

Churchill Fellowship Findings: UK and Australian Approaches to Child and Adolescent-to-Parent Violence Informing Aotearoa New Zealand's Family Violence Response

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Executive summary

There were clear differences between how the UK and Australia approach the issue of child to parent violence and abuse (CAPVA¹). In the UK, the process has been slow and grassroots, driven by passionate advocates with personal experience of CAPVA. In contrast, Australia, especially Victoria, has developed a much more comprehensive, evidence-based response and built knowledge at both policy and service levels. Aotearoa New Zealand is lagging, with an urgent need for increased awareness, research, and funding to fill critical support gaps.

A comprehensive approach that resembles Australia's has clear benefits in terms of ensuring progress at both national and local levels. Progress should not be reliant solely on the hard work of passionate advocates, it should be a collective approach involving policy makers, practitioners and those with lived experience.

Such an approach should consider the links to wider family violence, neuro-developmental disorders and other adverse childhood experiences. There should be early support for children showing concerning behaviours with a strong emphasis on therapeutic rather than punitive supports that involve the whole whānau.

Introduction

Conservative estimates indicate that 3–10% of Police family harm callouts involve violence by a child or adolescent toward a parent or other family member. However, the true prevalence is likely higher due to limited available data. This is compounded by the reluctance of family members to call Police for help, often driven by fears of punitive repercussions for their child.

CAPVA remains one of the most under-studied forms of family violence. For families living with this issue things can feel hopeless due to the lack of visibility, combined with the unavailability of appropriate services or supports.

There is a big gap in our understanding of what the prevalence and impacts of CAPVA are in Aotearoa New Zealand. Determining an effective response to CAPVA in Aotearoa is a challenging due to:

- There being little reliable understanding of CAPVA, its dynamics and impacts,
- The prevalence and impacts in Aotearoa are unknown,
- Little is known about risk and protective factors and what works to prevent CAPVA,
- There are limited and inconsistent programmes working with children and adolescents using violence in Aotearoa.

Evidence suggests that CAPVA has wide ranging impacts for those effected. Participants of an Australian survey reported detrimental and ongoing impact on educational outcomes, mental health (particularly depression), and relationships for CAPVA users and their siblings with resultant criminal behaviour and increased suicide attempts. Relationship breakdowns were common (between parents, between child and parents etc) as was fear, stress and deep concern about the long-term options for the adolescent and for other family members. The impacts of CAPVA on parents includes

¹ Child and Adolescent-to-Parent Violence and Abuse (CAPVA): While terms differ across and between countries, CAPVA has been used throughout this report for ease of reading and consistency.

the experience of physical harm, poor physical and mental health, economic hardship through property damage or theft of property, and isolation and withdrawal from friendships and family.

I would like to thank the Winston Churchill Memorial Trust for giving me the opportunity to explore this important topic. I hope by disseminating my Fellowship findings I can create greater visibility and a call to action of the need for responses that address and prevent CAPVA, something that is badly needed to improve the lives of those impacted by this issue.

This Fellowship builds on previous desk-based study I have completed. It has helped to fill several knowledge gaps, tested some of my initial assumptions and allowed me to connect with others in the field who might provide on-going advice.

I had several high-level goals from the Fellowship, which were to:

- 1) Learn more about the available supports and services for responding to CAPVA,
- 2) Understand the necessary policy settings for an effective response to CAPVA,
- 3) Build my network of advocates and those working in the field who could provide on-going guidance and advice

Coming from a policy lens I was interested in exploring the following questions to help determine how to position this issue and what the most effective next steps might be:

Within the UK and Australia:

- How visible is CAPVA in government policies, strategies, and legislation?
- What are the implications positive or negative of framing CAPVA within the domestic violence/family violence sector?
- What types of interventions are most effective in addressing CAPVA across primary prevention, early intervention, and response?
- What policy, legal or other settings have been a help to having an effective response to CAPVA?
- What are the gaps, barriers or impediments to having an effective response to CAPVA?
- What is the role of trauma and neurodiversity in CAPVA?

To tackle these questions, I spoke to a range of stakeholders to get different perspectives including policy makers, researchers, and practitioners. Several of those I spoke to also had lived experience of CAPVA.

Key Learnings

Differences of Approach in UK and Australia

A primary finding that has shaped my view of how Aotearoa should approach future strategies in dealing with CAPVA is the notable difference in strategies observed in the UK compared to Australia. The UK has had a slow but steady grassroots approach, largely driven by passionate advocates, many of whom have experienced CAPVA firsthand and are motivated to help others facing similar challenges. In contrast, Australia's approach—particularly that of the state of Victoria—can be characterised as significantly more mature, comprehensive, and evidence-based. In contrast to the UK and Australia, the approach to CAPVA in Aotearoa New Zealand can be characterised as underdeveloped, with an urgent need for increased awareness, research, and funding to drive progress. I observed a clear benefit to taking a more comprehensive approach.

What was lacking in all countries was a nationally and regionally consistent approach. Even in the State of Victoria where this approach has built considerable momentum this was not true across state lines. In the UK, Australia and New Zealand this results in something of a postcode lottery as described by one UK-based stakeholder *"it depends on where you live as to what might happen, and what resources there are"*.

A summary of the approach to CAPVA in the UK

As noted by Helen Bonnick, who has been instrumental in increasing visibility for CAPVA in the UK *"Typically, in the UK at least, the development of services for families has been bottom-up – emerging scattered around the country as individual practitioners develop provision in their own area"*. While there are on-going attempts to engage with Policy Makers, this has had varied success. From the outside looking in, it was difficult to identify policy makers to engage with for my Fellowship. I have relied on the views of those working on the ground for their perspectives of the pros and cons of different policy settings in the UK that either helped or hindered their work.

However, there was an indication that this may be changing. Between November 2023 to February 2024, the UK Home Office which oversees policies on domestic violence and crime prevention undertook a consultation seeking views on the definition of child to parent abuse (CAPVA). The key aims of an agreed definition are: [1]

- to establish a common language around CAPVA
- to support identification by frontline professionals and parents and caregivers of this type of abuse, in order to make it easier to seek and offer support.

This was an action under the 'Tackling Domestic Abuse Plan' published under the Johnson-led conservative government. The Plan commits the Home Office to publish updated guidance for frontline practitioners on child-to-parent abuse (CAPVA) and to reach an agreed definition and terminology for this type of behaviour. The plan states that these actions will underpin policy developments on the response to CAPVA.

In 2021, the UK Domestic Abuse Commissioner commissioned a literature review into CAPVA which provides further information on the issue, the approaches taken to intervention, and the gaps in the evidence base.

There has also been good progress at a local level in some areas. The Mid and West Wales Safeguarding Board (CYSUR) is a multi-agency strategic partnership consisting of four local

authorities. CYSUR has developed a number of multi-agency safeguarding policies and procedures that provide operational guidance to staff on safeguarding practice. This responds to The Social Services and Well-being (Wales) Act 2014, which addresses the well-being, protection, and safeguarding of both adults and children, focusing on preventing abuse and neglect.

In the Northwest region of the UK the Merseyside's Violence Reduction Partnership (MVRP) is a team of subject leads and experts working to address the underlying causes of violence, working together with communities to prevent it. The MVRP commissioned research conducted by Liverpool John Moores University to assess the extent and nature of CAPVA in the region. This research aims to shed light on the issue, helping professionals understand the causes and impacts on families, while also evaluating existing support services.

Another grass roots initiative was the establishment of the 'CPV Roundtable' initiated by Helen Bonnick. The CPV roundtable aims to bring together leaders in practice, policy, and research to address CPV. The goal is to create a forum where these stakeholders can collaborate, share insights, and develop strategies to influence policy and improve support for families experiencing CPV. The roundtables have been very successful in creating a community of practice for CPV and being a space to share evidence, learning, and insights.

While these developments are promising, many of those I spoke with expressed frustration with the limited progress in national-level policy and noted that the 2023 consultation was yet to produce a conclusive, widely accepted framework. While there is specific safeguarding legislation in Wales this does not exist in the rest of the UK. CAPVA falls outside of the direct scope of The Domestic Abuse Act 2021. There exists somewhat of a post-code lottery in terms of the services and supports available for CAPVA across the UK. Changes of government were cited as a challenge in maintaining momentum on CAPVA integration within national policy and a factor in the slow rate of progress.

A summary to the approach to CAPVA in Australia

The approach in Australia could be described as more comprehensive, with work at national and state level across strategy, policy, research and service provision. The National Plan to End Violence against Women and Children 2022-2032 by the Australian Government includes various references to CAPVA (referred to as Adolescent Violence in the Home or AVITH in Victoria with a focus on this age demographic). The plan emphasises the need to change societal attitudes and systems that drive violence, including those affecting adolescents. It also focuses on identifying and supporting individuals at high risk, which includes adolescents who might perpetrate or be victims of violence. The plan ensures services are in place to address existing violence, with a specific mention of trauma-informed support for young people. It also aims to support victim-survivors, including adolescents, in their recovery from trauma. Action 8 of the plan makes specific reference to the development and implementation of age-appropriate programmes for children and young people, focusing on early intervention to address violence-supportive behaviours and to support recovery and healing from trauma.

The Australian Government is investing significantly into addressing CAPVA, particularly through the "Adolescent Boys at Risk Trial," which provides \$34.8 million over five years to explore effective interventions for boys at risk of perpetrating violence due to adverse childhood experiences. Additionally, the "Innovative Perpetrator Responses" initiative, funded with \$19.3 million, focuses on early intervention strategies to change violent behaviour, with some states, like Victoria, targeting adolescents. Specialised Family Violence Support Services also received \$54 million for services addressing child-to-parent violence.

The Australian National Research Organisation for Women's Safety (ANROWS) has played an important role in ensuring a robust evidence-based response to CAPVA. ANROWS has consistently included CAPVA in its funding rounds. This has included, for example funding for:

- The Positive Interventions for Perpetrators of Adolescent Violence in the Home (PIPA project), which involved extensive consultations with practitioners and analysed legal and court case files across multiple Australian states to understand the various circumstances surrounding CAPVA and to advocate for better legal responses and support systems.
- The WRAP Around Families Experiencing CAPVA project, which built on a specific recommendation from the PIPA project recognising that families need a wrap around and systemic response which recognises risk across the whole family ecosystem, including the presence of ongoing adult perpetrated harm.

Family Safety Victoria (FSV) which is a division of the Victorian Department of Families, Fairness and Housing also has its own research grants funding round, and they often focus on CAPVA as well. This consistent funding has been essential for the ongoing research and development of interventions in this area.

At a state level, Victoria is significantly leading in this space. This has included funding as far back as 2016 into the Adolescent Family Violence Program following recommendations of the Royal Commission into Family Violence. The programme received \$1.426 million in 2017 to support its expansion and further investment in 2019-20 to maintain the existing programme.

\$17 million in funding was allocated by Family Safety Victoria through a request for tender in 2022 for an 'integrated service response for CAPVA' awarded to six organisations. Additionally, \$5.7 million was allocated to Aboriginal Community Controlled Organizations to support culturally appropriate interventions for Aboriginal families experiencing adolescent family violence.

This has resulted in growing capacity to respond to CAPVA at the service level including a body of deep practice and academic knowledge across this space. The Centre for Excellence in Child & Family Welfare hosts the CAPVA Community of Practice to build the knowledge base of evidence-informed and promising practice in this space. The CAPVA Community of Practice is open to all CAPVA providers across Victoria. This includes Community Services Organisations (CSOs) and Aboriginal Community Controlled Organisations (ACCOs) that work directly with adolescents who use (or are at risk of using) violence towards family members.

An earlier Churchill Fellowship by Jo Howard around 2010 significantly influenced the policy and approach to CAPVA in Victoria. Jo Howard's fellowship highlighted the issue, drawing attention to CAPVA as a distinct area requiring intervention. Her work helped inform the Victorian Royal Commission into Family Violence eight years ago, which acknowledged CAPVA and made key recommendations to address it. The Commission made several recommendations on adolescent violence, with around 48 specific to CAPVA. However, it took time for these recommendations to be fully implemented, and much of the progress was slow until the COVID-19 pandemic highlighted the issue. During lockdowns, there was a sharp increase in police interventions due to adolescent violence, which flooded legal and social systems, forcing a more urgent response to this issue.

A summary of the approach to CAPVA in Aotearoa New Zealand

In contrast to the UK and Australia, the approach to CAPVA in Aotearoa New Zealand can be characterised as underdeveloped, with an urgent need for increased awareness, research, and funding to drive progress.

A 2024 VisAble report, written by Lee Tempest titled 'Child and Adolescent-to-Parent Violence and Abuse (CAPVA) and Abuse: New Zealand's Invisible Family Violence'² provides a comprehensive overview of the current state and challenges associated with addressing this form of family violence in Aotearoa New Zealand.

The report finds that CPVA is largely unrecognised in New Zealand's policies and family violence strategies. Despite its prevalence, it remains invisible in official responses, meaning that families experiencing CPVA often go unsupported. The report identifies a significant gap in awareness, education, and training for professionals who encounter CPVA, leaving parents and families with limited avenues for help.

In the New Zealand Family Violence Act, family violence is defined as a pattern of violent behaviour inflicted against a person by any other person with whom that person is, or has been, in a family relationship. Violence might be physical, sexual or psychological abuse (Family Violence Act 2018 No 46 (as at 01 December 2020)). So, within Aotearoa New Zealand APVA is encompassed within the legal definition of family violence.

Te Aorerekura, the National Strategy for the elimination of family violence and sexual violence recognises that in some circumstances violent behaviour can be related to a learning disability, neuro-disability or cognitive impairment; for example, as a result of dementia or a young person's developmental disabilities. As discussed later in this report, there is a strong link between CAPVA and neurodevelopmental disorders.

While there are no specific actions that address CAPVA, action 28 of the first action plan of Te Aorerekura, provided funding to ensure that adults at risk and disabled people receive safe and appropriate support to violence and abuse through a specialist multi-agency safeguarding response. This included investment of \$6.2 million over four years from Budget 2023.

Research by Anita Gibbs at the School of Social Sciences at the University of Otago³ highlights the experiences of caregivers' in Aotearoa New Zealand in relation to violence and abuse involving children with fetal alcohol spectrum disorder (FASD). Due to challenges that some people with FASD face such as emotional regulation, impulsivity, and other needs, without early diagnosis and adequate supports abuse and violence towards caregivers and others can be ways children with FASD and other neuro-developmental disabilities communicate themselves.

Gibbs research found that of those caregivers interviewed over half of children with FASD presented with abusive or violent behaviours including physical, verbal, property, emotional and financial abuse. These behaviours were inflicted upon caregivers as well as siblings, peers and workers. Self-harm was reported to be common amongst the cohort of young people. Caregivers described feelings of isolation stress and poor health. Often those professionals sought out by caregivers to help did not believe them, blamed them, or minimised the abuse. This was compounded by a lack of specialised services and children with FASD 'falling through the gaps' in relation to disability supports.

The non-profit organisation Fetal Alcohol Spectrum Disorder – Care Action Network (FASD-CAN) has developed resources to support parents experiencing CAPVA. The FASD-CAN website outlines what work best in the home, school at work and in the community. This includes 'self-preservation' tips

² <https://communityresearch.org.nz/research/child-to-parent-violence-and-abuse-new-zealands-invisible-family-violence/>

³ <https://onlinelibrary.wiley.com/doi/full/10.1002/anzf.1575>

for parents such as maintaining physical health, accepting help and forging connections and relationships. Despite being a high-needs disability, FASD is not recognised as a funded disability by government which means there is very little support available which can contribute to rates of CAPVA.

FASD-CAN has produced information sheets for teachers so that they can gain an understanding of the strengths and challenges that a student with FASD might pose. The information sheet provides tips for helping students to remember, learn and behave and emphasises the need for stability, support with making choices and giving space to let the young person calm down after getting angry. FASD-CAN has support groups for parents and carers of young people with FASD, including those who have experience violence from their child.

VisAble is a newly established disabled person led organisation in Aotearoa. Over the past year they have been operating as a prototype, funded by Whaikaha and umbrellaed by People First New Zealand Ngā Tāngata Tuatahi. This way of working was called DAPAR – Disability Abuse Prevention and Response. The team will support organisations to grow their capability to work alongside disabled people, their families and whānau to enable safer lives; provide Safeguarding Adults support and advice; and provide specialist advice, support and responses to violence, abuse and neglect against disabled people and Adults at Risk. VisAble has employed a CPVA lead.

A report published by MSD in 2024 on the service gaps for family and sexual violence⁴ identifies significant gaps in services for CAPVA in Aotearoa New Zealand. It highlights a lack of understanding and research on adolescent-to-parent violence, calling for further investigation to address the safety needs of caregivers and families. The report also points to a shortage of holistic services, with most current support focused on intervention after violence has occurred. Early intervention services are lacking, as well as long-term healing support for both young people and their families. Access to services is another major barrier, with children and young people often needing parental consent or facing logistical challenges, such as transportation, that limit their ability to seek help independently. Furthermore, there is a gap in specialised support for parents and caregivers, including the need for respite care for those experiencing violence from children or adolescents. The lack of support currently can result in some families collapsing with children placed into state care.

These gaps reflect the urgent need for more tailored and accessible services to address CAPVA effectively.

Addressing child to parent violence within the broader policy context of domestic / family violence

There were a range of opinions from the experts I spoke to about whether or not CAPVA should be considered within the family violence policy and services sector. Those who support its inclusion argue for increased visibility and note the opportunity to leverage existing family violence resources and infrastructure. Some also noted that, yes while the dynamics and drivers might be different the impact is often very similar and there may still be a control element to the violence and abuse. Others note that it is related but should be treated as a distinct issue noting the unique dynamics and need for specialised interventions and responses.

Others were strongly opposed to its inclusion under family violence expressing the concern around stigmatising young people as perpetrators and the risk of punitive responses rather than supportive

⁴ <https://msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/family-and-sexual-violence/addressing-service-gaps-in-family-violence-and-sexual-violence.html>

interventions that focus on the developmental needs of the young person. One stakeholder expressed the following view:

“We don't fundamentally see it as a family violence problem. So, there's a passionate and determined view, developmental view about these kids. And our view would be [...] this area does not belong in a family violence strategy. And we have fought for five years, for this to be seen as a separate and not really even connected problem. When you start to unpack what's happening for young people and the history of abuse perpetrated against them, and often their own fight back, to be frank, that's happening for them.”

I was surprised to learn that the age of criminal responsibility in the UK and Australia is just 10 years old. The Centre for Innovative Justice explained that in Australia there is a presumption at criminal law that a young person's capacity to understand cannot be assumed if they are under 14. However, this same consideration is not required under the Family Violence Act, meaning children as young as 11 can have protection orders imposed against them, even though many may not have the capacity to fully grasp the legal implications. Many children subject to these legal processes, including protection orders, may have neurodevelopmental disorders. There is often a lack of consideration for their developmental or cognitive capacity when these legal interventions occur.

In Aotearoa New Zealand age of criminal responsibility for most offences is 14 years old. Children between the ages of 10 and 13 can only be prosecuted for very serious crimes such as murder or manslaughter. In addition, the Youth Court is designed to address the unique needs of young people aged 14 to 17 who have committed serious offences. It focuses on rehabilitation and restorative justice rather than punishment. For youth with neurodevelopmental disorders, the court makes accommodations to ensure they understand the legal process and are adequately supported.

The other reason some stakeholders cautioned against positioning CAPVA within the domestic or intimate partner violence space was the concern that the unique dynamics of CAPVA are lost when viewed through that lens. For example, the extent to which children, particularly younger children can be considered as knowingly exercising coercive control and how wider factors such as trauma and dysregulation that play a strong role in these behaviours may be disregarded.

In the UK, the Domestic Abuse Act 2021 sets the minimum age for a domestic abuse perpetrator at 16. Consequently, incidents CAPVA involving children under 16 are generally addressed through child protection or youth justice frameworks rather than through domestic abuse services. However, because it is the parent or adult who is at risk, child protection services may also hesitate to take responsibility, viewing it as outside their remit. Additionally, if the criteria for vulnerability under the Care Act are not met, the case may not qualify for adult safeguarding support.

As a result, these families frequently fall through the gaps in available services. In some cases, child protection teams may label the child as "at risk" due to a lack of other options, despite the adult being the primary victim. This overlap of issues often leaves families vulnerable, struggling with inadequate support, and facing unsafe living situations. At least one stakeholder I spoke to, advocated for tightening up the domestic abuse act in the UK to address this issue.

Links to wider family violence

Many of the experts I spoke to note a strong connection between witnessing violence in the home and later presence of child to parent violence. Others I spoke to acknowledge a correlation but cautioned against assuming a direct causality. Whilst opinions vary on the extent of this connection the interconnectedness of child to parent violence with broader adverse childhood effects and

issues including family violence, mental health, trauma and systemic inequality were a repeated theme.

The range of views highlight the need for a nuanced approach to both understanding and addressing child to parent violence. But a focus on breaking the cycle of violence through early intervention and trauma-informed therapeutic care should certainly be considered a key intervention within a broader suite of responses to address underlying trauma and adverse experiences.

In recognition of this co-occurrence, the Australian Government has committed \$34.8 million over five years for a national early intervention trial for adolescent boys and young men who present with these adverse experiences and who are using or at risk of using violence. Eligible young men and boys will receive counselling and therapeutic support to:

- Assist with their recovery and healing from their experiences of family and domestic violence;
- Help them avoid choosing to use family, domestic and sexual violence; and
- Build the evidence base on effective approaches to supporting young men and boys.

Supports will include one-on-one counselling, case management and youth mentoring along with personalised safety plans and assessments. The need for early intervention responses like this was further highlighted in a discussion with another expert who explained:

“So it's the getting in to support recovery because we have this stupid system that goes, oh, mum's in danger, the kids are attached to her, we'll step in, separate them, either she goes or we remove him, job done, step away, nothing happens. And then 10 years later, a young person is presented with violence.”

It was noted that an adolescent later using violence themselves is only one of the multiple trajectories of young people's experiences of violence. Other outcomes might include severe mental health and suicidal ideation, criminalisation and victimisation in future intimate partner relationships (IPV). This further emphasises the need to intervene early in young people's experience of violence eg when a family first comes to attention of services for IPV.

“I think if we could build some service delivery for younger [...] we are hearing of a few additional providers now that almost out of necessity have cobbled together their own funding to work with under 12s, though 8 to 12 and I guess it kind of raises the question, if you've already got a specialised family violence service in play, then you know, maybe having that attention at the point where mum is coming to a service will help.”

However, a related issue discussed with several practitioners are the service barriers for those young people still experiencing violence in the home, who may be excluded from the entry criteria for certain therapeutic programmes. These programmes are typically not specialist in the family violence arena. As such they may be unwilling to work with young people still experiencing violence due to the additional risks involved and because the young person may not be considered ‘in a state of readiness’ for a therapeutic response.

These are all factors that should be considered as part of designing appropriate early intervention responses for children who have experienced family violence.

Need for early intervention

The need for early intervention was repeatedly emphasised as crucial to preventing the escalation of violence. Identifying at-risk families and children early allows for more effective support and reduces

the likelihood of more severe issues developing. Furthermore, holistic whole of family approaches are needed that focus on empowering families, reducing blame and supporting them in managing complex behaviours within the home.

Early presentation of concerning behaviours in those under 12 was discussed by several stakeholders. One stakeholder explained that research by Monash university found that of 600 young people asked if they could recall the onset of when they first started using violence, the largest proportion were under ten. Another researcher talked about presentations of concerning behaviours very early in infants. These were not identified as harmful behaviours but things such as the infant won't sleep or can't be left alone. They talked about mental health issues being identified from age five, but how there is often a lag in supports as parents are told to 'wait and see' if these are due to developmental delays. They explained that in 85% of referrals into Child and Adolescent Mental Health Services some kind of harm within the home, either to siblings or parents is referenced.

Several stakeholders noted that violent behaviours in the early years may be 'brushed under the carpet as a parenting issue', or as 'just what little children do', or simply ignored since the child is small and the behaviours may not have the same harm as when they are reaching the teenage years and growing in size and strength. By around age 10 is when other services start to become involved such as social care and police. This failure to act or failure to provide an appropriate response was outlined by one stakeholder as follows:

"Calling it a hidden harm always really frustrates me. It's not hidden. Parents are begging for help. They're persistently asking for support. They might not be referring to violence and abuse in the language that they're using, but they are talking about harms very early and frequently to anyone that will listen, and just pathways aren't put in place. When pathways are put in place, it's often around, as we've already talked about, child welfare, child safeguarding, which are systems that are designed to target the harmful actions or inactions of parents. And we're not talking about harmful actions or inactions of parents here. We're talking about how are they responding, how can they be supported to protect other children, to protect themselves. So our systems are really problematic in and of themselves because there's no facilities for them."

To intervene early requires a range of professionals interacting with young people, particularly early years, to understand these indicators and to be able to make appropriate referrals for support before they escalate. Many children may have already come to the attention of mental health services, early childhood services, family services, social workers, schools (teachers, nurses etc), GPs and others. So, information, training and awareness raising is critical. Most programmes in Australia are funded to work with 12 to 17 year olds, and parents are seeking help earlier but unable to access it due to these age restrictions. This suggests a need to shift funding and service to much earlier before those concerning behaviours have become more severe and more difficult to handle. Significant service and system gaps were highlighted, particularly in early intervention and prevention. Many families dealing with this issue are not able to access appropriate support due to long wait times, lack of specialised services, or geographic disparities.

Links to neuro-developmental disorders

The need for interventions that are sensitive to neurodiverse needs was a common theme noting the strong correlation identified by most experts I met with between CAPVA and neurodevelopmental issues. One practitioner I spoke with estimated that for somewhere around 80-85% of the young people they'd worked with there was an overlap with neurodevelopmental

disorders. Another practitioner confirmed the ‘massively’ higher numbers of young people with neurodevelopmental disorder in their caseloads, compared to the general population. Estimating anywhere from 30-50% of the young people across their various projects are awaiting a diagnosis.

In terms of the potential impact this might have on a young person day to day, one expert put it like this:

“If I asked you to do everything today with your left hand, you'd find that really difficult. That's what it would be like. Imagine that level of frustration and yet not having the language to say how frustrating it is. And we're asking you to be neurotypical in a neurotypical world and go to a neurotypical school and sit on a neurotypical bus and go to neurotypical shops and probably live in a neurotypical house.”

Another expert noted the layering of complexities for a young person that could include violence in the home, neurodevelopmental delay or disability, severe trauma, alcohol and drugs. These multiple complexities need to be considered when designing effective responses and supports in the school and home environment and involving the disability sector where appropriate. Support for the young person’s violence may need to be complemented with other disability supports and specialist expertise to meet the young person’s needs. As one expert put it ‘*We need a collection of responses to different families, depending on what's driving that difficulty for them*’.

Conclusions and recommendations

This fellowship was a hugely rewarding learning opportunity. In conclusion it was clear to me that Aotearoa New Zealand has a way to go in tackling CAPVA. To make progress will require strategy, funding, services, awareness raising and training. There are some strong existing models that we can learn from and so we do not need to start from scratch.

I would recommend that Aotearoa look at this from a public health / social investment lens to determine where to prioritise and focus our efforts. A key finding was the strong co-occurrence within some families of other forms of family and sexual violence and other adverse childhood experiences. I would recommend that working intensively and therapeutically with all family members presenting with family or sexual violence offers an effective early intervention opportunity that may prevent CAPVA from occurring later. Given the high co-occurrence with neurodevelopmental disability additional supports for this cohort would be an obvious area for investment and prevention.

Meanwhile, other services and supports are critical to address the urgent gaps in responding to CAPVA in Aotearoa New Zealand. Building workforce capacity to improve identification and response to CAPVA is also key with targeted training for a range of professionals including social workers, educators, health workers and police. A focus on early years is recommended.

Stakeholders shared a wide range of thoughts and ideas for the best starting point for starting to tackle this issue in Aotearoa New Zealand. These included:

- Improve Data Collection and Research including the establishment of national prevalence statistics and standardising data collection practices.
- Create universally accepted definitions for CAPVA to align approaches and facilitate better communication.

- Raise the visibility of CAPVA through national strategies and public awareness campaigns. This must go hand in hand with developing the right support services. The gap in services in Aotearoa New Zealand is something that has been highlighted as needing urgent attention.
- Leverage lived experience and grassroots to form a coalition of families, advocates, and practitioners to share experiences and expertise and create momentum for change and policy action.
- The need for a clear strategy for tackling CAPVA, including identifying key workforces—like social workers—who need training and support.

Dissemination

During my fellowship I produced LinkedIn articles outlining the key themes from each of my engagements. One article had over 1000 impressions on the site, and these were seen by a wide range of audiences globally both in and outside of my network. These articles are included below.

In addition, I was asked to provide a recorded presentation of my emerging findings to the International PEGS Child to Parent Abuse Conference. I have been asked to record a similar presentation for an international symposium hosted by the Australian Centre for Excellence in Child and Family Welfare on the topic of young person's violence in the home in March 2025.



LinkedIn NVR
Practitioners Forum.docx



LinkedIn Respect
UK.docx



LinkedIn PEGS.docx



LinkedIn Who's in
Charge.docx



LinkedIn Australian
Government.docx



LinkedIn CAPA First
Response.docx



LinkedIn Centre for
Excellence in Child & I



LinkedIn Centre for
Innovative Justice.doc



LinkedIn Helen
Bonnick.docx



Organisations visited

Meridian Youth and Family Therapy Team: The Meridian team specialises in adolescent violence in the home and has been working in this space for over 30 years. The team offers holistic, family-centred therapeutic interventions. They have developed programs like *Breaking the Cycle*, focusing on addressing family violence and providing both family and group-based therapy models.

Centre for Innovative Justice: This organisation focuses on justice system reforms and alternatives to traditional punitive responses. The Centre plays an important role in developing evidence-based approaches to address adolescent and family violence. Their work highlights the importance of trauma-informed care and systemic reforms to better serve families experiencing violence.

The Centre for Excellence in Child and Family Welfare (Victoria, Australia): The Centre is heavily involved in addressing adolescent violence in the home (CAPVA) through advocacy, policy development, and the creation of practice frameworks. They work closely with Family Safety Victoria and have a strong influence on legislation and practice models.

Respect UK: Respect is a key organisation in the UK that provides services and guidance around domestic violence, including adolescent-to-parent violence. They have developed specific programs and guidelines to address family violence and offer support to victims and perpetrators of violence. Respect's work is often referenced in discussions about systemic approaches to violence prevention.

Who's in Charge?: A program focused on helping parents manage and address adolescent violence. The program aims to empower parents while offering them practical strategies to deal with violent or controlling behaviours of adolescents. It is widely recognised for its effectiveness in reducing violence and improving family dynamics.

PEGS (Parental Education Growth Support): PEGS specialises in supporting parents who are victims of child-to-parent abuse. The organisation offers practical help, advocacy, and resources to assist parents in navigating the challenges of violent behaviour from their children. Their work includes training, family support services, and influencing policy change.

Helen Bonnick: Helen Bonnick is a leading expert in the field of child-to-parent violence. She has been involved in researching, writing, and delivering training on this issue. Her work is instrumental in raising awareness and shaping policy responses to adolescent violence in the home, particularly through her book *Child and Adolescent-to-Parent Violence and Abuse (CAPVA) and Abuse*.

CAPA First Response: CAPA (Child to Adult Parent Abuse) First Response provides support to families affected by adolescent violence. They offer intervention programs, risk assessment tools, and advice on policy development to address the gaps in service provision.

NVR Practitioners Forum: an organization focused on promoting and providing training in Non-Violent Resistance (NVR), a parenting approach aimed at helping families manage challenging behaviours. The consortium offers support and education to both parents/carers and professionals through a trauma-informed, nurture-focused methodology.

Australian Government: Government officials involved in The National Plan to End Violence against Women and Children. This included colleagues from the Government's Behaviour Change Section,

Family and Adult Support Section, and Gender-Based Violence Groups, as well as the Attorney General's Department.