



# **Multi-Agency Policy:** **Child to Parent Abuse (CPA)**

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## 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 the lives of those who perpetrate it, witness it and suffer it every day.

A new statutory definition of Domestic abuse was set out in the [Domestic Act 2021](#).

Nationally there is no legal definition of Child to Parent Abuse and it is referred to in various way, in Shropshire it is known as CPA.

CPA can involve children of any age however if the child is aged 16 or above then the 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 aged 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.

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 adolescent 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 behaviour behind an incident and the history of the relationship between the young person and the parent.

### Locally

Shropshire have adopted a working definition of CPA:

*"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"*

In Shropshire, professionals use the term 'child or young person causing harm/using harmful behaviour' as opposed to 'perpetrator' as the violence and abuse is often



(although not always) contextualised within existing family problems and many 'perpetrating' abuse towards their parents are, or have been victims of domestic abuse, child abuse or other forms of adversity or trauma. It is often difficult to observe or assign labels of 'perpetrator' and 'victim' and there are numerous concerns about criminalising a young person for their behaviour, and the negative impact that this may have on their future life chances. Professionals working with children, 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.

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.

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?
- Is the young person 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?

### **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.

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 [Threshold 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 parent and siblings and their support needs, as part of a whole family approach.



## 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.

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](#).

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, 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 a 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.



## 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 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 also be formally reviewed as per statutory timescales for child protection and CLA and locally defined timescales for all other plans as determined by the Local Authority's procedures.

## 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 their





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. 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 members, 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 a 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.

## 9. 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.



- 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?
- 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?
- 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?
- 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?
- 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](mailto:hello@pegsupport.com);
  - [West Mercia Women's Aid](#) – support adults and children subjected to domestic abuse across West Mercia. Tel: 0800 783 1359
  - [Shropshire Domestic Abuse Service \(SDAS\)](#) – support adults and children subjected to domestic abuse in Shropshire. Tel: 0300 303 1191
  - [Axis Counselling](#) – supports adults and children subjected to sexual abuse and violence. Tel: 01743 357777
  - [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 accessed via the website;
  - [Childline](#): 0800 1111;
  - [Respect](#) Helpline Tel 0808 802 4040;
  - [Women's Aid](#) – see website for online chat and survivors handbook;
  - [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](#)



## 10. 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.