

# Understanding CAPVA

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



By Victoria Baker  
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Respect

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## ABOUT THE AUTHORS

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

### Helen Bonnick

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

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

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# Introduction

## What is CAPVA?

Child and adolescent to parent violence and abuse (CAPVA) is a form of family abuse where children and adolescents use a range of harmful behaviours towards parents or caregivers in an attempt to get their own way, hurt or punish, communicate distress and/or control their environment. It can have serious short- and long-term implications in relation to parent and child/adolescent physical and emotional wellbeing, as well as having a detrimental impact on family relationships. However, despite receiving greater media and academic attention over the past 15 years, CAPVA is still relatively unacknowledged and under-researched, with little support available for those families experiencing it. Although research into prevalence is lacking, this could represent up to 10% of families in the UK today.

## The review

This rapid literature review on CAPVA was commissioned by the Domestic Abuse Commissioner's Office in February 2021, with the aim of providing policy makers and practitioners with an accessible overview of the subject and its main issues, the current approaches taken to intervention, and the gaps in the evidence base. The review also sought to identify recommendations for where future research efforts and funding should be directed, in order that identified gaps in knowledge be filled and policy and practice in the area improved.

This executive summary covers some of the main learning points of the review and presents in full, the recommendations for research, and policy and practice. Its structure mirrors that of the main report, beginning with Part 1 'Understanding CAPVA', moving to Part 2 'Addressing CAPVA', and ending with Part 3 'Recommendations'.

## A note on terminology:

This review recognises that there exists a wide range of terms for child and adolescent violence and abuse directed towards parents and caregivers. Within this review, the use of 'child and adolescent' reflects the wide age range of young people involved and recognises the importance of age and child development to our understanding of the issue.

When we say 'parent', we mean any parent or adult with a caregiving role. This includes not only biological parents, but also stepparents, adoptive or foster parents, and other family members providing care (including kinship care), such as grandparents, aunts and uncles.

The words 'violence' and 'abuse' are included to reflect the diversity of physical and non-physical forms of behaviour that can be involved.

## Part 1: Understanding CAPVA

Insights are drawn from research and literature from around the world, with some key work taking place in the UK. Remarkable trans-national similarities do exist but also a recognition of the different familial, societal and policy/resource contexts. The following points summarise the key learning from this initial section of the review.

### 1. Terminology

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

### 2. What does CAPVA 'look like'?

Behaviours include physical violence, verbal abuse, behaviours that are emotionally and/or psychologically abusive, and those which damage property and/or hurt parents financially. Abuse can also be sexual in nature, although this is less often discussed.

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

The forms that abuse take are often specific to the parent-child relationship, leveraging the close parent-child bond and the legal and moral responsibility of parents to care for their children. Part of what differentiates CAPVA from typical teenage rebellion is its repeated nature, and the harm that the abuse causes – including parents' fear influencing their parenting behaviour. However, what 'counts' as abuse is still contested, with debates surrounding 'intentionality' and 'choice', particularly in the context of neurodiverse young people

### **3. A form of domestic abuse?**

Some similarities with domestic abuse between intimate partners, with CAPVA by young people aged 16+ currently included within the legal definition of domestic abuse in England and Wales. However, there is disagreement as to whether this is a helpful framework for understanding, with a number of important differences to acknowledge, particularly in relation to the differing power dynamics between parents/adults and children, that positive outcomes involve the avoidance of separation rather than the encouragement of it, and that solutions to the issue should be non-criminalising, recognising that abusive behaviours may not be so entrenched as with adults. Similar to domestic abuse, CAPVA is also highly gendered, with mothers much more likely to be victims, and sons more likely to come to the attention of services. However, both sons and daughters abuse both mothers and fathers.

### **4. Characteristics of families experiencing CAPVA.**

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

CAPVA can involve families from all backgrounds, ethnicities and cultures. However, robust research investigating the socio-economic and racial/ethnic characteristics of families is severely lacking. CAPVA can also affect families of all shapes and sizes, although single mothers do seem to be disproportionately affected – potentially due to their greater likelihood of having experienced domestic abuse from a partner and having fewer social resources to draw upon.

### **5. The impact of CAPVA**

CAPVA is a harmful form of family abuse that can have wide ranging impacts on parents, siblings, wider family and young people themselves. Harm can be physical, emotional and psychological, material and financial, and legal. The dynamic can also impact on parents' and young people's space, movement and personal agency and on their relationships with one another. For young people, their education and life chances can also be affected. In the most severe cases, parents and their children may even be separated, with young people taken into local authority, or even institutional, care.

### *Summary of CAPVA impacts on the family*

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

## 6. A growing problem?

CAPVA is becoming more widely recognised in the UK and internationally as a 'growing social problem'. However, high quality research into the prevalence and incidence of CAPVA is lacking, with existing studies producing wildly varying estimates. Such diversity is due to variation in how CAPVA is defined and measured – with studies that include one-off incidents or behaviour typical of adolescence producing inflated estimates. Population and community survey studies in the US, Canada, UK and Spain indicate that more serious physical violence towards parents is likely to sit somewhere between 3 and 5% with multidimensional definitions including patterned physical and psychological aggression sitting around 10%. However, in the UK there is currently no population-level data on CAPVA, meaning there is little understanding of how prevalent it is in the general population in the UK.

Studies drawing on crime and service data are useful in understanding the prevalence of more severe violence and abuse towards parents, although typically underestimate the size of the problem, representing only those cases where parents have sought help for the issue. This is important as the stigma involved means that parents often attempt to hide or minimise the abuse they are experiencing, or may not recognise the behaviour as abusive, making CAPVA a hard to reach and hard to measure social problem.

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

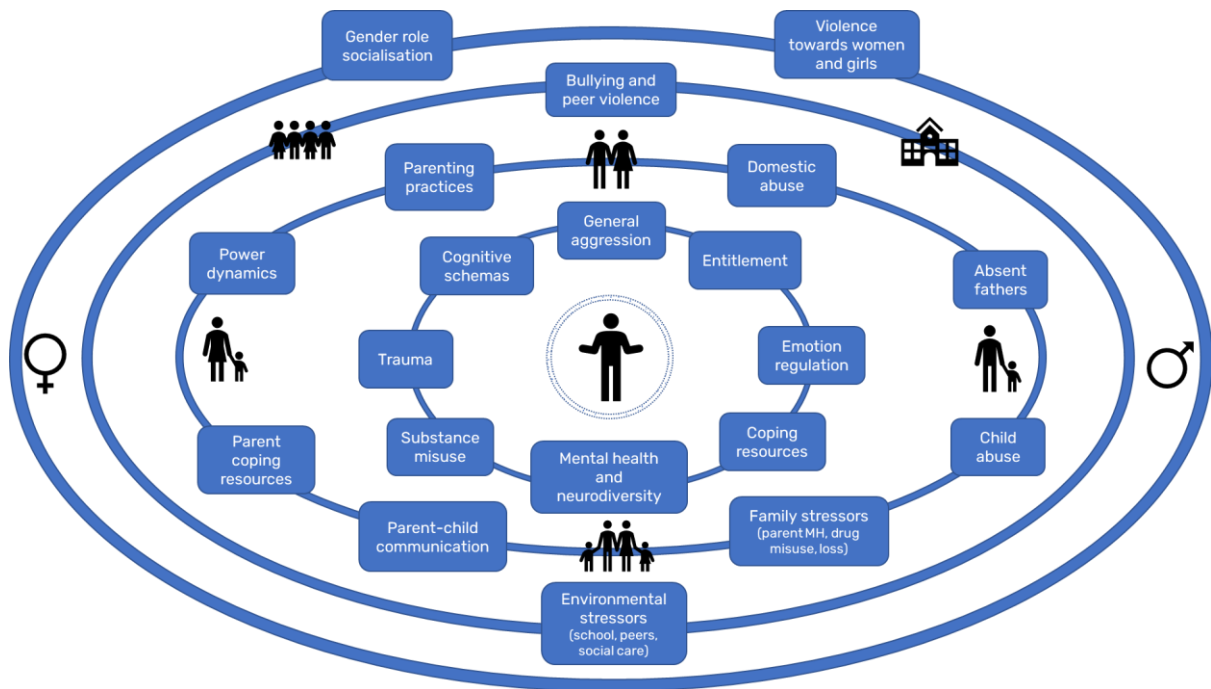
Importantly, feedback from practitioners working with children, young people and families – particularly across youth justice and children's social care – suggest that it is a serious social problem appearing with increasing regularity on their caseloads.

## 7. Why does CAPVA happen?

There is no one explanation that can account for CAPVA in its entirety, with a range of theories contributing to our understanding of its development and maintenance. Although a handful of clinicians have created typologies of youth and families where CAPVA is taking place, ecological models are useful in highlighting the range of factors and processes at the level of the child/adolescent, family, community, and culture – and their interactions – that may be implicated; and underlining the fact that both young people and their parents can be simultaneously 'victims' and 'perpetrators' – terms which are to be avoided for this very reason.



## Key influencing factors within an ecological model



- Factors and processes at the level of child/adolescent are the most common explanations and typically include: CAPVA as part of a wider pattern of aggression, difficulties around poor mental health, neurodiversity, substance misuse, trauma, and aspects relating to emotion regulation, narcissism, rejection 'schemas' and entitlement.
- Factors and processes at the level of the family include: historic and ongoing domestic abuse and child maltreatment (and its associated impacts), issues around poor parent-child communication, and parenting practices or 'styles' which either lack boundaries/controls or impose too many controls and do so harshly
- Factors and processes at the level of the community include: young people's peer relationships (violence-endorsing and victimising), as well as stressors relating to school and poverty. Also, there are noted intersections with CSE and CCE.
- Lastly, factors and processes at the level of cultural norms relate to gender role socialisation, particularly the gendering of parenthood and the gendering of family violence, and sons' and daughters' reactions to perceived gender roles and identities

## 8. Continuities with other forms of familial violence

Due to the age capping of research, little is known about the continuities and discontinuities of violence towards parents in childhood/adolescence and adulthood, about how it intersects with either other forms of interpersonal violence or with parricide – the killing of parents by their children.

Violence and abuse towards parents does not end at age 18, with adults also responsible for fatal and non-fatal violence towards parents. Early research exploring the relationships between various forms of interpersonal violence suggest that CAPVA could be a 'stepping stone' between experiences of interparental violence and later violence towards intimate partners.

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

## Part 2: Addressing CAPVA

### 1. The lack of agreed terminology

The absence of a nationally-agreed definition or policy guidance has meant that service responses have developed in an ad hoc manner across the country as a need has been observed, dependent on the awareness and training of practitioners concerned. This means that for some families the options are extremely limited and the impact on their lives potentially more devastating.

### 2. Whose responsibility?

CAPVA does not comfortably 'sit' within any of the main service areas, where the focus is more typically on the protection of children from parents, or responding to young people's violence outside of the home. Approaches to addressing CAPVA are highly varied, dependent upon the availability and visibility of specialist programmes and the framing of parents, young people and the issue itself by agencies and practitioners.

Research in the UK context has highlighted competing conceptualisations of the issue, as one of poor or abusive parenting, juvenile 'delinquency' or youth 'disorder' – conceptualisations that for services, form the basis of who to blame and who to support. This is particularly difficult given the dual position of victim/victimiser that many young people and parents (particularly mothers) can occupy within this abuse dynamic.

### 3. Developing a response

What approaches do exist draw on a variety of theories and practice models, including trauma and attachment, social learning, restorative justice, family systems, solution-focused approaches, feminist models, cognitive behavioural models, and non-violent resistance. Support comes in a variety of different forms with varying levels of intensity, from self-help books and telephone helplines/online forums, to peer support groups, generic professional intervention and specialist programmes and agencies.

### 4. Specialist programmes

Specialist/bespoke programmes have developed from different theoretical backgrounds but share many of the same components. They are most commonly targeted at both parents and their children, although some are designed to be delivered solely to parents. Common components include empowering parents through recognising and naming abuse, teaching them skills around communication, conflict management, and boundary-making, and reducing the shame and stigma

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

Interest in specialist programmes has increased significantly over the last few years, with expanding provision around the country. However, due to the 'retraction' of mental health and youth services that has taken place over the past decade, the availability of such specialist CAPVA services is unfortunately limited to only those with the greatest need and in those areas where such specialist provision exists.

The comparison table on page 11 provides information on five of the most well-regarded and widely delivered CAPVA programmes in the UK: Non-Violent Resistance (NVR), Who's in Charge?, Step Up, Break4Change, and the Respect Young People's Programme (RYPP).

## **5. Evidence of effectiveness**

Although the varying components of practice are often well-evidenced, multi-theory, multi-modal specialist programmes are less well-evidenced, often reliant on simple pre- and post-programme methodology and lacking insight into long-term impact; or leaning heavily on parental testimony. The programmes themselves may have small sample sizes or be limited in their lifespan because of funding issues, or there may not be the capacity to fund a major large-scale evaluation. Where data has been analysed and published, the indications are promising in the short term.

## **6. Multi-agency work**

Some bespoke programmes have been developed by multi-agency consortia, utilising the range of knowledge and skills this offers. Furthermore, a number of domestic homicide reviews (DHRs) have emphasised the importance of good communication and joined up working, recognising that there are many issues involved and impacts across the whole family, making multi-agency involvement both likely and necessary.

## **7. The impact of Covid-19**

Covid-19 has represented particular challenges for CAPVA services, challenges which have been met by considerable effort and adaptation. Some quick response research has been enlightening in further opening up understanding of the issues. Reports from practitioners have highlighted a sense of helplessness at not being able to provide the support that families need, with those services achieving remote delivery identifying difficulties around ensuring privacy and confidentiality, reaching families with poor access to technology, and having confidence in the robustness and accuracy of risk assessments. An unexpected benefit has been that 'blended' approaches combining in-person and virtual delivery have offered increased flexibility and accessibility and

control for parents – something likely to continue as part of a response offer in the future.

*Comparison table of five promising CAPVA programmes*

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

## Part 3: Recommendations

### For research

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

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

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

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

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

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

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

A positive first step would be for the Office for National Statistics to explore options for measuring population prevalence, including a consultation with experts in the field.

This should be completed within the next 12 months, with a view to generating useable data within the next three years.

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

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

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

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

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

This review does, however, recognise the difficulties in meaningfully including children and young people in research, with specific challenges around access – particularly for young people who may be viewed by services or ethics boards as 'too vulnerable' to take part. Research has demonstrated however, that only very rarely do children report negative experiences in relation to participation in violence research, with overly protectionist approaches often doing more harm than good, resulting in services and support that do not appeal to or address those things that children and young people feel are important to them.



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

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

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

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

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

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

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

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

This is particularly relevant given that young people are now back at school and potentially experiencing significant school-related stressors. Further, the ending of the

furlough scheme could represent an additional stressor for parents, who may face redundancies for those businesses unable to maintain their workforce. This is also likely to place more families at risk of eviction and homelessness.

## **For policy and practice**

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

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

- Formalising a nationally-agreed definition and specifying the range of behaviours that are included and excluded by the definition.
- Making specific recommendations around the identification of cases i.e. establishing terminology and processes for adding CAPVA system 'markers' to databases, enabling the tracking, measurement and effective monitoring of cases.
- Specifying the creation of dedicated multi-agency referral and triage hubs, with embedded CAPVA-trained practitioners. This would mean training practitioners within the current multi-agency safeguarding hubs (MASH) and other multi-agency settings.
- Providing agency-specific guidance to ensure CAPVA cases are appropriately identified at all entry points e.g. having trained practitioners embedded within youth justice diversionary boards, children's safeguarding boards, adult safeguarding boards, 'Team Around the School' (TAS) boards etc. This would ensure a 'no wrong doors' approach to cases and prevent families falling through the gaps.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

A national helpline and digital resources would be of great value to families seeking support, advice and those trying to access local help services. Parents experiencing CAPVA have no specialist central contact point where information and support is available. Many of the local services addressing CAPVA receive calls and emails from families who are not in their area and try, often with great difficulty, to uncover what support (if any) maybe available for them.

Professionals who encounter families experiencing CAPVA can also find themselves unsure as to where to refer and how to support. A helpline would be a useful resource for these professionals, improving the national response to the issue. Online resources

and advice could accompany the helpline, contributing to workforce development, public awareness and help for families. A helpline could also hold a directory of all currently available CAPVA services.

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

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

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

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

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

Small changes in practice can be made immediately. However, funding would be needed to secure further training and specialist practitioners/programmes within education, social care, health, mental health and domestic abuse. Proactive policy and practice should become more visible over the next two years.

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

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

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

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

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

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



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