

Child and Adolescent to Parent Violence and Abuse


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Child and adolescent to parent violence and abuse (CAPVA) has been referred to as one of the most hidden forms of family violence. Only in the past decade has there been a growing research base seeking greater understanding of its development and how best to respond to and support parents and children. Bonnicksen (2019, P. 9) states “this issue was much more widespread than we were aware, but it was hidden behind and within better understood family and personal problems, such as domestic violence, mental health problems and substance use, and so attracted little individual attention”.

CAPVA is a form of family abuse where children/adolescents use a range of harmful behaviours towards parents/caregivers in an attempt to get their own way, hurt or punish, communicate distress and/or [control their environment](#). There is no agreed definition of CAPVA and often what constitutes abuse will be varied with ongoing debate regarding relevance and role of intent and choice, particularly in relation to neurodivergence. It is important to recognise that there is a difference between CAPVA and typical developmentally appropriate and expected adolescent rebellion. CAPVA is reflective of a pattern of behaviour as opposed to a one-off incident that occurs and, ‘in some cases controlling behaviour by children or adolescents towards parents or caregivers, where abusive behaviour can be physical, verbal, emotional, psychological, financial, property-based or sexual. Abusive behaviour can represent intentionally harmful and controlling dynamic with similarities to the emotional terrorism of intimate partner abuse, or can be unintentionally harmful representing ‘functional’ or ‘expressive’ forms of aggression used to communicate distress, anxiety or trauma’. In some cases, particularly where the behaviour occurs in a child’s early years, behaviour may initially express distress or trauma but over time, the role of the behaviour may evolve and become coercive and controlling. Parents generally describe a gradual escalation and deterioration in their child’s behaviour towards violence over time. The triggers for the behaviour are seldom obvious and where the child has had behavioural difficulties from a young age, it is often only once their physicality results in the likelihood of actual physical harm that their behaviour is considered abusive.

CAPVA occurs in all family types, across socio and economic states, ethnicities and cultures, ‘the only thing they have in common is that it happens’ as said by Coogan. What has been evident is the lack of a clear causal link in the research between CAPVA and range of factors such as domestic violence, mental health difficulties, experience of childhood abuse and neglect, and community violence exposure.

It is widely recognised that the data in relation to CAPVA is often limited within narrow parameters, can be conflicting and research at the general population level is [severely lacking](#), making it difficult to accurately gauge prevalence. Due to issues with data and definition, the prevalence of CAPVA is unknown though awareness of it as a [social problem](#) is increasing. Young people on the ‘edge of care’ in the UK potentially represent a particularly high-risk group for CAPVA, with 54% of social worker assessments in a self-referred family support intervention identifying [significant violence](#) towards parents. It has also been highlighted adoptive families may be at [higher risk](#) for CAPVA.



CAPVA requires a multi-theoretical approach to try to understand why and how it occurs. Bronfenbrenner's ecological systems theory is often utilised to consider the intersectionality of the different systems and influences within which CAPVA exists. However, the response to CAPVA has predominantly been framed as domestic violence with many services being located within this area of expertise. Whilst there is relevance framing CAPVA as part of the continuum of domestic abuse, by associating it so strongly with domestic violence the concern is that it inappropriately signals connection with intimate partner violence and attributes young males as “perpetrator” and fails to apply the principles of Getting it Right for Every Child (GIRFEC), The Promise and UNCRC or see all children as children first. This approach fails to recognise the limitations to be able to respond to violence and abuse towards fathers and that which is carried out by girls, and increases the risk of criminalisation of both genders, but particularly females. This was attributed to shifts in criminal justice policy, reduced tolerance at family and societal level of female violence with parents' increased dependence on police to manage their children's difficult behaviours, and a change in definition of violence to include less serious incidents girls are [more likely](#) to commit.

Responses must acknowledge the harm caused by aspects of a child's behaviour, and holds them accountable for the harm they cause alongside developing their ability to take responsibility and develop new strategies to communicate and cope. However, approaches need to recognise their position as children and adopt a holistic approach to both children and parents, avoid parent blaming and problematising the child, and locating issues in family dysfunction to create space for collaboratively working alongside families where CAPVA occurs. Increasing awareness amongst professionals as to the potential presence and subsequent impact of CAPVA on a family, and the real sense of fear that parents often report alongside a sense of shame and humiliation, is critical to developing practice in an area where practitioners often feel as helpless as the parents. Siblings' experiences must also be considered, as they can also be directly targeted and will be affected by the impact of living in an environment where CAPVA is present. Such concerns can trigger child protection procedures, which may compound feelings of shame, fear and helplessness in the family.

One such approach developed by Haim Omer in Israel is Non-Violent Resistance (NVR), which he describes as a “systematic approach for helping parents, teachers, and other caregivers cope with violent and self-harmful behaviors by strictly nonviolent and nonescalating means’ (Omer, P4, 2004)³. Declan Coogan adapted this for use in Ireland, providing a [programme](#) for brief, systemic and cognitive behavioural response to child to parent violence. It has the following key elements:

- Parental Commitment to Non-Violent Resistance: parents commit to resisting violence and to avoiding violence when responding to their child, regardless of the provocation. This includes parents committing to avoiding verbal as well as physical aggression.
- De-escalation Skills: the development of parental self-management and self-calming skills to de-escalate and avoid unnecessary confrontations
- Increased Parental Presence: changing the ways in which a parent is present in their child's life and refocusing interactions away from persistent conflict
- The Support Network: the parents' disclosure about the extent of the problem of violence with a number of significant people who they also invite to be part of a support network, such as grandparents, aunts and/or uncles, or friends.
- Family Announcement: an announcement to the family that violence at home will no longer be tolerated (during the announcement, the type of violence is clearly specified)
- Acts of Reconciliation: spontaneous unearned treats and/ or gestures of encouragement (words/ actions/ events) offered by parents to the child.

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