Multi-Agency Policy:

Child to Parent Abuse (CPA)

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Acknowledgements

This policy has been developed through collaboration with professionals, practitioners and organisations committed to safeguarding families and supporting those affected by child to parent violence and abuse. We are grateful to all those who contributed their expertise and insight. Special thanks are extended to the families whose experiences have helped to inform and shape this policy, ensuring it better reflects the needs of our community.

This policy is also aligned with the Shropshire Family Help Together (FHT) Framework. This means that responses to Child to Parent Abuse (CPA) are trauma-informed, relational and restorative, and delivered through coordinated multi-agency working across the continuum of need.

1. Definition of Child to Parent Violence and Abuse

Domestic abuse can affect anybody regardless of their age, race, sexuality, sexual orientation, gender, gender identity, economic status, religion or disability. Domestic abuse takes many forms and impacts on the lives of those who perpetrate it, witness it and suffer it every day.

The statutory definition of Domestic abuse was set out in the Domestic Act 2021.

Currently, there is no official legal definition of Child to Parent Abuse, though efforts are ongoing to establish one. The term is described differently across the UK; in Shropshire, the term CPA is used, and the following working definition has been adopted:

"Any harmful act and/or behaviour such as physical abuse, psychological abuse, emotional abuse, sexual abuse, digital abuse, stalking, harassment, coercive and controlling behaviour or financial abuse, by a child towards a parent, guardian, carer, or other primary care provider within the family. Siblings within the household are to be seen as victims in their own right as per the DA Act 2021".

CPA can involve children of any age, however if the child is aged 16 or above then harmful behaviour is classified as Domestic Abuse in accordance with the statutory definition under the 2021 Act. This policy applies to all children aged 15 or below and should be considered for all ages 16 and 17. Where the young person is aged 16 or 17 then appropriate safeguarding pathways should be taken relevant and proportionate to the individual situation. When we say 'parent', we mean any parent or adult with a caregiving role. This includes not only biological parents, but also stepparents, adoptive or foster parents, and other family members providing care (including kinship care), such as grandparents, aunts and uncles.

In Shropshire, professionals use the term 'child or young person causing harmful behaviour' instead of 'perpetrator,' recognising that violence and abuse may occur within the context of existing family challenges. While previous domestic abuse, child abuse, or other forms of adversity or trauma can be risk factors, it is important to note that the majority of young people who engage in harmful behaviours toward parents have not themselves been victims of domestic abuse. Professionals should remain curious and apply a "safe uncertainty" approach, considering multiple hypotheses about the child's behaviour and context, including trauma, neurodiversity, family stress, and extra-familial influences. Practitioners should focus on early identification of risk factors and collaborate with families to provide timely support and prevent crisis situations.

It is important to recognise that CPA is likely to involve a pattern of behaviour. This can include physical violence from a child towards a parent and a number of different types of abusive behaviours, including, but not exclusive to, damage to property, emotional abuse, sexual 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. Patterns of coercive control are often seen in cases of CPA, but some families might experience episodes of explosive physical violence from their adolescents with fewer controlling, abusive behaviours.

Although practitioners may be required to respond to a single incident of CPA, it is important to gain an understanding of the pattern of behavior behind an incident and the history of the relationship between the young person and the parent. In addition, the impact of child to parent abuse on siblings within the household should not be overlooked. Siblings can be affected both directly and indirectly. The emotional and psychological effects may include anxiety, depression, difficulties with relationships, and challenges at school. Practitioners should consider siblings as individuals with their own needs and ensure appropriate support and safeguarding measures are provided for them as well.

We all have a key role in supporting families in accessing earlier support. All professionals who visit the family home and/or have contact with children and families should be alert to the signs of CPA and know how to respond. Responses must be tailored to each individual, recognising that some parents may have additional vulnerabilities, including disabilities or sensory loss, and may rely on the child displaying harmful behaviours for support. Practitioners must ensure safe, accessible spaces for disclosure and remain alert to hidden risk, recognising that safeguarding is everyone's responsibility. Identified cases of CPA should be considered where appropriate as a safeguarding issue

2. Assessment with Children and Young People causing harm.

There are specific factors to consider when working with children and young people who are involved in child-to-parent abuse:

Environmental factors:

- Is there a history of domestic abuse within the family unit?
- Is the young person in an abusive intimate relationship?
- Are adult services involved with the family?
- Is the young person being coerced into abusive behaviours?
- Is the young person displaying heightened sexualised behaviours?
- Is the young person associating with peer groups who are involved in offending or older peers?
- Are there concerns of child exploitation or sexual abuse?
- Are Children's Services currently involved with the family?
- Has a risk assessment been conducted on the siblings to understand their lived experience?
- Is the young person isolated from people and services that could support them?
- Is there a risk that the young person is being bullied?
- Are there any intersectional issues (e.g. linked to disability, ethnicity, sexuality, race etc.) that need to be considered or that may affect a victim's disclosure?
- Is the young person in education, or is exclusion a concern?

Emotional self-regulation:

- Does the young person have difficulties in forming relationships?
- Does the young person have mental health issues, self-harm or suicidal

tendencies?

- Is the young person disengaged from education?
- Are young people misusing substances?
- Does the young person display an obsessive use of violent games or pornography?
- Does the young person have poor coping skills or engage in risk taking behaviours?
- Does the young person identify their behaviour as abuse?
- Does the young person have a learning or physical disability?
- Has the child experienced any other childhood adversity?

In line with Family Help Together decision-making framework, assessment should consider:

- Frequency and duration of behaviours
- Severity of harm
- Impact on the child, parent, and wider family
- Safeguarding risk and urgency of response

Assessment must also:

- Capture the voice of the child and parent/carer
- Explore “what life feels like” for each family member
- Record practitioner analysis and areas of uncertainty

Assessment should be:

- Relationship-based (building trust and understanding patterns)
- Restorative (exploring relationships and repair)
- Curious and evidence-informed (safe uncertainty)

3. Response to the Child

It is important that a child using abusive behaviour against a parent, guardian or carer receives an appropriate safeguarding response as well as the victim.:] This response must be appropriate, Trauma-informed and focused on understanding need, context, and risk—not blame

It is important that the child takes responsibility for their behaviour (acknowledging a child is not criminally responsible until the age of 10 years). While the use of out of court disposals in the context of domestic abuse need to be approached with caution, in the context of cases of CPA, out of court disposals or a wrap-around safeguarding response should be considered alongside any criminal justice response as most parents wish to build and maintain their parent-child relationship and do not want their child to be criminalised. This means that typical domestic 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.

Children may need support from a wide range of local agencies. Where a child could benefit from coordinated support from more than one agency (e.g. education, health, social care, and police) there should be an inter-agency assessment. Professionals should refer to the Family Help Together a Framework for Action document to support them identify what help the child requires to prevent their needs and behaviour escalating to a point where intervention would be needed via a statutory assessment under the Children Act 1989. Consideration must always be given to the risks posed to the parents and siblings and their support needs, as part of a whole family approach.

Where multi-agency support is required, practitioners must use the Family Help model, identify a Lead Practitioner / Family Help Coordinator and develop a single multi-agency plan with the family Support should begin as early as possible to prevent escalation, including through: Schools Early Help services. Community and voluntary sector provision

4. Response to the Victim

Where CPA involves a victim who meets the Care Act safeguarding adults' definition i.e.

A person who:

a. Has needs for care and support (whether or not the authority is meeting any of those needs).
b. Is experiencing, or at risk of, abuse or neglect; and
c. As a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Adult Safeguarding procedures should be followed. This will allow multi agency information to be gathered, a shared risk assessment to be collated and a safety plan agreed for the family. Practitioners must: work with parents and carers as partners. They should avoid blame or judgement and recognise stigma and barriers to disclosure

However, not all parents will meet this threshold and so there should always be a process of safety planning put in place for the parent – see **Sections 6, Assessment and Planning** and **Section 7, Safety Planning**.

Responses must: consider the needs of all family members, be coordinated through a team around the family and ensure consistent and joined-up support. Consideration must also be given to the impact on the parent's health. As with domestic abuse from an ex/partner, abuse from a child can significantly impact on a victim's physical and mental health and wellbeing such as anxiety, depression, stress, loss of sleep, physical injury, substance misuse including self-medicating with over the counter or prescription medicines etc. Those who experience CPA often suffer a great deal before seeking support. This is often linked to feelings of failure in the parenting role, and the shame and stigma of having a child who is abusing them.

The majority of families are seeking a long-term solution whereby they are able to remain safely together, even if the initial request for help is for the removal of the child to ensure safety and provide respite. In this respect, CPA differs from intimate partner violence. The restoration of healthy, respectful family relationships should be the ultimate goal.

Most specialist domestic and sexual abuse services offer support to parents who are being abused by their children (including abuse by adult children). Referrals to domestic or sexual abuse services and/or Victim support should always be considered.
See **Section 8, Checklist and Help and Support Agencies** for a list of the local authority commissioned domestic abuse services who support parents who are being abused by their children.

If the parent is high risk (assessed via the **RIC Screening Tool**) and the child is aged 16+ then a Multi-Agency Risk Assessment Conference (MARAC) referral should be made. If the child causing harm is aged under 16 the MARAC may still, consider the referral but on a case-by-case basis. Other protective measures can be considered, such as non-molestation order, and legal advice should be sought.

5. Strategy Meeting/Safeguarding Enquiries

As part of the adult safeguarding procedures, a safeguarding enquiry will commence to establish any further action to be taken and by whom. Children's services will be integral to the enquiry, and it is expected that where the child has an allocated worker from children's social care, then that worker will be in attendance at any meeting or discussion convened as part of the safeguarding enquiry. Where the child does not have an allocated social worker, a safeguarding referral should be made to the Adult safeguarding team via First Point of Contact (the local authority's safeguarding front door) Children's services should allocate a worker to attend any meeting convened as part of the adult safeguarding enquiry. A Section 42 Enquiry undertaken in accordance with the Care Act can take the form of a strategy meeting or discussion, and Children's Services should be involved in this enquiry. A professionals meeting should be held so information can be gathered from all relevant agencies to inform the safeguarding decision.

The principles of 'Making Safeguarding Personal' are central to Safeguarding Adults enquiries and decisions, which should be person led and outcome focused. This means consent to the safeguarding process must be sought from individuals, unless there are concerns about their mental capacity to make this decision, or if others may be at risk. Most importantly individuals should be given opportunities at all stages of the safeguarding process to express their views and wishes.

It is important to note that there is a need to consider the mental capacity of vulnerable young people, if they are aged 16 years and over. If there is concern regarding a young person's ability to make a decision, a capacity assessment under the Mental Capacity Act 2005 (MCA) must be considered for each specific decision. It should be recognised that mental capacity can be affected by a number of factors, including the abusive situation the person is in, and by any threats or coercion.

Working Together states that whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer significant harm, there should be a strategy discussion involving the local authority Children's Social Care (Social Worker and their Manager), the Police, Health and other such relevant bodies, such as the referring agency. This may take the form of a multi-agency strategy meeting or telephone calls. The Strategy Meeting must take place within two working days of the identification of the significant harm concerns.

The Strategy Discussion/Meeting must include adult social care representation.

The Strategy Discussion/Meeting should decide as to whether the threshold is met to initiate joint of single agency Section 47 child protection enquiry and a Social Work assessment. Where threshold is not met, consideration should be made for referrals on to specialist support services and the use of the escalation pathway should partners disagree with the outcome. Decisions must not be made by a single agency, and professionals must share information early to build a full picture of risk. Strategy decisions must include clear rationale and evidence.

6. Assessment and Planning

As a minimum, an assessment of the child and family's needs should be considered for all cases where there is CPA. This could be at either early help or children's social care level (link to threshold document) where consent from the family is required. Either assessment must include the multi-agency contribution of all relevant professionals known to the family.

Any resulting Plan (e.g. Early Help, Child in Need, Child Protection Plan or Child looked after (CLA)) must clearly set out the immediate and longer-term actions and safety plan required to safeguard and support the family, the visiting frequency; including the detail of any direct work to be undertaken with the child.

The plan must be formally reviewed in line with statutory timescales for child protection and children looked after, where applicable. Plans should be co-produced with the family wherever possible, build on strengths and protective factors, and clearly identify what needs to change, who will do what, and when progress will be reviewed. Where more than one agency is involved, there must be a single, coordinated Family Help or statutory plan in place to ensure that support is joined up, roles and responsibilities are clear, and the family is not subject to multiple disconnected plans.

7. Statutory duty to accommodate.

A Child Looked After (CLA) is any child who is subject to a care order or accommodated away from their family by a local authority. This is set out under section 20 (s20) of the Children Act 1989. The accommodation can be voluntary or by care order. The child becomes looked after when the local authority has accommodated them for a continuous period of more than 24 hours.

s20 of the Children Act 1989 imposes a duty on every local authority to provide accommodation to children identified as children in need resident in its area who appear to require accommodation. There are certain factors which will influence a local authority as to whether they need to or may provide accommodation. These include whether the child is a 'child in need, the wishes of the child, the circumstances for why the child requires accommodation and parental consent.

A local authority will need to identify whether the child is a 'child in need', as defined in section 17(10) and (11) 1989 Act. These are children who, without the provision of services:

- are unlikely to achieve or maintain or have the opportunity to do so, a reasonable standard of health or development.
- their health or development is likely to be significantly impaired, or further impaired, or.
- are disabled.

s17(1) of the 1989 Act imposes a duty on the Local Authority to safeguard and promote the welfare of children within their area who are in need. They should promote them.

upbringing by their families, by providing a range and level of services suitable to those children's needs.

The local authority then needs to consider whether this is a child in need in their area who requires accommodation. If they do need accommodation under this section, they become 'looked after' by a local authority as soon as the duty under s20 arises, regardless of whether this has been a period over 24 hours. The local authority has duties to all children 'looked after' by them.

8. Risk

Child to parent abuse presents real and significant risk, regardless of the age of the child using harmful or abusive behaviours. While the DASH (Domestic Abuse, Stalking and Honour-Based Abuse) risk assessment is a well-established tool for assessing risk in adult domestic abuse, it does not adequately capture the dynamics or risks present in CPA, particularly where the child is under 16 years old as this tool is designed for use where both parties are aged 16 or over.

As a result, DASH should not be relied upon in cases of CPA involving children under 16. However, this does not mean risk is lower. Where there are concerns about safety, escalation or harm, professionals must prioritise immediate safety and safeguarding of all family members. The risks posed to parents, carers and siblings must be considered, alongside the needs of the child.

CPA requires a tailored response, recognising that children under 16 cannot be perpetrators of domestic abuse in law, but still can present serious risk and require coordinated intervention to prevent further harm and escalation, Professionals must recognise that housing insecurity can both exacerbate and be exacerbated by CP and responses must prioritise safety, prevention of homelessness and safeguarding. There must be appropriate safeguarding frameworks used, and multi-agency discussions to inform decision making. Safety planning must be in place and reviewed regularly.
Risk must be reviewed dynamically and not treated as a fixed assessment. Practitioners should consider the severity and frequency of harmful behaviours, the impact on parents, carers, siblings and the child, and any immediate or emerging safeguarding risks. Risk assessment should also take account of the wider context of the child's life, including peer influences, exploitation, harm outside the home, and online or community-based risks.

Professionals must not assume that risk has ended where the child or young person is no longer living with the parent or carer. This includes situations where the child has been accommodated under Section 20 of the Children Act 1989, has moved to alternative accommodation, or where the child or young person is an adult living elsewhere with limited or intermittent contact.

CPA is often characterised by patterns of behaviour rather than single incidents, and harmful or abusive behaviours may continue through contact arrangements, digital communication, financial demands, intimidation, threats, or coercive behaviour directed at the parent or wider family. In some cases, risk may escalate following separation due to changes in control, contact boundaries or perceived loss of power.

Ongoing assessment, information sharing and safety planning must therefore continue, proportionate to the identified risk, regardless of the child's living arrangements. Professionals should remain alert to continued or emerging harm and ensure that safeguarding responses and support for parents, carers and siblings are not withdrawn prematurely.

9. Safety Planning

Safety planning is a practical process that practitioners can use with anyone affected by domestic abuse and that includes those affected by CPA. It is vital that safety planning is done with the parent (the adult victim) and any other family member, including siblings, at risk of harm. It should be a core element of working in partnership with victims and other agencies, taking into account the outcomes of risk assessment and risk management. Safety planning involves more than assessing potential future risk; it can help create psychological safety, space to recover and freedom from fear. Other members of the household's responses to questions about what they do when there is violence or abuse should be considered in safety planning. Risk assessments can assist safety planning all members of the household and should aim to:

- Help to understand the parent's fear and experiences as well as the fears of the child.
- Understand the lived experience of siblings and other people living in the household.
- Use and build on existing positive coping strategies;
- Provide safe physical space to recover. Consideration to be given to the implications to other family members, including siblings, when this option is explored.
- Link to the relevant assessment framework being used by the agency and provide a holistic approach to safety and well-being;
  Be part of a continuous process and ensure that safety planning links into the overall plan for the victim and is not completed as an isolated process.
  Ensure safety plans are tailored to the individual. A 'one size fits all' approach is ineffective and potentially dangerous.

Safety planning must be continuous and integrated with the wider support being provided to the family. It should form part of the overall Family Help or safeguarding plan, be reviewed regularly as circumstances and risks change, and include clear contingency arrangements so that parents, children, siblings and practitioners know what action should be taken if risk escalates or immediate safety concerns arise.

Safety planning should be co-produced with parents, children and wider family members wherever it is safe and appropriate to do so. Plans should reflect their views, strengths and concerns, recognise what has helped them feel safer previously, and identify practical steps that are realistic, understood by all relevant people, and proportionate to the level of risk.

Practitioners should routinely ask about pets and animals as part of assessment and safety planning and consider their safety alongside that of all family members. Where there are concerns about animal abuse or neglect, appropriate information sharing with relevant agencies (including veterinary services or animal welfare organisations) should be considered as part of a multi-agency safeguarding responses.

10. Applying the Family Help Together Model to CPA

All CPA cases must be considered within the Family Help Together continuum so that the level of response is proportionate to need, risk and family circumstances.

Level of Need	**CPA Response**
Everyday / Extra Help	Early identification, advice and support
Family Help	Multi-agency coordinated plan, lead practitioner
Child in Need / Child Protection	Statutory safeguarding response

11. Information Sharing

Information sharing is essential in CPA cases and must be timely and proportionate. It should not be delayed due to uncertainty and should be transparent with families where it is safe to do so. Separate consent is not required where safeguarding concerns override this.

12. Professional Curiosity and Reflective Practice

Practitioners must use supervision to test hypotheses, challenge assumptions, including bias or adultification, and record uncertainty and analysis. Reflective practice should support safe uncertainty and ensure that decisions are evidence-informed, balanced and responsive to the child and family's circumstances.

13. Equality, Diversity and Inclusion

Responses to CPA must be anti-discriminatory and anti-racist, and must consider how poverty, disability, culture and identity may affect disclosure, access to support, risk and engagement. Practitioners should recognise additional vulnerabilities, including Special Educational Needs and Disabilities (SEND), young carers and other circumstances that may increase risk or create barriers to help-seeking.

14. Further National Information

There is further information about what CPA is contained in Baker and Bonnick's (2022) Briefing Paper 1. There is further information about why CPA happens contained in Baker and Bonnick's (2022) Briefing Paper 2. There is further information about what can be done about CPA contained in Baker and Bonnick's (2022) Briefing Paper 3

Note: in Shropshire, the term CPA (CPA) is used as opposed to Adolescent to Parent violence and abuse (APVA) which is used by the Home Office

15.Checklist and Help and Support Agencies

There are local referral pathways for CPA once cases are considered by the First Point of Contact Below is a checklist that can be considered once the relevant child safeguarding enquiries / referral have been made into the local authority First Point of Contact, according to the local authority's safeguarding policies and procedures.

a. Has a check been made to see if the parent experiencing the abuse has any health and social care needs in line with the Care Act definition which would require local Adult Safeguarding procedures to be followed?
b. Has there been an assessment of the immediate safety and needs of all family member e.g., using the local risk screening tool (CPA) **RIC Screening Tool** with the parent to help determine the level of risk?
c. If the adult victim is high risk and the child causing harm is 16 or over, has a referral to MARAC been made? For children causing harm aged under 16, has the case been discussed with the MARAC Chair / Co-Ordinator to see if it can be heard at MARAC on a case-by-case basis? If not accepted into MARAC, has a referral (with consent) been considered to the local relevant specialist domestic or sexual abuse service?
d. If the victim is at medium/standard risk, has a referral (with consent) been made to the local relevant specialist domestic or sexual abuse support services?
e. Has information been shared on other help and support available for parents living with CPA which can include:
   PEGS - they accept self-referrals from parents via their website email: **hello@pegsupport.com**;
   Shropshire Domestic Abuse Service (SDAS) – support adults and children subjected to domestic abuse in Shropshire. Tel: 0300 303 1191(8am-6pm Mon-Fri)
   West Mercia Women's Aid Shropshire Helpline –0800 229 4066 (7am-10pm weekdays, 9am-5pm weekends)
   Axis - For ISVA and IDVA Support in Shropshire, call 01743 243 007 or visit https://www.axiscounselling.org.uk/contact-us/
   Family Lives (previously Parentline) have a confidential helpline for parents, which includes parents experiencing violence from their children Tel: 0808 800 2222. They also have an online chat which can be accessed via the website;
   Childline: 0800 1111;
   Forensic Liaison scheme - provides specialist multi-disciplinary forensic advice to colleagues working with service users who may pose a risk of harm to others.
   Respect Helpline Tel 0808 802 4040.
   National Domestic Abuse Helpline: 0808 2000 247;
   ManKind – 01823 334244
   Holes in the Wall - the resources page includes informative leaflets to hand to parents, tried and tested programmes and a **directory of services**. It also includes a blog by Helen Bonnick on parents' experiences of CPVA;
   Family Rights Group are a national charity offering advice to families who need extra support Tel: 0808 801 0366;
   Leap confronting conflict: Leap works nationally with young people and adults, helping them to understand and manage the everyday conflict in their lives and support them to become role models and leaders of positive change.

There is further helpline / support agency contained in the **PEGS Information for Parents Booklet**