Learning from Child & Adolescent to Parent Violence & Abuse (CAPVA) Programmes: **A Good Practice Guide**

Equality Collabs

VRU | MAYOR OF LONDON VIOLENCE REDUCTION UNIT

London Violence Reduction Unit
January 2026

Authors: Sophie Maskell, Vicky Baker, Maria Duah, Amanda Holt, Jo Sharpen

Please cite as:
Maskell, S., Baker, V., Duah, M., Holt, A. and Sharpen, J. (2026). *Learning from Child & Adolescent to Parent Violence & Abuse (CAPVA) Programmes: A Good Practice Guide*. London: VRU.

Table of Contents

Introduction

Child and adolescent to parent violence and abuse (CAPVA) is a complex form of family harm that has historically been overlooked. It sits across multiple policy areas, including children's safeguarding, domestic abuse, youth justice, and mental health, often falling through the gaps between services. Parents experiencing violence or abuse from their children frequently struggle to access appropriate support, facing significant barriers including shame, fear of consequences for their child, and the absence of specialist provision.

This guide shares learning from CAPVA programmes delivered across three London boroughs: Merton, Enfield, and Haringey, funded by the Mayor's Violence Reduction Unit (VRU). It draws on the experiences of parents and carers who received support and the practitioners who delivered it, offering insights for anyone working with families where CAPVA may be present.

SCAN HERE

This work builds on the VRU's CAPVA Needs Assessment (2022) and forms part of the VRU's long-term commitment to strengthening family support systems across London, recognising that sustainable change requires sustained investment beyond pilot funding cycles.

Who is this guide for?

This guide is for professionals across children's services, family support, domestic abuse, youth justice, education, and health who may encounter CAPVA in their work. Whether you're a social worker, family support worker, early help practitioner, teacher, CAMHS professional, domestic abuse specialist or commissioner, the learning here can inform your practice.

What's inside

This guide is organised around three core messages that emerged from the programmes:

1. **The relationship is the intervention:** The quality of practitioner-parent relationships matters more than a specific set of techniques
2. **CAPVA, neurodivergence and trauma are often deeply intertwined:** Most families presented with co-occurring developmental and mental health needs
3. **Earlier intervention, longer support:** Standard timeframes often fall short for families with complex needs

Beyond these core messages, the guide shares practice learning for identifying high-risk CAPVA, embedding workforce CAPVA champions, multi-agency working, working with diverse communities, and transitions to adulthood. The guide concludes with a one-page summary for commissioners and resource directory for further guidance and support.

For the full evaluation methodology and findings, see the accompanying report: 'An Evaluation of Two CAPVA Programme Models Across Three London Boroughs' (VRU, 2026).

Child & Adolescent to Parent Violence & Abuse: The Basics

What is it?

Child and adolescent to parent violence and abuse (CAPVA) is a pattern of behaviour where children and young people use various means to exert power and control over their parents or carers. It can include physical violence, verbal aggression, emotional harm, coercive control, financial abuse, and property destruction.

Parents typically do not want their child to face punitive consequences. They want the behaviour to stop AND they want help for their child. This creates a fundamental tension that professionals must navigate with sensitivity.

A note on language: Take cues from how families describe their own situations. Terms like 'violence' and 'abuse' will not resonate with every family, particularly where children have additional needs that complicate behaviour attribution. Listen carefully and adapt your language accordingly.

Why is CAPVA often hidden?

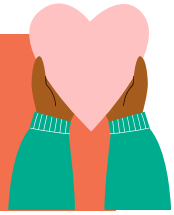
CAPVA sits across multiple policy areas, including children's safeguarding, domestic abuse, youth justice, and mental health, often falling through the gaps between services. Parents frequently struggle in silence due to:

Shame Deep-seated feelings that they have 'failed' as a parent	**Fear** Concern about consequences for their child (e.g. social care involvement, criminalisation)
Loyalty Complex bonds - wanting the behaviour to stop but also wanting help for their child	**Mistrust** Previous negative experiences with statutory services

Key Practice Points

- CAPVA is often underreported: families may reach services only at crisis point
- Parents may minimise due to shame or protective instincts towards their child
- The parent-child relationship is fundamentally different from other domestic abuse dynamics
- Support approaches need to address both safety AND the young person's underlying needs
- Sensitive language that takes cues from how families describe their own situations is essential

Key Message 1: The relationship is the intervention



The Core Finding

Parents consistently identified the quality of their relationship with practitioners - not specific techniques - as the critical factor in positive change. **Non-judgmental, validating approaches that treated parents as partners rather than as problems were transformative.**

What parents said about their intervention:

"It was more like having a cup of tea with your friend... you didn't feel judged or ashamed. It was a safe space where I could talk."

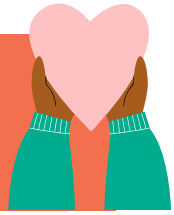
"A lovely lady told me I am a great mum, what I was doing was fine, but she gave me tools to help me manage and understand my son."

"I was like an ostrich with my head in the sand and I blossomed into a big sunflower! Even if he has a bad day, it won't get to me, I don't feel like a worthless mum."

What makes practitioners effective?

Non-judgmental stance Validating parents' experiences without blame	**Warmth and authenticity** Genuine connection rather than clinical distance	**Emotional & practical** Combining validation with concrete strategies
Building confidence Helping parents see their strengths, not just their struggles	**Flexibility** Adapting approaches to individual circumstances	**Persistence** Maintaining engagement through difficult periods

Key Message 1: The relationship is the intervention



Practical Tools That Work

Through their trusted relationship with their practitioner, parents also valued learning methods that shifted their approach to managing their child's behaviour:

De-escalation

- Strategic withdrawal rather than reactive engagement
- Staying calm to help the child be calm
- Breaking the 'domino effect' of escalation

One parent on the benefits of recognising patterns of escalation:

"[What helped was] learning not to engage in every confrontation - sometimes they want the battle, and that's how it escalated."

Communication

- Lowered tone and reduced intensity
- Asking rather than demanding
- Creating space for the young person to respond

One parent on the benefit of calm, neurodiversity-informed communication:

"She told me to bring your tone down, no eye contact, be calm, ask what is wrong—and my son started to change."

What Changed for Families

Parents who engaged with CAPVA support described significant improvements:

"The aggression has calmed down a lot. If someone looked through the window now you would think everything is fine. Before they would have thought it was a warzone."

"We have boundaries now and he follows them. He is starting to communicate more with me. We can have a conversation without it escalating. Before it was unbearable."

Key Practice Points

- Prioritise relationship-building - this IS the intervention, not a precursor to it
- Combine emotional validation with practical strategies - parents need both
- Caseloads must allow time for relationship development
- Recruitment should prioritise relational skills alongside technical competence

Key Message 2: Centre trauma and neurodiversity-informed practice

The Core Finding

CAPVA rarely presents in isolation. The overwhelming majority of children in families accessing CAPVA support had diagnosed or suspected neurodevelopmental differences (autism, ADHD) and/or histories of trauma and adverse experiences.

This means that what presents as 'behaviour to be managed' often has roots in unmet developmental or mental health needs. Effective CAPVA practice requires understanding these underlying factors, not treating behaviour in isolation.

What We Saw in Families

Children in families receiving CAPVA support commonly presented with overlapping needs:

Neurodevelopmental conditions Autism, ADHD - often undiagnosed, recently diagnosed, or awaiting assessment	**Trauma and adverse experiences** Complex PTSD, bereavement, exposure to domestic abuse, care system involvement
Mental health difficulties Anxiety, depression, emotional dysregulation - frequently alongside other conditions	**Complex family contexts** Single parenthood, housing instability, poverty, parental mental health needs

Why This Matters

- A child's harmful behaviour is likely to be driven by dysregulation, not deliberate intent to harm
- Both neurodevelopmental conditions and trauma responses can look like 'challenging behaviour' - and be misattributed
- Parents may be managing their own trauma or neurodivergence alongside their child's needs
- Standard 'parenting' approaches are likely to not work - and can make things worse
- Understanding the 'why' behind behaviour is essential for effective intervention

Key Message 2: Centre trauma and neurodiversity-informed practice

Adapting Practice

"[My practitioner suggested that during meltdowns] put him in his room, let him let loose, then when he is calm, ask him questions. Did you have a bad day? Thumbs up or thumbs down? It's ok, you know I love you and I can try and fix it for you. It worked!"

— Parent describing approach for non-verbal autistic child

Challenges Practitioners Face

- Long waiting times for diagnosis create uncertainty
- Difficulties accessing CAMHS or specialist services
- Uncertainty about adapting evidence-based approaches
- Balancing accountability with understanding
- Neurodivergence or trauma may be present in parents too

What Helps

- Specialist consultation and training
- Integration with SEND and CAMHS pathways
- Flexible, individualised approaches
- Supporting parents to understand their child's needs
- Longer intervention timeframes

Intersecting Vulnerabilities

CAPVA, neurodivergence, trauma, and structural factors can intersect in complex ways. Practitioners highlighted particular challenges where multiple factors compound:

From a practitioner working with families in Haringey:

"We have quite a number of parents with teenagers, usually about 13-17, mostly males... mostly single mothers. And this is where the violence comes in... You can imagine what society just sees. They just see a young Black male. They don't know he's autistic."

This testimony highlights how CAPVA, neurodivergence, structural racism, and single parenthood can intersect - pointing to the need for highly tailored, culturally responsive support.

Key Message 2: Centre trauma and neurodiversity-informed practice

Mitigating Criminalisation Risk

Effective CAPVA responses can prevent criminalisation of vulnerable young people. However, poorly designed interventions risk exacerbating disproportionality in the youth justice system, particularly for neurodivergent Black and marginalised young people.

CAPVA practitioners should:

- Understand how structural racism and institutional bias shape responses to Black young people's behaviour
- Recognise that neurodivergent young people may be disproportionately criminalised when behaviour is misunderstood
- Advocate for therapeutic rather than punitive responses
- Challenge assumptions that link ethnicity or background to risk

Key Practice Points

- Assume neurodevelopmental factors or trauma may be present, even without formal diagnosis
- Seek specialist consultation when adapting approaches for neurodivergent young people
- Integrate CAPVA work with SEND, CAMHS, and trauma-informed pathways where possible
- Support parents to understand their child's developmental and emotional needs
- Consider how multiple factors (race, poverty, single parenthood, immigration status) compound challenges
- Actively work to mitigate criminalisation risk – recognise that Black, neurodivergent, and marginalised young people face disproportionate criminalisation when behaviour is misunderstood; advocate for therapeutic rather than punitive responses; challenge assumptions linking ethnicity or background to risk

Key Message 3: Earlier intervention, longer support

The Core Finding

Support often arrived too late and ended too soon. CAPVA is a 'hidden harm' and families often don't disclose until crisis point. By then, patterns may be entrenched, relationships severely damaged, and parents exhausted. Parents and practitioners alike emphasised the need for earlier intervention before patterns become entrenched, and longer support for families with complex needs.

What We Saw in Families

Too Late

"I know it is dependent on the children and the support needed but it is beneficial to have the support earlier. I had it later on rather than when I first met with social services."
— Parent

"This piece of work has come in late, if not too late. The family has been going through this for a long time and they feel blamed."
— Practitioner

Too Short

"When I was discharged, I would have liked to carry on a bit longer. I would have liked to have a call—there were a few episodes I needed help with. Everything finished at once."
— Parent

"The 12 weeks is standard but my case was intense plus I have 4 children but we only had time to talk about the one child. We didn't get time to talk about a lot of things that were probably also causing the problems."
— Parent

Why Standard Timeframes Fall Short

- Families often present with multiple children
- Complex trauma requires longer processing
- Building trust takes time
- Behaviour change is not linear
- Wider family context needs attention

What Families Value

- Flexibility in programme length
- Follow-up contact after discharge
- 'Booster' sessions when needed
- Gradual step-down rather than abrupt ending
- Someone to call if things escalate

Key Practice Points

- Build awareness in universal services (schools, GPs, health visitors) to enable earlier identification
- Consider eligibility criteria that allow intervention before statutory thresholds
- Extend programme duration for families with complex or multiple needs
- Build in follow-up contact 3, 6, 12 months post-intervention
- Plan for gradual endings rather than abrupt discharge
- Plan for meaningful outcome tracking from the outset and agree plan with parents: use low-burden methods (brief check-ins/survey over phone or Whatsapp); track what matters to families (safety, confidence, relationship quality); recognise that disengagement may reflect healthy closure rather than negative outcomes

Spotting the signs: Identifying high-risk CAPVA

CAPVA can be difficult to identify. Parents often hide what's happening due to shame, fear, and complex loyalty to their child. There is currently no standardised needs and risk assessment for CAPVA. We therefore recommend areas develop one for their practice. This section outlines indicators that may suggest higher risk.

Six Characteristics of High-Risk CAPVA

1. Severe and Escalating Violence	Physical violence (pushing, hitting, punching); use of weapons; injuries requiring medical attention; pattern of escalation over time
2. Parental Fear and Loss of Control	Parents report feeling intimidated, manipulated or powerless; 'walking on eggshells'; unable to maintain authority or safety in the home
3. Coercive and Controlling Behaviours	Threats, coercion and false allegations; demands for money; restricting parent's movements or contacts; creating an environment of fear
4. Complex Family Factors	Multiple overlapping vulnerabilities: poor mental health, substance misuse, domestic abuse history, socioeconomic pressures, housing instability
5. Wider Safety Concerns	Risks extending beyond parent-child: impact on siblings, other household members, or broader community; contextual safeguarding concerns
6. Frequent Agency Involvement	Repeated police call-outs, social care interventions, or emergency service responses; pattern of crisis presentations

Spotting the signs: Identifying high-risk CAPVA

Important Note

Standard domestic abuse risk assessment tools (such as DASH) don't fully capture CAPVA dynamics. The parent-child relationship has different characteristics and dynamics to intimate partner and other familial relationships.

Asking About CAPVA

Due to the sensitivities involved, consider starting off by using indirect questions that parents might find easier to answer:

Questions to Consider

- "How are things at home?"
- "How are things going with [child's name]?"
- "Do you feel safe at home?"
- "Do you feel in control of decisions in your household?"
- "Does everyone at home respect the house and each other's belongings?"
- "Are you getting the support you need at home?"

Key Practice Points

- Assess risk as dynamic rather than static - CAPVA presentations can change rapidly
- Document patterns of behaviour, not just isolated incidents
- Consider contextual factors: mental health, substance use, housing, neurodevelopmental needs
- Recognise that parents may minimise due to shame or protective instincts
- Safety planning should consider options when leaving is not preferred or possible

The 'CAPVA Champion' Role

The CAPVA Champion role emerged as a valued resource across the programmes. Champions - whether dedicated posts or integrated into existing roles - can drive awareness, support referrals, and build workforce capacity.

What Champions Do Well

Raising Awareness Making CAPVA visible as a distinct issue requiring specific responses	**Case Identification** Helping practitioners recognise CAPVA when they encounter it
Supporting Referrals Improving referral quality and appropriateness over time	**Reflective Practice** Offering consultation and thinking space for complex cases

Different Champion Models

Dedicated Champion Posts

Funded roles with CAPVA as primary focus

✓ Greater capacity and visibility
✓ Can attend meetings, deliver training, provide workforce consultations
✓ Builds specialist expertise

✗ Reliant on continued funding
✗ May create dependency on single person

Integrated Champions

CAPVA responsibility merged with existing roles

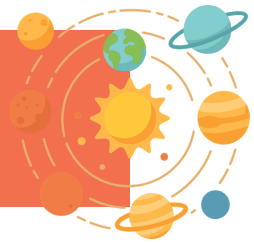
✓ Embeds basic knowledge across workforce
✓ More sustainable if funding ends
✓ Champions embedded in multiple teams

✗ Limited capacity alongside other duties
✗ May lack dedicated time

Key Practice Points

- Ensure Champions are accessible across relevant service areas, not just one team
- Build in consultation time - practitioners value having someone to think with
- Develop training capacity so knowledge spreads beyond the Champion
- Plan for sustainability - what happens if the Champion leaves or funding ends?
- Connect Champions across areas for peer support and shared learning

Multi-agency working



Effective CAPVA responses require coordination across multiple agencies. CAPVA sits across children's safeguarding, domestic abuse, youth justice, and mental health - no single service can address it alone.

What Supports Effective Collaboration

Dedicated Forums Regular multi-agency meetings specifically for CAPVA cases (e.g., Risk and Practice Groups)	**Clear Pathways** Shared understanding of referral routes and thresholds
Shared Definitions Consistent understanding of CAPVA and risk levels across agencies	**Named Lead** Clear accountability for case coordination

Ongoing Challenges

> "CAPVA is still a hidden harm - there might not be disclosures about the frequency or intensity. There's a lot of coercive control and intimidation that practitioners don't recognise because it hasn't reached a certain threshold. It's a missing need."
>
> — Practitioner

Threshold Complexities CAPVA often sits between Early Help and social care thresholds, with families not clearly meeting criteria for either. Coercive control and emotional harm may not trigger statutory responses even when families are at significant risk.	**Workforce Turnover** High turnover in children's services means continuous re-education about CAPVA referrals and responses. Families may experience multiple changes of worker during an intervention.

Key Agencies for CAPVA Cases

- Children's social care / Family safeguarding
- Early Help services
- CAMHS / Mental health services
- Education (schools, PRUs, colleges)
- Youth Offending Services
- Police (Community Safety Units)
- Domestic abuse services
- SEND services
- Housing services (where relevant)
- Adult services (for transitions / vulnerable parents)

Working with Diverse Communities

Culturally responsive practice is essential for effective CAPVA work. Families from diverse communities may face additional barriers to engagement and have specific needs that practitioners must understand.

Common Barriers

Language Communication barriers when interpreting services are unavailable or variable quality	**Stigma** Cultural attitudes to family privacy; fear of community judgement
Mistrust Historical experiences of discrimination from statutory services	**Intersecting factors** Poverty, housing, immigration status compound other barriers

> "I am a white male practitioner... I hold a dominant position in society and I need to be aware of how I may be perceived by people from minoritised communities."
>
> — Practitioner

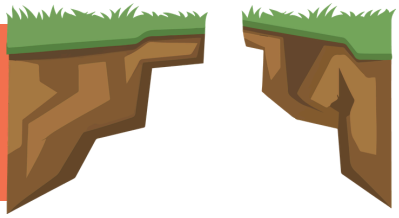
Culturally Responsive Practice

Do	Don't
✓ Use professional interpreters (never family members)	✗ Assume cultural factors 'explain' harmful behaviour
✓ Ask about cultural context with curiosity, not assumptions	✗ Use cultural sensitivity as reason to avoid challenge
✓ Reflect on your own positionality and potential biases	✗ Stereotype families based on background
✓ Build relationships with community organisations	✗ Overlook diversity within communities
✓ Consider how structural factors (racism, poverty) shape experience	✗ Ignore how multiple factors intersect

Key Practice Points

- Cultural responsiveness means adapting practice, not lowering expectations of safety
- Families may have legitimate concerns about how services have treated their community
- Building trust may take longer - factor this into engagement timescales
- Partner with 'by and for' organisations where possible
- Ensure materials and resources are accessible in relevant languages
- Be aware that minoritised young people, particularly Black boys and young men, face disproportionate criminalisation - CAPVA responses should actively work to mitigate this risk

Transitions to Adulthood



Young people transitioning to adulthood (16-25) present particular challenges for CAPVA responses. Practitioners increasingly recognise this as a critical gap requiring attention.

Why Transitions Matter

Service 'Cliff Edge' Statutory services withdrawn at 18 despite ongoing risk and need	**Criminalisation Risk** Shift from child to adult systems can lead to criminal justice responses
Parental Fatigue Years of CAPVA leave parents exhausted as children reach adulthood	**Entrenched Patterns** Concerns about violence carrying into adult relationships

The Challenge

> "At 18 the young person becomes an adult so it's no longer child to adult violence—rather adult to adult. It is both reported and intervened differently, not allowing for the specific issue of interfamilial harm being caused by the parent's CHILD irrespective of age."
>
> — Practitioner

The abrupt shift in service response at age 18 fails to recognise that:

1. The parent-child relationship dynamic persists regardless of legal age
2. Development continues well beyond 18, especially for neurodivergent young people
3. Patterns established in adolescence don't automatically change at a birthday
4. Families need continuity of support through transition, not service withdrawal

Key Practice Points

For Families Approaching or Beyond 18

- Start transition planning early, before the young person reaches 18
- Consider adult safeguarding pathways where parents are vulnerable
- Explore housing and independence options for young adults
- Refer to the Adult-Child to Parent Abuse (ACPA) Good Practice Toolkit for guidance on 18+ cases (see 'Resource Directory' on p.19)
- MARAC may be appropriate for high-risk cases (age thresholds vary by area)

For Commissioners: A One-Page Summary

Three Core Messages and What They Mean for Commissioning

Evaluation Finding	Commissioning Implication
The relationship is the intervention: Practitioner-parent relationships matter more than specific techniques	Specify caseload limits that enable relationship-building; prioritise relational skills in workforce specifications; allow flexibility in delivery models
CAPVA, neurodivergence and trauma are intertwined: Most families present with co-occurring needs	Require coordination with SEND and CAMHS pathways; specify trauma-informed practice standards; build in specialist consultation capacity
Earlier intervention, longer support: Standard timeframes fall short	Move away from fixed short-term models; specify eligibility criteria enabling earlier intervention; fund follow-up capacity

Key Commissioning Considerations

- **Funding and Sustainability:** Short-term funding, short intervention lengths and reliance on single specialist posts all undermine sustainable CAPVA provision. Commissioners should plan for flexibility, longevity, and workforce-wide capacity from the outset.
- **Programme Duration:** Short-term models are often insufficient because families experiencing CAPVA present with complex, intersecting needs. Programme effectiveness improves over time as systems embed. Consider 3-5 year developmental funding rather than short-term pilots.
- **Workforce Design:** Over-reliance on single Champion posts creates fragility. Invest in both specialist roles AND wider workforce development to ensure sustainability when funding cycles end or staff move on.
- **Risk Assessment:** Standard domestic abuse tools (e.g. DASH) do not adequately capture CAPVA dynamics. Until validated CAPVA-specific assessment tools are developed, commissioners should support the use of the six high-risk characteristics identified in this guide and invest in practitioner training on CAPVA-specific risk identification.
- **Mitigating Criminalisation:** Effective CAPVA responses can prevent criminalisation of vulnerable young people. Commissioners should specify that services actively work to keep young people out of the criminal justice system, particularly Black, neurodivergent, and marginalised young people who face disproportionate criminalisation.
- **Outcome Tracking:** Build outcome monitoring into service specifications from the outset. Require 6-12 month follow-up using low-burden methods that track what matters to families: safety, parenting confidence, and relationship quality.
- **Addressing Gaps:** Specialist CAPVA provision remains limited and geographically uneven, particularly for 16-25 year-olds and high-risk families. Many services are grant-funded with restricted capacity – local investment is essential.

Resource Directory

CAPVA is a relatively new and emerging field of understanding. This directory is by no means exhaustive but is designed to support professionals' further exploration of this issue. It is important to note that specialist CAPVA provision remains limited and geographically uneven, reinforcing the need for local investment. The information in this directory is correct as of January 2026

Specialist Child to Parent Abuse Organisations

RISE Mutual CIC	Specialist NVR-based programmes for families risemutual.org/child-to-parent-violence
PEGS	Parental Education Growth Support pegsupport.co.uk/how-pegs-help
CAPA First Response	Child and adolescent to parent abuse services capafirstresponse.org
Silenced CIC	Training and power/control wheels for child to parent abuse silenced.org.uk

Related Resources

ACPA Tool and Toolkit	Adult-Child to Parent Abuse Good Practice Tool and Toolkit (MOPAC, 2025) for families where young person is 18+
VRU CAPVA Needs Assessment	London VRU (2022) — comprehensive needs assessment london.gov.uk/programmes-strategies/violence-reduction-unit-vru
Respect	National domestic abuse organisation — phoneline: 0808 802 4040 respect.uk.net
Trauma-Informed London Project	VRU's trauma-informed practice resources: ti.london.gov.uk

SCAN HERE

Neurodevelopmental Support

National Autistic Society	autism.org.uk
ADHD Foundation	adhdfoundation.org.uk

Local Support

Contact your local authority for information about Early Help, Children's Social Care, CAMHS, Domestic Abuse services, SEND services, and Family Support services.

Your local authority website should list available services and referral pathways.