent during adolescence, when young people have a stronger sense of their individual identity [155] and a greater desire to express their personal agency [156].

The feminist exploration of gender 'roles' within the home, in terms of the gendering of parents [30] and of children [134], is an important concept for understanding CAPVA and the intersection of power, gender and violence within families [157,158]. Feminist paradigms have emphasised the unequal division of domestic responsibilities involving household chores and child-rearing [159], with mothers primarily responsible for limit-setting and behavioural control [160]. It has been argued that this role of 'primary parenting agent' makes mothers the prime target of abusive behaviours from their children, whose increasing desire for independence clashes with the parental controls imposed on them [16,28,50]. In several studies, such 'mother-abuse' has been attributed in part to absent fathers [6], with absence argued as not only making mothers the only available targets for abuse, but also making them targets for blame regarding paternal absence [34]. Further, mothers who have separated from violent partners can often struggle to re-establish their power in the home, making them vulnerable to abuse from their children [30]. The domestic abuse literature is particularly helpful here, highlighting the damage domestic abuse can do to the mother-child bond and mother-child communication [140,142].

Single mothers in particular have been identified in a number of studies as being at greater risk of experiencing CAPVA [1,4], since they are the only available targets for abuse [1,35] and

lack the economic, cooperative and supportive power that comes from living with a spouse [74,75,97]. Further, single mothers are more likely to have experienced violence and abuse by an intimate partner [19,37], a recognised risk factor for CAPVA [4]. However, often the studies that highlight single mothers as the primary victims of CAPVA draw upon samples of families who have come forward to receive support for the issue or have responded to invitations to take part in interviews regarding family violence, samples with a potential bias towards mothers and single parents [7].

Gender role socialisation also extends to the absence of fathers, with a number of studies highlighting that the physical and/or emotional absence of fathers is often characteristic of CAPVA cases [1,34]. Studies exploring the accounts of parents, practitioners and young people themselves have highlighted paternal absence as often being due to the demands of work, as a result of parental separation, or because of fathers' own histories of using violence and abuse within the family [1,48,76,137]. As a result, children's anger and resentment around paternal absence or their fathers' use of violence and abuse at home, is then taken out on those who are present and those who should (in their eyes) have protected them – their mothers [1,35].

Studies have also highlighted how children's perspectives of fathers as powerful and potentially harmful, may also account for their reduced likelihood of victimisation [1,35,75], with studies framing mothers as 'safer targets' of abuse [1,19,36]. Indeed, explorations of power relations within the family [75] have highlighted men's power-privileged position in society as being a potential reason for their lower likelihood of victimisation in the home, with their 'traditional access to positions of discursive or material power, both externally in the public sphere and through the continuing existence of an internal discursive position of 'man of the house'' conferring protections not granted to women [75].

Lastly, in their qualitative study of CAPVA, Cottrell and Monk [35] found that practitioners and parents attributed the development of the dynamic in male adolescents to 'the role modelling of masculine stereotypes that promote the use of power and control in relationships', specifically, that the control and domination of women was acceptable and that women were (and should be) below men within the social hierarchy. This is in keeping with feminist perspectives on domestic abuse between intimate partners, where violence and abuse by male partners or ex-partners is used as a form of control [99,161] – a form of control sanctioned by society's norms around gender and power. Conversely, female adolescents in the same study used violence and abuse as a way 'to create distance from the "feminine ideals" that were often ascribed to them' [35], with daughters' perceptions of their mothers as 'weak and powerless' fuelling their desire to distance themselves from an 'image of female vulnerability'. In some cases, daughters' use of violence and abuse was also a form of active resistance to the abuse of fathers, as well as being a symbolic way of disclosing abuse to their mothers – also confirmed by young people within a UK study of CAPVA[1].

Typologies of CAPVA

A handful of practitioner-researchers working with families experiencing CAPVA have attempted to develop typologies of young people and their families. Typologies can be useful in the early stages of concept formation and case formulation, and in highlighting common contextual factors and individual needs that require a specific service and support response. However, typologies are inevitably a relatively blunt instrument for assessing cases – particularly when involving a small number of 'types' – and should always be accompanied with in-depth assessment on a case-by-case basis.

In his analysis of over 60 cases, Gallagher [19] identified two common presentations: single mothers parenting violent sons in the wake of domestic abuse from partners; and over-responsible/permissive parents being victimised by over-entitled children. In the former, mothers' experiences of domestic abuse had resulted in guilt over their child's exposure and in turn, a lack of assertiveness around implementing boundaries.

In his analysis of over 300 clinical cases, Charles [18] identified four broad categories of CAPVA cases. They included: 1) cases where abuse was related to the psychopathology of the young person; 2) cases where family pathology, rather than individual psychopathology was the issue; 3) cases where the young person exhibited a personality disorder or 'delinquent' behaviour (the most common presentation); and 4) cases where the psychopathological issues of the young person were used by a particular family member to victimise another.

Based on a factor analysis of 373 young people charged with adolescent domestic battery (ADB) in Illinois (US), the Adolescent Domestic Battery Typologies Tool (ADTT) [162,163] distinguishes between four types/categories of young people charged with assault of a parent, differing according to their mental health issues, prior traumatic experiences and other behavioural problems. The four categories include: 1) 'defensive violence' (13.7%), in cases where the young person has experienced maltreatment from a parent – these cases often involve parents with substance misuse problems; 2) 'isolated incident' (26.3%), born out of 'atypical family or individual stress' – these cases often involve high levels of child mental health difficulties, but low levels of child maltreatment, with appropriate parental controls; 3) 'family chaos' (17.8%), in cases where there are poor parental controls and a gradual escalation of abusive behaviour that is instrumental – more common with female adolescents; and 4) 'escalating' (42.2%), the most common form, 'characterized by a pattern of behavior designed to intimidate, control, and coerce the parent into giving in to the youth's demands, ultimately establishing the youth in a position of control over the parent'. Cases within this category involve the highest levels of general victimisation, histories of mental health treatment and prior police involvement.

Lastly, through their analysis of survey responses from adopter and foster parents, as well as parents/carers living with children with Special Educational Needs and Disability (SEND), Thorley and Coates identified two main 'types' of CAPVA, those cases involving violence and abuse that was intentional and, alternatively, those cases involving unintentional behaviour representing a symptom of a 'co-morbid Conduct Disorder' [42]. Importantly, the reason for making such distinctions was for the purpose of accessing mental health provision, rather than taking action via a youth justice route.

Section 5: CAPVA as part of a continuum of violence

Section summary

- *Violence and abuse towards parents does not end at age 18, with adults also responsible for fatal and non-fatal violence towards parents*

- *Due to the age capping of research, the continuities and discontinuities of violence towards parents in childhood/adolescence and adulthood are unknown, calling for a developmental and life course perspective to be taken*

- *Research exploring the relationships between various forms of interpersonal violence suggest that CAPVA could be a 'stepping stone' between experiences of interparental domestic abuse and later violence towards intimate partners, although research is limited*

- *Although prior research has suggested that CAPVA and parricide represent distinct forms of violence, more recent scholars have suggested that fatal violence towards parents could, in some cases, be the end point of a trajectory from non-fatal forms of abuse – important in cementing CAPVA as a 'serious social problem'*

- *Moving forwards, research should examine the intersection of gender and generation in the life course of violence and abuse towards parents/carers, with a contextualised examination of individual, relational and structural dynamics over time*

As explored in the previous section on causes and contexts of CAPVA, there is considerable overlap between violence towards parents/carers and other forms of family abuse, such as child maltreatment, sibling abuse, and interparental abuse, with some authors framing CAPVA as being part of a continuum of violence experienced throughout the life course [70]. However, the specific ways in which these overlapping contexts of victimisation shape the development and trajectory of CAPVA are still largely unknown. This is particularly the case with regards to our understanding of the longer-term trajectories of CAPVA, whether it represents a 'stepping stone' on the way to dating violence and intimate partner violence in adulthood [164], and whether those who demonstrate a pattern of violence and abuse towards parents in childhood and adolescence can, in some cases, be the same individuals whose violence ends in the killing of a parent (parricide) – either in adolescence or later in adulthood. Although these questions remained largely unanswered, there is a small but developing body of literature to which we shall now turn.

CAPVA, does it end at age 18?

Studies from the US [14], Spain [164], Australia [165] and the UK [52] have shown that violence and abuse towards parents does not necessarily stop at age 18, but for some, continues into adulthood, with a US study finding that 10% of assaults committed by 18-25 year-olds involved parents as victims [14] and two survey studies of 18-25 year-olds in Australia and Spain identifying past year rates of between 5 and 14.7% for violence and abuse towards parents [164,165]. Further, in the US study, when looking at total assaults towards parents across all age ranges, 51% were committed by adults aged 18 and over [14]. Despite this, adult violence towards parents (aside from 'elder abuse') remains relatively unexplored [70]. This points to the need for a life course perspective on violence and abuse towards parents which can examine the changing relational dynamics and contextual factors that may be implicated in its development, maintenance and desistance over time [70].

As stated by Holt and Shon in their exploration of fatal and non-fatal violence towards parents [70], 'conflict between child and parent does not end once the child reaches adulthood, and the gendered and generational dynamics continue to shift as child and parent transition through life.' This is confirmed by those studies finding that as male adolescents get older, their use of violence towards parents shifts – being directed more towards fathers, particularly when violence is severe [4,16,17]. This is particularly relevant given that, unlike CAPVA, which is disproportionately experienced by mothers, parricide victims are equally as likely to be fathers if the perpetrator is an adult and more likely to be a father if the perpetrator is a juvenile [166]. However, when looking at older victims of parricide, mothers again, are the primary victims [70]. As Holt and Shon rightly state, 'to understand this intriguing shift over the life course, we need to prioritise a developmental perspective that takes account of the family's, and family members', situational contexts, their generational roles and expectations, and the ways in which these intersect with gender.' [70] This sentiment is also shared by Simmons and colleagues in their comprehensive review of CAPVA [4], who state the need for research which examines 'how and why some children desist from CPA while others appear to persist into adulthood'. Such research should examine 'whether maturation milestones (e.g., aging out of abuse, when the perpetrator leaves the family home), external intervention (e.g., therapy and police action), changes in family dynamics (e.g., familial breakdown, change in conflict tactics, and avoidance behaviours), or some combination of these factors play a role in stopping abuse'. For these kinds of insights, longitudinal research involving rich contextual data is sorely needed.

Links with later intimate partner violence and abuse

There is a scarcity of longitudinal research exploring the possible connection between CAPVA and the development of violence and abuse in intimate relationships, with the current body of evidence limited mainly to cross-sectional examinations finding that adolescents who use violence towards parents are more likely to use violence towards

intimate partners than those who do not [90,164,167,168]. Researchers examining this association have suggested theories relating to general aggression and shared social-cognitive mechanisms [4], as well as the role of social learning and the modelling of violence in childhood [164]. However, the specific mechanisms involved have yet to be properly explored.

In their cross-sectional study of 471 12-19 year-olds from 'youth-protection' ("high-risk") and community populations ("low-risk") in Canada, Laporte and colleagues [90] found that young people using violence towards parents were more likely to use violence towards dating partners and that this relationship was incremental – the more frequent the violence towards parents, the more frequent the violence towards dating partners. This was true for both male and female adolescents across both high- and low-risk samples, although was most prominent for those young women within the high-risk sample – who also reported the highest levels of victimisation across contexts (i.e. victimisation by both parents and dating partners). For high risk males, their victimisation *by* parents – particularly fathers – was more strongly connected to their victimisation of dating partners. This confirms the findings of a longitudinal study of first time marriage relationships by O'Leary and colleagues [169], which found that although for women, violence towards parents in adolescence was a direct predictor of violence towards husbands (as was violence towards peers/siblings), for men, only violence *by* and *between* parents predicted their use of violence towards wives. This could suggest that whilst for women, the use of violence in other relationships may be the best predictor of violence within intimate relationships, for men, their victimisation experiences – both direct and indirect – may be more relevant predictors. However, as the measure of violence towards parents was limited and the relational/violence timelines unclear, further evidence is needed to draw any firm conclusions.

More recent research from Spain involving 847 college students aged 18-25 applied mediation analysis to cross-sectional data in order to examine the possible relationships between various forms of family violence and the use of violence in dating relationships [164]. From this analysis, the authors found that 'child-to-parent violence' helped to explain the relationship between interparental violence and dating violence – i.e. that it acted as a stepping stone between the two – with the authors hypothesising that violence observed, 'learned' and then 'practised' on parents may then be reproduced in later intimate relationships [164]. However, the authors admit that the study could not distinguish whether child-to-parent violence was a precursor to dating violence or vice versa and also, that the mechanisms through which CPV may mediate the relationship between experiences of interparental violence and violence towards dating partners are still unknown and in need of exploration. Further, as the study was cross-sectional in nature, with all measures reflecting past-year rates, caution should be taken when assuming the same findings would be present if longitudinal data had been used.

Links with parricide

As identified by Holt and Shon [70], the literature on CAPVA and parricide (the killing of a parent or step-parent) are distinct and disconnected, with only a handful of studies attempting to explore the possible connection between the two phenomena. This is surprising 'given that both operate along a spectrum of *violence towards parents*' [70]. Although researchers such as Walsh and Krienert [13] have argued that parricide is distinct from CAPVA – involving older perpetrators and victims – Holt and Shon suggest that parricide could in fact represent 'the culmination of an offence trajectory' [70] – a trajectory which is shaped over time by gender and generation. Evidence in support of this comes from a recent exploration of 'adult family homicide (AFH)' using domestic homicide reviews (DHRs)[3], where the majority of cases (72.7%) involved parricide [170]. Cases included those where non-fatal violence towards parents escalated to eventual fatal violence, often in contexts of care and co-dependency, where both victims and perpetrators were acting as 'carers' for the other, or forced to live in the same household due to circumstances such as divorce/separation or financial difficulties. Historic and ongoing contexts of abuse *from* parents, as well as perpetrator mental health issues, were also prevalent. Although DHRs are limited in their historical analyses and 'looking back' timeline [170], similar to CAPVA, parricide appears to involve a complex interplay of intrapersonal (mental health, substance misuse, offending), interpersonal (child abuse, interparental violence, concurrent violence) and structural (homelessness, poverty, disability) factors that culminate in parricide taking place. Also similar to CAPVA, these complex interactions often involve overlapping forms of family violence. However, further research taking a longitudinal, developmental and intersectional approach to parricide is needed to properly examine its historical and relational contexts and antecedents [70,170]. As stated by Holt and Shon [70]:

> We need to think about new ways of re-positioning *violence toward parents* (fatal and non-fatal) from the margins of the family violence literature to a position that enables a contextualized and balanced examination of its significance to, and relationship with, other forms of family violence.

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[3] DHRs are a statutory requirement in England and Wales in the event of the death of a person aged 16 or over, where the death has involved violence, abuse or neglect by a relative, intimate partner, or member of the same household. Their purpose is to explore causes, contexts and agency involvement, in order to identify 'lessons learned', improve policy and practice, and ultimately, prevent future domestic homicides from occurring.

PART 2: ADDRESSING CAPVA

Section summary

- *Approaches to addressing CAPVA are highly varied, dependent upon the availability and visibility of specialist programmes and the framing of parents, young people and the issue itself by agencies and practitioners*

- *This variation is partly due to the lack of a nationally-agreed definition or policy guidance, something which leaves practitioners and system leaders in the dark*

- *What approaches do exist draw on a variety of theories and practice models, including trauma and attachment, social learning, restorative justice, family systems, solution-focused approaches, feminist models, cognitive behavioural, and non-violence*

- *Support comes in a variety of different forms with varying levels of intensity, from self-help books and telephone helplines/online forums, to peer support groups, generic professional intervention and specialist programmes and agencies*

- *Common components include empowering parents through recognising and naming abuse, teaching skills around communication, conflict management, and boundary-making, and reducing the shame and stigma associated with the abuse*

- *For young people, identifying triggers and managing emotions such as anger and frustration are important, as are skills around conflict and communication. There is also an emphasis on self-reflection, responsibility, and recognising harms caused*

- *Although the varying components of practice are often well-evidenced, multi-theory, multi-modal specialist programmes are less well-evidenced, often reliant on simple pre- and post-programme methodology and lacking insight into long-term impact*

- *Covid-19 has represented particular challenges for CAPVA services, challenges which have been met by considerable effort and adaptation. 'Blended' approaches have offered increased flexibility, accessibility and control for parents*

- *Gaps in understanding include addressing 'high risk' cases involving serious and sustained violence and abuse and cases involving abuse of a sexual nature*

- *There is a need for more 'proactive' policy and practice, with early identification through universal services, the provision of education on healthy relationships and the promotion of family resilience at points of stress and change*

- *More extensive and longer-term funding of CAPVA services is needed, with capacity-building around sustainability, learning and development, and evidence-generation*

- *A lack of agency and practitioner understanding of CAPVA can result in first responses characterised by minimisation and blame, something that can be addressed through good quality professional training and knowledge sharing across agencies*

Section 1: The policy context

A policy silence

Until relatively recently, CAPVA has gone unrecognised within UK social policy, having remained 'a somewhat taboo topic' [171]. Although this is due in part to the 'ambiguity and secrecy' surrounding the issue [30], it is also a reflection of the inability of policy frameworks within youth justice, child welfare, and domestic abuse to construct parents and children as both victims and victimisers – which 'denies the complexity inherent to the problem and means that there is no space for the issue to emerge in the public domain' [78]. This policy 'silence' in relation to the issue [43,49,78] has meant that although practitioners across multiple agencies are experiencing a rise in cases, there is a lack of guidance around how the problem should be conceptualised and addressed, and who exactly should be addressing it [30,43]. This is compounded by the fact that there is currently no legal definition of CAPVA in the UK and no official way of recording cases when they arise [27,43]. For families, this can mean inconsistent and inadequate responses from a range of services and agencies, each with their own conceptualisation of what CAPVA is and how it should be dealt with [30,69]. Furthermore, this official lack of recognition of CAPVA as a social problem (at least until fairly recently), has meant there are few well-evaluated programmes available to tackle the problem, with services provided on a 'post-code lottery' basis [45]. That aside, support for families in the UK experiencing CAPVA do exist and will be outlined within this latter part of the review.

A form of domestic abuse?

More recently in the UK, CAPVA has been framed as a form of domestic abuse [69], with changes to the legal definition of domestic abuse in England and Wales extending to include any abuse between family members aged 16 and above. This makes sense, given that, similar to domestic abuse between intimate partners or ex-partners, CAPVA is a gendered form of violence, part a continuum of abuse experienced throughout the life course, that power and control are defining features, and that secrecy, shame, minimisation and structural victimisation serve to maintain it. It also involves a *constellation* of physical *and* non-physical forms of abuse and, similar to domestic abuse between intimate partners, is physically and emotionally harmful to both adults and any children involved. However, despite these parallels, there are key differences that make the use of such a framework problematic. First, a domestic abuse framework cannot accommodate the abuse of fathers so readily, or the use of violence and abuse by daughters [22], and second, criminalising adolescents in the same way as adult 'perpetrators' of domestic abuse may not be appropriate [22,171]. This is particularly true given that behaviours may not be so entrenched, that 'successful' outcomes involve keeping families intact rather than separating them, and that the 'solutions' for domestic abuse between intimate partners (such as separation) are not so appropriate given parents' legal responsibilities towards housing their children until aged 16 [171]. It is therefore important for clear distinctions in both definition and practice to be made [69].

Section 2: Practice models and theoretical approaches

Support for families experiencing CAPVA comes in a range of different forms, drawing on a variety of practice models and theoretical approaches such as those which are restorative, cognitive behavioural, non-violent, trauma-based, and systemic [20]. In addition, there are approaches based on empowering parents and those from the domestic abuse field which focus on gender, power and control. Before describing the current contexts and forms of intervention here in the UK, these main approaches will be briefly outlined.

Restorative practice

Restorative approaches originate from restorative justice, a political approach intended to give agency back to victims and their communities [30]. The approach uses victim-offender mediation, recognising the harms caused by abuse and attempting to make young people aware of their parents' experiences and perspectives. In this way, the young person is made aware of the repercussions of his/her behaviour, can take responsibility for it, and attempt to mend some of the harm caused by using an agreed resolution. Restorative approaches also aim to reduce the shame and guilt surrounding the abuse (for young people) by focusing on the abuse as behaviours and not as the individual themselves [172], enabling the development of empathy and accountability. Criticisms of the restorative approach include its lack of recognition of the power imbalance within abuse dynamics, which can, in some cases, serve to further victimise survivors of abuse. However, in their analysis of police responses, Miles and Condry [171] found that police officers spoke favourably about the use of *Youth Restorative Disposals* (YRDs) which enabled less serious cases of CAPVA by 10- to 17-year-olds (without previous Reprimands, Cautions or Final Warnings) to be diverted towards restorative, non-criminalising interventions. Restorative approaches are particularly common to youth justice responses to CAPVA, where responsibility-taking and disrupting pathways to offending are central themes.

Cognitive behavioural approaches

Programmes based on cognitive behavioural principles often focus on the moderation of beliefs, thoughts, feelings and behaviours, using activities to help young people to understand the connections between each and to take ownership of them [172]. Cognitive behavioural approaches operate at the individual level of intervention and are among the more common ways of addressing the issue.

Trauma-informed approaches

Trauma-informed approaches focus on the role of past trauma – particularly in relation to witnessing or experiencing family violence and abuse – and its impact on violent and abusive behaviour in young people. Interventions focusing on trauma explore its impact on parent-child attachment and child development, using a variety of techniques with both

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parents and children to help develop their understanding of how trauma may have impacted them, how they can better regulate their emotional responses to stressors, and how they can develop a more caring and empathetic relationship built on mutual respect [173]. Trauma-focused approaches are particularly drawn upon when taking place within the context of domestic abuse services and adoption support.

Non-violent resistance (NVR)

Non-violent resistance is based on the principles of parental commitment to non-violence and involves parent training to recognise the dynamic interactions involved in abuse and how escalation occurs [30]. NVR works at the family level, focusing on intrafamilial explanations of abuse, such as interactions and communication. Important NVR concepts include parental presence (as opposed to avoidance), resistance, and 'reconciliation gestures' – focusing on how parents can control their own behaviour to affect change rather than attempting to 'control' that of the child. Non-violent resistance involves the support of friends and family as well as face-to-face support from a counsellor. Currently being used within youth and family therapeutic services in the UK, evidence for its effectiveness is promising, with results from a randomised controlled trial [174] indicating positive outcomes in relation to parenting, parents' sense of helplessness, and mother-reported child aggression. Holt [30] also identifies a number of positive elements of NVR including its placing of CAPVA within a socio-political context and the avoidance of parent blaming.

Systemic/family systems

Like NVR, systemic approaches also work at the family level, focusing on family factors linked to CAPVA, including interactions, communication and family history. Typically taking place within the context of family therapy and social work, it involves therapeutic strategies such as 'supporting parental authority', 'repairing dislocated relationships', 'containing conflicts', and 'discovering and supporting competence' [79]. Such approaches have been used mainly in Australia as well as in Spain and the UK, and emphasise developing a shared responsibility for change within families by using a strengths-based approach to empower, rather than focusing on the violence and abuse itself [30,88].

Solution-focused

Solution-focused approaches to addressing abuse are often brief, assessing the goals of parents and children and providing practical solutions, rather than focusing on the problems themselves [30]. Such approaches aim to give parents and their children the awareness they need to understand their own and others' emotions and the practical tools to communicate and interact more effectively, whilst reducing the feeling of guilt and shame associated with abuse.

Domestic abuse-informed

Finally, a number of interventions draw on the domestic abuse field, focusing on the role of gender, power and control, parents' and children's past experiences of victimisation, parental empowerment, and maintaining family safety. Such approaches draw heavily on feminist perspectives of social and family power and violence as a form of patriarchal control.

Section 3: Contexts and modes of support

The forms and features of CAPVA support are highly varied, differing according to the ages and specific needs of children and their families, the severity of abuse taking place, the routes through which cases come to light, the geographical location of available services, and the capacity of parents and young people to engage in specific forms of support i.e. group work. Support can be categorised in a variety of different ways, but for the purposes of this review they will be organised from the least intensive and more informal forms of support, to the most intensive, specialist and formal forms.

Books and self-directed support

Books such as *Parenting a Violent Child* [175] and *Breaking the Cycle of Child-to-Parent Violence and Abuse* [176] are available for those parents not yet ready, unable or waiting to attend a CAPVA group or programme. Book versions of some of the more well-known programmes (detailed later) are also available, such as Eddie Gallagher's *Who's in Charge? Why children abuse parents and what you can do about it* [177]. However, although anecdotally some parents have been positive about the support these books can offer, there is as yet, no robust evidence of their effectiveness and they are unlikely to provide the support needed where issues are complex or entrenched.

Helplines – telephone and webchat

Telephone and online forms of support such as webchat, email support, or online forums, represent more informal means for parents to access the help they need, with the parenting support helpline run by the UK charity Family Lives (formerly known as 'Parentline Plus') providing some of the earliest UK insight into the issue of CAPVA, through its analysis of calls between 2008-2010 [8,94]. Such support is useful due to its flexible and highly accessible nature, which again, may be particularly suitable for those parents who may not yet be ready to attend in-person groups or programmes. They also represent a form of support that can be accessed at any time, providing an immediate empathetic response, alongside advice and signposting. In some cases, workers may even be trained to offer more formalised programmes such as Non-Violent Resistance (NVR) (detailed later) or regular telephone counselling [178]. Telephone or online forms of support can be accessed via CAPVA-specific organisations such as CapaUK [179], or via related services, such as those dedicated to young people's mental health concerns, such as

Young Minds [180], or adoption support, such as PAC-UK. In a number of cases, these more informal forms of support represent one of many forms these organisations offer, including parenting groups or one-to-one counselling.

Peer support for parents

Peer support for parents experiencing CAPVA has been identified as being particularly useful in helping parents feel less alone in their challenges and more empowered [32,181,182]. Peer support can be accessed through a range of different mediums, including via telephone, app-based messaging services such as Whatsapp, social media platforms such as Facebook and also via in-person groups. Historically, peer support groups have often been created to fill a specific gap in service provision, enabling parents to band together to share ideas, offer mutual support, and even campaign. Mutual understanding, respect and non-judgement is core to how such support operates, meaning that parents do not need to keep explaining their situation to those who lack experience or knowledge and may not comprehend the complexities of the issue. In the UK, peer support groups can be part of formalised CAPVA services, such as 'Who's in Charge?'; can be specific to a particular 'community' such as parents of adoptive children (PAC-UK), or children with learning disabilities [112] or substance misuse issues (e.g. Adfam); or can be part of more generalised parenting support groups (e.g. Everybody Hurts in Derbyshire and Sheffield [183]). Some peer support groups feature a trained or specialist practitioner who facilitates the group, which in some cases, have been parents who have undertaken training in bespoke programmes or approaches. Peer support using platforms such as Whatsapp or Facebook can sometimes be a way of providing parents with a longer-term form of support beyond the formal delivery period of a specialised programme [181].

Professional support at a prevention/early intervention level

Support that takes place at the level of prevention or early intervention is most commonly embedded within domestic abuse services, where experiences of interparental domestic abuse (and frequently, co-occurring child abuse [184]) are seen as a risk for future emotional, relational and behavioural difficulties, and CAPVA specifically [184]. Programmes include those that work on positive communication between mothers and their children, such as 'Talking to my mum' [142] and the NSPCC's 'Domestic Abuse, Recovering Together' (DART) programme, allowing mothers and their children to rebuild their relationship after domestic abuse. Such programmes are also important as they can counter damaging gender norms, whilst supporting mothers and children with the trauma they have experienced.

Although domestic abuse services are the most common context for prevention and early intervention work to take place, others have argued for prevention work to be embedded within compulsory relationship education within schools [1], with those in the adoption community arguing that prevention work should form part of a proactive, post-adoption offer for families [185]. Parents of neurodivergent children have also argued the case for earlier support that may disrupt the pathways to harmful and damaging behaviours [186].

Professional support utilising generic skills

As specialist CAPVA services are not widely available in the UK, many practitioners across a range of statutory services, such as children's social care and youth justice, utilise their own general professional skills and approaches when dealing with cases involving CAPVA. Unfortunately, these approaches are not always specific to the problem and, in many cases, are often framed in terms of 'poor parenting' or broader offending and 'challenging' behaviour. This is important as such approaches may overlook some of the specific relational dynamics unique to the issue and, where framed as a result of 'poor parenting', risks further stigmatising and blaming parents for the abuse they are experiencing [43]. In severe CAPVA cases or those involving significant youth mental health difficulties, generic responses can also involve either short- (respite) or longer-term removal from the home, with young people residing with friends or extended family, in residential schools or care homes, secure accommodation, hospitals or with foster carers or adoptive parents.

Generic approaches such as the provision of counselling for parents experiencing abuse, however, can be useful, although do not necessarily provide the specialist input necessary to stop the abuse from taking place. More recently, some well-established evidence-based programmes such as multi-systemic therapy (MST) – traditionally targeting youth anti-social behaviour and offending – have been applied to the issue of CAPVA. However, it is currently unknown as to whether such approaches are efficacious in reducing violence and abuse towards parents/carers specifically.

Specialist responses

Specialist responses to CAPVA are most commonly delivered within the context of youth offending, specialist domestic abuse services and Early Help or edge of care services, typically drawing on multi-theory explanations and employing a whole-family approach [30]. This is sensible given that explanations for CAPVA involve factors at the individual, family, and societal levels [48]. For example, individual theories can relate to child and adolescent substance misuse and psychopathology, family-level theories to conflict or social learning, and societal-level theories to feminist explanations involving gender role socialisation, violence, and parenting, which can all be operating concurrently [1]. Programmes are also often multi-modal in structure, involving combinations of one-to-one sessions, group work with parents and their children (separately or together), as well as whole-family sessions, recognising the impact that abuse can have on the entire family 'system'. Programmes most commonly take place over the short- to medium-term and are often embedded within broader support offers addressing wider issues within the family. They can also involve multi-agency collaboration, an approach recommended in the 2015 Home Office guidance on CAPVA [27]. Multi-agency working is particularly useful within the context of CAPVA, as it draws upon the knowledge, resources and skills of multiple professionals, can address a wide range of complex family- and child-level difficulties, and increases the pathways available to accessing support. Lastly, recognising the challenges in engaging young people in change work, some programmes offer support to parents, even if young people are not prepared to engage.

Programmes typically include all elements of risk management, victim/survivor support, and behaviour change/management and are designed to be educative, therapeutic, and provide ongoing assessment of risk. Components common to most programmes and approaches involve empowering parents through recognising, naming and hearing their experiences, teaching them skills around communication, conflict management, and boundary-making, and reducing the shame and stigma associated with the abuse. For young people, components relating to identifying triggers and managing emotions such as anger and frustration are common, with an emphasis placed on self-reflection, taking responsibility, and recognising the harms caused by abusive behaviour. Skill development around communication and conflict is also common.

Programmes tend to be targeted towards young people aged 10 to 18 and their parents, although in some cases, support can be from age 8 and up. With respects to the profiles of families receiving support, some of the most common characteristics involve histories of domestic abuse, the abuse of mothers and single mother by sons, and the presence of diagnostic labels such as conduct disorder, ADHD, ASD, and oppositional defiance disorder (ODD) [187]. More recently, some specialist services such as the 'Respect Young People's Programme (RYPP)' have adapted their CAPVA service to work more intentionally with neurodivergent young people, recognising the need for an expanded toolkit of approaches [188].

Interest in specialist programmes has increased significantly over the last few years, with expanding provision around the country. However, due to the 'retraction' of mental health and youth services that has taken place over the past decade, the availability of such specialist CAPVA services is unfortunately limited to only those with the greatest need [91]. Further, programmes are often local adaptations or blends of approaches, with very few utilising manualised programmes of support. Indeed, well-evaluated interventions for addressing CAPVA are few and far between [28,30], with evaluations generally, although not always, limited to the assessment of pre- to post-programme change (via generic outcomes questionnaires) and feedback from parents. The following pages detail profiles on five of the most well-regarded and widely delivered CAPVA programmes in the UK: Non-Violent Resistance (NVR), Who's in Charge?, Step Up, Break4Change, and the Respect Young People's Programme (RYPP). The profiles outline their practice models and theoretical approaches, their target outcomes, and their evidence of programme efficacy. Table 4 allows for easy comparison across the five programmes.

CAPVA intervention profile: Non-Violent Resistance (NVR) [189-192]

Developed by: Haim Omer in Israel (2004). Introduced to the UK by Peter Jakob, as well as the Oxleas NHS Trust CAMHS, and to Ireland by Declan Coogan.

Running since: Around 2006 in the UK.

Current delivery areas: Across the UK, including online work. Individual, family and group work, residential establishments, schools, CAMHS.

Delivered by: Qualified practitioners such as Systemic Family Therapists, Clinical Psychologists, Behaviour Support Specialist, or other professions.

Brief description: A brief, systemic and evidence-based model, adapted specifically for CAPVA. A style of work that recognises problems with the notion of restoring authority which is "rightfully theirs" to parents in the new and changing cultural framework of parenting. It is heavily influenced by intra-familial explanations of CAPVA, sharing some ground with systemic family therapy. Parents commit to non-violence and are trained in methods of recognising signs of abusive interactions and their own role in its escalation, and in adopting alternative resistant strategies. There is emphasis on promoting positive aspects of the relationship and a network of supportive friends and relatives is established.

Draws on: NVR is an approach that draws inspiration from those who have sought to bring about changes in society in a non-violent manner: socio-political understandings of Non-Violent Resistance, systemic therapy, strengths-based approaches.

Works with: Primarily parents where there is violent or abusive behaviour from children. Adapted for use with families involved with social services and for looked after children. Particularly used with foster and adoptive families [181].

Primary programme outcomes: Increase parental 'presence', authority and self-efficacy; decrease parental helplessness; decrease parental escalatory behaviours and increase reconciliatory behaviours; increase parents' social support. This will ultimately: reduce child/adolescent violence and abuse towards parents (and potentially siblings); and improve the parent-child relationship.

Secondary programme outcomes: Improve school behaviour; reduce risk-taking behaviours; improve parent mental well-being.

Main programme activities/content/tools: The programme has been adapted to take place over a shorter period, but generally lasts between three to four months, with follow-up support as required.

- Pillars: de-escalation, baskets (prioritising behaviours), reconciliation gestures, active resistance, supporters and parental self-care, announcements and sit-ins. All support parental presence [193]
- Three core principles: you can only change yourself, strike while the iron is cold, connection before correction.
- De-escalation: understanding escalation patterns; bringing calm to your family, child and yourself
- Relationship Building – how to re-connect with your child after an incident
- Building a Support Network – how to engage other adults within your family structures

Evidence of impact/programme efficacy: Though this is an innovative approach which has been developed in the course of the past 15 years, NVR already has a growing evidence base, with three randomised controlled trials (RCTs) demonstrating its efficacy [174] [4] and a fourth, awaiting publication (van Holen, in preparation). There have also been a number of positive pre- to post-intervention evaluations carried out in the UK [181].

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[4] Although three RCTs are referenced on the website https://www.partnershipprojectsuk.com/non-violent-resistance-nvr/references/ only one (Weinblatt & Omer, 2008) was obtained and read for the purposes of this review. One of the remaining RCTs was in German and the other, an unpublished PhD thesis.

CAPVA intervention profile: Who's in Charge? [194-197]

Developed by: Eddie Gallagher, Australian psychologist, social worker and family therapist.

Running since: Early 2000s in Australia, since 2009 in the UK.

Current delivery areas: Majority within the south east of England, with some provision in the Midlands, and further afield (map available at www.whosincharge.co.uk).

Delivered by: 'Who's in Charge?' trained facilitators, often working within domestic abuse organisations, youth offending teams, and Early Help services. Training offered by 'Who's in Charge?' [194]

Brief description: An educational and therapeutic 8-week programme with a follow up session two months later, working with parents whose children are being abusive and/or violent towards them or who appear out of parental control.

Draws on: Narrative and solution-focused therapies, and cognitive behavioural therapy (CBT).

Works with: Parents of young people aged 8 to 18 years.

Primary programme outcomes: Empowering parents, reducing stress and guilt, giving concrete strategies to bring about a reduction in children's violence and abusive behaviours and an improvement in relationships with parents and other family members.

Secondary programme outcomes: Improving family functionality by helping to build responsibility in children and parents.

Main programme activities/content/tools: The programme uses group exercises, discussion, facilitator input and handouts to take parents through an experiential process of attitude change and behaviour change, over 8 consecutive weeks. The program can be considered to be in four parts.

- The first part (sessions 1 to 3 or 4) aims primarily to reduce parents' sense of guilt and isolation while making them more determined not to accept abuse and disrespect, and clearer about boundaries. Topics covered include: causes of abusive or beyond-control behaviour (deconstructing some of the common myths and simplistic explanations); how much influence do parents really have; feelings of entitlement in children; what is abuse; what is "power" within families and why does acting irresponsibly give people power?
- The core of the program is the use of consequences (sessions 3 or 4 to 5 or 6).
- The third part of the course includes coverage of anger (both the young person's and the parents), assertiveness, and self-care.
- The ninth session is a follow-up two months later. This is both a consolidation and allows for a more meaningful assessment of the group's effectiveness.

Evidence of impact/programme efficacy:

Evaluations using pre- and post-programme methodology have reportedly been carried out, in addition to a qualitative evaluation in 2007 [198]. However, the author was unable to access these evaluations to carry out an assessment of programme effectiveness.

Who's in Charge? is currently recognized by the Youth Justice Board and accepted within the Effective Practice Library. In 2010 the programme received an Australian Crime and prevention Award.

CAPVA intervention profile: Step-Up [9,172,199-204]

Developed by: Greg Routt and Lily Anderson, practitioners from the US with experience in the domestic abuse, substance use and justice sectors.

Running since: 1997 in King County, Washington (US). Adapted versions since 2009 in the UK.

Current delivery areas: The original programme is being delivered in various locations in the US, with localised, culturally-adapted versions delivered in Australia and the UK. Within the UK, Step-Up is often delivered under a different name (e.g. 'Do it Different' in Wakefield, 'PACT' in Leeds).

Delivered by: Used within youth justice and domestic abuse agencies on a voluntary, as well as mandated, basis in the US and by youth justice practitioners here in the UK.

Brief description: Step-Up is a group intervention program for youth violence toward family members. Parents and youth learn together in a group setting with other families about how to resolve conflict and handle parent-teen problems without abuse or violence. Families learn and practice skills that build respectful and safe family relationships. The model is based on adult domestic abuse treatment, but is adapted to the needs and circumstances of the parent-child relationship.

Draws on: Restorative justice, cognitive behavioural approaches, motivational interviewing, strengths-based solution-focused practices, anger management, modelling positive behaviour (social learning), the Duluth Model tool for accountability (adapted for adolescents).

Works with: Adolescents using violence in the home and their parents/carers. Mental health issues and substance use must be addressed separately and violence cannot be a response to abuse.

Primary programme outcomes: To stop youth violence and abuse and to build respect between family members and a respectful home, where every person feels valued and safe.

Secondary programme outcomes: Reducing shame; building accountability; reduced violence in the home; improvements in youth's and parents' attitudes, skills and behaviours.

Main programme activities/content/tools: A 21-session curriculum in weekly 90-minute groups (shorter in the UK), where young people and their parents learn and practice skills for respectful, safe, and non-violent family relationships. The programme is manualised (see Routt and Anderson, 2015).

The programme includes a youth group, parent group, and multi-family group with youth and parents together. Separate sessions for parents offer support and teach skills that enable parents to re-establish leadership. Sessions for teens provide them with the opportunity to learn personal skills away from their parents. Joint sessions provide opportunities for parents and young people to learn respectful communication, problem solving and restorative skills. Every session begins with a 'check-in' using restorative enquiry questions, and respect and abuse wheels, reflecting on the previous week and providing positive reinforcement of respectful behaviour. There are four sessions about cognitive, emotive and behavioural processes, building skills which are then integrated throughout the programme. Young people set a behavioural goal each week, measure their progress in meeting their goal, and report back to group members every week.

Evidence of impact/programme efficacy: There have been five evaluations of Step-Up in the US (King County, Washington and DuPage County, Illinois) demonstrating broadly positive outcomes. However, although two of the evaluations utilised propensity score matching to generate comparison groups, these captured data only on recidivism rates (examined retrospectively), with one finding that probation-referred (but not diversion-referred) Step-Up participants had significantly fewer felony and domestic abuse referrals after 18 months than controls [201] and the other, finding lower general recidivism, but not domestic abuse or assault recidivism rates compared to controls [205]. Pre- and post-programme evaluations in the US [201,206,207] and with small samples in the UK [203,204] have identified positive changes in relation to youth communication, verbal abuse, controlling behaviour, threats, and physical abuse, and family relationships [201], with a qualitative study also identifying positive outcomes via parent interviews [202].

CAPVA intervention profile: Break4Change (B4C) [208-210]

Developed by: A multi-agency collaboration in Brighton between youth justice, youth support, family support, domestic abuse and children's mental health teams, in response to an absence of support or interventions for families struggling with abusive young people.

Running since: 2009

Current delivery areas: Predominantly southeast England, but also elsewhere in the UK, and Europe.

Delivered by: Youth offending, domestic abuse and Early Help practitioners.

Brief description: A 10-week skills-based, restorative practice group intervention for parents/carers whose children act in violent and abusive ways, and for the children themselves, using parallel group work and creative sessions to break patterns of behaviour, bring about a reduction in violence and abuse, and to restore healthy family relationships.

Draws on: Non-violent Resistance (NVR), restorative justice, Cycle of Change (behaviour modification), domestic abuse power and abuse dynamics, solution-focused intervention, as well as knowledge of parenting interventions.

Works with: Parents/carers and young people. Young people are aged 10 to 17 and using a pattern of physical and/or psychological aggression towards parents. The programme has also been adapted to work with younger children, and on a one-to-one basis. B4C also train and support practitioners.

Primary programme outcomes: Break4Change aims to reduce parents' feelings of isolation, the young person's feelings of entitlement, and ultimately, help the family to break the young person's patterns of being violent, controlling or threatening to others in the family home.

Secondary programme outcomes: The programme also aims to: remove the guilt, shame and stigma attached to the abuse dynamic; empower the parent/carer to stop making excuses for the child; help reduce parental stress, helplessness and improve well-being; help the parent clarify boundaries around behaviour and balance entitlement with responsibilities; reinforce progress and provide emotional support.

Main programme activities/content/tools:

- A 10-week manualised programme with a weekly session lasting 2.5 hours
- Parents and young people work "in parallel" with key joint sessions and conversations via video
- Group work on strategies for addressing behaviour and creative sessions for the young people
- Skills-based and restorative group components that focus on family non-violence and respect
- Young people's group: provides educational and therapeutic sessions combined with a creative aspect so that each young person is able to revisit and process/reflect upon their learning
- Parents' group: explores parents' approaches to parenting, helps parents to understand the scale and effects of the abuse, facilitates peer support to address isolation
- There is also a filmed component which enables a restorative dialogue between the young person and parent. This enables the expression of feelings and honest communication in a safe space.

Evidence of impact/programme efficacy:

The evaluation of Break4Change (carried out as part of the Daphne Project 'Responding to Child to Parent Violence') identified positive changes in outcomes in the short term relating to parental isolation, assertiveness and behaviour management strategies, as well as improvements in young people's empathy, school attendance, the use of abusive behaviour towards parents and their satisfaction at home. However, such changes were not sustained in the longer term [209,211]. Further, the study was limited to a study of only 15 families [212], with no use of a control group for comparison [213] meaning the evidence of programme efficacy is severely limited. However, qualitative evidence collected from the same families was also positive.

CAPVA intervention profile: Respect Young People's Programme (RYPP) [188,214-216]

Developed by: Respect, a UK domestic abuse charity specialising in perpetrator work.

Running since: 2012

Current delivery areas: Mainly in northwest and northeast England, also Devon & Cornwall.

Delivered by: RYPP-trained youth justice practitioners, social workers, domestic abuse practitioners.

Brief description: A (minimum) 12-week multi-modal intervention involving group and individual work with young people, individual work with parents, and joint family sessions.

Draws on: Cognitive behavioural techniques, social learning, systemic practice, solution-focused, restorative justice, strengths-based, narrative therapy, motivational interviewing, neuroscience and anger management, trauma and attachment, conflict resolution, and Non-Violent Communication.

Works with: Young people, their parents and wider family. Young people are aged 10 to 18 and using a pattern of physical and/or psychological aggression towards parents (and possibly other family). The programme has also been expanded to work more intentionally with neurodivergent young people.

Primary programme outcomes: Reductions/desistance of physical and non-physical forms of abuse towards parents, improved family relationships and communication, reduced risk-taking and non-compliance, improved parental confidence, improved consistency in parental boundaries and application of consequences, improved emotional well-being of parents and children/adolescents.

Secondary programme outcomes: Reductions in offending behaviour, improvements in education.

Main programme activities/content/tools: The programme is manualised, consisting of weekly structured sessions – nine with the young person, seven with parents/carers, and two for the whole family. The programme works best when delivered to both young people and their parents.

- The first session is a whole family session and explores the strengths of each family member
- Initial parent sessions explore the extent of the abuse, its drivers, patterns, and power dynamics.
- Initial youth sessions help to establish their perspectives, their family 'system' (using ecograms), explore who they are, and explain the programme.
- A core aspect of the programme is the 'family agreement' – a behavioural contract between the parent and young person based around consequences and rewards, which emphasises safety
- Subsequent parent sessions explore 'button pushing', escalation/de-escalation, the family agreement, child development, parenting/parenting histories, family dynamics, conflict resolution
- Subsequent young person sessions (individual or group) explore anger and abuse, triggers and signals, self-calming, the 'cost and benefits of abuse', feelings and beliefs, acts of kindness, communication, and conflict resolution
- A core aspect of the programme is a restorative video conversation between the young person and their parent/s, allowing both to have their voices heard in a non-confrontational context, with the opportunity to reflect upon their own and others' behaviours
- For neurodivergent young people, there are additional psychoeducation sessions dedicated to exploring their neurodivergence and how it may manifest within the CAPVA dynamic, alongside additional parent sessions to explore parenting within the context of neurodivergence. Delivery time may also be extended to account for a greater number of shorter sessions, additional sessions dedicated to exploring environmental/sensory triggers, and a longer rapport-building phase at the beginning of the programme.

Evidence of impact/programme efficacy: The RYPP has been evaluated once using a pre- and post-programme methodology [217], with a proxy control group generated using the Strengths and Difficulties Questionnaire Added Value Score (SDQ-AVS). The evaluation found significant pre- to post-programme improvements in overall youth well-being (Total Difficulties score), conduct and pro-social behaviour, even when applying the SDQ-AVS as a proxy control.

Table 4: Comparing the five profiled CAPVA programmes

	NVR	Who's in Charge?	Step-Up	Break4Change	RYPP
Works with	Parents / carers	Parents / carers of children aged 8 - 18	Parents / carers and children / young people	Parents / carers and children / young people aged 10 - 17 (Also younger adaptations)	Parents / carers and children / young people aged 10 - 18
Length of intervention	Generally 3 - 4 months with follow up as required.	8 weeks with follow up after 2 months	Originally designed as 21 sessions, adapted to shorter programme in UK	10 weeks	Minimum 12 weeks
Style of delivery	Either individual or group work	Designed as a group work programme	Multi-family group, parents groups and youth groups meet weekly. Sometimes delivered 1-2-1.	Parallel group work and creative sessions. Adapted for 1-2-1 delivery	Group and/or individual work with young people, individual work with parents, and joint family sessions. Adaptable to local context, with parent support groups offered in some areas.
Main approaches / theories	All participants commit to non-violence. Pillars: de-escalation, prioritising behaviours, reconciliation gestures, active resistance, building supporter network and parental self-care, announcements and sit-ins. 3 core principles: You can only change yourself, strike while the iron is cold, connection before correction.	Narrative and solution focussed therapies, and cognitive behavioural therapy	Restorative justice, cognitive behavioural approaches, anger management, motivational interviewing, solution focussed approaches, social learning, Duluth tool for accountability	NVR, restorative justice, behaviour modification, solution focussed, power and abuse dynamics	Cognitive behavioural techniques, social learning, systemic practice, solution focussed, restorative justice, strengths based, narrative therapy, motivational interviewing, neuroscience and anger management, trauma and attachment, conflict resolution, Non-Violent communication
Evidence of efficacy / recognition	A growing evidence base internationally including three RCTs. A number of pre- to post intervention evaluations in the UK.	No large-scale research currently available. Individual programme evaluations show short term efficacy. Included in YJB Resource Hub.	Pre and post intervention evaluations demonstrate positive outcomes. More formal evaluations in US demonstrate broadly positive outcomes	Evaluation as part of Daphne III RCPV programme showed short term positive results. Individual programme evaluations show short term efficacy. Included in YJB Resource Hub	Evaluated using pre and post programme methodology and a proxy control group - found significant improvements in youth well-being, conduct and pro-social behaviour. Included in YJB Resource Hub.

Specialist agencies

In recognition of the complexity and diversity of family needs and circumstances where CAPVA is an issue, a number of specialist agencies have established tailored, wraparound support for families experiencing CAPVA. These agencies draw upon a range of professionals and partner agencies to provide bespoke support to families in crisis, both directly and via brokering. This model of support is intensive and particularly useful given that wider and co-occurring issues such as interparental domestic abuse, poor parent and child emotional and mental well-being, youth offending, educational difficulties and substance misuse, can often undermine intervention efforts and reduce the longer-term impact of support. Examples include Hertfordshire Practical Parenting Programme (HPPP) [218] and Family Based Solutions in the London Borough of Enfield [219].

Section 4: The impact of Covid-19

New challenges

Increased risk and loss of monitoring and support

The arrival of the Covid-19 pandemic and the 'lockdown' that ensued in March 2020, had a significant impact on violence and abuse within the home, and CAPVA specifically [5]. Issues such as intimate partner violence, increased anxiety and mental health problems [220], in addition to increases in poverty relating to job losses and reduction in income have all been widely documented [221,222]. As already outlined, such challenges represent contextual factors implicated in the development of CAPVA. Significant environmental changes such as families being confined together and children no longer attending school also impacted negatively, with some children and young people struggling with the change in routine [223,224] and families lacking the 'respite' and space that school had once provided [224] [6]. Further, a lack of school attendance also meant fewer opportunities for the monitoring of safety and safeguarding concerns [225].

In their rapid research piece *Experiences of Child and Adolescent to Parent Violence in the Covid-19 Pandemic* [224], Rachel Condry and colleagues found that parents reported a loss of confidence in calling the police, with uncertainty around 'the rules' and the possibility of

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[5] Although anecdotal reports by parents and practitioners suggest an increase of CAPVA over the period of the Covid-19 pandemic, police statistics present a mixed and inconclusive picture (Condry et al., 2020)

[6] The reports by Condry and colleagues (2020) and Adoption UK (2020) did highlight a significant proportion of families reporting less violence (29% - Condry et al., 2020) and a calmer atmosphere at home (52% - Adoption UK, 2020), with the calmer atmosphere relating to young people's reduced school-related stress.

spreading infection. Through the reduction in social contact between households, families also experienced a reduction in their informal networks of support – an important protective factor for parents who may be experiencing abuse. Lockdown also meant reduced opportunities for escape, with some families feeling they were pushed to almost breaking point [224].

A challenge for services

Practitioners within the study by Condry and colleagues [224] described their sense of helplessness at not being able to provide the support that families needed, with others maintaining in-home visits at their own personal risk [226]. Although the majority of services have responded well, adapting to online models of delivery – either completely, or using 'hybrid' models – others have ceased, either unable or lacking the confidence to adapt. For those services who have managed to adapt, issues relating to the availability of appropriate technology and the necessary skills to use them are common [227,228], with the HMIP's thematic review of youth offending services during the pandemic revealing 'a "digital divide" between individuals who have access to modern information and communication technology and those who do not' – in terms of both families and staff [229]. Other challenges identified by CAPVA services include new risks such as young people purposefully breaking lockdown and delivery challenges, such as knowing how to engage young people in virtual sessions, maintain confidentiality in shared physical and technological spaces, and accurately assess/monitor risk [224,228,229].

The response of CAPVA services

Meeting the challenges

Many of the services supporting families through CAPVA have adapted, with individual practitioners and teams developing new ways of working, including re-writing materials for virtual use or making significant programme adaptations [224]. However, practitioners have also reported a significant increase in the intensity of the support provided and as a result, an increase in workload [224]. This increase in activity has been attributed to the retraction of services for young people and their families (e.g. the withdrawal of CAMHS appointments, youth work etc.), as well as the changing modes of support – with more regular contact via text messaging [224]. Indeed, services have responded with a range of alternative modalities of support, including the use of Zoom, online 'breakout rooms' and virtual messaging (H in the W); and the use of alternative spaces where parents and young people feel comfortable and safe to talk, such as when they are walking, sitting in cars or gardens [224] (H in the W). Services have also expanded their reach beyond their original catchment areas and have developed triaging processes with a variety of 'holding services' to ensure families have at least some form of support [230]. Lastly, were concerns do exist, some face-to-face work has been taking place (H in the W), although this raises questions around personal safety [226].

Some unexpected benefits

The move to virtual and hybrid working has brought with it some unexpected benefits however, with parents able to access services whilst maintaining their anonymity, until feeling confident and safe enough to disclose, and having greater control over the process of disclosure (i.e. through turning off cameras when upset) [223,230]. For parents, the move to online provision has also increased their ability to access services, with increased telephone and online contact with practitioners [229], and services abandoning catchment areas removing the need for parents to travel to sessions [223,227]. This has important implications, as parents can often struggle to organise childcare to attend sessions, meaning either non-attendance or the attendance of only one parent [223,227]. Parents have also reported feeling more able to discuss difficult issues from the comfort and security of their own homes [227]. Lastly, for parents who are separated from their children, mothers have reported that video conferencing can offer a physically safer alternative to in-person contact where the relationship is still strained [231]. It is clear then that rather than being solely a 'last resort' [231], digital engagement within CAPVA services can, if done well, offer families greater flexibility, access and control than purely in-person delivery.

Moving forwards

As highlighted by Condry and colleagues, for some families, the Covid-19 pandemic will have resulted in violence from their children becoming worse and more entrenched, with a challenge of re-establishing boundaries once lockdown and social distancing has ceased [224]. Further, the longer-term impacts of sustained increases in anxiety, isolation, and interparental violence and abuse have also yet to be realised and these could have significant implications for CAPVA [224]. However, through the pandemic, there has also been an increase in information and learning about the origins and effects of stress [224] and this increased visibility may have positive impacts on organisational and individual approaches to stress management and self-care. This is particularly relevant considering that some young people's stress around school – implicated in studies on CAPVA [1] – significantly reduced during the lockdown period [224]. This makes clear the important role that services and the state can have in supporting families with the stresses and strains of daily life [224].

With regards services, it is likely that some will continue using a hybrid model of delivery, recognising the benefits that such modalities can offer. Guidance is available, including resources for practitioners developed by the Outcomes Practice Evidence Network (OPEN) in Australia [232]. Their recommendations include: increasing contact with families where possible and offering flexible forms of contact and delivery; gathering up-to-date information on all forms of violence and abuse that might be co-existing but 'invisible' to services; ensuring phone calls cannot be overheard; encouraging parents and young people to identify safe spaces in the home and work together to structure routine, spaces

and boundaries; using socially distanced in-person visits where possible; prioritising what needs to be addressed immediately and what can wait; and encouraging parents/carers to manage their expectations around what change is realistic to expect given the Covid-19 context. This is particularly relevant for those young people with additional neurodevelopmental needs where changes in routine and social contact may cause anxiety, distress and reactive or expressive forms of aggression. In the UK, the comprehensive CAPVA blog *Holes in the Wall* has published useful content on virtual delivery in their five-part blog series entitled 'Taking CPV services online'.

Lastly, in their comprehensive report on the UK Covid-19 context, Condry and colleagues [224] point to the need for robust safeguarding and assessment procedures sensitive to the multiple adversities and intersecting forms of violence and victimisation that young people and their families may be facing, as well as the development of CAPVA-specific services and funding of specialist trained practitioners. This was reinforced through the policy recommendations made by HMIP, which included the need for 'a specific [YJB] approach to managing child and adolescent to parent violence that protects the victim during periods of lockdown' and for PCCs to 'work with partners to understand the levels of child on parent violence in their areas and ensure that help is available to support and protect parents who are victims.' [229] In the report by Condry and colleagues, attention was also drawn to the needs of practitioners' own emotional and physical well-being, something that has often been compromised during the pandemic [224].

Section 5: Gaps, inconsistencies and the need for shared learning

Support for families experiencing CAPVA is patchy and inconsistent, with particular gaps in provision around 'high risk' cases involving serious and sustained violence and abuse and cases involving abuse of a sexual nature, a form less often discussed. Current systems are targeted more towards protecting children, the public, or families from violent partners, which are inappropriate for parents experiencing abuse from their children. A greater understanding of the underlying contexts and processes involved in CAPVA, as well as the specific needs of young people using violence and abuse at home, is vital if coherent and effective interventions and services are to be designed and made readily available in the UK. There is also a need for more 'proactive' policy and practice in areas such as adoption and neurodivergence, where intervention and support 'early on' can anticipate and prevent problem behaviours and patterns from developing in the first place. Within children's social care, attention must also be paid to current cultures of blame and the threat (be that actual or implied) of the removal of adoptive children back into local authority care, something that can leave adoptive parents feeling unsupported, isolated and fearful of the consequences of disclosing CAPVA when it does occur. More widely, high CAMHS and children's social care thresholds often mean that for problems to be addressed, they must first have become significantly harmful and hard to manage. This is

problematic given the difficulty of disrupting behaviours that are deeply entrenched and where young people using harmful behaviours may be older and less inclined to engage.

The low visibility and lack of system ownership of CAPVA services also means that for many families, they are unaware of where to go, who to ask, or even that services to address the issue exist. This points to the need for a well-maintained database of CAPVA services and more visible and strategic advertising of those services. This is particularly important given that the lack of financial security for CAPVA services can often mean that programmes do not make it past the pilot stage of delivery and development, with services ending before they have had the time to become properly embedded and sufficiently adapted to meet localised need. Funding for CAPVA services should not only be made more widely available, but should build in capacity development around programme sustainability, as well as ongoing learning and evaluation. This would do much to increase the reach of CAPVA services in the UK, as well as the quality of their evidential basis and the field's wider understanding around 'what works' in addressing child and adolescent to parent violence and abuse. This is needed if we are to move to a consistent and more 'joined-up' approach to addressing the issue – particularly relevant given the overlapping and intersecting nature of the causes and contexts of abusive behaviour and the various routes through which cases come to light.

Although CAPVA is now much more widely discussed than it once was, there is still a lack of practitioner and agency understanding of this particular form of family abuse, something that can result in first responses to families being characterised by minimisation and blame. For practitioners, this is often due to how parents, children and adolescents are constructed within their particular 'system' (i.e. whether in need of punishment, safeguarding, or safeguarding *against*), as well as how the issue itself is framed [43,69]. To address this, a nationally-agreed definition and framing of CAPVA is needed, with dissemination via professional training – particularly entry-level training for social workers and youth justice practitioners – and more widely within courses on child and adult safeguarding, as well as in courses on domestic abuse. Where positive practice is taking place, this needs to be shared more widely, with time and attention given to the development of robust theories of change, alongside guidance around fidelity and flex – which aspects can be adapted to local need and which elements are core to achieving positive changes in programme outcomes.

PART 3: RECOMMENDATIONS

This last section of the review draws on the insights and gaps from across the CAPVA literature to propose recommendations for progressing research, policy and practice. Where appropriate, timescales for completing recommendations have been suggested – particularly for those requiring urgent attention. Where possible, suggestions have also been made in relation to who might be best-placed to take the lead in progressing recommendations and the potential first steps to be taken.

For research

1. **A Home Office-led consultation is needed to establish a nationally-agreed term for and definition of CAPVA.**

    This will facilitate mutual understanding by providing a 'common language', support case identification and monitoring, and improve resource access for families. This review recommends the following definition to _begin_ that process:

    Child and adolescent to parent violence and abuse (CAPVA) refers to a pattern of harmful, and in some cases, controlling, behaviour by children or adolescents towards parents or caregivers, where abusive behaviour can be physical, verbal, emotional, psychological, financial, property-based or sexual. Abusive behaviour can be intentionally harmful and controlling, and/or unintentionally harmful, functioning to communicate distress, anxiety or trauma.

    This recommendation underpins many of those that follow and for this reason it should be addressed as soon as possible – ideally within the next 12 to 18 months. This review suggests that the Domestic Abuse Commissioner's Office should be resourced to coordinate and lead on the consultation process.

2. **The current lack of prevalence and incidence data on CAPVA in England and Wales should be addressed through establishing its presence in national yearly surveys analysed by the Office for National Statistics (ONS)**

    This could mean making adaptations or enhancements to pre-existing surveys, such as the Crime Survey for England and Wales (CSEW), to allow for behaviours common to CAPVA to be added (e.g. threats to make false reports to children's social care, threats to self-harm) and for specific forms of behaviour to be attributable to specific family members. Annual analysis and reporting of these items would also increase the visibility of the issue in the public domain.

Whatever the form, any measures of CAPVA would need to reflect the nationally-agreed definition, ensuring that rates reflected patterns of harmful behaviours, rather than single incidences of violence that may not represent CAPVA but other behaviours outside of the definition. This should also include information on the impact of harmful behaviours, to enhance and expand our definition of CAPVA.

A positive first step would be for the Office for National Statistics to explore options for measuring population prevalence, including a consultation with experts in the field. This should be completed within the next 12 months, with a view to generating useable data within the next three years.

3. **Longitudinal research is needed to fully understand the long-term implications of CAPVA, including its wider 'costs' to society.**

Such research could further our understanding of the extent to which CAPVA is a dynamic that most young people "grown out of" , or represents a "stepping stone" on the way to other forms of interpersonal violence and harm such as peer-on-peer, intimate partner abuse (including dating violence), adult-child to parent abuse, abuse of older adults, and at the most severe end of the spectrum, adult family homicide (AFH) including parricide. It could also provide invaluable insight into the aetiology of CAPVA and those priority areas to be targeted through prevention and early intervention.

Given the significant challenges in carrying out longitudinal research, such as the significant resource and large sample size requirements, this would require significant funding and collaboration from across government, research bodies such as the Economic and Social Research Council (ESRC), universities, and charitable foundations, who historically have provided significant funding in the area of longitudinal population studies.

4. **Research should reflect young people's experiences and perspectives on CAPVA, as these may differ from adult experiences and understandings of the issue.**

Young people's voices are currently absent in the CAPVA literature, as well as in debates and discussions around policy and practice in relation to the issue. This contravenes their rights to participation and their rights to be heard in matters that affect them as laid out in Article 12 of the United Nations Convention on the Rights of the Child (UNCRC).

This review does, however, recognise the difficulties in meaningfully including children and young people in research, with specific challenges around access – particularly for young people who may be viewed by services or ethics boards as 'too vulnerable' to take part. Research has demonstrated however, that only very rarely do children report negative experiences in relation to participation in violence research, with overly protectionist approaches often doing more harm than good, resulting in services and

support that do not appeal to or address those things that children and young people feel are important to them.

5. **Future research should examine how age, sex and gender, race and ethnicity, disability and neurodiversity, and other social identities such as being an adoptive parent, foster or kinship carer, or a parent surviving domestic abuse, may intersect to shape the experience and presentation of CAPVA.**

The majority of existing research on CAPVA groups parents and caregivers, and young people, together. As such it does not disaggregate data and so little is known about its specific impact on biological or non-biological fathers, mothers, grandparents, siblings, parents/caregivers with chronic illness or disability, or families from minoritised communities, including those who are LGBTQ+. Future research must embrace and fully explore the diversity of experiences and perspectives of those impacted by CAPVA, so that services are as relevant, acceptable and inclusive as possible.

Indeed, as minoritised communities can experience particular challenges around access to services, research also needs to invest in significant community outreach to ensure that parents/caregivers and young people with a diversity of experiences, perspectives, backgrounds and identities are meaningfully included and represented.

6. **Future research should address the knowledge gap around "high risk" CAPVA cases involving serious and sustained violence and also those cases involving sexualised behaviour and abuse**

CAPVA cases viewed as "high risk" are often young people who have multiple needs and are frequently engaging in other harmful behaviours. Understanding the CAPVA element within this complex array of challenges is difficult, and requires research to ensure interventions are fully equipped to deal with such complexity. In relation to child and adolescent sexualised behaviour, targeted research needs to examine this more closely, but within the context of services that can provide specialist support.

7. **There is a need for robust qualitative and mixed methods research that provides detailed, contextualised examinations of the development and maintenance of CAPVA.**

This is important if we are to move beyond research that provides decontextualised examinations of CAPVA 'factors' towards more systemic research reflecting an understanding of the interconnectivities of contexts and processes at the individual, family, community and sociocultural levels.

8. Research should explore the ongoing and potentially longer-term impacts that Covid-19 may have on families experiencing CAPVA and those services providing support.

    This is particularly relevant given that young people are now back at school and potentially experiencing significant school-related stressors. Further, the ending of the furlough scheme could represent an additional stressor for parents, who may face redundancies for those businesses unable to maintain their workforce. This is also likely to place more families at risk of eviction and homelessness.

For policy and practice

1. There is a significant need for dedicated national CAPVA policy, to provide statutory guidance to agencies, services and practitioners supporting families experiencing this form of family abuse.

    This should be developed by a panel of research and practice experts, in addition to representatives from statutory agencies, and parents and young people with experience of the issue. Policy guidance should include:

    - Formalising a nationally-agreed definition and specifying the range of behaviours that are included and excluded by the definition.

    - Making specific recommendations around the identification of cases i.e. establishing terminology and processes for adding CAPVA system 'markers' to databases, enabling the tracking, measurement and effective monitoring of cases.

    - Specifying the creation of dedicated multi-agency referral and triage hubs, with embedded CAPVA-trained practitioners. This would mean training practitioners within the current multi-agency safeguarding hubs (MASH) and other multi-agency settings.

    - Providing agency-specific guidance to ensure CAPVA cases are appropriately identified at all entry points e.g. having trained practitioners embedded within youth justice diversionary boards, children's safeguarding boards, adult safeguarding boards, 'Team Around the School' (TAS) boards etc. This would ensure a 'no wrong doors' approach to cases and prevent families falling through the gaps.

    To increase the profile of CAPVA and to ensure it connects into policy development across government, the issue should be fully integrated within the national VAWG strategy. This would be bolstered by a clearer focus on CAPVA by Ofsted and HMIP.

Steps to address this recommendation should commence immediately, building on the 2015 Home Office guidance which is already under review. Next steps are for the Home Office to re-establish the project as a priority within the next 12 months, with a view to policy publication in two years.

2. **Local authorities, agencies and practitioners should be supported to enact these policy recommendations through additional government funding and appropriate training.**

Training and ongoing workforce development is vital in arming practitioners with the skills they need to effectively identify and address CAPVA in the families they are supporting. Beyond this, resource also means providing practitioners with the time and space they need to carry out unrushed and sustained programmes of work with families which respect the multiple challenges they are often facing and the importance of developing a trusting therapeutic relationship.

Through training also comes greater awareness and understanding, which should go some way to addressing issues around minimisation and blame, meaning that all parents and young people are guaranteed an appropriate 'first response' with a 'no wrong door' approach. More specialist training will also allow triaging or signposting to take place to ensure greater safety and effective support.

This review suggests that training on CAPVA should be embedded into standard packages of training around child and adult safeguarding, domestic abuse and in graduate programmes for achieving social work and youth justice qualifications. Further, there is also support within the sector for Service Standards and accreditation systems to ensure that practitioners and commissioners are developing CAPVA services that are robust enough to respond to the risk and safeguarding concerns.

3. **Government spending should allow for more extensive and longer-term funding of CAPVA services, with capacity-building around sustainability, learning and development, and evidence-generation.**

A significant increase in the funding of CAPVA services is needed to address the current gap in specialist provision, with bespoke services only available on a 'post-code lottery' basis. Longer-term funding (upwards of three years) would allow expertise to develop and, particularly if operating at a local level, would allow services the time to embed within local structures and establish strong referral pathways.

The inspection bodies Ofsted and HMIP also have role in driving up the provision of CAPVA services by identifying whether the services they are inspecting have an adequate response to the needs of young people and families affected by CAPVA.

With respects to developing the evidence base, longer-term funding would enable the generation of robust evidence of effectiveness – involving larger and more representative samples – whilst allowing for non-extractive approaches and meaningful engagement with participants/communities.

Lastly, relevant to all funding bodies, funding opportunities should include strong elements of organisational capacity-building, ensuring a legacy of learning and development, and service models that are both effective and sustainable.

This review calls for the establishment of a Home Office-led funding stream supporting CAPVA innovation and development, alongside single and cross-departmental strategies to include support for families experiencing CAPVA. The Ministry of Justice in their role of supporting victims, would be well-placed to incorporate support for victims of CAPVA into their next funding strategy.

4. A nationally-recognised 'effective practice library' should be established to provide guidance to commissioners in their decisions around CAPVA services and for practitioners to identify available services in their area.

The development of a nationally-recognised practice library would give commissioners and practitioners access to the most up to date research on 'what works' in addressing CAPVA and allow for a more consistent approach to the issue. It could also help to highlight any gaps in provision. Beyond formalised programmes, it could also act as a dissemination point for promising practice in the area and a hub for CAPVA communities of practice. If used by practitioners when identifying a CAPVA case, an effective practice library would also support new services to gain visibility and develop their referral pathways with their delivery area.

Given the rapid development of new CAPVA services at a local level, work to address this recommendation should commence over the next six to nine months, with a view to having an established (and maintained) library within the next two years. The nationally-based specialist domestic abuse organisation Respect would be well-placed to lead on this, potentially in consultation with the Domestic Abuse Commissioner's Office.

5. A national helpline and digital resource for families experiencing CAPVA and the professionals working with them

A national helpline and digital resources would be of great value to families seeking support, advice and those trying to access local help services. Parents experiencing CAPVA have no specialist central contact point where information and support is available. Many of the local services addressing CAPVA receive calls and emails from

families who are not in their area and try, often with great difficulty, to uncover what support (if any) maybe available for them.

Professionals who encounter families experiencing CAPVA can also find themselves unsure as to where to refer and how to support. A helpline would be a useful resource for these professionals, improving the national response to the issue. Online resources and advice could accompany the helpline, contributing to workforce development, public awareness and help for families. A helpline could also hold a directory of all currently available CAPVA services.

The establishment of a national helpline would be an important element of future public awareness campaigns to raise the profile of CAPVA and support early identification and help-seeking.

6. **Policy and practice should be 'proactive' – anticipating the potential for CAPVA to develop in any scenario, but particularly in 'at risk' families, such as adoptive, foster and kinship families, those families experiencing domestic abuse, and families with children who are neurodivergent.**

Education around healthy family relationships should be embedded within compulsory relationships education in primary and secondary schools, presenting opportunities to encourage self-reflection and self-management, and potentially acting as an opportunity to identify young people who may be experiencing difficulties at home and displaying potential indicators of CAPVA.

Resilience-building work focused on supporting family relationships and recognising and developing understanding of specific needs should be offered as standard at points of stress and change in families, such as the placement of children in new permanence arrangements, post-diagnosis of mental health difficulties or neurodevelopmental conditions, or post-separation following a family's experience of domestic abuse. This can be beneficial to all families going through stressful experiences and may also serve to prevent the development of CAPVA.

Lastly, early identification of those families experiencing CAPVA through universal services can enable support to be offered at an early stage, potentially preventing behaviour from becoming entrenched and high risk. The current high thresholds for support often mean that work can be more lengthy, more difficult, more costly, and more challenging to achieve positive outcomes.

Small changes in practice can be made immediately. However, funding would be needed to secure further training and specialist practitioners/programmes within

education, social care, health, mental health and domestic abuse. Proactive policy and practice should become more visible over the next two years.

7. **CAPVA interventions should take a whole-family approach that recognises both the vulnerability of the young people involved and the risk they pose.**

This recognises the impact that CAPVA can have on the whole family system and the multitude of intersecting challenges and traumas that families can be facing. Such complexity requires CAPVA to be situated within existing multi-agency safeguarding structures, drawing on the knowledge and expertise of practitioners across youth justice, social care, education, health, CAMHS, and domestic abuse services. Reflecting the research on vulnerability at points of transition, multi-agency working should also be responsive to the ongoing, but changing, needs of young people moving into adulthood.

Small changes in practice can be made immediately. However, there is a recognition that effective trauma-informed provision addressing CAPVA requires specialist training, and that multi-agency working takes leadership and expert support to establish and embed. This should be funded centrally via capacity-building and innovation funding streams.

8. **A Home Office-led public awareness campaign for CAPVA is needed to give the issue greater visibility in the public domain.**

CAPVA continues to be under recognised by many professionals working with children and families and more needs to be done to increase both public and professional awareness of this form of abuse. Such a campaign would help families name what they are experiencing, aiding earlier help-seeking and improving outcomes for these young people and their families.

Parents experiencing CAPVA often feel high levels of shame and hopelessness, which act as barriers to help-seeking and lead to continued and often escalating abuse. Any public awareness raising campaign would need to address this sense of shame and empower parents who are victims. The establishment of a national helpline for CAPVA would greatly increase the value and impact of any efforts to improve public awareness.

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