



Child to parent violence and abuse New Zealand's invisible family violence

A resource for parents and caregivers

This booklet is a resource for parents who are experiencing violence or abuse from their child.

Information has been taken from an in-depth report by VisAble *Child to Parent Violence and Abuse: New Zealand's Invisible Family Violence*.

This report can be downloaded at

www.visible.co.nz

No one deserves to live in a violent home and everyone, including you, has the right to be safe and supported. We hope this booklet helps parents feel less isolated and confident in reaching out for help.

The term parent refers to any person who is in the caregiving role. The language in this booklet is interchangeable from parent to you as this is about you and your family - **and you matter.**

What is Child to Parent Violence and Abuse (CPVA)?

CPVA encompasses a broad range of behaviour that children under the age of 18 display towards their parent/caregiver & siblings.

“When Indie was old enough to walk, she started to hit me. I was hit for the next 16 years”.

CPVA can start at any age during childhood or adolescence including early childhood. If families are left unsupported, the violence can escalate and continue in adulthood, towards the parents and in intimate partner relationships.

CPVA can occur in any family, with mothers disproportionately harmed because of CPVA compared to other family members. Fathers can also be targets. There have been no prevalence studies in New Zealand, but it is more common than we think.

Some research (Holt, 2022) has estimated that 43% of violence towards parents is unreported. Parents often only try to reach out for help when the violence has become extreme and there are safety concerns.

The reasons for not reporting include:

- The violent behaviour becomes the family’s norm
- Fear of the child being criminalised
- Fear of increased violence if they disclose
- Fear of parental prosecution or child/ siblings being removed if the violence is seen as a child protection issue
- Parents being blamed, not believed or the situation minimised by professionals
- Whakama/shame, including gender-based stigma (men reporting being harmed)
- Parents do not know who to call for support due to a lack of skills, knowledge and services for responding to CPVA.

CPVA and family violence

There are many similarities between CPVA and other forms of violence such as the abusive, controlling and violent behaviour that can occur within a family unit.

Types of violence include:

- **Physical harm** (hitting, strangling, biting, restraining, using weapons, hurting pets)
- **Verbal harm** (threats, insults, intimidation, shouting, humiliating)
- **Coercion** (pressuring, controlling, emotional manipulation, gaslighting, threats to harm self)
- **Property damage** (holes in walls & doors, smashed windows and furniture, personal belongings destroyed)
- **Financial** (stealing money, demanding money, stealing personal items and selling them)
- **Sexual harm** (unwanted sexual acts, posting sexualised images of others without consent)
- **Digital harm** (online bullying, posting online content about a person without their consent).

One of the main differences between CPVA and other forms of violence is the parent's inability to leave the situation to protect themselves as they are still legally responsible for their child's safety. This means that they are an Adult at Risk.

"Most of us minimise it and keep it hidden, like a sordid secret. We have been so conditioned by society that if we have violent children it is our fault as the violence must have been role modelled, or it is due to our poor parenting".

Contributing Factors

There are a broad range of contributing factors to CPVA. Some of the more common factors are:

- Children who experience **adverse childhood experiences (ACES)** are more likely to experience difficulties self-regulating. They may rely on aggressive and disruptive behavioural responses as a protective mechanism.
- **Trauma and prenatal exposure to alcohol and drugs** can impact the developing brain, resulting in challenges with emotional regulation and impulse control.
- **School** can be particularly stressful for parents and their children. Many neurodivergent children do not get the support or attention they need (due to under resourcing, poor funding, lack of knowledge of neurodivergence etc.) resulting in high anxiety levels. This can contribute to the violent behaviour at home. Children who use CPVA are also more likely to be disruptive at school which creates a risk of them being excluded.
- **Substance misuse** can lead to a deterioration in mental wellbeing and affect impulse control and emotional regulation. Children may also use coercion and violence towards their parents to access money for substances.

Neurodivergence and CPVA

“Why do we believe this simplistic view of how a brain functions without taking into account brain-based differences which are unique to each individual?”

Neurodivergent children think, feel, understand, communicate, and behave in ways considered ‘atypical’ by the general population. Sadly, they are more likely to experience higher levels of bullying compared to their neurotypical peers. This results in neurodivergent children ‘masking’ to try and fit in. Masking has a significant impact on mental wellbeing and can result in increased anxiety, self-harm, suicidal ideation, and fatigue. These experiences can then lead to behavioural challenges.

For families with neurodivergent children, there is an increased risk of CPVA. Many parents are likely to tolerate the violence towards them as they recognise that their child is overwhelmed by a range of triggers, and they want to support them. Further challenges occur when parents reach out for help and receive judgement, the behaviour is minimised, they are not believed, or they are not taken seriously.

Breaking Down the Myths

Myth One: Violence has been role modelled in the home

Not all children using violence towards their parents have experienced or observed violence at home.

It is important to note that some children may have witnessed violence in the home. To ensure safety for the whole family, professionals should screen for all forms of family violence.

Myth two: Violence only occurs in certain families

There is no typical family where CPVA takes place. It can affect any family irrespective of socio-economic status, education, religion, culture, ethnicity, or parenting styles.

Myth three: Violence is caused by bad parenting

CPVA is complex and there could be many reasons why this is occurring.

No assumptions should be made before carrying out the appropriate assessments to gain an understanding of what the family are experiencing. Generic parenting courses are based on the understanding that parents are at fault and may result in ineffective responses to CPVA.

Myth four: CPVA only occurs where children have additional needs and/or mental health conditions

Being neurodivergent or having a mental health condition does not mean that CPVA will occur. However, some diagnoses create challenges for children to cope with in relation to their emotional regulation, communication and managing their impulses. CPVA also occurs in families raising neurotypical children.

Myth five: There is a simple solution

Responding to and supporting families experiencing CPVA is complex. Each family is unique, requiring a tailored and culturally safe response which puts them at the front and centre of any decision making or plan.

(PEGS, 2022)

Impacts on the Family

“Unless people have directly experienced the constant pressures of raising a child with complex behavioural needs together with coercive control, it is hard to relate to how devastating and traumatic this is for the parents/caregivers as well as the child. Loss of hope, shame, blame, isolation, suicide ideation and failure are in the mix alongside deep love and despair”.

Living with CPVA means that all family members must adapt their own behaviour and responses to cope with and respond to the violence. Parents sometimes feel they cannot be the parent or partner they want to be, for example, their focus is predominantly on the child using violence rather than their time shared amongst their other children.

Many people don't believe or understand how a child can be in control of the parent. This adds to the invisibility of CPVA in New Zealand and families become socially isolated, unable to share what is happening to them with friends or professionals. Some whānau, family and friends may not understand the severity or seriousness of the situation and unintentionally minimise what is occurring or provide advice to use parenting strategies to restrict or punish children.

Parents

Parents living with CPVA have increased risk of suicide ideation, poor health outcomes, depression and anxiety. They have reported feeling:

- Unsafe
- Frightened
- Isolated
- Helpless
- Frustrated
- Guilt
- Ashamed
- Humiliated
- Worried

(PEGS, 2022)



Siblings

Siblings can find it traumatic witnessing parents being assaulted and abused. They may also be hurt by violence directed towards them. At times, they may try to intervene to protect their parent, or use violence to harm their sibling in retaliation, or withdraw themselves from the family. Siblings may also experience difficulties being assertive as they have “walked on eggshells” throughout their childhood.

“He was just over the violence and told me that, as he was walking up the driveway, he would be scared to enter the house because he thought that he might find me dead on the floor. Killed by Indie who wouldn’t have meant to kill me but would have done it by accident when she was in a rage”.

Children

Children who use violence experience low self-esteem and reduced emotional resilience. They may sustain injuries to themselves (intentionally or unintentionally), have poor relationships with family and whānau which could result in being placed into the care of Oranga Tamariki, or entering the youth justice system. In adulthood, they have an increased risk of substance misuse and involvement in intimate partner violence.

Getting Help

“On paper it looked like we had a lot of agencies supporting us but none of them were actually doing anything practical to support us”.

New Zealand has no CPVA legislation or guidance to identify and respond to CPVA. By having courageous conversations about CPVA we can shine a light on this complex form of family violence that many New Zealanders are living with. Parents are often realistic in their expectations and know that this is not a quick or easy fix. There is a lack of knowledge and skills in the workforce on how to respond to CPVA. You will often be teaching professionals about CPVA and your family’s situation. If you identify that a programme or intervention will not work, it is ok to say no. Parents should never be pushed into doing a programme that is not right for their family.

Working alongside professionals as an equal partner

Many parents notice behaviours of concern from early childhood. It is important to seek help as soon as you notice a pattern of behaviour, to try and avoid things escalating to crisis level.

When meeting professionals and building a relationship with them, it is helpful to have a kōrero to identify what support is needed, what has been tried, what currently works well, and what the best outcome looks like for your family or whānau. You are the expert on your child. Older children will often refuse to engage with services. If this happens professionals can still work with you and other members of your family.

VisAble recommends a Safeguarding Adults from Abuse (SAFA) multi-agency response to CPVA. Retelling your story can be exhausting so it is recommended that you have one key contact who coordinates multiple organisations and ensures that all organisations are working towards the same goal – the family and whānau’s goal.

Recommended resources for professionals are:

Child to Parent Violence and Abuse: New Zealand's Invisible Family Violence (2024) www.visible.co.nz

Not Fit for Purpose: Disability Rights Abuse of Children Living with FASD in New Zealand by Ruby King (2023) which can be ordered through the library or by emailing ruby.king@myyahoo.com

Quotes from Ruby's book have been used in this report.

Child to Parent Violence and Abuse: A Practitioner's Guide to Working with Families by Helen Bonnick (2019).

Tips for working in partnership with professionals to reduce CPVA:

- Make sure to highlight CPVA when professionals are asking about possible violence in the home.
- Develop and agree on a safety plan that works for your family and whānau. Share this plan with professionals working with you.
- Identify supportive family, whānau and friends that can help.
- Ask professionals to refer for further assessments, if appropriate. This can help to understand specifics of your child's learning and thought processing. For example, their thought process when completing a task, their flexible thinking, how they follow instructions etc. Referrals for a speech and language assessment or to an occupational therapist may be beneficial.
- Ask for support to have your needs met too. This might include therapy or respite.
- Help professionals to identify organisations that are involved in the child's life. For example, schools, GPs, etc. and how they may be able to offer support.
- If you are an Adult are at risk you can contact VisAble on info@visible.co.nz

Safety Plans

You have a right to be safe, free from abuse in your home. The Universal Declaration of Human Rights (1948) states that:

“Everyone has the right to life, liberty and security of person (article 3)”

In addition, Te Tiriti O Waitangi and the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) aim to protect the rights of tāngata whaikaha Māori.

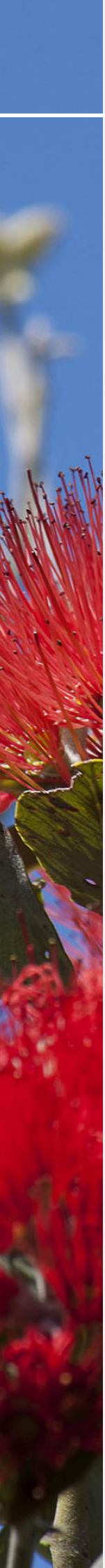
When an incident occurs, our brains can jump into survival mode. In these moments, we can panic, freeze, try and run away, or act without thinking.

A safety plan gives you something to follow when you are in survival mode and can help to minimise risk. Plans should include consideration of when to call police, as we often are torn on when to do this as we do not want our child criminalised or feel that we are wasting police time. Following a plan can help to reduce this anxiety.

Safety plans must consider the whole family and whānau, including pets. Plans should be reviewed regularly to ensure that they meet the needs of the family and whānau as situations change and develop.

Components of a safety plan must include:

- Environmental factors such as access to phone and keys and knowing your exit routes
- Social factors such as supportive networks
- Sensory factors such as reducing sensory input (lights, sounds, smells)
- Cultural safety such as acting in ways to uphold everyone’s mana

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- Emotional safety such as finding a safe outlet to express your emotions
 - Physical safety such as safe space in the home
 - Identifying what increases risk and what protects against risk
 - Early warning signs of the risk
 - Strategies to reduce the risk such as de-escalation techniques, locking sharp objects away and identifying objects that could be used as a weapon
 - Numbers to call in an emergency
 - A shared understanding of 'emergency'.

Safety tips:

- Call 111 in an emergency
- Locks can be installed on doors in the property, so you have a safe place to go to
- Panic alarms may be installed in your home so you can alert the police immediately
- Locking away valuables in a safe
- Parents can also have an alert put on the police system, so they understand the situation if you need to call 111
- Document times, dates and details of incidents and photograph any damage that occurs. Where possible, talk these through with a professional who may be able to support adapting your safety plan
- If your child has FASD, you can download these cards to share with professionals working with your child:

[FASD-CAN Wallet Cards - FASD-CAN](#)

What may help

Neuro-disability/Neurodiversity

Living with a neuro-disability does not mean that there will be violence in the family. However, research is indicating that there are higher prevalence rates amongst this cohort. If a neuro-disability is suspected, a referral and diagnosis are ideal. Realistically, due to lack of capacity in our health system, this is often not possible, with the only option for many being via the private sector which is cost prohibitive for most families. This does not mean that interventions cannot still be tailored to meet your family's needs. Most parents will know if something will work or not, so professionals should be led by you and your knowledge as you are the experts on their child.

Sleep hygiene

Poor sleep quality has been linked to increased aggression, as it impacts cognitive functioning and the ability to regulate emotions. The Ministry of Health provides information on healthy sleeping at [Sleeping \(info.health.nz\)](http://info.health.nz)

Sensory profile

Some children have sensory processing issues which impact upon their brain's ability to receive, organise and respond to sensory input. This can sometimes lead to extreme behaviours occurring when the child becomes overwhelmed by their environment. Referrals to an occupational therapist is recommended to understand the child's individualised needs. Changes to their environment can help reduce distress and anxiety which may reduce behaviours of concern.

Speech and Language Disorders

It is not always identifiable if a child has a speech and language disorder though it often coexists with some disabilities such as FASD. Having a speech and language disorder can impact how the child engages with the world. They may be unable to process what is being said, follow the television or radio, follow instructions at school, and be unable communicate effectively, leading to higher levels of frustration. A diagnosis may therefore help the child and those around them (including school) to put into place appropriate communication support for your child.



Medication

Talk to your GP about the appropriateness of medication to reduce high levels of stress and anxiety. A medication algorithm resource has been developed for children with FASD to avoid the use of psychotropic medication where it may not be needed. This may be helpful to share with your prescribing doctor. FASD-CAN reports that it is one of the most popular downloadable resources, with members reporting successful outcomes in reducing aggression. [Medication Algorithm - CanFASD](#)

Neurosequential Model

The Neurosequential Model aims to understand how early experiences of trauma affects the brain, in particular, the part of the brain that is responsible for our survival response. A good video to explain the Neurosequential Model is *The Repair of Early Trauma: A Bottom Up Approach*. [The Repair of Early Trauma: A Bottom Up Approach - YouTube](#) There is a growing movement of schools in New Zealand using this approach to support children in the education setting. [The Neurosequential Network | neurodevelopment](#)

SomaPsych

<http://www.somapsych.org/>

All of your family members will have highly aroused central nervous systems if they live in a violent home. It is exhausting being hypervigilant all the time, trying to avoid potential triggers and de-escalating situations. When our nervous systems are in balance we can efficiently respond to stress and recover quickly. Chronic stress/trauma leads to an over exposure to cortisol and other stress hormones which can disrupt our body's processes leading to physical and emotional exhaustion. There are techniques we can use to support and calm our nervous system which increases our capacity to respond to stress better. Some of these include mindfulness, trauma informed yoga, vagus nerve massage/movement, breathing techniques and exercise. SomaPsych can work one to one with individuals or in groups to teach short, quick and highly effective techniques for overall nervous system support, vagal toning for down-regulation, and physiological recalibration for increased emotional regulation.

Services & Resources

VisAble

VisAble is a disabled person led, Te Tiriti and rights-based organisation dedicated to ending violence towards tāngata and whānau whaikaha Māori, tangata sa'ilimalo and their āiga-tele, d/Deaf, neurodivergent, disabled people, Adults at Risk and their families.

An Adult at Risk is:

- An adult who has needs for care and/or support, and
- Is experiencing violence and abuse (or risk of), and
- Because of their needs for care and/or support are unable to remove or protect themselves from the abuse (or risk of)

VisAble recognises that there are limited supports within New Zealand for families living with CPVA. We are working on an action plan to build capability within services so they can understand and respond appropriately to CPVA. You can contact VisAble for advice and support by emailing info@visible.co.nz

If you would like to join our peer support group or become part of our community of change, please email lee.tempest@visible.co.nz

Family Violence Organisations

You can refer yourself to a local Family Violence organisation where free support and counselling may be available. They may also be able to refer you to other agencies for further support. Te Kupenga Whakaoti Mahi Patunga/National Network of Family Violences Services provides information on what family violence services are available in your area. They can be contacted online at [Our Member Agencies - Te Kupenga Whakaoti Mahi Patunga, the National Network of Family Violence Services \(nnfvs.org.nz\)](#) or by ringing (03) 391 0040.

Strengthening Families

Refer to Strengthening Families to access targeted support from more than one agency. The aim is to agree on a plan that is tailored to meet the family/ whānau need and to ensure plans are followed. More information can be found at [Home | Strengthening Families](#)

Local Marae

Some marae offer health, education, justice and social services. As these services are available to meet the needs of the local community they serve they may offer more flexible approaches to support than some organisations.

Explore Wellbeing Services

About - Explore Wellbeing - Explore offers a nationwide range of services for the disability community, their family and supporters. These include drug and alcohol support, psychology and wellbeing, community mental health, autism support and specialist behaviour support.

FASD-CAN Aotearoa New Zealand

Fetal Alcohol Spectrum Disorder - Care Action Network (fasd-can.org.nz) - There is a high prevalence of CPVA in the FASD community in New Zealand with 57% of parents disclosing violence (Gibbs, 2024). FASD-CAN offer support to both parents and professionals through peer support groups and access to education and resources.

Altogether Autism

Altogether Autism - Trusted Autism Information and Advice - Providing education resources for the individual, their families, and professionals. They host a wide range of workshops which can be tailored to meet specific needs.

Autism NZ

Home - Autism NZ - Offers information on autism educational resources, diagnosis, transition services, and online peer support groups. It is available to autistic people, family and their support networks including professionals.

ADHD New Zealand

What is ADHD | ADHD NZ - ADHD NZ - Provides information and education on ADHD including a directory of ADHD experienced professionals.

Brain Injury New Zealand

Home - Brain Injury New Zealand (brain-injury.nz) - Offers support and resources to individuals and their families. Peer to peer support groups are available.

Holes in the wall

[HOLES IN THE WALL | documenting parent abuse](#)

Helen Bonnick is a social worker in the UK. She is a specialist in CPVA field and has authored a book *Child to Parent Violence and Abuse. A Practitioner's Guide to Working with Families*. The website was created to be a one stop shop for research and links to relevant material including audio and visual resources and training and events.

Support for Parents & Guardians | Pegs Support

[Support for Parents & Guardians | Pegs Support \(pegsupport.co.uk\)](#)

Parental Growth Education Support (PEGS) was set up as a response to the lack of awareness and support in the UK for families living with Child to Parent Abuse (CPA). Their aim is to support parents, train professionals, influence regional/national policy, and raise awareness. Their report provides rich data on the impacts of CPA as the information has been collated directly from those experiencing this form of family violence.

Newbold Hope

UK based. Online educational resources for parents and professionals on how to reduce anxiety and aggressive behaviour with disability/neurodiversity. All training is designed to facilitate awareness of how to offer support to a child in a way that reduces their behaviour of concern. [Home - Newbold Hope](#)

References

Gibbs, A. (2024) 'No one believed us: no one came to help': caregivers' experiences of violence and abuse involving children with fetal alcohol spectrum disorder. *Australian and New Zealand Journal of Family Therapy*, 00, 1–13. Available from: <https://doi.org/10.1002/anzf.1575>

Holt, A. (2022). *Child to Parent Abuse*. HM Inspectorate of Probation Academic Insights 20222/8. Retrieved from [Child to Parent Abuse - Dr Amanda Holt \(justiceinspectorates.gov.uk\)](#)

Parental Growth Education Support. (2022). *The impact of Child to Parent Abuse: Who does it affect and how?* Retrieved from [Child to Parent Abuse Parent Survey \(cdn-website.com\)](#)



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