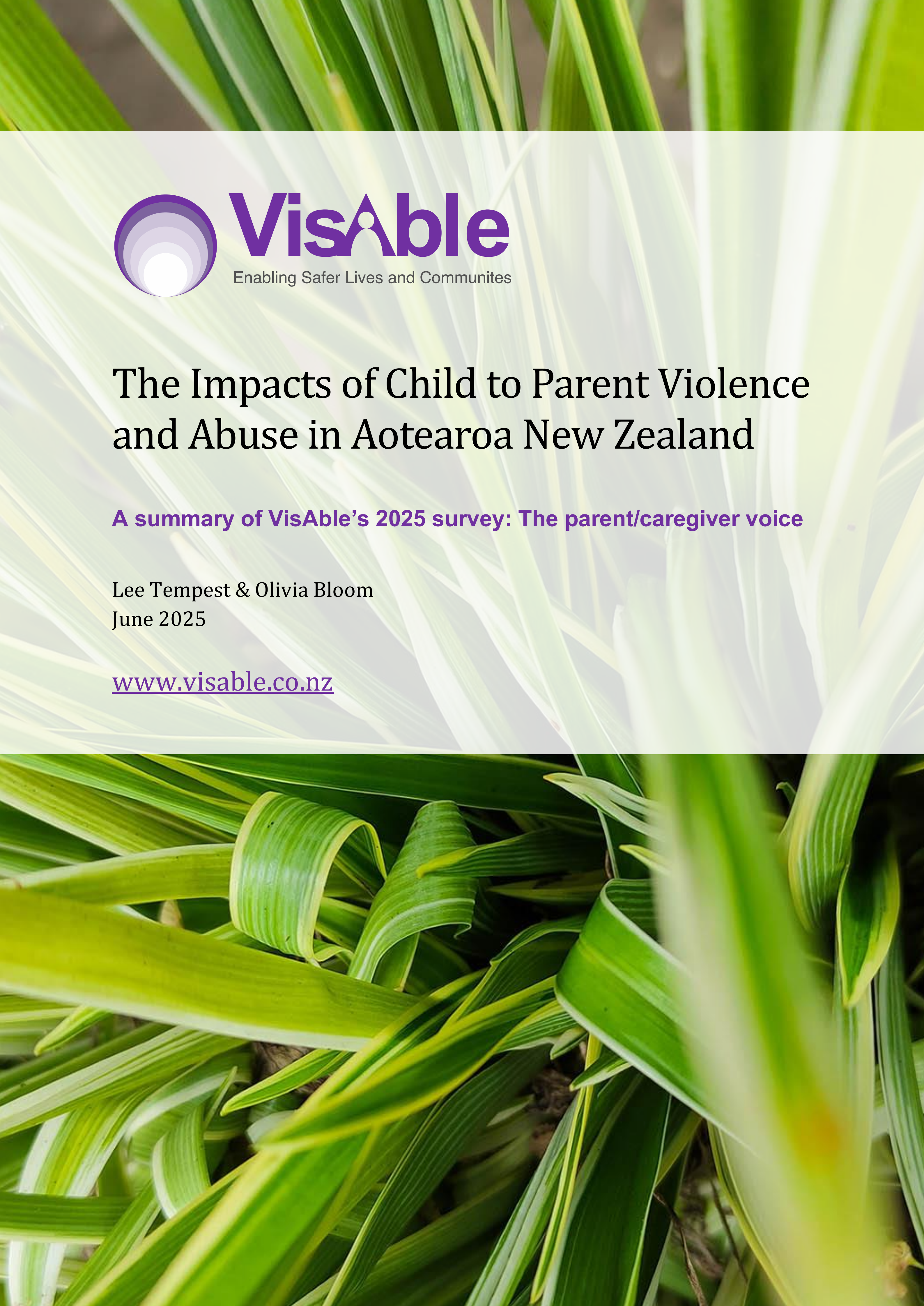


VisAble
Enabling Safer Lives and Communites

The Impacts of Child to Parent Violence and Abuse in Aotearoa New Zealand

A summary of VisAble’s 2025 survey: The parent/caregiver voice

Lee Tempest & Olivia Bloom
June 2025

www.visable.co.nz

This is a drawing by a sibling who has grown up with Child to Parent Violence in their family/whānau. It shows a stick person sitting on a bench in an empty room. The person is holding their head in their hands with darkness over their face and multiple lines circling out from their head, symbolising the mental distress caused by growing up with violence from their sibling.

The importance of the pā harakeke

The pā harakeke (the flax bush) is often used as a visual metaphor for whānau. At the centre, the rito (centre shoot) represents the child supported closely by the awhi rito (outer shoots) or parents. Surrounding these are the extended blades of older generations, offering protection and guidance. This natural structure provides a model for understanding the dynamics of healthy family and whānau relationships.

When a child engages in violence towards a parent or caregiver, commonly known as Child to Parent Violence and Abuse (CPVA), it causes a fracture within the family or whānau. Instead of mutual protection, tensions arising within the family or whānau cause distress, feelings of isolation and anxiety.

Through integrating the Pā Harakeke model into our understanding of CPVA, we move away from punitive responses towards restorative pathways that heal the sanctity of families and whānau. Restoring the balance means strengthening the parents and re-engaging the wider whānau. Restorative processes should not simply "stop the violence" but instead re-establish the family and whānau as a place of protection, respect, aroha and safety.

The pā harakeke as a metaphor reminds us that when one strand is weak or damaged, the whole is affected. When we shift our focus to the broader restoration of the family and whānau, and facilitate the healing of what has been fractured, we affirm the potential of the child to thrive when nurtured within a firm, supportive family and whānau environment.

Jonathan Tautari

Cultural Lead VisAble

About VisAble

VisAble is a disabled person-led organisation based in Aotearoa, New Zealand. We work to strengthen national capabilities across agencies and sectors to prevent and respond to violence, abuse, and neglect affecting disabled people and their whānau.

Our focus includes tāngata and whānau whaikaha Māori, disabled people, Adults at Risk, tagata sa'ilimalo and āiga-tele, d/Deaf, neurodivergent people and their families. This includes parents/caregivers who are living with child to parent violence and abuse (CPVA) and therefore can be an Adult at Risk.

Our commitment to Te Tiriti o Waitangi ensures that our work contributes towards equitable outcomes for Māori. We also extend our commitment to the Pasifika and disabled communities who are underserved and face significant inequities.

Thank you to the parents/caregivers who completed this survey

We would like to thank the courageous parents/caregivers, grandparents and siblings who placed their trust in us to share their experiences of child to parent violence and abuse within their home. Your stories are a precious taonga to us and we hope we have honoured your lived experiences in this summary.

You will notice that we have used parents/caregivers quotes and examples of their lived experience throughout the summary. Our priority has been to share their stories and highlight the real impacts of CPVA.

The CPVA Survey

“No one really recognises child to parent abuse. It feels so shameful”.

Child to Parent Violence and Abuse (CPVA) encompasses a broad range of violence and abuse that children under the age of 18 and adult children display towards the parents/caregivers, grandparents and siblings. CPVA is more common than we think. It can occur in any family and there are many reasons why it may happen. There have been no prevalence studies on CPVA in Aotearoa New Zealand which means that it remains invisible in policy and service provision.

“No one has ever addressed CPVA”.

Parents/caregivers have reported feeling ashamed that this is happening to them. They often feel isolated, and do not tell family, whānau or friends about their situation as they are worried that they may be blamed by others who do not understand. This leaves many families and whānau at risk within their own homes.

“I had suicide ideation and loss of identity. I was a non-person inside my home due to the control and outside my home, I was blamed for the violence by so many people both personally and professionally”.

Aotearoa New Zealand needs to take CPVA as seriously as we do other forms of family violence. Its possible overlap with children’s developmental, health and disability related needs can create complexity in understanding the violence and result in families and whānau falling through the gaps for support. This summary explores the devastating long-term whānau-wide impacts of living with violence from a child.

Benefits of the Survey

Participants appeared to be pleased about the survey and its recognition of CPVA in Aotearoa New Zealand, commenting:

"Even putting things down in writing helps… it's good to know others also experience this and that there is someone who is wanting to understand / help families like ours," "thank you for doing this," and

"Thank you so much for being the voice that I'm too afraid and exhausted to find within myself".

To ensure the safety of participants, the survey was anonymous.

"I wouldn't have felt comfortable answering questions if it wasn't anonymous".

It is intended that the data from the survey highlights the urgent need for a shift in policy and practice across government agencies for the prevention of family and sexual violence including Ministry of Social Development, Te Puna Aonui, Police and Oranga Tamariki.

In addition, increased awareness and responsiveness of CPVA in disability and family /sexual violence services is urgently needed.

Limitations of the Survey

The survey is only a small representation of families and whānau experiencing CPVA in Aotearoa New Zealand. As **VisAble** is a disabled-person led organisation, the survey was distributed through networks in the disability sector who advertised it through newsletters, social media and word of mouth. Therefore, there were limitations in **VisAble'**s ability to reach a broader audience outside of their existing disability networks.

Respondents were primarily from parents/caregivers with lived experiences of disability within the family and whānau unit. Our survey only reached parents/caregivers where disability was not present by chance or when it was passed on by one of the respondents.

"At first, I didn't think it was extreme enough to call it abuse but then when I put it all together it really is".

The lack of awareness of CPVA means that parents/caregivers do not always identify that what they are experiencing is violence as it is minimised as part of childhood development, a disability or mental health diagnosis.

Parents/caregivers are often overwhelmed and in a state of exhaustion which creates a barrier to completing a survey due to the time and energy to do so.

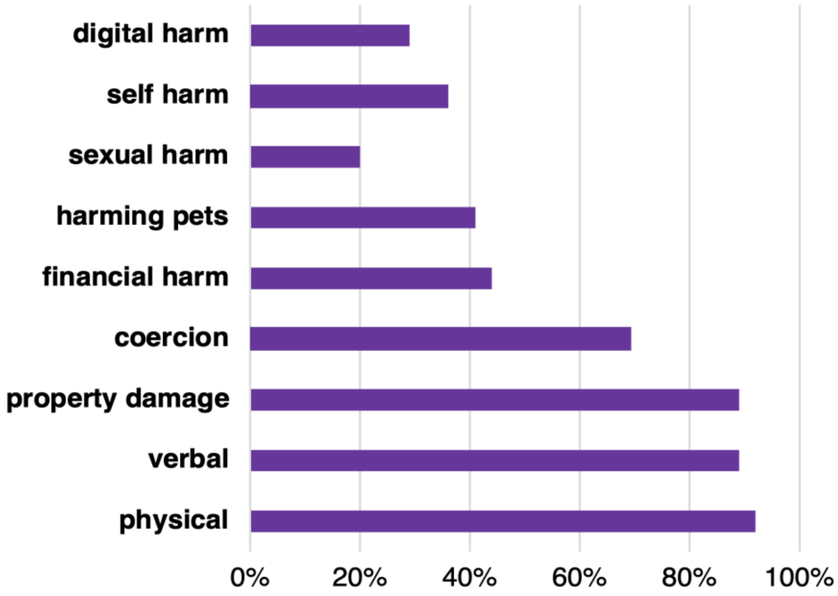
The fear of being judged or misunderstood has also prevented parents/caregivers disclosing violence towards them.

"It was just survival day to day and my head couldn't for so long even comprehend the bigger picture of what was happening and who to tell".

"I live in fear of being reported. Fear of removal of children and further harm created. Being judged unfairly. Not being believed".

Key Findings

Types of violence used by children towards their parents/caregivers



42% of parents/caregivers experienced **violence from their child daily.**

For 19% it was **multiple times each day.**

69% of **Māori parents/caregivers** had to parent differently to their **cultural beliefs and expectations.**

63% of parents/caregivers had **sustained injuries** from their child **including broken bones.**

75% of parents/caregivers said that **they lived in fear of their child** and 87% said they **walk on eggshells.**

79% of parents/caregivers **feel isolated from their community.**

81% said the violence had started **before the child reached adolescence.**

85% of parents/caregivers **are exhausted.**

67% parents/caregivers are **unable to work or have had to reduce their hours.**

84% **feel anxious** and

67% **feel depressed.**

Who Experiences CPVA?

VisAble's 2025 CPVA survey received 91 respondents. Most were parents or the main caregiver of the child using violence, and a small number of respondents (9%) were grandparents, siblings or other whānau. We have used the term 'parents and caergiver' to encompasss all respondents throughout this summary.

Our results show that CPVA can occur in any family, irrespective of ethnicity, location, or social status:

Most parents/caregivers identified as NZ European or European. Just under 20% of parents/caregivers were Māori and a small number were from African, Indian and Samoan communities. Some participants preferred not to disclose their ethnicity.

1 in 3 respondents identified as a disabled person, tāngata whaikaha Māori, D/deaf or neurodivergent. There were less Māori parents/caregivers who identified as tāngata whaikaha Māori, D/deaf or neurodivergent (19%).

1 in 3 parents/caregivers were single, while others were married or in relationships.

Many of the families experiencing CPVA have other children, whānau and flat mates living in the home. 2 in 3 families had other children under the age of 16 living at home being exposed to the violence.

45% of parents/caregivers identified that the children they were caring for were not their biological child. A significant proportion of children had been or were under the care of Oranga Tamariki. This was slightly higher for Māori whānau (50%).

"We had to end our placement of her even though we had her 7 years, hardest thing we had to do but it was affecting our other children who also have disabilities".

Participants experiencing CPVA lived across the motu, with the top 5 most common locations being:

- Tāmaki Makaurau / Auckland
- Te Whanganui-ā-Tara / Wellington
- Te Moana-a-Toi / Bay of Plenty
- Waitaha / Canterbury
- Manawātu / Whanganui

What does CPVA look like?

> *"I didn't realise what I was experiencing was child to parent violence".*

CPVA continues to be an invisible form of family violence despite the high levels of violence experienced by parents/caregivers and the significant impact it has on whānau wellbeing and quality of life. The information below demonstrate examples of violence experienced by parents/caregivers and the percentage levels.

Types of violence

Physical: 92% of parents/caregivers reported physical abuse:

- *Once when I was on the toilet, he threatened his sister with a large knife*
- *Urinating on me*
- *Punching me in the head from behind*
- *My daughter broke my nose*
- *Throwing me across the lounge and breaking my arm*
- *I was told to enforce boundaries and the first time I did, I was assaulted and seriously injured*

Verbal: 89% of parents/caregivers reported verbal abuse:

- *For 10 years we were subjected to verbal abuse, threats and demands for money*
- *Gaslighting*
- *Intimidation*

Property Damage: 89% of parents/caregivers reported property damage:

- *Slamming doors repeatedly, banging on walls*
- *Throwing furniture*
- *Destroying property*
- *Put holes in the wall, smashed furniture, argued whenever anyone said no*
- *Destroying technology*

Financial: 44% **of parents/caregivers reported financial abuse:**

- *Selling expensive items I bought for his education*
- *Stealing our underwear, siblings clothing and possessions*

Coercion: 69% **of parents/caregivers reported coercion:**

- *Undermining authority*
- *Saying things about you to others that may not be an accurate representation*
- *I lived with violence and control from my daughter her whole childhood*

Hurting Pets: 41% **of parents/caregivers reported harm to their pets:**

- *Terrorizing the dog*
- *Hurting wild animals (geckos)*

Sexual Harm: 20% **of parents/caregivers reported sexual harm:**

Note: no examples of sexual harm were shared in this survey, highlighting the possible stigma and shame associated with this type of abuse

Self-Harm: 35% **of parents/caregivers reported self-harm as a form of control:**

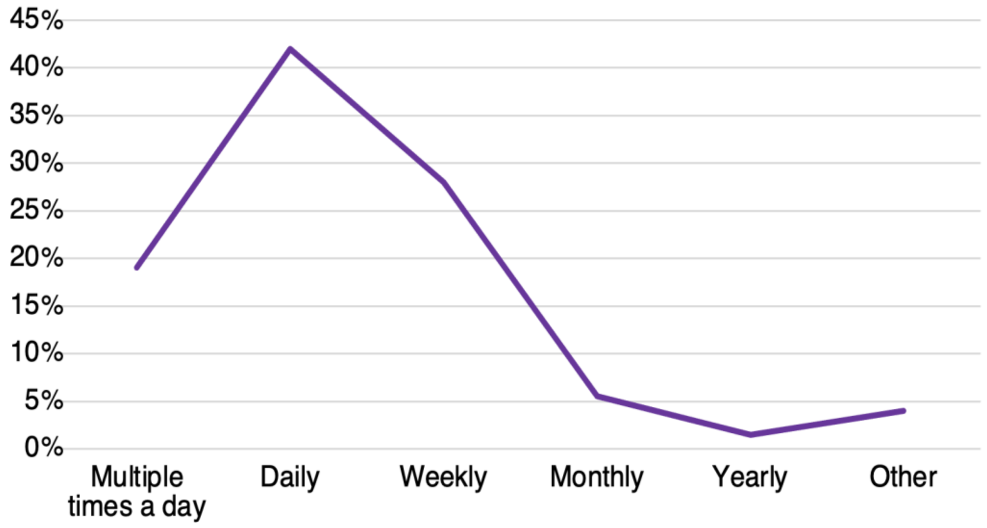
- *He threatened to stab himself. Knives were kept well out of his reach*

Digital: 29% **of parents/caregivers reported digital harm:**

- *Online podcast my child does with lies and put downs [about me]*
- *Having [parent's] social media spied upon & being challenged about what I have shared whether anonymous or not*

Frequency of Violence

The graph below shows that **19%** of parents/caregivers **experienced violence multiple times a day**, **42% daily** and **28% weekly**. Monthly, yearly and other frequencies of violence were reported less, at **11%**.



In **92%** of the situations, the violence was directed towards the mother. Violence was also directed towards the father and siblings (54% and 57%, respectively).

The level of abuse across all forms of violence, in addition to the frequency in which the violence is occurring, highlights that there are significant safeguarding concerns for families experiencing CPVA.

“We live in fear that [the child] may seriously injure, maim or kill us”.

Only **31%** of parents/caregivers felt safe in their home. The sense of safety at home was higher for Māori parents/caregivers at **56%.**

82% of parents/caregivers reported the violence also happened outside of the home.

Impacts of CPVA on parents/caregivers

Outcomes of the violence

Physical

- *Long-term back issues as well as other physical injuries*
- *Loss of income and unable to afford my own doctor's appointments to get medical care*
- *Overall, it has changed my personality and has left me unwell and isolated*
- *Concussion*
- *Tinnitus*

Emotional

- *I had suicide ideation*
- *[Sibling] with heightened anxiety as they felt that the threat was always there. As an adult, anxiety has made them scared of disappointing anyone*
- *I am hyper-vigilant and scared of raised male voices*
- *Live in constant fear and dread*
- *Want to leave or end [own] life as a way of escaping a situation that [I am] powerless to stop*
- *I felt ashamed and wanted to take my own life as I felt like I was a bad parent*
- *Nightmares*

Spiritual/Cultural

- *No one believes you which undermines your self-confidence*
- *Pride in our house is diminished due to holes in walls, always being spat on or nose wiped on furniture*
- *When we get home from work my partner and I change into clothing we don't care about in case an eruption happens, and clothes get ripped*
- *It has made us reluctant to have biological children, which was always a dream of ours*
- *People don't believe you and blame you if they behave for other people e.g. at school.. it must be a home problem*
- *We have had to make the parents room a safe room with a fingerprinted lock*

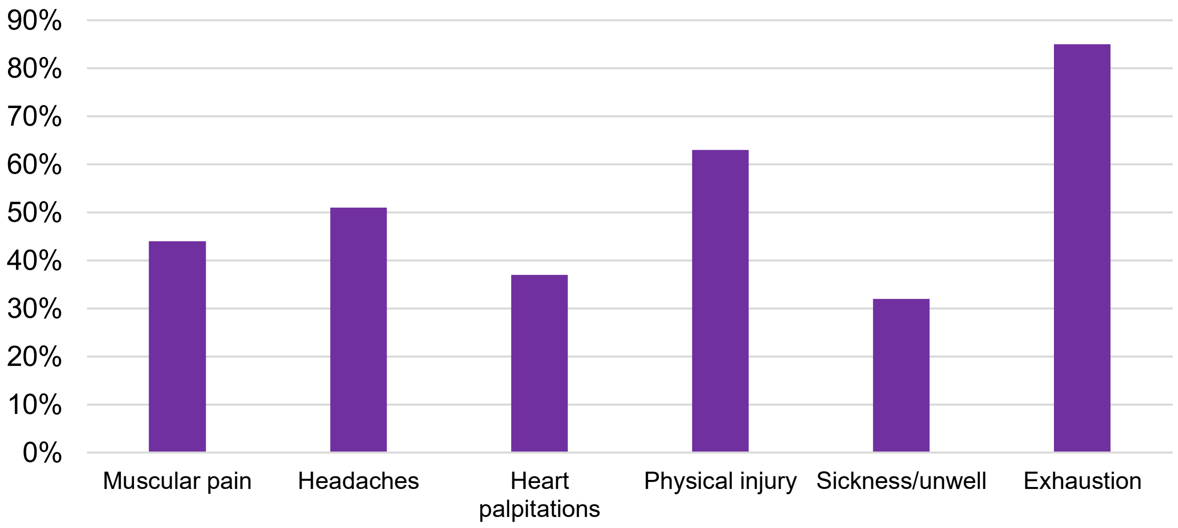
Social/ Whānau

- *Became estranged from [child]*
- *Siblings moved out of the family home to escape the violence towards them*
- *Huge financial burden due to property damage and reduced ability to work*
- *My husband was cautioned by police when he used self-defense when daughter was threatening him with a knife*
- *Marital breakdown and divorce*
- *My other child has moved to another country as she could no longer cope with the verbal and physical attacks*
- *Reduced ability to see our grandchildren as our other adult children are concerned about the risk to their safety from the child in our care*
- *Poor husband got arrested once for self-defence action*
- *Substantial work and income loss, massive legal debts growing*

The graphs below demonstrate the impacts that living with CPVA has on the parents/caregivers wellbeing:

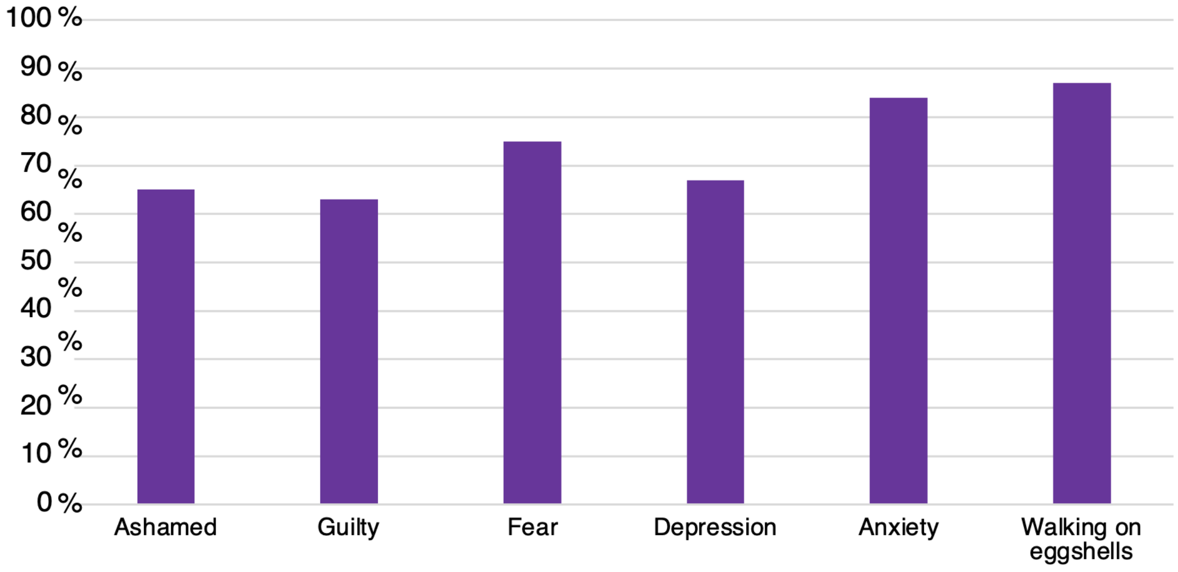
Physical Impact

> *"I have an Impaired physical ability due to an injury 4 years ago that never healed properly".*



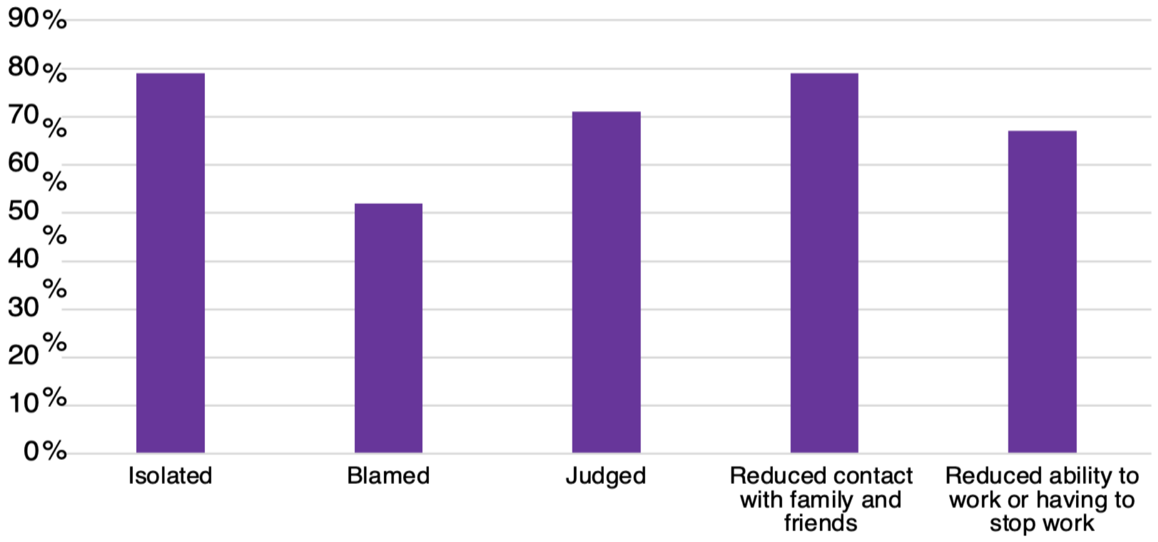
Emotional Impact

> *"You feel numb to the amount of trauma that you are going though and at times disassociate yourself in disbelief".*



Social Impact

> *“[The violence] controls my life. There is no reprieve”.*



Some parents/caregivers were unsure if what they were experiencing was violence, which may suggest the results in the above tables are lower than the reality of harm experienced by parents/caregivers.

Around a third of parents/caregivers stated they had to parent differently to their cultural beliefs and expectations.

This was significantly higher for Māori whānau at 69%.

Telling others

Most parents/caregivers only shared their experiences of CPVA with chosen trusted people outside of those living in the home. They identified barriers to talking with others based on their fear and experiences:

- Fear of judgement, rejection, shame, blame and embarrassment
- Feeling inadequate or being told they are a bad parent
- Being given advice that is unhelpful, harmful and lacks understanding (e.g. advising to 'get rid' of the child or to take an authoritarian approach)
- Being laughed at and the harm minimised
- Fear of exposing vulnerability to others, especially if there are no solutions
- Fear of being reported and potentially having their child removed from their care
- Exhaustion
- Respecting the child's right to privacy and protecting them from judgement or anger by others
- Fear that the child will find out they have told someone and consequently increasing the violence towards them
- Systems preventing parents from sharing details of foster children with others

"I feel very ashamed that my child behaves this way towards me. I blame myself that our relationship is so dysfunctional that he treats me this way. Ignorant people judging my parenting and coping strategies and giving overly simplistic solutions, which only makes me feel even more alone and stuck in this situation".

The children who are using violence

Gender

Around 54% of children using violence were **male**, 44% were **female**, 1% identified as **another gender** and 1% did not **disclose their gender**.

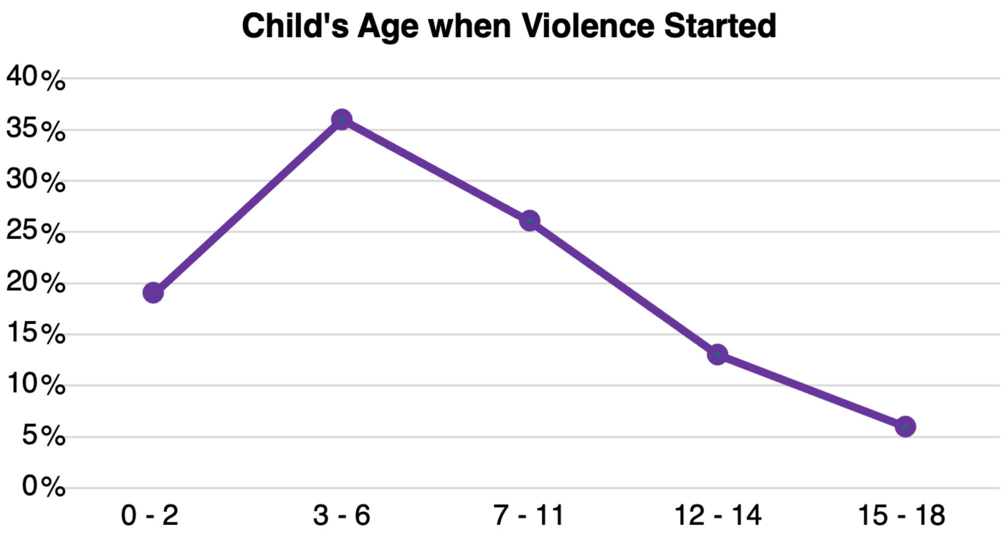
Unlike some international CPVA research findings, our survey identified little correlation between gender and physical violence with 94% of males and 90% of females using physical violence.

Our results show females were using financial abuse, coercion, self-harm and digital violence more than males. Other forms of violence, including verbal, sexual, property damage and harm to pets had similar rates of violence between genders.

Age when the violence started

Most of the violence started before children reached adolescence.

It is important to note that some parents/caregivers were unsure when the violence started due to the child being placed in care arrangements prior to living with them.



Parents and caregivers reported that CPVA started at a young age. 19% said the violence started before their child turned 2 years old.

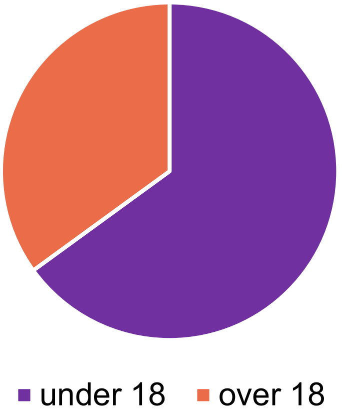
The highest percentage, 36%, was during early childhood (ages 3–6). This was followed by 26% for children aged 7–11. Reports of CPVA starting in adolescence were much lower with 13% for 12 to 14-year-olds, and just 6% for 15 to18-year-olds. These findings suggest that most CPVA begins in the early years, rather than later in adolescence.

The violence over a lifespan

65% of the children using violence were under the age of 18. The oldest child was now 38 years old, highlighting that parents/caregivers can be exposed to CPVA for decades. Almost half of parents/caregivers said the frequency of violence towards them had increased with age, with 78% responding that the violence was still occurring.

Only 22% of parents/caregivers reported the violence had stopped. They gave a number of reasons for the violence stopping. These included:

- **11%** because the child left home (moving into supported living, placed under the care of Oranga Tamariki or becoming an adult and moving out)
- **7%** started prescribed medication
- **2%** had a reduction in behaviour after engagement with behaviour support services or other supports that were the right fit for their needs
- **2%** of parents/caregivers reported the child's behaviour reduced as they matured



> *“They have no idea of the toll that managing violence by a child over many years takes. I now have a permanent health condition and managing this had to become the priority”.*

These results demonstrate the need for early intervention. However, more research is needed to understand if and how the violence changes over the course of the child’s life.

Disability and Mental Health Diagnosis

> *"There are no places where young adults with intellectual disabilities can go. Parents are expected to put up with [violence]. Every time I asked for help it was about [my child]”.*

Most parents/caregivers shared that their child has at least one disability or mental health diagnosis (97%), 81% had 2 or more comorbidities. These diagnoses included:

- Fetal Alcohol Spectrum Disorder (FASD)
- Autism Spectrum Disorder (ASD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Physical disability
- Visual disability
- Learning disability
- d/Deaf
- Brain injury

- Oppositional Defiance Disorder
- Other mental health diagnosis or distress

96% of parents/caregivers recognised that the behaviour was often linked to their child's disability, sensory needs, reduced cognitive and executive skills or mental health and had adapted their parenting to accommodate their child's needs.

> *"[A diagnosis] taught us more about parenting and disabilities. It actually allowed us to see how much our son was struggling and, along with other factors, led to a drastic change in lifestyle, which is still hard but we can see improvement".*

Drugs and alcohol

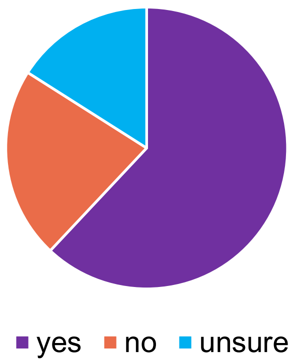
12% of parents/caregivers reported alcohol and drug misuse, some from late childhood and early teenage years. This was reported slightly higher at 19% by Māori parents/caregivers. Drugs and alcohol often increased the violence experienced by parents/caregivers.

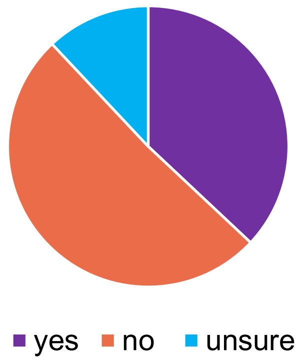
> *"Every time he went out to a bar or parties, we were terrified all night until we knew he was asleep".*
>
> *"[My child] was gestated in and soaked in alcohol".*

Trauma and family violence

With many children coming from state care environments, the history of trauma and family violence is often unknown and can be difficult for parents/caregivers to report on. The statistics below are based on parents/caregivers who were aware of their child's history.

62% identified that the child had experienced physical or psychological trauma and **37%** had experienced family violence.


Psychological Trauma


Exposed to Family Violence

> *"My son is actually one of the loveliest people I know. The way he has been treated over the years by professionals at times has been appalling [and] abusive".*
>
> *"Intimate partner violence impacted by the stress of caring for a neurodivergent child who then witnessed such violence against his mother and repeats the actions".*

Māori parents/caregivers reported less trauma however, they reported slightly higher rates of family violence. One wahine commented:

> *"Utero psychological trauma was experienced as well as family violence. These adverse events can have long term effects as well as the prenatal alcohol exposure and other substances. Also, Intergenerational factors can impact our kids profile and ability to manage".*

Engagement with services

Some parents/caregivers had received support for CPVA from services (42%). This percentage was lower at 25% for Māori respondents. These supports were from social service providers, healthcare, disability support services and family/sexual violence services.

Of the 42% who received support, only 33% of parents/caregivers reported that this had been helpful in supporting the family and whānau. They told us:

- *Services were understanding and supportive of the whole family*
- *Support workers or respite that enabled parents/caregivers to take a break*
- *Specific therapeutic responses that helped reduce the violence; play therapy, neurofeedback, EMDR, and counselling*
- *Occupational therapy for accommodating sensory needs*
- *Supporting parents/caregivers with low demand parenting to accommodate their child's disability*
- *Safety plans that supported parents/caregivers to mitigate future incidents*
- *Connecting with other parents/caregivers who are experiencing similar circumstances*

These findings raise concern for the low support available to parents/caregivers in Aotearoa New Zealand, particularly as 67% of available supports were found to be unhelpful. For Māori, the unhelpful supports were significantly higher at 94%, highlighting the greater risk for Māori whānau.

The reasons parents/caregivers found services unhelpful includes:

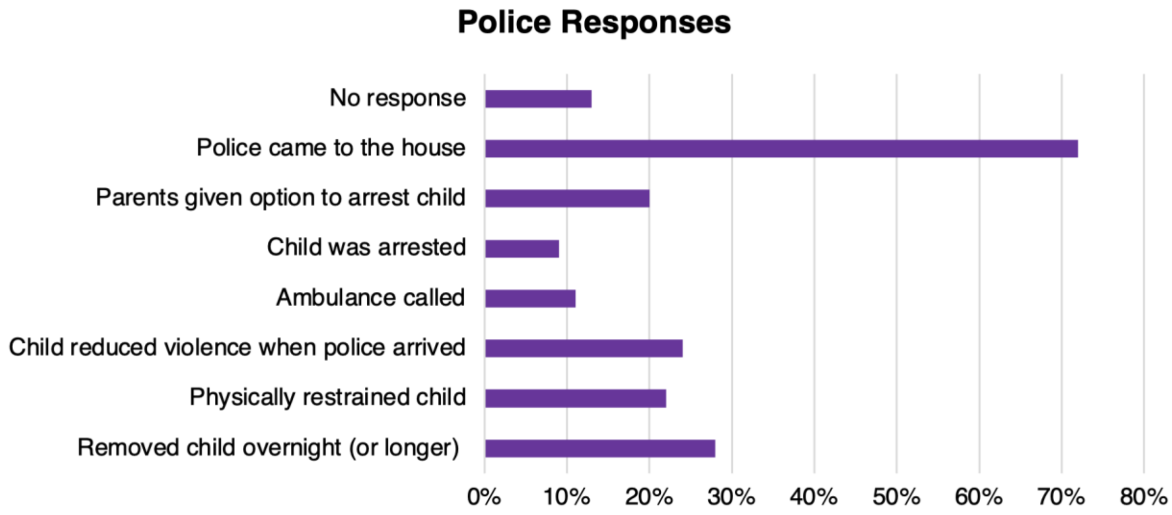
- **A strong focus on parental boundaries** that did not acknowledge the disability needs of the child, placing parents/caregivers at greater risk of harm
- **No support to implement recommended strategies** which, on occasion, escalated the violence
- **A lack of knowledge about CPVA** and the dynamics of violence and neurodivergent presentation (e.g. when the child masks in front of the professional and support is declined or discharged prematurely)
- **Feeling ignored, judged, blamed**, and sometimes bullied by services

- **Lack of funding for CPVA specific supports and resources** resulting in parents/caregivers being turned away from supports or placed on waitlists for several years
- **Recommended supports that do not accommodate for CPVA** and/or disability and neurodivergence (e.g. parenting courses)
- **Lack of practical interventions to reduce violence** or keep parents/caregivers safe
- **Minimising the impact the violence had on the whole family**
- Provided with options that resulted in **potential harm or trauma** towards the child (e.g. removing the child from the family or the child going to prison)
- Services leaving parents/caregivers **out of the supports** due to child being older than 16 years old

Police

46% of parents/caregivers shared that they had reported the violence to the police. **17.5%** had called the police on multiple occasions, and one parent told us that the violence became so bad they were calling the police up to 3 times a day. Māori parents/caregivers reported higher rates of contacting the police for support (62%).

The below graph demonstrates the police responses experienced by parents/caregivers:



Some parents/caregivers did not call the police due to a lack of support options for the family, fear of what may happen to the child, fear the police would escalate the violence, and the possible impacts on the parents/caregivers. Some examples of these are below:

Lack of support options family/whānau

- Being told that nothing could be done as child had not yet caused any problem to the general public
- Parents/caregivers ‘ping ponged’ between service providers with each agency advising them to call the other. This resulted with zero support from anywhere
- No confidence that anything could be done as the child had already been refused access to mental health services

Fear of consequences to child

- Not wanting their child to be handcuffed, arrested and criminalised when a mental health response was required
- Concerns that Oranga Tamariki may be notified, and a child protection response initiated resulting in children being removed from the home
- Calling the police during a violent incident was later used against family when engaging with services

Escalated violence

- When police left the home the violence continued/escalated as the child was angry that the parent had reported them to the police

Impact on the parent/caregiver

- Embarrassment, shame, wanting to avoid judgement, not wanting others to know what was occurring in the home
- It could impact on the parents/caregivers career
- Parents/caregivers were arrested or cautioned by police when they had used self-defense to protect themselves
- Adult children lied about the abuse when police attended incidents, and the police blamed the parent

Discussion and Recommendations

This survey provides the first data on CPVA in Aotearoa New Zealand. The responses are shocking and upsetting with so many families experiencing violence and abuse daily. They highlight the urgent need for system wide changes to recognise and respond to this complex form of family violence. Many parents/caregivers are Adults at Risk due to the violence targeted towards them by their child.

Parents/Caregivers Solutions

> *"This whole experience has made me question the society we live in. We thought we were doing something positive and necessary for our community [by adopting a child]. We thought we were entering into an agreement with the government by helping them take care of a state child, but the government have been like an absent partner in this arrangement and wiped their hands clean of this child and his struggles which have absolutely turned our life upside down and not in the good way. It's truly heart breaking".*

Families living with CPVA should have access to support and in a way that is accessible to them and reflects their voice.

We have summarised parents/caregiver's recommendations into themes below:

Professional development

- Professionals upskilling on strategies required to accommodate children with disability and neurodivergence
- Upskilling professionals across all sectors including police, health, mental health, education and Oranga Tamariki so they understand why CPVA occurs and that it is not a result of poor parenting

Support Services

- Psychological support following a diagnosis
- Regular check ins from professionals to the caregiver
- Counselling for parents/caregivers
- Support that focuses more on emotional regulation and accommodating needs and less on behaviour theory
- Peer support groups
- Improved access to medication support
- Focus on early intervention

Systems Change

- Funding resources for CPVA
- Flexible funding for respite
- Mental health and disability assessments given without having to jump through hoops and stay on waitlists
- Targeted ACC support for children who have experienced family violence
- Te Aorerekura to include CPVA
- FASD recognised as a disability which will prevent existing funding barriers

In addition to the above recommendations from parents/caregivers, this summary highlights the need for:

1. **Te Tiriti o Waitangi principles to be incorporated** into policy development to ensure equitable outcomes priority groups including Māori, Pasifika and the disability community.
2. **Open dialogue** between parents/caregivers and policy makers to ensure that guidance is clear, consistent and relevant. Lived experience is crucial during any consultation to ensure policy, training, and supports are fit for purpose.

3. A **comprehensive workforce development programme** to build knowledge and skills amongst professionals in Oranga Tamariki, social services, police, mental health, disability support and family/sexual violence services.
4. **CPVA screening and assessment guidelines** for family/sexual violence services.
5. The development of **CPVA safeguarding tools** and where to locate specialist CPVA providers.
6. **Early intervention supports** for family and whānau where parents/caregivers are taken seriously and a clear pathway of support is identified. This may or may not include diagnosis.
7. **Funded peer support groups** that reduce parents/caregivers isolation, enabling them to connect and share with others experiencing similar circumstances

This summary highlights the impact CPVA has on the whole family.

Therefore, a whānau-centred approach is necessary across all of the above actions. Responses must be tailored and meet the needs of disabled and neurodivergent families.

Professionals must recognise that there is no quick-fix solution and sometimes a lifespan approach to supporting families/whānau is needed.

"CPVA definitely needs to be highlighted and supported within the social structure of New Zealand - from community to government level - we are invisible and totally disregarded because it is such a difficult subject to deal with no easy fix. Care is very siloed and often inappropriate- more damage caused".

VisAble

Enabling Safer Lives and Communites

www.visable.co.nz