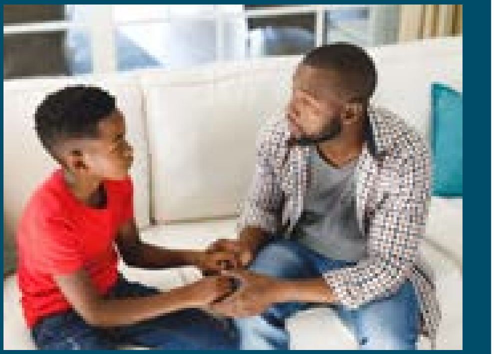
Breaking the Silence: Voices from Families Facing Child-to-Parent Abuse

Analysis of focus group and case study

June 2025

healthwatch
Central Bedfordshire

Content overview...



Introduction

In February 2025, the Safeguarding Adults Board (SAB) for Central Bedfordshire and Bedford Borough commissioned Healthwatch Central Bedfordshire (HWCB), the statutory independent champion for people using health and social care services, to investigate the experiences of parents affected by Child and Adolescent to Parent Violence and Abuse (CAPVA).

The aim was to better understand the lived experiences of families, the challenges they face, and the effectiveness of current support services across both local authority areas.

Phase One involved a co-designed survey disseminated widely across Bedfordshire, resulting in the publication of 'Behind Closed Doors: Shining a Light on CAPVA' - https://healthwatch-centralbedfordshire.org.uk/capva-survey-report

To deepen the insights gathered, Phase Two of the project comprised a follow-up focus group and an individual case study interview with participants from the initial survey. These conversations provided a more detailed picture of the emotional, practical, and systemic issues facing families, offering rich qualitative data that now informs recommendations for future service development and support.

Methodology

To build on the insights gathered through our initial survey, respondents were invited to participate in a follow-up focus group. The aim was to create a safe, supportive space where residents could speak openly about their lived experiences and contribute to a deeper, ongoing dialogue about Child and Adolescent to Parent Violence and Abuse (CAPVA).

Of the 46 individuals who completed the survey, 23 expressed interest in further engagement. Following this, seven participants agreed to join a focus group, which was held on 22 May 2025 at the Rufus Centre in Flitwick. The session was deliberately scheduled for the early evening to maximise accessibility for working parents and Carers.

On the day, six parents attended in person, a diverse group comprising two men and four women, aged between their 40s and 50s. Of these, three were adoptive parents, and four were caring for children with neurodivergent conditions such as autism and ADHD, reflecting the complexity and intersectionality often present in families affected by CAPVA.

In addition, one participant, who was unable to attend in person due to health reasons, was interviewed via Microsoft Teams on 3 June 2025 to ensure their views were included.

The focus group was guided by a structured set of questions designed to elicit both personal narratives and broader reflections on service provision and gaps. Key areas explored included:

- Personal experiences with Child and Adolescent to Parent Violence and Abuse (CAPVA).
- Emotional and practical impacts on family life
- Coping strategies and mechanisms used
- Support services accessed
- Gaps in provision, unmet needs, and suggestions for improvement
- Reflections on future support needs and outlooks

To ensure accuracy and inclusivity, the session was audio recorded with the participants' consent. All data was anonymised in line with ethical research standards to protect the identity of those involved.

Executive Summary

This report summarises the lived experiences of families affected by child and adolescent to parent violence and abuse (CAPVA), particularly within households where children have additional needs such as autism, ADHD, and a history of trauma.

The findings highlight a consistent pattern of early-onset behaviours, escalating challenges, and significant gaps in support from education, health, and social care services.

Parents reported facing a persistent culture of blame, a lack of understanding from professionals, and inconsistent, short-term interventions that fail to address the complexity of CAPVA.

Despite these challenges, families demonstrated resilience, developing their own coping strategies and seeking peer support. The evidence underscores the urgent need for specialist, sustained, and empathetic services that recognise CAPVA as a distinct and pressing issue.

A direct outcome of the focus group was the participants' agreement to establish a WhatsApp group, creating a peer support network to maintain ongoing connection and mutual support.

Key Themes

1. Early Onset and Escalation

- Many parents reported that abusive behaviours began at a very young age (as early as two or three).
- Behaviours included hitting, kicking, verbal aggression, emotional manipulation, and damage to property.
- Escalation often coincided with developmental milestones, such as puberty and transitions in schooling.

"I can't remember a time when there hasn't been abusive behaviour… it's just getting more severe as she gets older and bigger."

"It sort of started, not necessarily with abuse towards me, just sort of hitting things with his head out of frustration and unmet needs because he's autistic and ADHD as well."

2. Impact of Neurodiversity and Trauma

- A significant number of children had diagnoses of autism, ADHD, ARFID (Avoidant/Restrictive Food Intake Disorder), or learning disabilities.
- Many children had histories of trauma, particularly adopted children with disrupted early attachments.
- Unmet sensory needs and emotional dysregulation were frequently cited as triggers for abusive behaviour.

"He would starve rather than eat something that is unsafe. It's like his head won't let him do it."

"She adores me, but she really rejects me, and it comes out in this kind of physical punching."

"We took a traumatised child, but we don't know exactly what happened before adoption — you only get the tip of the iceberg."

3. Lack of Early Support and Blame Culture

- Parents described consistent difficulties accessing timely support, often facing a ‘blame culture’ from services such as schools, CAMHS, and social care.
- Professionals often attributed the child’s behaviour to poor parenting rather than recognising underlying needs.
- Parents reported feeling dismissed, unsupported, and sometimes even re-traumatised by their interactions with services.

“Whenever I raised it, the answer was, ‘Can you not control your child?’”

“Every time you reach out for support, it was all, ‘it’s control,’ ‘you’re doing it wrong,’ ‘you’re too soft,’ ‘your anxiety is rubbing off on them.’”

“They don’t see it as abuse; they just blame bad parenting and don’t understand the trauma or disabilities.”

4. Impact on Parental and Family Wellbeing

- **Emotional toll:** Parents described feelings of exhaustion, failure, isolation, depression, and even suicidal ideation.
- **Physical toll:** Incidents of physical harm, such as bruising, broken noses, and the need to physically barricade themselves for safety, were common.
- **Family relationships:** Sibling relationships were strained, and extended family support often broke down due to a lack of understanding.
- **Work and social life:** Many parents reduced working hours or gave up work entirely; social isolation was widespread.

“We’re broken as a family — broken doors, smashed TVs — and we’re just trying to survive each day.”

“I’m exhausted. Some nights I don’t even care what happens to me anymore because I’m so broken by it all.”

“We’ve had to lock ourselves in rooms just to stay safe.”

“I became his carer because I couldn’t keep up with work and his needs.”

5. School and Education System Challenges

- Many children exhibited school refusal and high anxiety related to educational settings.
- Schools often failed to recognise the severity of behaviours or dismissed parental concerns.
- Lack of consistency and understanding from educational professionals worsened children’s anxiety and behaviour at home.
- Special educational needs (SEN) support was inconsistent, with EHCP processes slow and often inadequate.

“School kept telling us he was fine, but at home, he was melting down every night.”

“They don’t realise sometimes the behaviour is avoidance, not defiance.”

“Lockdown and lack of support just pushed him over the edge.”

6. Gaps in Service Provision

- Services such as CAMHS and social care were often described as fragmented, short-term, and lacking understanding of CAPVA.
- Frequent turnover of social workers further undermined children’s sense of stability and trust.
- Parents highlighted that CAPVA does not fit neatly into existing categories like domestic violence or child protection, leading to gaps in support.
- There is a call for specialist services recognising CAPVA as a distinct issue, particularly for families with neurodiverse children.

“Support is only ever for a few weeks — it’s never long enough to make a difference.”

“We’ve had 16 different social workers; there’s no continuity for the children.”

“Child-to-parent abuse doesn’t fit anywhere — not domestic violence, not safe-guarding — so there’s nothing for us.”

7. Coping Strategies and Resilience

- Parents described using de-escalation techniques, adapting parenting styles, and seeking peer support where professional support was lacking.
- Some noted improvements in behaviour with changes in school environments or tailored support plans, such as Education Otherwise Than At School (EOTAS) provisions.
- Personal understanding of neurodiversity, often from parents who are themselves neurodiverse, helped some families develop more effective coping strategies.

"Sometimes you have to pick your battles and meet in the middle — that's how we survive."

"Once we moved him to EOTAS and tailored his environment, we saw real improvements."

"Understanding my own neurodiversity helped me understand and support my son better."

Case Study

Lived Experience

Case Study: Lived Experience

A Mother's ('X') Journey with CAPVA

"It's been him and me against the world. Sometimes I've needed to reach out for help… but I just don't know where to go."

'X' is a single parent whose son was diagnosed with ADHD at the age of six. She began noticing aggressive behaviours. including hitting, biting, and kicking from as early as Reception year, which intensified during the teenage years. Despite repeated appeals to professionals, she often faced dismissal or blame:

"The school didn't believe me — he was an angel there. But I was getting bruises and scared in my own home."

Over the years, 'X' has completed five parenting courses, including "Who's in Charge?", but described a lack of meaningful, long-term support for her child:

"They always put me on a parenting course — that helped me, but no one was helping him."

She reported navigating cycles of physical violence, verbal abuse, and emotional meltdowns from her son, noting that:

"It's not a temper tantrum — it's like an epileptic fit. You can't stop it, you just have to ride it out."

The lack of coordinated support led to significant sacrifices, including leaving full-time work, financial instability, and impacts on her mental health:

"I'm degree-qualified but on Universal Credit. After so long of being told I'm not good enough — even by my son — my confidence is gone."

Safety remains a pressing concern:

"He's pushed me down the stairs, punched me in the back — I've locked all knives in a toolbox. I'm scared in my own home."

‘X’s story also highlights systemic shortcomings in health and education:

- Schools and CAMHS failed to act meaningfully despite warning signs.
- Her son’s refusal to take medication led to discharge from paediatric services.
- Blame culture persisted: ***“Social services made me feel it was all my fault.”***

Despite this, ‘X’ has demonstrated extraordinary resilience. She proactively manages her son’s social media use, encourages emotional learning, and has advocated for his placement in a more supportive independent school. Still, she highlights a dangerous gap:

> ***“Because CAPVA doesn’t fit under domestic abuse or child protection, we fall through every crack.”***

Her testimony echoes the broader findings of this report, especially the need for early intervention, sustained support, trauma-informed practice, and a systemic shift away from parent-blaming toward understanding and partnership.

Conclusion

The insights gathered from this focus group and individual interview offer a powerful, and at times harrowing, window into the realities faced by families experiencing child-to-parent abuse (CAPVA). What emerges consistently is a portrait of parents navigating extreme emotional, physical, and psychological stress, often in isolation, and too often without meaningful support from the systems designed to help them.

Several key learnings can be drawn from the lived experiences shared: First, CAPVA frequently begins at a very young age and escalates as children grow in strength and complexity of need. Early behaviours are often misinterpreted or minimised, delaying recognition and intervention until families are deep into crisis. Parents are clear: early identification and support are crucial to prevent escalation and longer-term harm to both the child and family unit.

Second, the intersection between neurodiversity and trauma is both profound and complex. Many of the children discussed have autism, ADHD, or other conditions that bring significant sensory and emotional regulation challenges. When these needs are unmet, or where attachment trauma is present, behaviours can become aggressive and unpredictable. It is clear that CAPVA must be understood through a trauma-informed and neurodiverse lens if families are to be supported effectively.

Third, the overwhelming sense of being blamed, by professionals in schools, health services, and social care, compounds the stress and isolation experienced by families. Parents consistently reported feeling judged, dismissed, and misunderstood. Rather than finding empathy and solutions, they encountered a systemic culture of blame that left them feeling further alienated and unsupported. Shifting this culture is critical to building trust and achieving better outcomes.

Fourth, the education system emerged as a particular point of friction. Many families recounted how their children's needs were misunderstood or ignored by schools, leading to school refusal, deteriorating mental health, and greater instability at home. There is a pressing need for greater awareness and accommodation of neurodiverse needs in educational settings and for schools to become true partners in the multi-agency support of these families.

Finally, it is evident that service provision is inconsistent, fragmented, and often short-term. Families described a revolving door of professionals, brief interventions that end before trust can be built, and eligibility thresholds that are set impossibly high. As a result, families are left to cope alone, leading to worsening outcomes for both parents and children. The need for coordinated, sustained, specialist support is undeniable, support that acknowledges CAPVA as a distinct and serious issue requiring dedicated services.

Despite these challenges, what also shines through is the resilience and commitment of families. Many have developed sophisticated coping strategies, often without formal guidance, and have demonstrated remarkable strength in advocating for their children and themselves. Their experiences offer not just a call for change but a roadmap for how services can evolve: through earlier intervention, trauma-informed practice, meaningful collaboration, and a move away from blame toward understanding and partnership.

This insight must inform future policy and service design. If we are to truly support families facing child-to-parent abuse, we must listen to them, not just with sympathy, but with action.

Recommendations

Recommendations

To address the systemic gap between Children's Services and Adult Services, consider the establishment of a bespoke, multi-agency safeguarding hub focused on whole-family needs.

Key features to include:

Recognise Child-to-Parent Abuse as a Distinct Issue:

Establish CAPVA as a recognised safeguarding category, distinct from domestic violence. Provide specialist training to professionals across health, education, and social care to recognise and respond appropriately to CAPVA.

Improve Early Intervention and Long-Term Support:

Offer early, consistent, and sustained support to families rather than short-term interventions. Design trauma-informed services tailored for families dealing with neurodiversity and complex trauma. Act promptly in cases that may not meet traditional service thresholds but where clear signs of risk, stress, or abuse are evident.

End the Blame Culture:

Train professionals to avoid parent-blaming and instead focus on understanding root causes such as trauma, neurodivergence, and unmet needs. Introduce reflective supervision for frontline staff to challenge bias and assumptions.

Strengthen Support in Educational Settings:

Ensure schools are trained in neurodiversity and emotional regulation. Provide flexible, needs-based education plans that acknowledge and respond to emotional and sensory challenges. Improve the transparency and consistency of SEN support and EHCP processes.

Prioritise Family Wellbeing:

Offer respite services specifically for families facing CAPVA. Ensure mental health support for all family members, recognising the toll on siblings and parents. Create peer-support networks where families can share strategies and reduce isolation.

Provide Continuity in Social Care Support:

Minimise the turnover of social workers to build trust and consistency for families. Develop specialist CAPVA teams within children's services with expertise in disabilities and trauma.

Flexible Entry Point:

Enable professionals, families, and community members to raise concerns about any family member via a single point of contact.

This tailored approach would reduce service fragmentation, enable earlier intervention, and ensure that families facing CAPVA do not fall between the cracks of existing structures.

Key Takeaway Messages

1. Early Identification Is Essential

Child-to-parent abuse often begins in early childhood and escalates over time. Timely recognition and intervention are critical to preventing crisis situations and reducing harm to families.

2. Neurodiversity and Trauma Must Be Central to Understanding CAPVA

Many children exhibiting abusive behaviours are neurodiverse and/or have experienced early trauma. A trauma-informed, neurodiversity aware approach is essential in shaping appropriate support.

3. End the Blame Culture

Parents frequently encounter blame and stigma from professionals, exacerbating stress and isolation. Moving from a culture of blame to one of empathy and support is vital for trust and engagement.

4. Education Systems Need to Be True Partners

Schools are often ill-equipped to recognise and respond to the needs of neurodiverse children, leading to greater challenges at home. Educators require better training and resources to be effective partners in family support.

5. Sustained, Specialist Support Is Lacking

Families need consistent, long-term support from professionals who understand CAPVA as a distinct issue. Current fragmented and short term services leave families vulnerable and unsupported.

6. Family Voices Provide the Blueprint for Change

Despite significant challenges, families demonstrate resilience and offer invaluable insight into what effective support looks like. Their voices must shape the future design of services and policy.

About Healthwatch Central Bedfordshire

Healthwatch Central Bedfordshire is the local consumer champion promoting choice and influencing the provision of high quality health, social care and wellbeing services for all across Central Bedfordshire.

Healthwatch Central Bedfordshire (HWCB) has significant statutory powers to ensure that the voice of the consumer is strengthened and heard by those who commission, deliver and regulate health and care services. HWCB engages and consults with all sections of the local population so that a wide cross-section of views are heard, understood and acted upon. Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience.

Healthwatch Central Bedfordshire is one of three local Healthwatch in the County of Bedfordshire and belong to a network of local Healthwatch. Healthwatch England leads, supports and guides the Healthwatch network which is made up of the national body and local Healthwatch across each of the 152 local authority areas in England.

Healthwatch is the only body looking solely at people's experience across all health and social care. As a statutory watchdog our role is to ensure that local health and social care services, and the local decision-makers put the experiences of people at the heart of their care.

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