



Behind Closed Doors: Shining a Light on Child and Adolescent to Parent Violence and Abuse (CAPVA)

*A report on the lived experiences of families
affected by child and adolescent to parent violence
and abuse in Central Bedfordshire*

April 2025

Central
Bedfordshire

healthwatch
Central Bedfordshire

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Executive Summary

Introduction

'Child and Adolescent to Parent Violence and Abuse' (CAPVA) describes the dynamic where a young person engages in repeated abusive behaviour towards a parent or adult Carer. Abusive behaviour can include physical violence; emotional, economic or sexual abuse; and coercive control. It may also include damage to property and abuse towards other family members, particularly siblings. (¹ Respect, 2025).

CAPVA remains one of the most under-recognised and under-supported forms of domestic violence, yet it has a profound and often devastating impact on families. While awareness of CAPVA is growing, the stigma, silence, and misunderstanding that surround it continue to hinder timely and effective support for those affected.

As to why children and adolescents exhibit violent or abusive behaviour toward their parents, there is no single explanation. This is a complex issue, with research in this area still evolving. Universities are increasingly exploring the subject, but most parents will tell you that the causes are multifaceted and vary from one situation to another. Child-to-parent violence is rarely the result of one singular factor. Until recently, research into this phenomenon was limited, both in the UK and internationally. (² Who's in Charge).

This report presents the findings of a survey conducted between March and April by Healthwatch Central Bedfordshire (HWCB), in collaboration with the Safeguarding Adults Board (SAB) for Central Bedfordshire and Bedford Borough Councils. The survey captured the lived experiences of 46 parents and Carers who have encountered abuse or violence from a child for whom they hold parental responsibility.

The responses reveal a deeply concerning reality: for many families, CAPVA is not a one-off incident, but a persistent and escalating pattern of emotional, physical, and psychological harm, often beginning in early childhood and continuing well into adolescence and adulthood.

The aim of this report is to shed light on the scope and complexity of CAPVA, amplify the voices of those impacted, and identify both the gaps in current support systems and the opportunities for meaningful change. Through analysis, direct testimony, and collective insights, this report seeks to inform policy practice, and service provision, with the ultimate goal of ensuring families are no longer left to suffer in silence.

A list of current support services and organisations is included in **Appendix C** to help signpost families to available help.

¹ Respect Young People's Service (RYPS)

² Who's In Charge - Working with : Child to Parent Violence & Abuse



Methodology

In February 2025, the Safeguarding Adults Board (SAB) for Central Bedfordshire and Bedford Borough commissioned Healthwatch Central Bedfordshire (HWCB), in its role as the independent champion for people who use health and social care services, to investigate the experiences of parents affected by Child and Adolescent to Parent Violence and Abuse (CAPVA). The aim of this work was to better understand the lived experience of families, the challenges they face, and the perceived effectiveness of existing support services across both local authority areas.

CAPVA remains notably absent from most local safeguarding procedures and, where services do exist, support is often fragmented, inconsistent, and difficult to access (¹ Respect, 2025). Recognising this gap, the SAB and HWCB worked in partnership to design a survey in March 2025 to gather direct insights from affected families. The survey ran from 6th March to 12th April 2025 and can be found at **Appendix A**.

The survey was co-produced and distributed through a network of local domestic abuse support organisations, as well as a specialist school that supports children aged 8 to 18 experiencing social, emotional, and mental health needs, including school-based anxiety and emotionally based school avoidance. To maximise reach, the survey was also widely promoted across Bedfordshire utilising HWCB contacts, via the HWCB website and social media platforms.

The survey invited parents and Carers to share their experiences of abuse from a child for whom they held parental responsibility. It included questions exploring:

- ◆ The nature and frequency of the abusive behaviours experienced;
- ◆ Awareness and use of available support services (for either parent or child);
- ◆ Barriers to accessing support;
- ◆ The types of support respondents felt were most needed but currently lacking.

Respondents were also asked whether they would be willing to participate in a follow-up focus group to explore their experiences in more depth, and to create a platform where residents could contribute to a meaningful discussion ensuring their voices were heard and perspectives captured.

Of the 46 individuals who completed the survey, 23 expressed interest in participating in a focus group planned to take place in May 2025.

In addition to the above, an individual case study was undertaken to provide a more in-depth understanding of the personal and emotional impact of CAPVA, highlight gaps in service provision, and illustrate the complex, long-term challenges faced by families living with this form of abuse.

This mixed-methods approach enabled HWCB to capture both quantitative and qualitative data, offering a rich and authentic picture of the realities families face and identifying opportunities for more effective intervention and support.

The upcoming focus group and individual case study, scheduled for May 2025, will form the next phase of the project. Each will be documented and reported on separately to provide further insight and depth to the overall findings.

Summary of Survey Findings

The findings outlined below are based on responses to a survey conducted in April 2025, capturing the lived experiences of 46 parents and Carers affected by Child and Adolescent to Parent Violence and Abuse (CAPVA).

These responses provide valuable insight into the nature, duration, and impact of CAPVA, as well as the perceived effectiveness of support services. The results not only illustrate the scale and seriousness of this issue but also highlight significant gaps in awareness, access, and appropriate support. Full response data can be found on pages 11 to 43.

Experience of Abuse or Violence

An overwhelming 98% of respondents (45 out of 46) reported experiencing abuse and/or violence from their child.

This stark statistic reinforces the urgent need for accessible, consistent, and well-publicised support, particularly for families facing complex behavioural and emotional challenges.

Prevalence and Duration of Abuse

The duration of abuse ranged from less than one year to over a decade, reflecting both recent and longstanding cases.

Notably, nine respondents reported abuse lasting 10 years or more, and others indicated abuse over a period of five to nine years.

These findings emphasise the importance of early identification and long-term recovery support, as many families endure years of harm without adequate intervention.

Family Dynamics and Risk Factors

28% of respondents identified as single parents, indicating a heightened level of stress and reduced support within the home environment.

80% of the children involved were under the age of 18, confirming that CAPVA is not restricted to adult children and often begins in early adolescence.

Over half (52%) reported that siblings were also subjected to abuse, underscoring CAPVA as a broader family safety and safeguarding issue.

Awareness of Existing Support Pathways

While some parents were aware of general services such as:

- ◆ SEND (34 respondents)
- ◆ Counselling (25)
- ◆ Parent/Carer Support (25)
- ◆ Mental Health/Wellbeing (23)

Awareness was much lower for more targeted services, including:

- ◆ Vulnerabilities (drugs, alcohol, exploitation): 11
- ◆ Intervention and Diversion programmes: 6
- ◆ 11 respondents selected 'None of the above', suggesting no awareness of any of the listed services.

These figures demonstrate a clear disconnect between the availability of relevant services and public awareness of them, particularly those that could support early or specialist intervention.



Support Gaps and Service Experiences

Respondents frequently cited PEGS, CAMHS, and Newbold Hope as known services, but the majority still reported feeling unsupported or let down.

Formal services such as schools, social care, and police were frequently described as inadequate, judgemental, or inaccessible.

Common experiences included being blamed, having concerns dismissed, or not being believed, all of which discourage seeking further help.

Barriers to Seeking Help

Key deterrents included:

- ◆ Fear of blame or judgement
- ◆ Uncertainty about where to go for help
- ◆ Previous negative experiences with services

Parents also described feeling trapped between protecting siblings and managing violent outbursts, often doing so without any professional or emotional support.

Preferred and Actual Support Strategies

Parents consistently expressed the need for non-judgemental, trauma-informed support that addresses the whole family, not just the child displaying the abusive behaviour.

Key unmet needs included:

- ◆ Respite care
- ◆ Therapeutic interventions
- ◆ Peer support networks
- ◆ Real-time crisis response

In the absence of formal help, parents shared practical strategies such as de-escalation, emotional regulation, and prioritising safety, often learned through personal trial-and-error or peer groups.

Comparative Insights and Emerging Patterns

Deeper analysis of the data revealed important relationships between responses:

- ◆ **Duration of abuse vs. lack of early support:** Many parents who experienced long-term abuse also reported limited awareness of targeted services, suggesting missed opportunities for early intervention.
- ◆ **Awareness vs. Relevance:** While awareness of general services like SEND and counselling was relatively high, knowledge of specialist behavioural or safeguarding pathways remained low, indicating a gap in tailored service signposting for families facing CAPVA.
- ◆ **High incidence vs. low service connection:** Despite almost all respondents experiencing abuse, 11 had no awareness of any support services, illustrating a serious disconnection between need and access.

Key Summary

This survey paints a concerning but vital picture: CAPVA is not only prevalent but often prolonged, misunderstood, and unsupported.

Many families are dealing with complex, long-standing harm with little, to no, formal assistance.

The findings call for systemic improvements in identification, referral, support provision, and public awareness, particularly for families who are currently navigating CAPVA alone.

Executive Conclusion

The survey findings present a compelling picture of the hidden and complex realities faced by parents experiencing child-to-parent violence and abuse (CAPVA). The data highlights a pattern of prolonged family trauma, repeated cycles of unmet need, and a profound sense of isolation.

While some families eventually accessed support, the majority described a reactive, fragmented system in which help is difficult to find, often stigmatising, and seldom timely.

A common thread throughout the responses was that parents are not being believed or supported, yet they are expected to manage high-risk, emotionally volatile situations without adequate intervention. The role of peer networks, lived experience, and informal support emerged as both a lifeline and a missed opportunity for integration into formal service pathways – ***“The only help we found was help we found ourselves. No local service helped us.”***

If systems are to respond meaningfully, there must be greater visibility, clarity and empathy in how support is designed, accessed, and delivered. CAPVA must no longer be treated as an invisible, niche issue, it is widespread, urgent, and preventable.





Executive Recommendations

This Executive Summary serves as a call to both acknowledge the scale of CAPVA and act with urgency to prevent system collapse.

Elevate CAPVA as a Strategic Priority

Embed child-to-parent abuse within relevant local authority, safeguarding, and health system frameworks as a distinct area of need—beyond traditional parenting or youth offending contexts.

Improve Visibility and Access to Early Help

Ensure that pathways to support (including CAMHS, Early Help, and family support services) are clearly communicated and readily available to families before crisis point.

Build Local Workforce Capability

Develop and embed training for professionals across health, education, and social care in CAPVA recognition, de-escalation, and trauma-informed response. Avoid repeat cycles of parent-blame and promote understanding.



If my child were another adult, they'd be a child, I'm left to manage it alone.



...y to create a system that empowers, protects, and supports families, before crisis becomes

Integrate Peer and Lived Experience Models into Service Design

Strengthen partnerships with parents and Carers who have experienced CAPVA to co-develop practical, accessible, and empathetic services – including helplines, online networks, and family navigation roles.

Expand the Scope of Carer Support to Include Parents Facing CAPVA

Position CAPVA within the wider Carers' agenda, ensuring that parents experiencing abuse from their children are recognised as Carers with complex emotional and safeguarding needs.

Address Gaps at Transition Points (Ages 16–25)

Ensure continued support beyond childhood, particularly for families managing violent or coercive behaviour from older adolescents and young adults, where services often fall away.

e arrested for what they did. But because it's my



Full Report of Survey Results

Survey Analysis

Q1. Parents were asked if they had ever experienced abuse and/or violence from their child? (the child you have parental responsibility for):

- ◆ A striking 98% of respondents answered 'Yes', indicating that they had experienced abuse and/or violence from their child.
- ◆ This overwhelmingly high percentage confirms that child and adolescent to parent violence and abuse (CAPVA) is a common and significant issue among the surveyed group.
- ◆ Only 2% of respondents answered 'No', suggesting that non-experience of CAPVA was extremely rare in this respondent group.

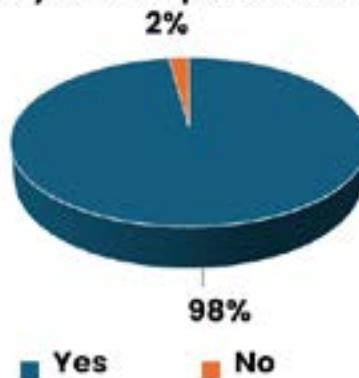
Key Insights

The data underscores that CAPVA is not an isolated or marginal issue — rather, it is a widespread and deeply concerning reality for nearly all respondents.

This reinforces the urgency of developing targeted, accessible, and sustained support for families affected by CAPVA.

The consistency of responses also adds credibility and weight to the findings from follow-up questions in the survey, as the overwhelming majority have firsthand experience of the issue.

Have you ever experienced abuse and/or violence from your child? (the child you have parental responsibility for)





Q2. Of the people that answered, 'yes' they were asked how long the abuse had lasted:

- ◆ The largest proportion (29%) of respondents reported that abuse or violence had been occurring for 6–10 years, indicating a high prevalence of long-term, sustained abuse.
- ◆ 22% did not provide a response, suggesting either discomfort in disclosing the duration or uncertainty in identifying when the abuse began.
- ◆ 11% of respondents indicated that the abuse had persisted for 5 years, with an additional 9% reporting 4 years of abuse, and 9% citing 3 years, showing a notable cluster of mid-term experiences (3–5 years).
- ◆ A smaller proportion (7%) had experienced abuse for less than one year, pointing to some more recently emerging cases.
- ◆ 2% reported durations of 2 years, 16–20 years, and 25+ years respectively — with the longest durations highlighting chronic patterns of CAPVA extending well into adulthood.
- ◆ Only 2% responded with no reply, and 5% did not disclose the duration at all.

Key Insights

A significant majority (over 50%) of respondents reported abuse lasting five years or more, underscoring the long-term impact of CAPVA on families. The spread of responses indicates that CAPVA is not a short-term behavioural issue but often a prolonged and escalating dynamic, requiring sustained intervention and long-term support.

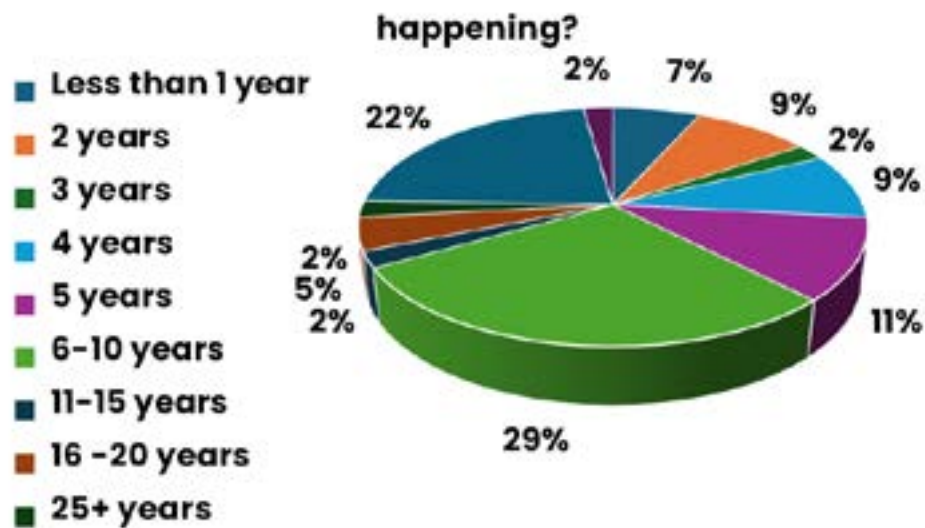
The presence of very long-term cases (16+ years) suggests that some families may have lacked access to effective support for decades.

The 22% of non-responses should not be overlooked, as they may point to sensitivity, stigma, or unresolved trauma associated with acknowledging the duration of abuse.

This reinforces the urgency of developing targeted, accessible, and sustained support for families affected by CAPVA.

The consistency of responses also adds credibility and weight to the findings from follow-up questions in the survey, as the overwhelming majority have firsthand experience of the issue.

If you answered 'yes' to question 1, for how long has the abuse and/or violence been



Q3. Respondents were asked about their current living situation:

- ◆ 50% of respondents reported co-parenting while living together, indicating that half of the surveyed families are in two-parent households.
- ◆ 28% identified as single parents, suggesting a significant proportion of respondents may be facing additional pressure and limited support, which can increase vulnerability when dealing with CAPVA.
- ◆ 13% stated they were co-parenting but living apart, reflecting shared parental responsibility in separated households, which may come with its own coordination and communication challenges.
- ◆ 9% selected 'Other', and further information revealed that:
 - ◇ Some respondents' children had become adults and left home,
 - ◇ Others indicated their child was now living with a step-parent, or
 - ◇ That separated parents had arrangements where the child now resided with the other parent.

Key Insights

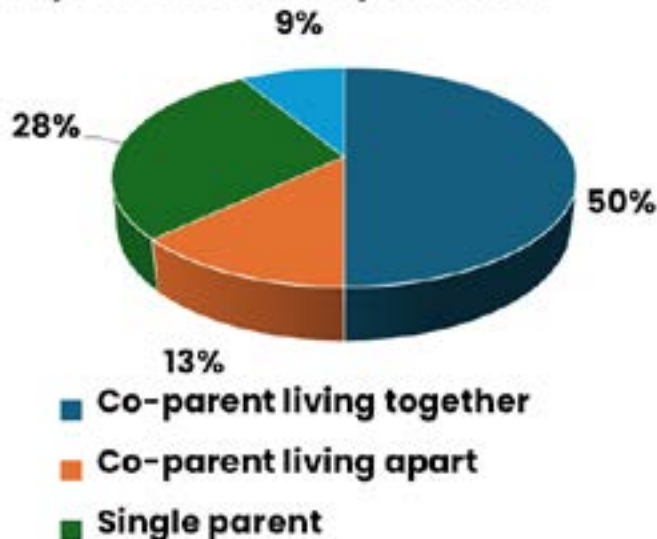
The responses reflect diverse and complex family structures, with nearly half of families not living in traditional cohabiting arrangements.

The high percentage of single-parent households (28%) highlights a group who may experience greater isolation and fewer resources when managing challenging behaviour from a child.

The 'Other' category, while smaller, provides important context around changing family dynamics, such as children becoming independent or shifting care arrangements, which may influence both the duration and the perceived impact of CAPVA.

These findings support the need for tailored support services that consider a variety of family situations, particularly for lone Carers and those navigating complex post-separation arrangements.

What is your current family situation?





Q4. Parents were asked how old their abusive child was:

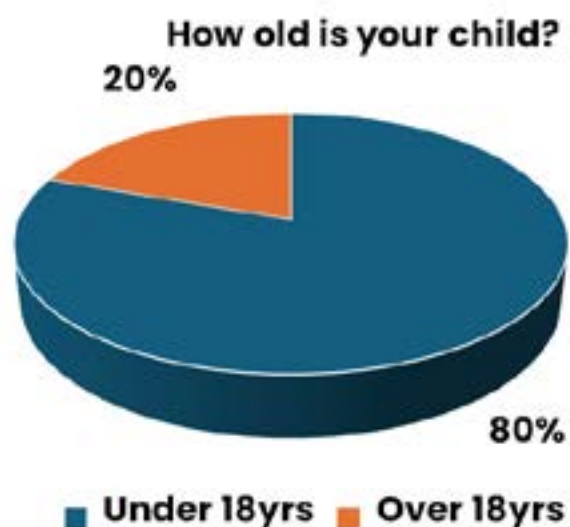
- ◆ 80% of respondents reported that the child displaying abusive behaviour was under the age of 18, indicating that CAPVA primarily occurs during childhood and adolescence.
- ◆ 20% stated their child was over 18 years old, suggesting that for some families, abuse continues into adulthood, even after the child has legally reached maturity.

Key Insights

The high proportion of cases involving children under 18 highlights the need for:

- ◆ Early intervention strategies,
- ◆ Age-appropriate behavioural support, and
- ◆ Greater involvement of children's services, schools, and youth mental health providers

The presence of adult children among respondents points to CAPVA as a long-term and potentially escalating issue, not limited to teenage years.





Q5. Respondents were asked how many other children there were in the household that they had responsibility for, of the 45 responses:

- ◆ 42% of respondents reported having no other children in the household, suggesting that for a significant number of families, the abusive child is the sole or primary focus of parental care and concern.
- ◆ 38% have one other child in the household, reflecting a high likelihood of sibling exposure to abuse and associated risks to their emotional wellbeing and safety.
- ◆ 13% have two other children living in the household, increasing the potential complexity and pressure on the parent or Carer in managing family dynamics and safeguarding multiple children.
- ◆ A smaller number of respondents reported:
 - ◇ 5% caring for three children, and
 - ◇ 2% caring for four children, indicating households with higher caring responsibilities and potentially greater need for external support and respite.

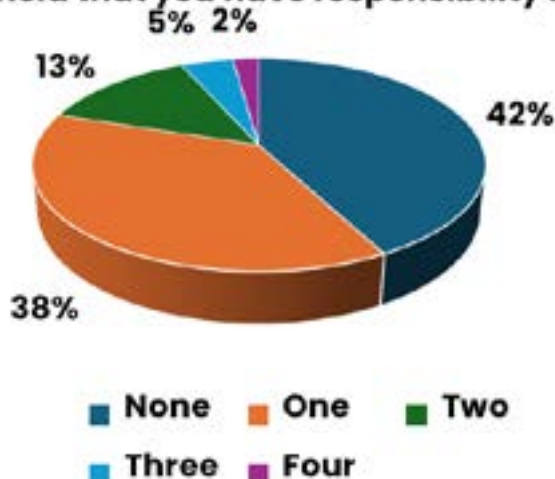
Key Insights

A majority (58%) of respondents have at least one other child in the household, underlining the significant safeguarding concerns for siblings exposed to CAPVA dynamics.

The data highlights the need for whole-family approaches to support – not only focusing on the child displaying abusive behaviour, but also recognising the impact on siblings and the emotional toll on the parent or Carer.

Households with multiple children may require additional practical support, such as in-home interventions, parenting assistance, and peer support networks to manage complex family needs.

How many other children live in your household that you have responsibility for?



Q6. Parents were asked (to their knowledge) if the abusive person had also been abusive toward any other siblings in the household:

- ◆ 52% of respondents answered 'Yes', indicating that in more than half of the families surveyed, the abusive behaviour extended beyond the parent and affected other siblings in the home.
- ◆ 48% answered 'No', suggesting that while CAPVA may be directed solely at the parent in some households, a substantial proportion experience wider familial impact.

Key Insights

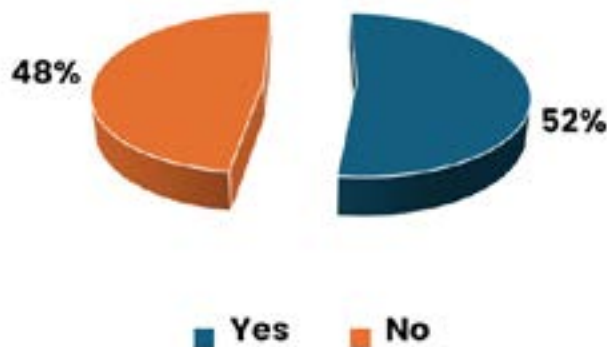
The narrow margin between 'Yes' and 'No' responses demonstrates that sibling abuse is a common extension of CAPVA and should be considered a serious safeguarding concern.

These findings reinforce the need for:

- ◆ Whole-family assessments when addressing CAPVA,
- ◆ Specialist support for siblings, and
- ◆ Interventions that prioritise psychological safety across the entire household, not just the parent-child dynamic.

Services must be alert to the emotional and physical risks siblings may face, and ensure that responses are not limited to the individual displaying the abusive behaviour.

To your knowledge, has the abusive person also been abusive toward any other siblings in the household?



Q7. Parents that answered 'yes' to the previous question were then asked how it had affected them, (referring to siblings affected by the abusive behaviour of another child in the household)

- ◆ 30% of respondents said siblings were affected both physically and mentally, highlighting the dual and overlapping impact of CAPVA on other children in the household.
- ◆ 18% reported mental impact only, making it the second most common response — a strong indication of the psychological toll sibling exposure to violence can take.
- ◆ 15% indicated the impact was physical only, reinforcing that some siblings are also direct targets of violence.
- ◆ 11% said siblings were affected physically and emotionally, and another 11% selected 'Other', showing a range of complex or case-specific experiences.
- ◆ 7% cited the impact as physically, mentally, and emotionally, suggesting a tri-layered harm experienced by some siblings.
- ◆ 4% said siblings were affected emotionally only, while 4% also noted a combination of physically and emotionally.

Key Insights

A majority of respondents reported multiple areas of harm, not isolated to one domain, underlining that CAPVA has broad and cumulative effects on siblings.

The relatively high figures for mental and emotional impacts demonstrate that even in the absence of direct physical violence, witnessing or living with abuse is traumatising.

Supporting quotes for this question include the following:

"Physically often has cut on her arms, emotionally I think she is more anxious and unsettled as a result."

— Highlights the visible physical harm and the underlying emotional impact, including increased anxiety.

"Life as a sibling in an abusive household is very hard... to be scared in their own homes is a terrible way to grow up."

— A powerful reminder of how trauma in childhood shapes long-term understanding of family, safety, and healthy relationships. The home, which should offer security, instead becomes a place of fear and dysfunction.

"The sibling is older, which minimises physical harm, however, has a detrimental impact on their mental and emotional wellbeing."

— Acknowledges that age does not protect against emotional damage. Older siblings may be spared violence but still suffer psychologically.

"If you have someone close that is unpredictable and violent... simply watching the parent being attacked will have an effect."

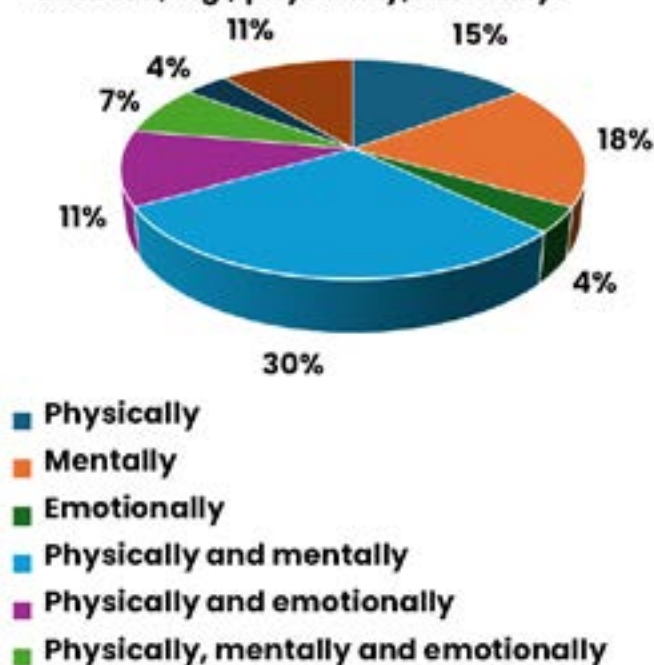
— Emphasises that vicarious trauma — witnessing abuse — can leave siblings on edge, hyper-vigilant, and emotionally distressed.



This data paints a deeply concerning picture of how CAPVA extends beyond the parent-child relationship to affect the wider family, particularly siblings. Many are not just witnesses but secondary victims, bearing the emotional scars of living in unsafe, unpredictable environments.

The findings call for multi-layered family support, including trauma-informed counselling for siblings, better safeguarding frameworks, and a whole-household approach to intervention.

If you answered 'Yes' to question 6, how are they affected, e.g., physically, mentally?



Q8. Parents were asked how many children they live with that are causing the abuse /violence:

- ◆ 91% of respondents reported that only one child in the household is responsible for the abuse and/or violence.
- ◆ 9% indicated that two children are involved in perpetrating abusive behaviour.
- ◆ 0% of respondents reported abuse from three, four, or five or more children.



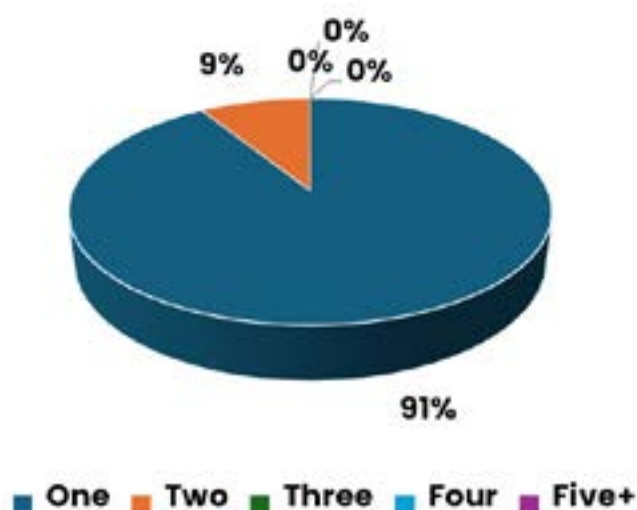
Key Insights

The overwhelming majority of cases involve a single abusive child, suggesting that CAPVA is most commonly centred around one primary relationship, rather than a broader behavioural dynamic across multiple children.

While less common, the 9% reporting abuse from two children indicates a need to recognise multi-child perpetration in some households, which may intensify risk and compound stress and trauma for parents and siblings.

No reports of abuse involving three or more children reinforces the idea that CAPVA is typically a targeted, individualised issue, rather than a systemic family, wide behavioural pattern, though its impact can affect the entire household.

How many children do you live with that are causing the abuse and/or violence?



Q9. Parents were asked which organisation they were aware of that offer help for child to parent abuse.

- ◆ The largest segment (39%) of respondents indicated they are **“not aware of any”** support organisations for child-to-parent abuse (CAPVA), highlighting a critical gap in public awareness.
- ◆ The second most noted source was online forums (10%), suggesting many parents seek peer-led or informal support when formal pathways are unclear or unavailable.

- ◆ Only 6% of respondents were aware of CAMHS (Child and Adolescent Mental Health Services) in the context of CAPVA support, despite its central role in supporting children with behavioural and emotional needs.
- ◆ Awareness of other organisations was low and fragmented, with most listed services, including PEGS (4%), Newbold Hope (9%), and various statutory or charity-based services like NSPCC, Police, Social Services, and Schools, only mentioned by 1%–4% of respondents.
- ◆ 1% stated **“there aren’t any”** – a direct expression of helplessness and perceived service absence, even beyond unawareness.

Key Insights

- ◆ The 39% reporting no awareness of CAPVA-specific support is a major finding, underscoring the need for:
 - ◇ Improved information pathways,
 - ◇ Dedicated CAPVA services, and
 - ◇ Professionally supported, family-wide interventions.
- ◆ The reliance on online forums and informal networks points to a lack of trust or access to formal services.
- ◆ The limited recognition of key statutory services (e.g. schools, police, social care) may reflect not only a lack of promotion, but negative experiences once accessed.
- ◆ Respondents’ quotes powerfully reinforce that CAPVA is not just misunderstood, it is also poorly supported in most systems families turn to for help.

Additional comments from respondents

The accompanying comments add emotional weight and detail to the data, revealing the real-life consequences of limited awareness and systemic failure:

◆ Self-reliance and lack of support:

“The only place we found any help was help we found for ourselves. No local service helped us.”

“I didn’t know I could.”

— These highlight the absence of clear signposting and the sense of being left to cope alone.

◆ Service limitations and failure:

“CAMHS and school and a family text service all insufficient... nothing to help the child.”

“Social care support has been abysmal.”

— Services mentioned by a minority in the pie chart are also cited as failing to meet families’ needs, particularly for younger children and crisis support.

◆ **Severity and mental health impacts:**

“We were torn apart as a family... I have developed chronic PTSD.”

“Had several mental health crises due to my child’s behaviour.”

— These deeply personal reflections speak to the psychological trauma experienced by parents, and the urgent need for trauma-informed interventions.

◆ **Reactive rather than preventative support:**

“There is a safety plan in place, but it’s not a preventative measure.”

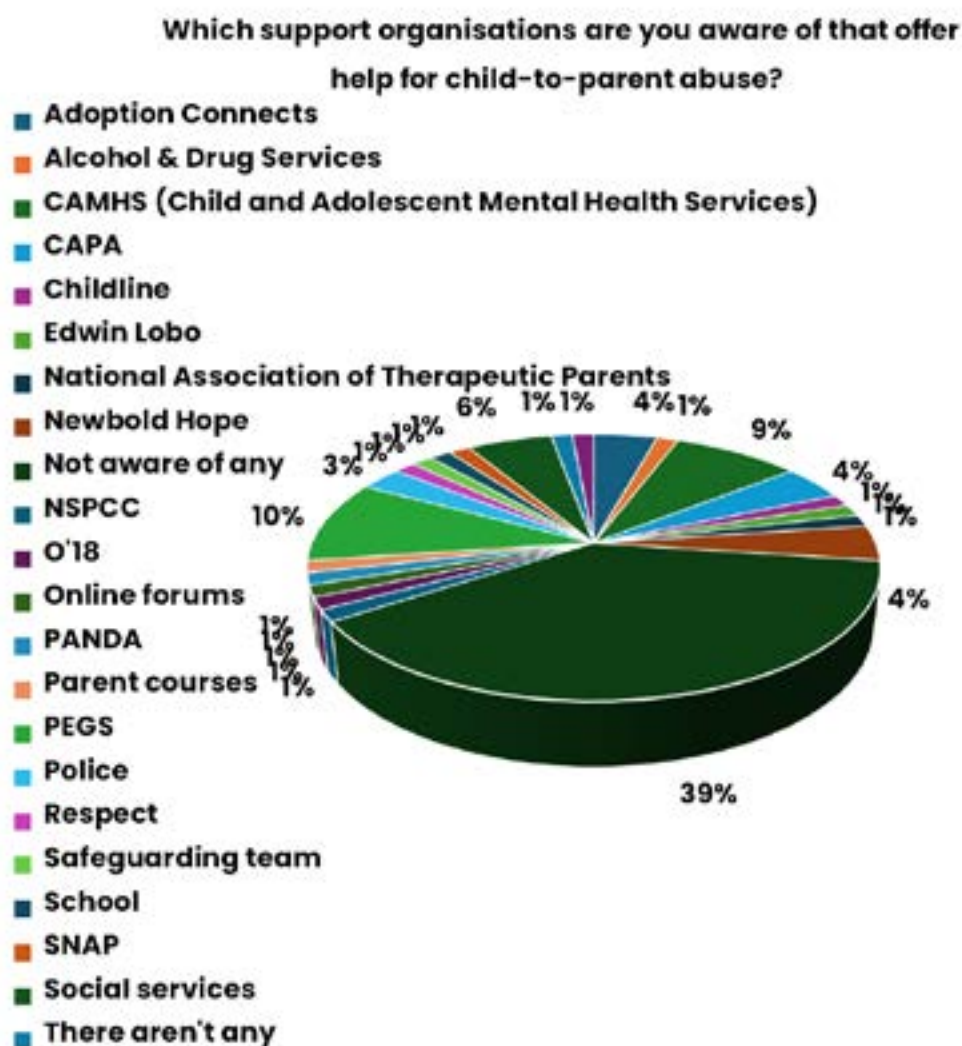
“Police were here on a regular basis.”

— Existing support is often crisis-led, rather than designed to prevent escalation or reduce harm over time.

◆ **Desperation and strained relationships:**

“I recorded him trying to bang my bedroom door in... he was apologetic, and we talked it out.”

— This illustrates how parents are left to manage and de-escalate serious incidents on their own, often without professional guidance.





Q10. Parents were asked if they had sought help from any of the listed organisations about their situation (they were asked to tick all that apply and to rate the service they had received).

Please see the chart below which indicates which services Parents and Carers approached for help with child-to-parent violence and abuse (CAPVA) and the rating they gave each service. A total of 46 respondents answered this question. The results indicate a lack of satisfaction with formal services, and a greater degree of trust and value placed on peer and informal support networks.

10. Have you sought help from any of the following about your situation? (Please tick as many that apply and rate the service you received)				
Answer Choices	Good	Adequate	Poor	Response Total
School - Teachers, Welfare Officers, School Nurse	14.63% 6	14.63% 6	70.73% 29	41
Social Care - Children's Services, Early Help	13.95% 6	20.93% 9	65.12% 28	43
Adult Social Care / Safeguarding	13.64% 3	22.73% 5	63.64% 14	22
Police	25.00% 4	25.00% 4	50.00% 8	16
Ambulance Service	16.67% 2	33.33% 4	50.00% 6	12
Voluntary or community organisation	23.81% 5	28.57% 6	47.62% 10	21
Helpline, e.g., 'Family Lives' or 'NSPCC'	6.67% 1	33.33% 5	60.00% 9	15
Other Parents / Carers	38.89% 14	44.44% 16	16.67% 6	36
Friends / Family members	28.21% 11	35.90% 14	35.90% 14	39
Local GP Practice	10.71% 3	25.00% 7	64.29% 18	28
Other	25.00% 3	8.33% 1	66.67% 8	12
answered				46



Summary of 'Help-Seeking' Experiences

Lowest Rated Services (Highest Poor Ratings):

- ◆ **School staff** (teachers, welfare officers, school nurses):
71% rated as poor
- ◆ **Social Care** – Children's Services / Early Help:
65% rated as poor
- ◆ **Adult Social Care / Safeguarding:**
64% rated as poor
- ◆ **Local GP practice:**
64% rated as poor
- ◆ **Helplines** (e.g., NSPCC, Family Lives):
60% rated as poor
- ◆ **'Other' services:**
67% rated as poor

These findings suggest that formal statutory services are perceived by most respondents as ineffective, unhelpful, or even damaging in their response to CAPVA.

Most Positively Rated Source of Support:

- ◆ **Other parents / Carers:**
39% good, 44% adequate – only 17% poor
- ◆ **Friends / family members:**
28% good, 36% adequate
- ◆ **Voluntary / community organisations:**
24% good, 29% adequate

This shows a significantly more positive experience with peer and community support, suggesting that these avenues may feel more empathetic, accessible, and validating to families.

Notable Observations:

- ◆ Police and ambulance services received a mixed response, but around 50% still rated them as poor.
- ◆ Voluntary organisations had more positive than negative ratings, suggesting their approach is more aligned with families' needs.
- ◆ Peer support is a key protective factor, with "Other Parents / Carers" rated highest overall for support quality.

The data reveals a critical gap in satisfaction with formal statutory services, which are often rated poorly by families experiencing CAPVA. In contrast, informal and peer-led support is viewed far more positively. This highlights an urgent need for trauma-informed, non-judgemental approaches within public services, as well as greater investment in community-based and peer support models.

Respondents were also asked if they had not accessed any of the above listed services; to add a comment, as follows:

- ◆ ***Social services and school both blame the parents and refuse to support***
- ◆ ***On line forums and training sessions – Newbold Hope***
- ◆ ***None other than one family friend***
- ◆ ***Most support stops at 18yrs old***
- ◆ ***Few services exist that I’m aware of and those that do can’t offer any practical solutions and certainly aren’t available when it’s happening***

These comments echo a wider theme throughout the survey: many families facing child-to-parent abuse feel let down by formal services, relying instead on informal networks, online communities, or managing entirely alone.

Q11. Respondents were asked if they did not use any of the support options listed in Q10, what other types of support, if any, did they access, and how did they manage the situation on their own?

Thematic Analysis of Responses

1. Self-Reliance and Coping Alone

Many parents described managing entirely on their own or within the household, often at great emotional and physical cost:

- ***“Just had to cope on my own.”***
- ***“Badly.”***
- ***“Just had a cry and carried on.”***
- ***“We just dealt with it ourselves.”***
- ◆ **Insight: A strong sense of isolation and lack of accessible or effective professional help forced families to rely on self-coping strategies, despite the intensity of the challenges.**

2. Emotional and Mental Health Impact

A number of Carers shared distressing impacts on their wellbeing, including trauma and burnout:

- *"I have developed chronic PTSD."*
- *"Had several mental health crises."*
- *"Stay calm, give up work and support child."*

◆ Insight: **Unmanaged, CAPVA can have profound and long-term consequences on Carers' mental health, livelihoods, and sense of self-worth.**

3. Peer Support and Online Communities

Many found value in online or social media-based peer support:

- *"Support groups online."*
- *"Peer support on FB."*
- *"Use chat groups... to ask advice or just offload."*
- *"Only place we found help was help we found for ourselves."*

◆ Insight: **Online and peer networks offer critical emotional and practical support, often in the absence of formal services.**

4. Self-Education and Informal Learning

Several parents turned to independent learning:

- *"Self-education – books, podcasts."*
- *"Learning more about neurodivergence and survival responses."*
- *"Watch clips on keeping safe and de-escalating."*

◆ Insight: **Parents are highly motivated to understand their children's behaviour, often filling in the gaps left by uninformed or inaccessible professional advice.**

5. Professional Support – Mixed Experiences

A few cited positive experiences with CAMHS, therapy, or post-adoption services:

- *"CAMHS were a big help."*
- *"CAHMS family therapy."*
- *"Post Adoption play therapy."*

But most experiences were critical or disappointing:

- *"Social care support has been abysmal."*
- *"Parent shame from schools and services."*
- *"111 – gave up waiting after 30 mins."*

◆ Insight: **There is a lack of consistency in professional support – when it works, it's transformative, but more often families feel judged, blamed, or abandoned.**



6. Family Support and Previous Professional Backgrounds

Some respondents leaned on their family networks or personal expertise:

- *“Family support.”*
- *“Relied on training from previous job roles (e.g., police/prison officer).”*
- *“Husband and social worker helped.”*

◆ **Insight: Without structured support, parents default to their personal resilience and professional training to survive.**

Summary

The responses reveal that many families are managing CAPVA in isolation, relying on self-taught strategies, peer networks, or inner resilience. There is a strong sense of abandonment by statutory services, with parents feeling judged, dismissed, or unsupported. Informal support, especially from online communities and fellow parents, plays a vital role, often being described as the only helpful or available source of guidance.

Key finding: The lack of formal, consistent, and compassionate support leaves many families navigating child-to-parent abuse alone — resulting in emotional exhaustion, trauma, and long-term consequences for both the parent and child.





Q12. Parents were asked if they were aware of any of the support pathways, listed, that currently exist.

- ◆ SEND (Special Educational Needs) was the most widely recognised support pathway, with 25% of respondents indicating awareness, suggesting it is the most visible or accessed route among families.
- ◆ Counselling and Parent/Carer support were the next most commonly recognised pathways, each noted by 19% of respondents, highlighting awareness of generic emotional support services.
- ◆ Mental Health/Wellbeing services were recognised by 17%, reflecting a moderate level of awareness but perhaps a missed opportunity considering the overlap with behavioural and emotional challenges related to CAPVA.
- ◆ 8% of respondents were aware of support relating to vulnerabilities (e.g. drug, alcohol or exploitation), showing limited recognition of targeted risk-based pathways.
- ◆ A further 8% selected 'None of the above', meaning they were not aware of any of the listed services, indicating a clear gap in information dissemination or engagement.
- ◆ Only 4% of respondents had heard of Intervention and Diversion services, which are designed to support behavioural change, a notably low figure given their potential relevance to early CAPVA intervention.

Key Insights

While awareness of educational and emotional support services is relatively strong, there is limited recognition of more specialist or preventative pathways (e.g. Intervention and Diversion, Vulnerabilities).

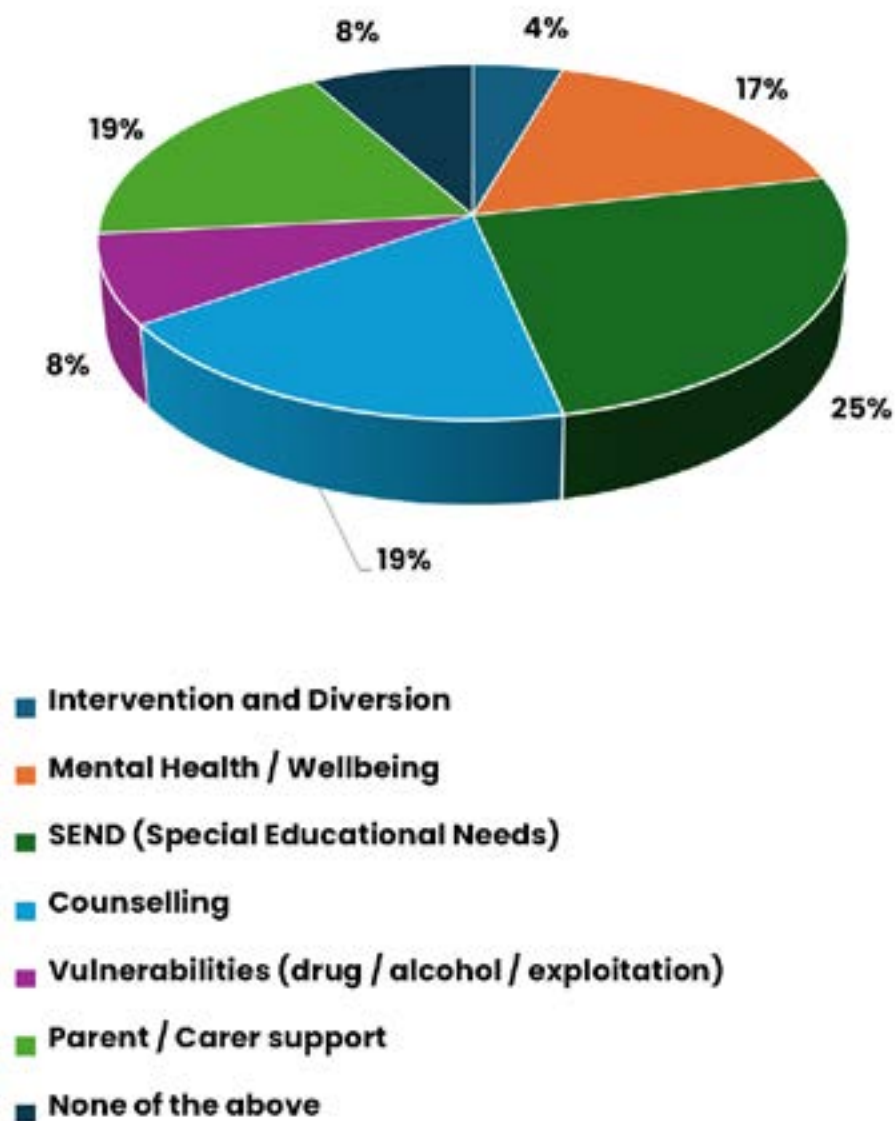
The 8% who are unaware of any support pathways is particularly concerning given the context of high levels of reported abuse; it reflects a significant disconnect between service availability and public knowledge.

The relatively low awareness of early intervention services may be contributing to delayed responses to CAPVA and missed opportunities to prevent escalation.

The findings point to the need for:

- ◆ Improved signposting and communication about existing support pathways,
- ◆ Greater integration across services, and
- ◆ Targeted awareness campaigns to ensure families understand what help is available and how to access it.

Please advise if you are aware of any of the support pathways, listed below, that currently exist.



Q13. When parents were asked the reasons for not seeking support or professional help, the reasons included:

- ◆ The most common barrier to seeking support was **“Tried but was trivialised or dismissed”** (14%), indicating that negative past experiences with professionals are a major deterrent to further help-seeking.
- ◆ 13% of respondents cited **“Feeling ashamed or blamed”**, highlighting the emotional stigma that still surrounds child-to-parent abuse (CAPVA) and how it discourages open dialogue.
- ◆ 12% reported both **“Did not know where to go”** and **“Fear that no one could help”**, pointing to gaps in signposting and a lack of confidence in the system’s ability to offer meaningful support.
- ◆ 10% identified **“Hard to acknowledge/admit to”**, and 9% said **“Child going through a difficult time that will pass”**, suggesting that denial, minimisation, or hope for improvement play a role in delaying or avoiding help-seeking.
- ◆ Other notable factors include:
 - ◇ Feeling overly responsible (6%)
 - ◇ Fear of conflict (8%)
 - ◇ Belief that **“things might get better”** (6%)

Key Insights

A clear theme across the responses is the emotional burden placed on parents, who may feel blamed, ashamed, isolated, or uncertain about their own role. These internalised feelings are just as powerful as practical barriers in preventing access to support.

The fact that over 1 in 10 respondents felt dismissed or invalidated by services suggests a critical need for trauma-informed, empathetic professional responses. Families are less likely to try again if they feel unheard or judged.

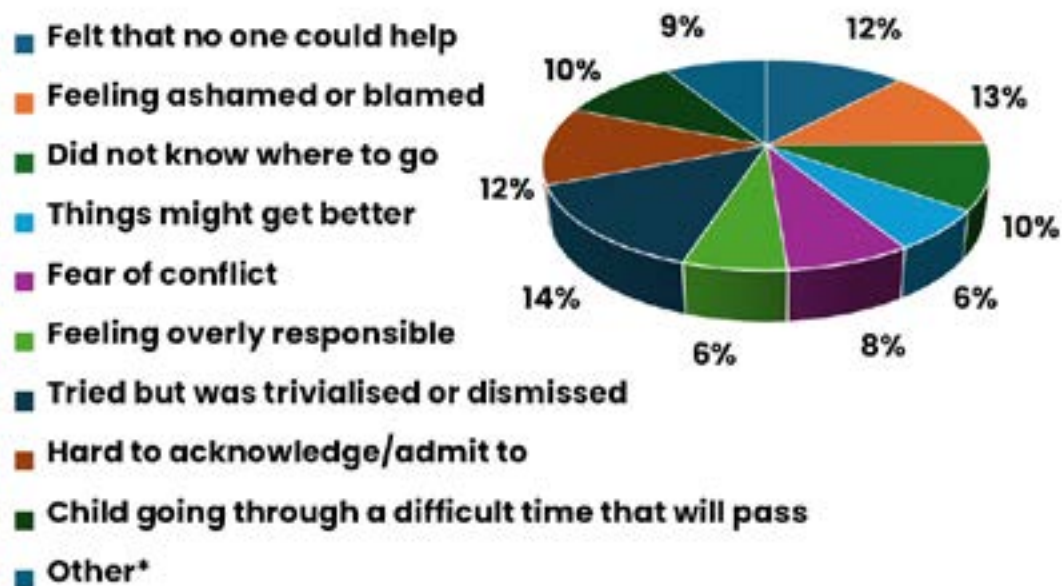
The 6% who believed things might improve on their own indicates a tendency to delay intervention, potentially leading to escalation of abuse and further risk for both the parent and others in the home.

Several reasons (e.g. “feeling overly responsible”, “fear of conflict”) reflect the complex emotional dynamics within the family and the challenge of balancing love, protection, and safety.

This data underscores the importance of not only increasing awareness and access to CAPVA services, but also ensuring those services are non-judgemental, proactive, and supportive. Families need safe spaces where they feel believed, understood, and not at fault; only then will barriers to seeking help begin to fall.



**If you have not sought support or spoken to a professional,
what factors, if any, have influenced this decision?**



Q14. People were asked who they thought parents would prefer to initially approach for support

- ◆ School was the most common response, chosen by 27% of participants, indicating that schools are perceived as the first point of contact for many families, likely due to their regular contact with children and parents.
- ◆ GPs were the second most common response at 20%, suggesting a high level of trust in health professionals as initial, non-stigmatising entry points into support services.
- ◆ Parent courses (12%) and CAMHS (8%) were also viewed as likely preferred avenues, reflecting the perceived importance of mental health and parenting guidance in dealing with child-to-parent abuse (CAPVA).
- ◆ Only 5% or fewer believed parents would initially turn to:
 - ◆ PEGS (5%) – a known CAPVA-specific service
 - ◆ Social services (3%)
 - ◆ Police (2%)
 - ◆ Support groups/other parents (2%)
 - ◆ Alcohol & Drug Services, Adoption Connects, and Other options (each at 2% or less)
- ◆ 14% chose “Don’t know”, highlighting uncertainty or inconsistency in how families navigate or understand the support landscape.



Key Insights

The dominance of schools and GPs suggests that any strategy to improve CAPVA identification and early intervention must prioritise training and awareness within education and primary care settings.

The relatively low figures for specialist services (e.g., PEGS, social care) may reflect:

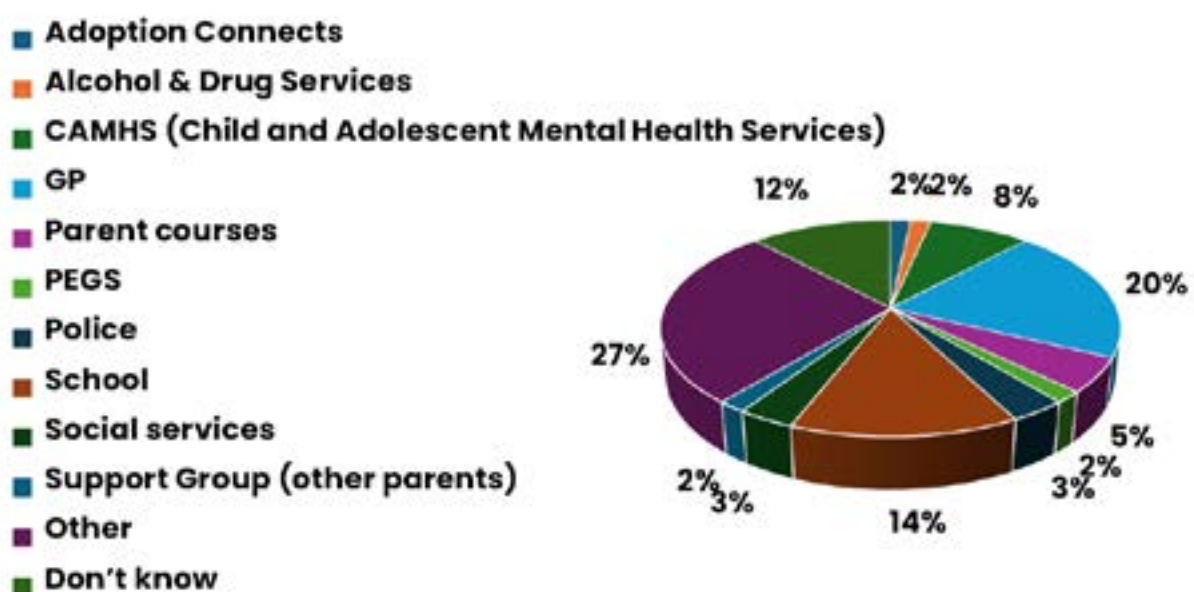
- ◆ Lack of visibility or familiarity with these options.
- ◆ A reluctance to engage with services perceived as formal, judgemental or crisis-oriented

Despite high peer support value reported in other parts of the survey, support groups were not seen as a first port of call, possibly due to stigma, lack of availability, or the sensitive nature of CAPVA.

The 14% uncertainty rate reinforces the lack of clarity and confidence in the system, and the need for clearer signposting and public education on how to seek appropriate help.

This data shows that while families may instinctively turn to trusted everyday contacts (like schools and GPs), they may overlook or be unaware of more specialised support routes. Strengthening awareness, training, and partnerships between mainstream and specialist services is essential to ensuring parents can access the help they need when facing CAPVA.

In your opinion, who do you feel that parents would prefer to initially approach for support?



Additional comments provided for this question were themed as follows:

1. Peer Support and Lived Experience

Many respondents expressed a strong preference for connecting with other parents, particularly those who have lived experience of CAPVA or raising children with additional needs:

- ◆ *“Other parents”*
- ◆ *“In my case, other parents with autistic children”*
- ◆ *“Anyone who has gone through the same”*
- ◆ *“Somebody... another parent with lived experience”*

Theme: **Peer support is highly valued as non-judgemental, relatable, and emotionally safe.**

2. Holistic, Whole-Family Approaches

Respondents highlighted the need for support services that consider the entire family unit, not just the child or the parent in isolation:

- ◆ *“Someone that supports the whole family, not just individuals”*
- ◆ *“Family x3”*
- ◆ *“Friends and family, community or voluntary sector organisations”*

Theme: **Support should be family-centred, recognising collective impact and shared coping.**

3. Accessibility and Trust in Primary Care

GPs, practice nurses, and health visitors were frequently mentioned — but often with frustration about accessibility and delays:

- ◆ *“GP, if appointments are impossible to obtain”*
- ◆ *“GP / Practice Nurse / Health visitor – if you can get an appointment in less than 2 weeks”*
- ◆ *“Parents should be able to approach GP...”*

Theme: **Primary care is seen as a natural first step — but access barriers undermine its usefulness.**

4. Specialist Services – with Knowledge and Sensitivity

While some mentioned CAMHS, Social Workers, or the SEND system, there were serious concerns about lack of understanding, parent blame, and stigma:

- ◆ *“I had a lot of support but they weren’t trained or understood how autism and ADHD impacts people”*
- ◆ *“Local Authority workshops, SEND teachers understanding what CAPVA is...”*
- ◆ *“Support should be proactive but it isn’t... that puts parents/Carers in the position whereby they feel ashamed”*
- ◆ *“Parents should be able to approach CAMHS, SEND team, school... but parent blame is rife”*

Theme: **There is a strong need for professionals who are trained in CAPVA, neurodiversity, and trauma-informed practice.**

5. Emotional Safety and Confidentiality

Concerns around stigma, judgement, and lack of confidentiality, especially within school communities, were highlighted:

- ◆ *“There is some shame and stigma... parents may not want to approach school”*
- ◆ *“Our child being in a special SEND school breaks down some of those barriers, but mainstream would be more difficult”*
- ◆ *“Helpline”*

Theme: **Parents want safe, stigma-free spaces to seek support without fear of judgement or repercussions.**

6. Proactive and Preventative Support

A number of responses called for services to act before crisis, and not wait for things to escalate:

- ◆ *“Support should be proactive, but it isn’t”*
- ◆ *“We spend a lot of our time feeling helpless and desperate”*
- ◆ *“Allow direct service with therapists so it can be addressed as a whole with the child”*

Theme: **Timely, early, and non-crisis-based intervention is lacking and urgently needed.**



Summary

Parents and Carers want:

- ◆ Compassionate peer support
- ◆ Professionals with relevant training and understanding
- ◆ Family-inclusive, stigma-free, and easily accessible services
- ◆ Proactive rather than crisis-led support pathways

These insights suggest a critical need to reshape service access and design around empathy, trust, and whole-family wellbeing.

Q15. Parents experiencing violence or abuse were asked how they would like to be supported.

The comments received in answer to this question reflect a deep need for understanding, early intervention, practical support, and empathy, not only for the child but for the whole family system. Their responses have been put into key themes, each supported by direct quotes and insights:

1. Respite and Relief from Constant Pressure

A significant number of parents expressed an urgent need for breaks from caregiving and short-term relief:

- ◆ ***“Respite, counselling and therapeutic support for the young person and family”***
- ◆ ***“Appropriate respite”***
- ◆ ***“Honestly, we would like a break, even if we paid for it ourselves”***
- ◆ ***“Be able to qualify for respite and receive it”***

Theme insight: **Respite is seen as essential for survival, not luxury — yet is perceived as inaccessible or insufficiently prioritised.**

2. Counselling and Therapeutic Support

Many respondents asked for emotional and psychological support for themselves, their children, and their families:

- ◆ ***“Counselling”***
- ◆ ***“Some counselling. Professional.”***
- ◆ ***“Counselling and safeguarding service”***
- ◆ ***“Help with validation of emotions and feelings... counselling for the family”***

Theme insight: **Parents seek consistent, long-term therapy — not only for the child but for themselves and siblings — to address trauma, anxiety, and coping.**



3. To Be Listened to, Believed and Not Blamed

This theme appeared repeatedly, pointing to widespread parent-blaming and institutional dismissal:

- ◆ *“Listened to and believed... not judged”*
- ◆ *“Less gaslighting of parents”*
- ◆ *“I just wish the GP had listened to me at the time”*
- ◆ *“Believed not blamed”*
- ◆ *“I’d like to be taken seriously and listened to”*

Theme insight: **Validation and respect are missing in many interactions with services. Parents want non-judgemental professionals who recognise their efforts and distress.**

4. Practical Strategies and Skills

Parents are calling for tangible tools and interventions to manage CAPVA in real time:

- ◆ *“Help with approach and support for child”*
- ◆ *“Strategies of how to stop it or divert”*
- ◆ *“Tips and tricks to de-escalate”*
- ◆ *“NVR training for parent”*
- ◆ *“Training courses that are accessible/local”*

Theme insight: **Parents want proactive, skill-based support, not repeated or generic parenting courses. They are seeking interventions grounded in real-life crisis management.**

5. Whole-Family and Trauma-Informed Support

Respondents want multi-agency approaches that recognise the complexity of CAPVA and the trauma involved:

- ◆ *“A whole family approach – safety support, emotional support”*
- ◆ *“Support for siblings, strategies when getting to safety isn’t an option”*
- ◆ *“Training for parents on trauma and emotional regulation”*
- ◆ *“Help and therapy at source in the home”*

Theme insight: **Effective support must go beyond the child—it must safeguard and restore the wellbeing of the entire household.**

6. Earlier, Faster Access to Support

There's widespread frustration with delayed responses, long wait times, and systemic inaction:

- ◆ *"Support as soon as the abuse starts... not having to wait years"*
- ◆ *"Regular check-ins from a proactive social worker"*
- ◆ *"Much better access to professional advice"*
- ◆ *"Waiting a year and a half for assessment"*

Theme insight: **The system is perceived as reactive rather than preventative, leaving families in crisis for extended periods before support is offered.**

7. Peer Support and Safe Spaces

Several comments mentioned the value of talking to other parents or having access to safe, understanding communities:

- ◆ *"More groups that are safe places to discuss these problems"*
- ◆ *"Anonymous service to begin with"*
- ◆ *"All the SEND information is for the children, never for the parents"*

Theme insight: **Peer-led or parent-focused spaces are underdeveloped and overlooked but are highly valued by families seeking emotional safety and shared understanding.**

8. Help for the Child – Not Just the Parent

Parents repeatedly stated that the child needs targeted support, not just behaviour management advice for parents:

- ◆ *"My child needs help but there isn't anything available"*
- ◆ *"Support and understanding for my child to improve their mental health"*
- ◆ *"With help for my daughter to manage her emotions"*
- ◆ *"I would like therapy for my child that doesn't stop and start"*

Theme insight: **Families are exhausted by being told to fix the issue alone; they need specialist, child-centred support that acknowledges mental health, neurodiversity, and trauma.**

9. Systemic Change and Empathy

Many parents expressed frustration with systemic failures, professional attitudes, and institutional harm:

- ◆ *“Repeated parenting courses are ineffective and an insult”*
- ◆ *“Parent blame is insulting and demoralising”*
- ◆ *“Help and therapy should happen in the home environment”*
- ◆ *“Recognition in the workplace... I had to stop full-time work”*

Theme insight: **There is a call for cultural and systemic change — not just service tweaks — that shifts responsibility away from parents being ‘at fault’ to a more collaborative, understanding model.**

Summary

Parents overwhelmingly called for a shift from blame to belief, from reaction to prevention, and from fragmented services to whole-family, trauma-informed support.

Key themes included access to respite, emotional and therapeutic support, practical strategies, and peer connections, all grounded in a desire to be listened to, respected, and supported, not judged or dismissed.

Q16. Parents were asked to give three tips that they would give to another parent experiencing abuse or violence from their child in similar situations. The responses provide practical, emotional, and strategic advice, and cluster into the following clear themes:

1. Stay Calm, De-escalate, and Don’t Engage in Conflict

- ◆ *“Stay calm” (mentioned over 10 times)*
- ◆ *“Do not engage or react”*
- ◆ *“Low arousal”*
- ◆ *“Pick your battles”*
- ◆ *“Strike when the iron is cold”*
- ◆ *“Do not try to restrain”*
- ◆ *“Leave the situation immediately”*
- ◆ *“Walk away if you can”*
- ◆ *“Speak quietly, gently”*

Insight: **Parents emphasised the importance of de-escalation and non-confrontation, prioritising calm over control in the heat of the moment.**



2. Prioritise Safety – Yours and Others’

Many tips centred on immediate safety planning:

- ◆ *“Have a safety plan”*
- ◆ *“Keep yourself safe first”*
- ◆ *“Protect siblings”*
- ◆ *“Put a door between you and the abuser”*
- ◆ *“Lock away knives, matches, medicines”*
- ◆ *“Remove yourself without verbal or physical contact”*
- ◆ *“Safety plan for siblings”*

Insight: **Parents clearly recognised the importance of physical safety, with some treating incidents like emergency situations.**

3. Don’t Blame Yourself or Feel Ashamed

Emotional reassurance featured strongly:

- ◆ *“It’s not your fault”*
- ◆ *“Don’t feel guilty”*
- ◆ *“Don’t judge yourself”*
- ◆ *“You’re allowed to feel confused”*
- ◆ *“Don’t feel shame”*
- ◆ *“You’re not alone”*
- ◆ *“This is not your fault”*

Insight: **There is a strong need to combat stigma and self-blame, and affirm the emotional toll of CAPVA.**

4. Seek Help and Support Early

Many parents encouraged reaching out:

- ◆ *“Seek help” / “Get help ASAP”*
- ◆ *“Call school, CAMHS, GP, police”*
- ◆ *“Speak to health visitors”*
- ◆ *“Find a support group”*
- ◆ *“Reach out for support”*
- ◆ *“Ask for help”*
- ◆ *“Support where needed”*

Insight: **Despite recognising how hard it is, parents urged others to not suffer in silence and access both professional and peer support.**



5. Validate and Understand the Child's Needs

Many parents showed compassion for their child's behaviour:

- ◆ *"Your child is likely really struggling"*
- ◆ *"It's a survival response, not personal"*
- ◆ *"All behaviour is communication"*
- ◆ *"Be empathetic to your child"*
- ◆ *"Give them space"*
- ◆ *"They are having a hard time"*
- ◆ *"Understand how and why they feel the way they do"*

Insight: **Parents encouraged others to maintain empathy and perspective, even during episodes of violence or abuse.**

6. Use Practical Coping Tools

A smaller group offered creative or sensory-based strategies:

- ◆ *"Crunchy snacks like breadsticks help"*
- ◆ *"Get earplugs"*
- ◆ *"Sing any instructions"*
- ◆ *"Take internet or TV away for a period"*

Insight: **These tips reflect personal trial-and-error strategies that can help calm a child or give parents moments of relief.**

7. Communicate – But Not in the Moment

Parents encouraged timing and tone in discussions:

- ◆ *"Don't talk about it at the time"*
- ◆ *"Talk when both are calm"*
- ◆ *"Reflect once the child is calm"*
- ◆ *"Speak in as few words as possible"*

Insight: **Communication is vital, but timing is everything — debriefs should wait until emotions settle.**

8. Acknowledge the Reality

Some parents emphasised the importance of:

- ◆ *“Acknowledging what it is”*
- ◆ *“Accepting that it’s unacceptable”*
- ◆ *“You don’t always have to fix it”*
- ◆ *“This is hard, and it’s okay to feel that way”*

Insight: **Many needed validation that it’s okay to struggle, and naming the experience is a powerful step toward recovery.**

Summary

Parents offered a rich and compassionate set of strategies grounded in lived experience. The strongest themes included the importance of remaining calm, prioritising safety, avoiding blame, and seeking support early.

Parents advised others to be kind to themselves, to understand their child’s behaviour as communication, and to take steps to de-escalate rather than control in the moment. Above all, they encouraged others to reach out, not to feel alone, and to recognise that protecting yourself is not failing your child; it’s protecting your family.

Q17. Parents had the opportunity to provide additional comments about their experience. A thematic summary of the lived experiences of Parents and Carers facing CAPVA is provided below. A full copy of all comments received can be found in Appendix B.

1. Systemic Failure and Institutional Blame

Many parents expressed deep frustration and harm caused by professionals who dismissed, blamed, or misunderstood their situation:

- ◆ *“Everyone turned their faces away.”*
- ◆ *“Always trying to find something we are doing wrong.”*
- ◆ *“Safeguarding referrals instead of support.”*
- ◆ *“Gaslit... and threats of fines.”*

Insight: **The system is perceived as adversarial and punitive, often responding with safeguarding investigations instead of compassionate support.**

2. Lack of Support for Neurodivergent Children

Families of children with autism, ADHD, and other additional needs described long waits, repeated courses, and systemic gaps, especially without a formal diagnosis:

- ◆ *“There is no support for children unless they have a diagnosis.”*
- ◆ *“Our local CAMHS has no learning disability service.”*
- ◆ *“Educational system is broken.”*

Insight: **Services often fail neurodiverse children and their families, especially where behaviour is masked at school or doesn’t meet narrow eligibility criteria.**

3. Emotional and Physical Toll on Families

Parents described trauma, burnout, and the wider impact on siblings and family life:

- ◆ *“It was like living in inescapable hell.”*
- ◆ *“We were ‘firefighting’ for years.”*
- ◆ *“His suffering was in silence.”*

Insight: **The consequences of CAPVA ripple across the family, often sacrificing the wellbeing of siblings, straining relationships, and creating chronic stress and trauma for Carers.**

4. Need for Compassionate, Tailored, Whole-Family Support

There was a strong call for non-judgemental, trauma-informed support, adapted to the individual family:

- ◆ *“We need a champion to guide us.”*
- ◆ *“Parents too can be vulnerable.”*
- ◆ *“There needs to be intervention with both parents and the child.”*

Insight: **Families want empathy and guidance, not generic parenting courses. They ask for advocacy, tailored intervention, and mental health support that recognises the complexity of their experiences.**



5. Peer Support as a Lifeline

Several parents credited other parents or online networks as the only sources of understanding:

- ◆ *“Find your tribe.”*
- ◆ *“I found Yvonne Newbold’s webinars – they helped.”*
- ◆ *“Sought out other parents... it provided solace.”*

Insight: **When formal systems fail, peer networks become a crucial source of emotional support and practical strategies.**

6. Post-Adoption and SEND Gaps

Families of adopted children described invisible trauma and unmet support needs:

- ◆ *“Check in with adopters once a year.”*
- ◆ *“My daughter is in survival mode.”*

Insight: **Adoptive families need routine post-adoption follow-up, and systems must recognise the hidden impact of early trauma on behaviour.**

7. Gratitude for Help – But Too Little, Too Late

Some families had eventually accessed effective support but emphasised how long it took and the toll in the meantime:

- ◆ *“We are still experiencing it now, but to a lesser degree.”*
- ◆ *“We survived, but it has taken its toll.”*

Insight: **Even when support arrives, it often comes after significant damage has already been done, underlining the need for earlier intervention.**

These powerful stories reveal a consistent message: families are exhausted, misunderstood, and unsupported, yet still seeking ways to survive and protect their children. They call not just for more services, but for radical reform in the way professionals understand, respond to, and walk alongside families living with CAPVA.



Conclusion

The findings from this survey shine a stark and troubling light on the lived experiences of parents and Carers coping with child-to-parent violence and abuse (CAPVA). With 98% of respondents reporting personal experience of abuse from a child for whom they hold parental responsibility, this is not a marginal issue, it is urgent, complex, and under-addressed.

The evidence overwhelmingly shows that families are managing intense and prolonged abuse, often in isolation, and with little to no support from statutory services. More than half of respondents experienced abuse lasting five years or more, with some living through violence for over a decade. Despite this, 70% or more of those who sought help from schools, children's services, or adult safeguarding rated the support they received as poor.

Families described being blamed, dismissed, or misunderstood by professionals:

"Social services and school both blame the parents and refuse to support."

"By the time [the support worker] left, she knew it was not us, and that school was not meeting needs causing issues at home."

The psychological toll is profound. Many parents reported trauma, burnout, and feelings of guilt or shame, with some developing chronic mental health issues:

"We were torn apart as a family. I have developed chronic PTSD."

"Had several mental health crises due to my child's behaviour."

"I just had to cope on my own."

By contrast, peer support networks, online communities, and self-education were consistently cited as the most helpful:

"The only place we found any help was help we found for ourselves."

"Online support groups provided amazing support."

"We relied on training from previous job roles to manage safely."

Parents made it clear; they are not looking for blame or punitive responses, but for understanding, timely intervention, and practical, trauma-informed support for themselves and their children. Too often, CAPVA is invisible in policy and disconnected from early help pathways, particularly for children without a formal diagnosis or who "mask" behaviours in school settings.

Recommendations

1. Embed CAPVA in Local Safeguarding Policy and Practice

- ◆ Recognise CAPVA formally within local safeguarding procedures for both children and adults.
- ◆ Ensure it is embedded in local strategies (e.g., domestic abuse, SEND, early help).

2. Create a Clear, Accessible Pathway for Support

- ◆ Develop a dedicated, well-publicised referral route for families experiencing CAPVA, regardless of the child's diagnosis.
- ◆ Provide a single point of contact to coordinate timely, trauma-informed support.

“There is no support for child-to-adult abuse.”

“Professionals are not equipped... Police don't want to arrest, hospitals have nowhere to accommodate.”

3. Invest in Peer Support and Lived Experience Networks

- ◆ Commission or support peer-led support groups, helplines, and drop-ins for affected families.
- ◆ Fund training and facilitation for peer support leaders.

“Find your tribe—it'll make you feel less alone.”

“Peer support on Facebook is the only thing that kept me going.”

4. Provide Trauma-Informed Training Across Services

- ◆ Ensure professionals in education, health, policing, and social care are trained in recognising and responding to CAPVA.
- ◆ Include non-violent resistance (NVR), de-escalation strategies, and trauma theory.

“School and services often just parent shame.”

“Had people in my home telling me it was all my fault while I sat there crying.”

5. Support the Whole Family – Not Just the Child

- ◆ Make respite care, family therapy, and sibling support available and easy to access.
- ◆ Provide practical safety planning, emotional support, and tools for parents..

“It's not just about the child. We need someone to care about us too.”

“Our son fared less well. His needs were overlooked while we were ‘firefighting’ for his sister.”

6. Improve Crisis Access and Follow-Up

- ◆ Review current crisis responses (111, CAMHS, police) and ensure they are equipped to deal with CAPVA safely and effectively.
- ◆ Develop a rapid response model to prevent escalation and protect all family members.

“I rang 111 and gave up after 30 minutes—went back to help my son alone.”

“There is a safety plan, but it’s not preventative. Police still have to be called.”

7. Ensure Support Extends Beyond Age 18

- ◆ Recognise that CAPVA does not end at 18; extend pathways and support for families with older adolescents and young adults.

“Most support stops at 18.”

“If another adult did what my child did, they’d be in jail—why is it OK from him?”

Finally

“You’re not alone. It’s not your fault. There should be help—and it must be better than this.”

Families affected by CAPVA are navigating trauma, fear, and silence, often without the support they need. This report is a call to action for systems and services to listen, learn, and act, ensuring that no parent or Carer is left to manage this devastating experience alone.





Demographic Information

Respondents to the survey were also asked their age, gender, ethnicity and where they lived. Results are as follows:

Gender: The majority of respondents were female (91%), with very few identifying as male (2%) or intersex (2%). No respondents identified as transgender, non-binary, or other. 4% preferred not to disclose their gender.

Age Range: Most participants were aged 25–49 (57%) or 50–64 (37%). Only one respondent was 80+ years (2%), and 4% chose not to disclose their age. No respondents were under 25 or between 65–79.

Ethnic Origin: The population was predominantly White British (80%), with White – Other (9%), Mixed Ethnic Groups (4%), and Black/Black British – African (2%) making up smaller portions. 4% did not disclose their ethnicity.

Location: Most respondents (63%) resided within Central Bedfordshire, particularly in Dunstable (9) and Biggleswade (5). 33% lived outside the area, primarily from neighbouring regions like Bedford, Luton, and Milton Keynes. 4% did not specify their location.

Exact data results as follows:

Gender (N=46)

- ◆ Female: 42 (91%)
- ◆ Male: 1 (2%)
- ◆ Intersex: 1 (2%)
- ◆ Prefer not to say: 2 (4%)
- ◆ Transgender, Non-binary, Other: 0 (0%)

Age Range

- ◆ 25–49: 26 (57%)
- ◆ 50–64: 17 (37%)
- ◆ 80+ years: 1 (2%)
- ◆ Prefer not to say: 2 (4%)
- ◆ Others (Under 16 to 24, 65–79): 0 (0%)

Ethnic Origin

- ◆ White British: 37 (80%)
- ◆ White – Other: 4 (9%)
- ◆ Mixed Ethnic Groups: 2 (4%)
- ◆ Black/Black British – African: 1 (2%)
- ◆ Prefer not to say: 2 (4%)

Location

- ◆ Within Central Bedfordshire: 29 (63%)
 - ◇ Largest groups: Dunstable (9), Biggleswade (5)
- ◆ Outside Central Bedfordshire: 15 (33%)
 - ◇ Mostly from 5 neighbouring counties (Bedford Borough, Luton Borough, Milton Keynes, etc.)
- ◆ No response: 2 (4%)

A photograph of a group of people in a meeting. A man with a beard and a blue shirt is the central figure, looking intently at someone off-camera. To his right, a woman with dark hair and a brown cardigan is also looking in the same direction. The background is a plain, light-colored wall. The image is framed by a white border on the right and bottom, and a pink decorative element on the left.

Appendix A



Survey Questions

1. Have you ever experienced abuse and/or violence from your child?
(the child you have parental responsibility for) (Please tick)

YES

NO

2. If you answered 'yes' to question 1, for how long has the abuse and/or violence been happening?

Please state

3. What is your current family situation? (Please tick)

Co-parent living together

Co-parent living apart

Single parent

Other (please state)

4. How old is your child? (Please tick)

Under

Over

18 yrs

18 yrs

5. How many other children live in your household that you have responsibility for?

Please state

6. To your knowledge, has the abusive person also been abusive toward any other siblings in the household? (Please tick)

YES

NO

7. If you answered 'Yes' to question 6, how are they affected, e.g., physically, mentally?

Please state

8. How many children do you live with that are causing the abuse and/or violence? (Please tick)

One

two

three

four

five plus



9. Which support organisations are you aware of that offer help for child-to-parent abuse?

Please state

10. Have you sought help from any of the following about your situation?
(Please tick as many that apply and rate the service you received).

School – Teachers, Welfare Officers, School Nurse

Social Care – Children’s Services, Early Help

Adult Social Care / Safeguarding

Police

Ambulance Service

Voluntary or community organisation

Helpline, e.g., ‘Family Lives’ or ‘NSPCC’

Other Parents / Carers

Friends / Family members

Local GP Practice

Other

If none of the above, please tick here:

11. If you did not use any of the support options listed above, what other types of support, if any, did you access? How did you manage the situation on your own?

Please state

12. Please advise if you are aware of any of the support pathways, listed below, that currently exist. (Please tick any that you may have heard about)

Intervention and Diversion

Counselling

Mental Health / Wellbeing

Vulnerabilities (drug / alcohol / exploitation)

SEND (Special Educational Needs)

Parent / Carer support

None of the above

13. If you have not sought support or spoken to a professional, what factors, if any, have influenced this decision? (Please tick all that apply)
- ☐ Felt that no one could help
☐ Feeling ashamed or blamed
☐ Did not know where to go
☐ Things might get better
☐ Fear of conflict
☐ Feeling overly responsible
☐ Tried but was trivialised or dismissed
☐ Hard to acknowledge/admit to
☐ Child going through a difficult time that will pass
☐ Other, please state
14. In your opinion, who do you feel that parents would prefer to initially approach for support?
- Please state
15. As a parent experiencing abuse or violence from a child, how would you like to be supported?
- Please state
16. If you were supporting another parent in a similar situation, what would be your top three tips you would share to help them in an aggressive situation?
- No: 1
 No: 2
 No: 3
17. Do you have any additional comments you would like to share about your experience?
18. We are keen to hear from parents who are willing to share their experiences in a supportive and confidential setting. Would you be interested in joining a focus group to discuss your experiences of child-to-parent abuse in more detail? Your anonymity will be fully protected, and your insights will help shape better support for families. If you would like to take part, please provide your contact details here:
- Name:
 Area Postcode:
 Email address:
 Phone number:

19. We are collecting personal information about you for the purpose of hearing about your views and experience of child-to-adult abuse. By filling in this survey you consent for the information in it to be stored securely by Healthwatch Central Bedfordshire and used only for that purpose. You do not have to take part and if you choose not to, there will be no impact on any services you receive. Healthwatch Central Bedfordshire will store the information securely on our centralised database, and delete it after five years. You have rights over your data, including to request to have it removed. To find out about these rights, please see our Privacy Statement. (Agree Consent – tick box)

Some questions about you:

1. Gender

Male	Female	Non-binary
Transgender	Intersex	Prefer not to say
Other (please specify) –		

2. How old are you? (Please tick)

Under 16	16 – 17	18 – 24
25 – 49	50 – 64	65 – 79
80+	Prefer not to say	

3. Please specify your ethnicity (Please tick)

Arab

Asian / Asian British: Bangladeshi

Asian / Asian British: Chinese

Asian / Asian British: Indian

Asian / Asian British: Pakistani

Asian / Asian British: Any other Asian / Asian British background (please specify)

Black / Black British: African (please specify)

Black / Black British: Caribbean

Black / Black British: Any other Black / Black British background (please specify)



Mixed / Multiple ethnic groups: Asian and White

Mixed / Multiple ethnic groups: Black African and White

Mixed / Multiple ethnic groups: Black Caribbean and White

Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background (please specify)

White: British / English / Northern Irish / Scottish / Welsh

White: Irish

White: Gypsy, Traveller or Irish Traveller

White: Roma

White: Any other White background (please specify)

Any other ethnic group (please specify)

Prefer not to say

Thank you for taking the time to complete this survey.



Appendix B

Additional comments given about their lived experience

It was absolutely horrendous, 5 years of abuse threats to life home destroyed, I had all services around me yet no-one helped, everyone turned their faces away.

I've had to do parent courses multiple times and they aren't good for my son who is neurodiverse.

I was scared of my young child due to his physical attacks. When he started to attack his toddler brother it got more scary. The violence was a result from lack of support and in school. I educated myself around SEND and pushed for an autism diagnosis and support in school. I kept logs of violent incidents and looked at what was building up for my child to trigger him. We changed our approach with him at home and learnt about non-violent resistance and implemented it at home. I sought out other parents in a similar situation which provided a huge amount of solace.

It is tough going through this unsupported.

It needs to be recognised that a lot of the people having to deal with SEND children most likely have SEND needs themselves, but it may not be diagnosed or recognised so blaming the parents isn't helpful, if a child is going through an assessment there should be assessments for the other members of the family as well.

When is, as parents try to get help and support, it is always turned round on us? Always trying to find something we are doing wrong.

When referrals went to Social Services, they wrote damning reports about me and my husband. Never mentioned that I was the victim of Domestic Violence. Tried to use to investigate my other children.

There is no support for children with behavioural challenges unless they have a diagnosis or trauma or have shown this behaviour at school.... there are age restrictions with many hoops to get any support and when you attend school for support the only thing available is parent courses or parent meetings ... I've done my courses I have TQUKs I have done zoom calls and meetings but nothing available for my child and that hurts the most.

If I was getting hurt so severely by another adult, they would likely end up in jail, yet somehow it is ok from my child? This is not just an issue of a child misbehaving, there are usually deeper causes that need to be addressed to resolve this. There is no quick fix, no parenting class will have all the answers. Authorities need to stop dismissing the struggles we face and need to put help in place. Parents too can be vulnerable.

Environment is often a trigger. Parents need to learn that.

There is a huge gap in service delivery for young perpetrators, insufficient learning, funding and interest. Professionals should be in a position to carry out preventative work opposed to reacting to crisis situations.

We have significant training in various restraints and de-escalation techniques from previous roles, although this does not always help or work it makes me more confident in being able to risk assessment and manage at times. I would love to develop something that could be taught to help parents by giving them confidence and skills to better protect themselves and manage the situation better if appropriate.

COVID forced me to look online for support; no one was available – GPs Paediatricians, school etc and no one checked on us. I found Yvonne Newbold and although our children are very different, I found her webinars really helped me understand.

In my experience EHA always refer to parenting courses. My son has low self-esteem and threatens to kill himself often – he has thrown himself downstairs, tried to jump out of windows (both at home and school) and has threatened to cut himself. Not once has the EHA looked at his emotional wellbeing and why he is struggling and what could help him. I am aware of CAMHS and CHUMS but do not have a clue how to get help for my son. There is no clarity on criteria or referral pathways – as a parent i am hitting my head on a brick wall.

I have phoned social services in the past for help – children's social services were only concerned about my son at the time. No one asked how I was and what I needed.

Discrimination happens quite a lot. My son goes to an independent school, paid for by a trust fund (he was on route to be expelled from primary), I work part time and am on benefits – I have had no TAF meetings, although recommended following the most recent EHA, I was advised to seek private counselling as well (which I cannot afford). My son appears to be discriminated against as he is not at a mainstream school – is this fair? I still pay council tax for everything regardless where he goes to school.

Our child has been incredibly violent to all family members and our home. It was like living in an inescapable hell. It felt like no one could help us. Things take a long time to put into place, but there is help out there. We are so grateful for all the organisations who helped get our family back on track and reduce the abuse in our home. We are still experiencing it now, but to a lesser degree. It is very hard, still. But we have things in place which are helping, and people we can contact when we need, so we don't feel alone.

Don't feel guilty

Find your tribe, it'll make you feel less alone.

Any family in this position really needs a champion, someone to take control of the situation and direct them towards all the help that is out there. When you are in the middle of it, you really cannot think or use your skills to find your own way out. Even searching the internet for help can be too much to do, when you are being attacked at all hours of the day, plus trying to hold down your job and raise other children. Someone to guide a family is incredibly important.

It's really difficult being an adoptive parent!

It's hard work and there are no services I have found that help.

I reported my 8 year old son to social services as at the time I felt he couldn't live with us anymore, I felt dismissed and they couldn't or wouldn't help. He's my child I have to just try harder.

I felt like a useless mother, not being able to help or understand my child. His was back in the 1990's, so things were a lot different then. Nowadays there is help out there but the services are all understaffed and over worked.

I do not know what to do, feel lost.

Had to fight to get son appropriate school, then where to live and struggled for many years.

It's obviously horrible in the moments where it has happened. I still have a dent in my wall from his fist, a broken heater. Not nice reminders. I know he isn't like this all the time, but I do worry that when he is an adult this will get him in trouble.

Having an autistic child with educational needs is different to a naughty child. Putting rules and consequences to actions in place at an early age helps. Never use food. Always communicate to school why the child cannot use their favourite thing, such as the internet for a period of time.

Parents need more support. A lot of parents are in denial and they expect their child to get up the next day or months with no disabilities. So parents need more insight into their children's needs.

Our education system is broken. It doesn't support neurodivergent children. This means that the kids end up in fight or flight mode about going to school. When my son is in fight mode, as he's stressed about going into school, he lashes out and hits me. Yet, I just get told I'm the problem. I get gaslit and we get unauthorised absences and threats of fines if I choose to put my son's emotional needs first.

Bedford Borough Council need to do better.

Lives are at risk because of the limited support.

Staff in all areas and the voluntary sector need more training

Daughter has gone through a lot of abandonment and anxiety in her short life

Horrendous. Safeguarding referrals instead of support.

I feel that post adoption support should check in with all adopters once per year to see how they are getting on. We suffered allowed for too long and it was school who suggested getting post adoption team involved.

My daughter is adopted and had suffered neglect, emotional and physical abuse. This has caused her brain to constantly be in survival mode and anything negative can trigger her.

There needs to be intervention from an outside source with both parents and child to reiterate that violence should not be tolerated.

Our local CAMHS has no learning disability service, so there is no support there

I don't have the answers I'm just trying to navigate a life that through no fault of mine or their siblings gas violence and unpredictability in it. And without help that abusive child will become an abusive adult and the circle will continue.

School denied there was a problem and then started excluding her, and making safeguarding referrals

MASH offer parenting support, but this is not the slow stream, long term support that a person with a learning disability needs

Our child's early experiences left her with so much anger and hurt. She was not often physically violent but was emotionally abusive to us all on a daily basis for many years. We managed with the support of school, social workers and therapists. She is now supported by school and CAMHS (multi-team) and us... always us. She is no longer abusive to us and is doing remarkably well after a horrific year. But it has all taken its toll on us as a family. It is draining, exhausting and takes over your life. We have survived. Our son fared less well. His needs were overlooked while we were 'firefighting' the needs of his sister. We couldn't give him the support he needed. He was easier to manage and love when younger. His suffering was in silence. He put her needs first and his mental health was affected. He had ongoing issues that we can't easily support and he no longer lives at home. He's an adult now.



Appendix C

CAPVA Support Services and Resources

Police

999 in an Emergency

101 or online reporting available

Central Bedfordshire Council

Youth Support Service

Safeguarding Referrals – Bedfordshire Domestic Abuse Partnership

click on each
title to learn
more about the
service/organisation

Chrysalis Centre

GRIT – Growing Resilience in Teens

Groundwork

RYPs – Respect Young People's Service

Samaritans

Mind BLMK

Young Minds

CAMHS – North Bedfordshire

East London NHS Foundation Trust (ELFT)

NHS Discovery College Bedfordshire & Luton

FACES

Brook Education Services

CHUMS – Emotional Wellbeing Service



Bedfordshire Open Door

Counselling to Young People

SORTED – Counselling Services Bedfordshire

The Mix

Special Educational Needs and Disability

Information, Advice and Support Service (SENDIASS)

Autism Bedfordshire

ADDIS

Attention Deficit Disorder Information and Support Service

Me and My FASD

CAPA First Response CIC

Podcasts via [Podcast Hub](#)

File on Four documentary

Listen to Jane talk on [BBC Radio 4](#)

Bedfordshire Domestic Abuse Support

National Association of Therapeutic Parents (NATP)

Who's In Charge – Working with : Child to Parent Violence & Abuse

Respect Young People's Service

One YMCA

Our BRIDGE Programme

IDVA and Therapeutic Support Service

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.

healthwatch
Central Bedfordshire

healthwatch

Central Bedfordshire

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Healthwatch Central Bedfordshire