



Regional Child to Parent Abuse Guidance

**THE MID AND WEST WALES
SAFEGUARDING BOARD**

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Dissemination/ Implementation

Agencies are requested to undertake the following in order to ensure the implementation of this Policy/Procedure/Guidance

MAWWSB	<ul style="list-style-type: none"> • Place on MAWWSB website within policy section • Send to Partner Agencies for dissemination • Disseminate to partner agencies training leads for inclusion within training as appropriate • Update relevant training to reflect Policy/procedure/guidance
All Partner Agencies	<ul style="list-style-type: none"> • Disseminate Policy/Procedure/Guidance to all Service Leads/ Heads of Service/Safeguarding leads/ staff via appropriate communication channels e.g. LOGs • Place within own website and include a link with MAWWSB Website https://www.cysur.wales/ • Update in house Policies and Procedures to reflect Policy/Procedure/Guidance as appropriate. • Update in house training to reflect process as appropriate.

Assurance

Agencies will be requested to undertake the following in order to assure the MAWWSB with regards to dissemination and implementation of this policy:

MAWWSB	<ul style="list-style-type: none"> • To seek assurance from Partner Agencies that implementation has occurred
Partner Agencies	<ul style="list-style-type: none"> • To provide MAWWSB with assurance that the above implementation have been completed

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1. STATEMENT

The Mid and West Wales VAWDASV Partnership is committed to responding effectively to Child to Parent abuse(CPA), including both victim and those displaying abusive behaviour. This will further strengthen our view that abuse and violence is unacceptable and will not be condoned.

This guidance is underpinned by a commitment to the principles of safeguarding children, a duty of care to the citizens of Mid and West Wales, equality and diversity and the protection of vulnerable adults. All those experiencing or affected by violence or abuse will be treated according to their needs.

All forms of violence and abuse are unacceptable and anyone who experiences violence against women, domestic abuse and sexual violence (VAWDSV) deserves an effective and timely response from all public services.

This guidance must be read in conjunction with the over-arching VAWDASV Policies and practices of the Regional Partner Organisations, including the Daily Discussion and MARAC Process. The guidance must also be used alongside the Wales Safeguarding Procedures (2019).

2. INTRODUCTION

Within the Mid and West Wales Regional Strategy, our vision is for all individuals to live their lives free from violence, abuse, neglect and exploitation and for their rights to be protected.

The strategy sets out our integrated regional approach that will deliver a collective vision to stop violence against women, domestic abuse and sexual violence, to improve the health and well-being of individuals and families affected by abuse and hold to account those who perpetrate such abuse.

This guidance aims to provide guidance that will improve the identification, response and, furthermore, support the integration, development and implementation of Child to Parent specific support and intervention, consistently across the Region.

Acknowledging that CPA is a through-age issue, this guidance applies to the parent child relationship, including children, young persons and adult children to parent abuse. Barriers to accessing support apply, regardless of the age of the child or parent, with specific issues contributing to each situation e.g. disability, capacity and caring responsibilities.

This is all in line with the aim of achieving a sustainable reduction in violence and abuse, improve outcomes for all individuals and families affected and prevent such abuse from happening in the first place.

It aims to build on existing successful partnerships and collaborative working opportunities in the region, and to further increase public awareness and assist local communities, individuals, family members and agencies to deliver a robust response to Child to Parent Abuse across Mid and West Wales.

Aims

This policy aims to: -

- underpin, influence and directly contribute to key regional work in the response to CPA
- provide guidance to support effective identification and response
- to support regional practitioners in their response to CPA, consistently and regionally
- Encourage professional curiosity
- to ensure the response to CPA is effective and holistic

3. DEFINITION OF CHILD TO PARENT ABUSE

There is currently no legal definition of Child to Parent Abuse. However, it is increasingly recognised as a form of domestic violence and abuse and, depending on the age of the child, it may fall under the government's official definition of domestic violence and abuse.

Abuse within the family includes CPA. CPA can also be called adolescent to parent violence/abuse (APV/A) or parent abuse. Child to parent abuse can involve children of all ages and does not exclusively involve physical violence. If the child is over 16 years of age, CPA is considered domestic abuse in accordance with the statutory definition. It is important to remember that this form of abuse, though commonly referred to as CPA, can also include abuse of a grandparent or sibling and anyone with a parenting role such as carers and guardians.

The cross-Government definition of domestic violence and abuse is any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to psychological, physical, sexual, financial and emotional abuse.

While this definition applies to those aged 16 or above, Adolescent to parent violence and abuse (APVA) can equally involve children under 16.

The Home Office recognises Adolescent to parent violence and abuse (APVA), which may be referred to as 'adolescent to parent violence (APV)' 'adolescent violence in the home (AVITH)', 'parent abuse', 'child to parent abuse', 'child to parent violence (CPV)', or 'battered parent syndrome'.

It is important to recognise that CPA is likely to involve a pattern of behaviour. This can include a number of different types of abusive behaviours, including damage to property, emotional abuse, physical abuse and economic/financial abuse.

Violence and abuse can occur together or separately. Abusive behaviours can encompass, but are not limited to, humiliating language and threats, belittling a parent, damage to property and stealing from a parent and heightened sexualised behaviours.

4. IMPACT OF CHILD TO PARENT ABUSE

The first large scale study of adolescent to parent violence and abuse in the UK was conducted by the University of Oxford (see <http://apv.crim.ox.ac.uk/>) between 2010 and 2013.

Practitioners and parents interviewed in this study described the abuse as often involving a pattern of aggressive, abusive and violent acts across a prolonged period of time.

As well as physically assaulting their parents, those interviewed said their children had smashed up property, kicked holes in doors, broken windows, had thrown things at their parents and made threats.

Verbal abuse and other controlling behaviours were also commonly present. This pattern of behaviour creates an environment where a parent lives in fear of their child and often curtails their own behaviour in order to avoid conflict, contain or minimise violence.

This study found that there was no single explanation for this problem. Families described a range of reasons which they saw to be the cause for APVA, including substance abuse, mental health problems, learning difficulties, or a family history of domestic violence or self-harm. Some families were at a loss to explain why their child was so aggressive towards them, having raised other children who did not display such behaviour.

CPA poses a number of challenges to the families experiencing it and practitioners who come across it in their work with families. A fundamental challenge underpinning these difficulties is the silence surrounding CPA.

The sense of isolation, stigma and shame felt by families experiencing this kind of violence is exacerbated by the lack of official recognition and policy, and also the lack of awareness of CPA within society.

CPA is complex, and the boundaries between 'victim' and 'perpetrator' can be unclear. The violence is often (although not always) contextualised within existing family problems.

This can be amplified where there are issues of capacity, disability or caring responsibilities. Where victims are older people, high proportions of reports are where the abuse is from a child or grandchild.

5. PREVALENCE

It is important to recognise that incidents of CPA reported to the police and statutory services are likely to represent only a small percentage of actual incidents and actual levels are likely to be much higher.

Prevalence is difficult to establish. There is a lack of CPA specific research and data is extremely limited globally. From the limited research available, it is suggested that around 3% of the UK population experience CPA.

As with domestic abuse, child to parent abuse is often gendered, with the majority of cases being perpetrated by sons against their mothers, though men and boys are victims too.

SafeLives data has shown that amongst young people accessing services who cause harm to family members, physical violence was the most prevalent form of abuse, with 57% of young people causing physical harm and nearly a quarter (24%) demonstrated jealous and controlling behaviour.

Some recent statistics collated in respect of CPA include;

- 95% increase of reporting to the Metropolitan Police force between 2012-2016.
- Parent-Line recorded 22,537 calls reporting children being violent to parents over a two year period.
- 70% increase in incident over the first lockdown in 2020
- According to Adoption UK, 65% of adopted families will experience CPA

All forms of VAWDASV are under-reported and parents are, understandably, particularly reluctant to disclose or report violence or abuse from their child. Parents report feelings of isolation, guilt and shame surrounding their child's abuse towards them, and fear that their parenting skills may be questioned and that they will be blamed or disbelieved by those to whom they disclose the violence.

Many parents worry that their victimisation will not be taken seriously or, if they are taken seriously, that they will be held to account and that their child may be taken away from them and/or criminalised.

6. REGIONAL RESPONSE

As a region we have identified the need to improve practice around CPA regionally. We have worked with Parent Educational Growth Support (PEGS), in support of this and to inform our Regional approach.

PEGS was created in 2019 in response to a lack of support available for both parents experiencing CPA, and professionals who are working with families where CPA has been identified or is suspected.

Founded by 'experts by experience', PEGS aim to raise awareness, and give a platform for the voices of these currently unseen and unheard victims of abuse. There are two main strands to their work: supporting parents, and training professionals.

Although practitioners may be required to respond to a single incident of CPA, it is important to gain an understanding of the pattern of behaviour behind an incident and the history of the relationship between the young person and the parent.

It is also important to understand the pattern of behaviour in the family unit; siblings may also be abused or be abusive. There may also be a history of domestic abuse, or current domestic abuse occurring between the parents of the young person.

Regionally we need to encourage and exercise professional curiosity when responding to cases of CPA. Exercising professional curiosity translates into the capacity and communication skills of practitioners in exploring and understanding what is happening within a family rather than making assumptions or accepting things at face value. In our response, we need to ensure that the focus is on the need, voice and "lived experience" of the person or family involved.

It is important to recognise the effects CPA may have on both the parent and the child. Where support is offered/ provided, this must be holistic in terms of acknowledging the support/ interventions of both the victims of abuse and the individual perpetrating the behaviour.

As a region we are committed to looking at the broader context of CPA, especially where the person 'perpetrating' the behaviours is legally a child. We are committed to understanding what these behaviours may say about the child's needs and what this behaviour may indicate.

It is often difficult to observe or assign labels of 'perpetrator' and 'victim' with CPA and there are substantial concerns about criminalising a young person for their behaviour, and the negative impact that this may have on their future life chances.

Practitioners must seek to avoid using terms such as 'perpetrator', especially when working with cases where the person perpetrating abusive behaviour is a child or

young person (CYP). This language can be damaging to the CYP's likelihood of engagement and how they view themselves. It can also be damaging to the engagement from the parents experiencing abuse, as it is likely they would not want their children referred to as 'perpetrators'.

Professionals working with children and young people and parents should seek to identify risk factors early and work together with the family to provide early support to avoid crisis situations.

Consideration for the above is also very important when working with older victims. The person may not identify or relate to the terms 'perpetrator' and 'victim' and this may cause them to disengage with support or intervention.

Research has highlighted that, grandparents fulfilling a parental role, either through formal or informal family arrangements, are providing care for children with higher rates of special education needs and trauma but often with little or no training, emotional or financial support (Selwyn and Nandy, 2012).¹

Help seeking behaviour and engagement is often motivated by seeking support for the grandchild. Older victims may minimise or excuse the behaviour of the grandchild through attempts to compensate for estrangement from parents (Dewis Choice, 2021).

Similarly, older parent victims, providing support for adult children with substance misuse, physical or mental health needs, homelessness or financial difficulties may be motivated by a desire to seek help and support for the adult child, whilst recognising increased risk to themselves and/or other family members (Dewis Choice 2021). Parents may also have an older child with learning difficulties/behaviours difficulties, which may impact.

Within Domestic Abuse and Sexual Violence, it is important that a person takes responsibility for their behaviour. It is crucial here however to identify that the approach taken needs to be on an individual case-by-case basis, with consideration around the age, developmental stage and needs of the individual displaying abusive behaviour.

It is important to recognise that a young person may not recognise their behaviour as abuse which might hinder their engagement with services. Children and young people should be offered support based on their individual needs, with a range of interventions so that each child and young person is able to access the specialised help they require, avoiding unnecessary criminalisation. Professionals need to be mindful of the relationship and history between the parent and young person.

While the use of out of court disposals in the context of domestic violence and abuse need to be approached with caution, in the context of cases of CPA, out of court

¹ Selwyn, J. and Nandy, S. (2012). Kinship care in the UK: using census data to estimate the extent of formal and informal care by relatives. *Child & Family Social Work*, [online] 19(1), pp.44–54. Available at: <https://research-information.bris.ac.uk/en/publications/kinship-care-in-the-uk-using-census-data-to-estimate-the-extent-o> [Accessed 2 Sep. 2021].

disposals or a wrap-around safeguarding response should be considered alongside a criminal justice response as most parents wish to build and maintain their parent-child relationship and do not want their child criminalised.

This means that typical domestic violence and abuse responses holding perpetrators to account may not always be appropriate. Practitioners highlight the need for tailored responses to CPA rather than relying upon generic parenting programmes and also identify the need to move away from the emphasis on parental responsibility and blame.

CPA can have serious and at times fatal consequences, and responders need to be aware of risk posed by this form of domestic abuse and take appropriate action to protect those at risk. It is important that a young person using abusive behaviour against a parent or family member receives a safeguarding response.

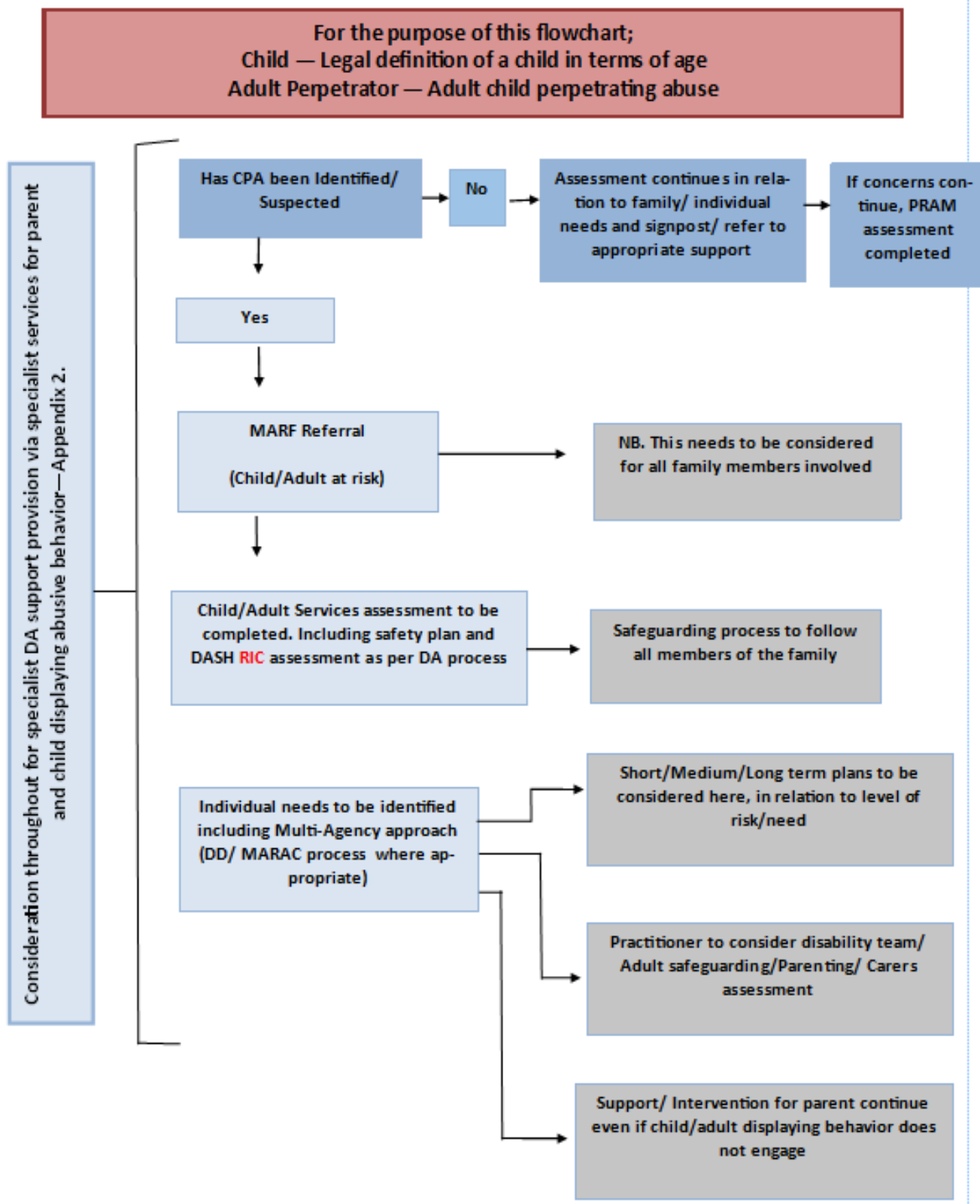
Responders should use their discretion and professional judgement when addressing cases of CPA, and work with the parent to identify the appropriate response.

The parent victim should also receive appropriate domestic abuse response and support. Parents report feelings of isolation, guilt and shame surrounding their child's abuse towards them, and fear that their parenting skills may be questioned and that they will be blamed or disbelieved by those to whom they disclose the abuse.

The below flowchart aims to provide guidance in responding to CPA. This is not exhaustive and needs to be followed flexibly in accordance to roles, organisations and supporting policies.

7.

CPA Flowchart



NB. PRAM (PEGS Risk Assessment Model) has been developed to help identify CPA within the family. The document is intentionally concise and focuses on the identification, type of abusive behaviours and frequency of incidents. Please see (Appendix 3)

8. KEY CONSIDERATIONS

Bail conditions

When considering bail conditions, it is paramount that consideration is given to the safety aspect of those in the bail address. It needs to be established if it places anyone at risk by using the home address as the bail address.

Age of the individual displaying abusive behaviour

If under the age of 16 years then this will require a safeguarding response in line with Government recommendations.

If 16 years or over, colleagues should consider if safeguarding is the most appropriate response, based on the individual case.

There should always be consideration for joined up MARAC and safeguarding discussions where CPA is suspected or identified.

Care roles/ responsibilities within the relationship

An older victim may be providing care for a grandchild or adult child, for example, with physical or mental illness, substance misuse, homelessness or financial difficulties. They could also have an older child with learning difficulties/ behaviour difficulties which impacts. Conversely, an older victim may be dependent on a grandchild or adult child for care and support. There may also be circumstances where there is co-dependency.

Increased needs for care and support can place an older person in a position of dependency on a grandchild or adult child, shifting the power dynamic in the relationship, reducing independence and autonomy, and creating new opportunities for abuse. Signs of abuse of older victims with care and support needs can be mistakenly attributed to declining physical health and mobility. Adult children can also use their caring role to mask abuse, for example by creating extreme isolation, accompanying the older person in all interactions, exaggerating care needs and portraying themselves as indispensable to the older parent.

Disability and capacity issues

Capacity –

The Mental Capacity Act (MCA) 2005 (England and Wales) defines and protects the rights of adults who are assessed as lacking capacity. The first principle of the MCA states that a person must always be assumed to have full capacity unless proven otherwise. Capacity is decision specific and a person may have capacity to make

certain decisions, for example, when they get up or what they eat, but lack capacity to make complex decisions, for example, managing finances.

Although there are numerous reasons why a person may be deemed to lack capacity under the MCA, a significant proportion will have a diagnosis of dementia. There are currently approximately 850,000 people in the UK living with dementia.² Although there is limited data on the prevalence and co-existence of dementia and domestic abuse, research suggests a person with dementia is as likely to experience domestic abuse as a person without dementia and there is some research to suggest the prevalence may be higher. A person with dementia can also experience the same range of severity of all types of domestic abuse: physical, psychological, sexual, emotional, economic and coercive and controlling behaviour but the abuse may impact them in unique ways (Dewis Choice, 2021).

As dementia progresses a person's ability to safeguard themselves and manage their own risks may be affected by declining mental capacity. The person may no longer recognise the signs that the abuse is escalating and be unable to deploy strategies that have worked in the past, such as removing themselves to a place of safety and seeking help. A person with dementia may also lose the ability to understand and make decisions about the level of risk they are exposed to by the abusive person (Dewis Choice, 2021).

Under the MCA, abuse perpetrated by adult children who are providing care, have Power of Attorney or a court appointed deputy for a parent who lacks capacity, may be subject to prosecution for ill-treatment or neglect. (Williams, J., Wydall, S., Clarke, A. H. 2013.³

Housing arrangements

It is worth noting that appropriate housing is not always available in cases of CPA. In instances when this occurs, it is important that agencies ensure that adequate safeguarding is in place and that the right safety plans are put in place.

In cases of CPA, identifying appropriate housing options and solutions can be extremely complex.

² NHS: 'About Dementia' <https://www.nhs.uk/conditions/dementia/about/>

³ Protecting older victims of abuse who lack capacity: the role of the Independent Mental Capacity Advocate, *Elder Law Journal*, 3(2): 167-174. (discussing interdependency)
Clarke, A., Williams, J., Wydall, S. (2016), Access to Justice for Victims/Survivors of Elder Abuse: A Qualitative Study, *Social Policy & Society*, 15 (2): 207-220. DOI:10.1017/S1474746415000202 (discussing capacity)

If the child is under 18 years old, then under section 17 of the Childrens Act 1989, the local authority are obligated to accommodate the child if they can no longer reside with persons with Parental Responsibility.

Where the person displaying abusive behaviour is over 16 years, the housing approach should still apply in same way as IPA (Intimate Partner Abuse).

Occupancy Orders and Non Molestation Orders will apply here, however not every parent will want these protective orders.

Siblings and wider-family

Individuals displaying CPA behaviours can also be violent or abusive to their siblings and/or wider family.

When CPA is identified or suspected, the safety of all immediate family members should be considered and informed responses put in place.

It is crucial that the impact and risk to siblings and other family members, as a result of CPA, is not minimised or overlooked within our response.

9. Access to support services

Please refer to the MWW Regional Pathway to Support Document (Appendix 1) and Mid and West Wales Regional Offer of Child to Parent Abuse specific support and intervention (Appendix 2)

APPENDIX 1 – MID AND WEST WALES REGIONAL PATHWAY TO SUPPORT

NB- If police attention/presence or medical attention is required urgently, please call 999

Police enquiries call: 101

Mid and West Wales VAWDASV Regional Pathway to Support

This Regional Pathway to Support has been designed in partnership with the VAWDASV Specialist Providers across the region, to assist in assuring consistency and continuation of service availability and accessibility for citizens of the Mid and West Wales region.

This Pathway firstly acknowledges the disruption to service delivery relating to Covid-19, also known as the Coronavirus outbreak. It is intended that this document will set out the clear pathway to VAWDASV support and advice for citizens and professionals living and working within the region.

It is important to acknowledge that all Specialist Service Providers are continuing to operate, albeit with reduced and/or limited resources. The majority of services are being delivered via remote working; however, all agencies will respond to referrals via their normal referral routes.

Access to Support

In terms of access to support we maintain a consistent route to services via the **Live Fear Free Helpline on 0808 8010800** – This helpline is open to women, men and young people experiencing any form of Domestic Abuse or Sexual violence (DA/SV).

The **Live Fear Free Helpline** will provide immediate advice and guidance before signposting to a local Specialist Support Provider.

Specialist Service Providers in Mid and West Wales

Survivor and Victim focussed services				
Local Authority	Provider(s) and Programmes	Specialism	Contact number	Covered by Live Fear

				Free Helpline
Regional Service	IDVA Service- Hafan Cymru and Pobl	High Risk Domestic Abuse	Carmarthenshire and Powys- 01267 221194 Pembrokeshire and Ceredigion- 01646 698820.	Yes
Regional Service	New Pathways	Sexual Violence	Ceredigion: 01970 610124 Carmarthenshire: 01267 235464 Powys: 01267 226166 SARC Out of Hours (All areas) 07423 437020	Yes
National Service	BAWSO	VAWDASV BAME	0800 731 8147 (24 hr helpline)	
Powys	Montgomery Family Crisis Centre	Domestic Abuse	01686 629114	Yes
	Calan DVS	Domestic Abuse	01874 625146	Yes
Ceredigion	West Wales Domestic Abuse Service	Domestic Abuse	01970 625585 And/or 01239 615385	Yes
Carmarthenshire	Carmarthen DAS	Domestic Abuse	01267238410/234725	Yes
	Threshold DAS	Domestic Abuse	01554 752422	Yes
	Calan DVS	Domestic Abuse	01269 597474	Yes
	Dewis Choice	Domestic Abuse for people aged 60+	Referral via statutory agency e.g. safeguarding, police, health	No
Pembrokeshire	Pobl	Domestic Abuse	01646 698820	Yes
	Hafan Cymru	Domestic Abuse- Refuge Only	0808 80 10 800	Yes
Interventions aimed at individuals perpetrating abusive behaviours				

Region Wide	Threshold DAS Choices Programme	Perpetrators of Domestic Abuse	enquiries@threshold-das.org.uk 01554 752422	No
	Calan DVS & MFCC Intervention Hub	Perpetrators of Domestic Abuse	gbranch@calandvs.org.uk 01639 794448 admin@familycrisis.co.uk 01686 629114	No
	Forensic Psychology UK & Threshold DAS	Individuals displaying stalking behaviours	Service accessed via Dyfed Powys Police	No

APPENDIX 2 - MID AND WEST WALES REGIONAL OFFER OF CHILD TO PARENT ABUSE SPECIFIC SUPPORT AND INTERVENTION

This regional document has been developed to support the Mid and West Wales Regional response to Child to Parent Abuse.





The document is aimed at streamlining access to CPA specific support and intervention across the region.




This document should be read in conjunction with the Regional Pathway to VAWDASV Support document, as all providers outlined within that document will be able to provide localised VAWDASV specific support, in line with the Regional Strategy.

We also want to acknowledge that this document is live and will continue to evolve with the development of CPA specific work across Mid and West Wales.

We are also working with PEGS who are a National CPA Organisation who offer advice, guidance and support to parents and professionals experiencing or working with CPA.

hello@pegssupport.com

Local Authority Area	Intervention/ Programme	Organisation	Referral POC
Pembrokeshire	Break4Change (as well as other individual delivery options)	Pembrokeshire TAF Team	https://www.pembrokeshire.gov.uk/childrens-services/team-around-the-family  TAF Referral Form CURRENT MASTERS
	CYP Project	Hafan Cymru	 -Children-Referral-Form CYPHAFAN.docx
Carmarthenshire	Future Proof	Threshold DAS	https://threshold-das.org.uk/project-y/
Ceredigion	Break4Change Online CPV parent support group Ar Trac	West Wales DAS	 ar_trac_westwales_welsh.pdf  b4c leaflet english.pdf

	Break4Change (as well as other individual delivery options)	Ceredigion TAF Team	 v2 TAF Request for Service eng CM 20.0 01545 572649
Powys	Break4 Change Online CPV parent support group. (NB: provide individual alternative delivery options) Ar Trac	Calan DVS	 ar_trac_break4change_npt_powys_cym_04.p  ar_trac_break4change_npt_powys.pdf

APPENDIX 3 – PRAM (PEGS RISK ASSESSMENT MODEL)

Please remember the PRAM is to help identify if child to parent abuse (CPA) is suspected or occurring within the family home. The document is intentionally concise and focuses on the identification, type of abusive behaviours and frequency of incidents. Any other information can be collated during/after a professional safeguarding discussion.

Is the parent/carer/guardian in fear? If the answer is:

- Yes, all the time - This would indicate that CPA is occurring in the home.
- Sometimes - This would indicate that without support/ intervention there is a high possibility that the situation will become CPA (there is some risk already with the sometimes response, so proceed as though CPA is suspected)
- No, never - Whilst the behaviours experienced are not okay, for CPA to be suspected or identified the parent/carer/guardian is fearful of the child/ young person or their reactions. If the response is no, still complete the PRAM as it could be the parent is not aware themselves of CPA.

Types of behaviours

These are the most common forms of abuse behaviours within families where CPA has been identified or suspected. By having daily, weekly and monthly options, the outcome can map an idea of that family's experiences and risk level quickly and effectively.

Escalation of behaviours

By the time a parent has come to you for help, they are likely to have been experiencing CPA for long periods of time before making that initial disclosure.

- If the behaviour has been occurring for under 2 months, then a referral into safeguarding under the safeguarding response is appropriate.
- If the behaviour has been occurring for 2-6 months and the family is left with no support the likelihood of further escalation is likely. Here CPA could be suspected, and the response needed is a safeguarding response for CPA as a medium risk
- If the behaviour has been occurring for 6+ months and is likely to have escalation in behaviours, respond as a safeguarding need for all members of the household as CPA identified at medium/high risk.