Child to Parent Violence and Abuse (CPVA)

Professional Perspectives Survey

A summary of VisAble's 2026 survey: The Professionals Voice

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We also wish to thank and acknowledge the professionals who completed this survey for their time and expertise.

About VisAble

VisAble is a disabled person led organisation in Aotearoa New Zealand. We work to strengthen national capability across agencies and sectors to prevent and respond to violence, abuse, and neglect affecting disabled people and their whānau. For more information about VisAble, visit: https://www.visable.co.nz/about-us

The importance of the Pōhutukawa

Through powerful winds and harrowing storms, the pōhutukawa tree, with roots penetrating deep into earth and rock, stands resilient, holding sometimes fragile and craggy cliffs together. Yet, after facing the harshest weather, the tree explodes into a summery bloom of deep red flowers.

For families experiencing CPVA, the pōhutukawa provides a powerful and deeply meaningful symbol. CPVA often exists in places unseen by others. Behind closed doors, whānau can experience fear, grief, exhaustion, and isolation while still holding immense love for their child. Like the pōhutukawa growing from rocky cliffs, many parents and caregivers continue to hold their families together under extraordinarily difficult and complex circumstances.

The twisted roots of the pōhutukawa reflect the complex realities surrounding CPVA. Violence does not emerge from a single cause. It is often intertwined with trauma, disability, neurodiversity, mental distress, unmet needs, and experiences of disconnection. The sprawling and gnarled pōhutukawa roots remind us that our understanding and support of whānau facing CPVA must reach into the foundations, beneath the behaviour, judgemental perspectives and misconceived commonly held narratives. It challenges us to look deeper, engage more thoughtfully, and carefully hear the lived experience of parents, caregivers, and whānau. If we have an open heart and mind to do this, we will provide meaningful support to parents and whānau on their pathway to healing and transformation.

Jonathan Tautari
Chief Executive, VisAble

Introduction / Purpose of the Survey

Child to Parent Violence and Abuse (CPVA) refers to a broad range of violent, abusive, and controlling behaviours that children under the age of 18, as well as adult children, use towards parents or caregivers, and in some cases grandparents and siblings. CPVA is more common than is often recognized, can occur in any family, and is often misunderstood (Gibbs, 2024; Holt, 2016). There is also a lack of practitioner awareness of CPVA and a dearth of qualitative research that involves practitioners from a range of social services, health, education, and justice sectors (Rogers & Ashworth, 2024).

The aim of this survey was to seek professional perspectives to build a clearer understanding of CPVA, its impacts on families and whānau, and the challenges services face in responding to CPVA. We designed the survey for professionals across sectors who engage with individuals, families, and whānau as part of community-based services and responses. The survey was conducted following VisAble's 2025 parent and caregiver survey, which highlighted the often chronic and ongoing nature of CPVA within families, alongside a significant lack of accessible, evidence based support (Tempest & Bloom, 2025).

Building on those findings, this professional perspectives survey sought to understand how CPVA is recognised, understood, and responded to in everyday practice. As CPVA is often hidden and the lack of consistent recognition across systems, professional insight is critical. Understanding current practice helps identify gaps in knowledge, training needs, and barriers within existing services, and supports the development of more effective, compassionate responses for families.

Survey Methodology

The CPVA Professional Perspectives survey was developed using community based participatory research methods (Viswanathan, et al.,2004) in collaboration with a community roundtable group. The community roundtable group is made up of caregivers and practitioners from a range of social services, health and disability organisations across Aotearoa New Zealand. The survey was shared online and via email using snowlball sampling, a form of network sampling where members of the researchers' networks share the survey with others in their communities and encourage others to do the same (Parker, Scott, & Geddes, 2019).

All survey responses were anonymous and reflect professional experience from across Aotearoa New Zealand. Throughout this summary, we have included quotations and examples drawn from professionals' lived experience. Our priority has been to centre professional concerns and to highlight the gaps and challenges encountered when responding to CPVA.

Key Findings

- **CPVA is perceived as prevalent in the community.**

  The majority of respondents **(88.0%)** reported knowingly working with families affected by CPVA. Over three quarters of respondents **(77.1%)** described CPVA as either *common* **(55.4%)** or *very common* **(21.7%)**, reinforcing that CPVA is not viewed as an isolated or rare concern.

- **Professional familiarity with CPVA remains inconsistent.**

  While **42.4%** of respondents were very familiar with the term CPVA prior to the survey, **41.3%** were only somewhat familiar and **16.3%** were not familiar, highlighting gaps in shared understanding despite high professional experience.

- **Confidence in recognising CPVA is mixed.**

  Most respondents felt only partially confident in recognising CPVA, with **39.1%** *somewhat confident*. Around one third (**27.2%**) felt *confident*, while **15.2%** reported being *not confident*, indicating ongoing uncertainty in identification.

- **Formal CPVA specific training is largely absent.**

The majority of respondents **(68%)** had received no training on CPVA, with only **2%** reporting extensive training. Where training existed, it was often brief, informal, or embedded within other learning.

- **Confidence that whānau can access timely support is extremely low.**

An overwhelming **91.3%** of respondents were not confident that whānau experiencing CPVA can access timely support, with only **2.2%** reporting confidence.

- **Confidence in access to appropriate support services is also very low.**

More than four fifths of respondents **(81.5%)** were not confident that whānau can access appropriate support services for CPVA. Only **1.1%** reported being confident.

- **Professionals report limited confidence in supporting caregivers directly.**

Nearly half **(47.8%)** felt only somewhat confident supporting caregivers experiencing CPVA, while **32.6%** were not confident, indicating capability and systems gaps.

- **Clear referral pathways for CPVA are lacking.**

Most respondents either reported no referral pathways or were unsure if they existed, reinforcing concerns about fragmented systems and unclear accountability.

- **System barriers are primarily structural and systemic.**

Key barriers identified include lack of CPVA recognition as family violence, unclear service responsibility, limited specialist services, long waitlists, insufficient training, eligibility gaps for disabled and neurodivergent children, and fear of punitive statutory responses.

Survey Respondents: location, background, and experience

Regions where respondents work

The survey had 92 respondents who were based across a wide range of locations throughout Aotearoa New Zealand. Representation included major urban centres, regional areas, and rural communities, as well as a number of respondents working in national roles that operate across multiple regions. The highest percentage of respondents came from Tamaki Makaurau/Auckland (~30%), with over 10% of respondents from Waitaha/Canterbury, Manwatu/Whanganui, and Waikato.

Respondent Professional Backgrounds and Experience

Survey respondents represented a wide range of professional sectors, including social work, disability and neurodiversity services, health and mental health, education, police and justice (including Youth Aid officers), NGOs, and frontline community services, indicating that CPVA is encountered across multiple service systems and practice contexts. Disability-related roles were particularly prominent, and social workers formed the largest respondent group, working across hospital, community, statutory, and NGO settings. Most respondents worked primarily with children and young people, with around half supporting clients from birth to 18 years, while just over one third reported working with both child and adult populations, reflecting roles that span age boundaries or involve supporting individuals and families across the lifespan. A smaller proportion worked exclusively with adults, and a few identified other age-group arrangements within their practice settings. Respondents were predominantly experienced professionals, with just over half reporting more than 10 years in the field and nearly a quarter having 6–10 years of experience; around one fifth reported 3–5 years of experience, and only a small proportion had been working in the field for 0–2 years.

Awareness, Knowledge and Capability

Familiarity With the Term Child to Parent Violence and Abuse (CPVA)

> *"I have had extensive family violence and child protection training. CPVA has never been mentioned, and how to tell that it has happened has never been discussed. In informal chats with Oranga Tamariki, there has been disagreement about whether this constitutes family violence – they say it does not."*

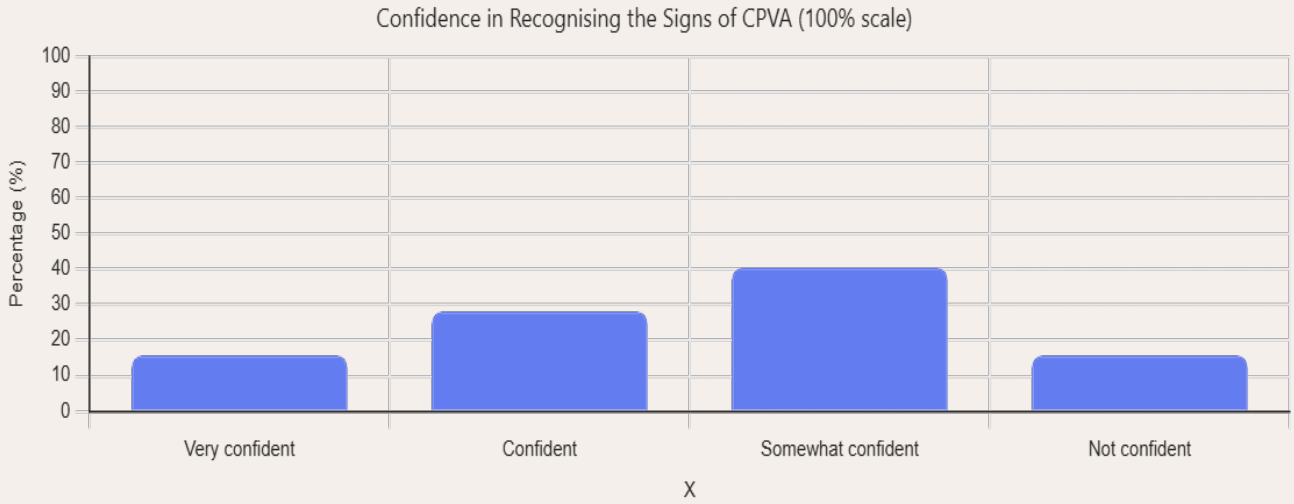
Despite the high level of professional experience among respondents, familiarity with CPVA was mixed. Just over two fifths of respondents reported being very familiar with the term, while a similar proportion indicated they were only somewhat familiar. Nearly one in six respondents reported that they were not familiar with CPVA before completing the survey.

Experience Working with Families Affected by CPVA

The majority of respondents indicated that they had knowingly worked with families experiencing CPVA, with just under 90% of respondents aware of working with CPVA in families and whanau. Over half of survey respondents viewed CVPA as a common (55.4%) or very common (21.7%) issue within the community.

Confidence in Recognising the Signs of CPVA

Respondents reported mixed levels of confidence in recognising the signs of CPVA. The largest group described themselves as somewhat confident, indicating partial awareness but some uncertainty. Notably, a proportion of respondents reported low confidence in recognising CPVA, demonstrating variability in confidence levels across the sectors represented in the respondent group.



Understanding the Drivers of CPVA

Responses indicate that most participants reported partial confidence in understanding the drivers of CPVA, with *somewhat confident* being the most common response. A smaller proportion identified as *confident* or *very confident*, while a notable minority reported being *not confident*. Very few respondents selected *neutral*.

Common Misunderstandings About CPVA

> *"That it's 'bad behaviour' or poor parenting, rather than a pattern of abuse."*

Respondents highlighted that CPVA is widely misunderstood, minimised, or misattributed, with parental blame identified as the most harmful misconception. CPVA is often framed as poor parenting or behavioural issues, rather than recognised as a form of violence and abuse shaped by complex developmental, neurological, trauma related, and systemic factors. Mothers in particular were described as being disproportionately blamed, reinforcing stigma and deterring help seeking.

CPVA was also commonly misunderstood as rare, not dangerous, limited to adolescence, or something children will *"grow out of."* Some respondents noted a persistent minimisation of risk, as illustrated by one practitioner: *"That children are small so can't cause much damage. I can tell you they absolutely can."* These misconceptions obscure safety risks to parents and siblings and can contribute to delayed or inappropriate responses.

A lack of shared definitions and limited public and professional awareness further compound these issues, leading to inconsistent identification and support.

How Professionals Distinguish CPVA From Parenting Difficulties or Challenging Behaviour

Professionals reported widely varying levels of confidence in distinguishing CPVA from parenting difficulties or challenging behaviour. Many described a lack of training or familiarity with the concept, noting that *"CPVA has never been mentioned in training"* or *"I honestly would not know,"* which contributed to inconsistent recognition across services.

One respondent did not accept CPVA as a valid framework stating, *"I don't believe CPVA is an accurate representation of behavioural patterns of children who experience violent escalations or act out towards parents."* They believed that abuse can only occur where the abuser has greater power and privilege, which *"children do not have,"* and framed children's behaviour as communication of unmet need requiring adult reflection and support. Framing adults as victims of children was described as *"an incredibly abusive framework that perpetuates childism."*

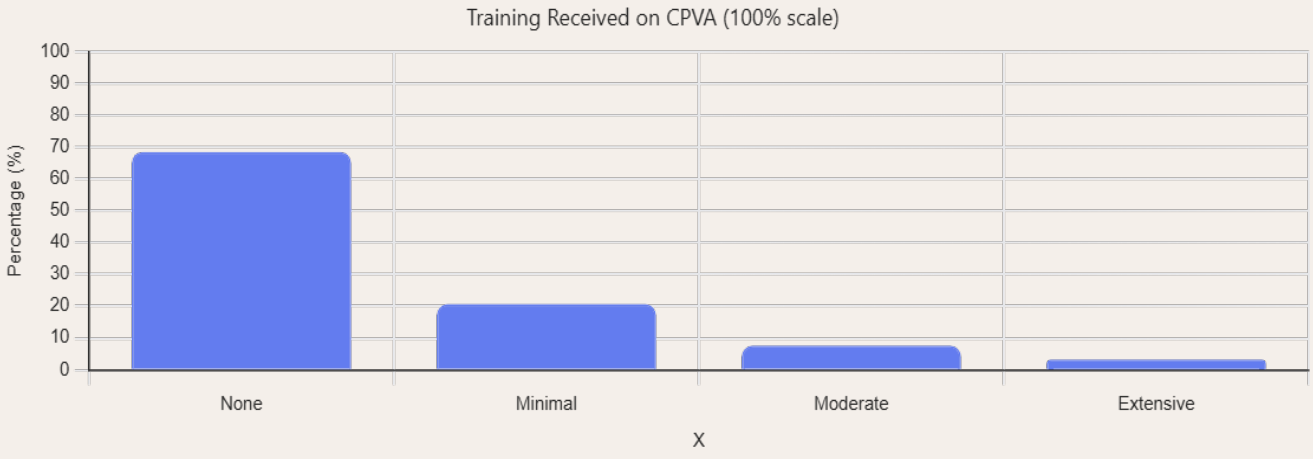
CPVA was also described as ongoing, repeated behaviour involving power, control, and intimidation, rather than isolated incidents or behaviour primarily linked to dysregulation. One respondent explained that *"CPVA is about a child using repeated aggression to control a parent,"* whereas everyday parenting challenges more commonly involved children who were *"overwhelmed, dysregulated, or reacting to limits."* In clinical settings, participants described using assessment processes to understand the context, meaning, and impact of the behaviour on both the child and parent.

A consistent indicator of CPVA across responses was parental fear. CPVA was identified when parents reported feeling unsafe in their own homes, altering their behaviour to avoid escalation, or delaying disclosure due to shame or fear of not being believed. It was commonly associated with physical violence, threats, verbal abuse, property damage, and risk to siblings or other adults, with such factors often shaping risk assessments and decisions about intervention.

Challenging behaviour and parenting difficulties were widely understood as arising from trauma, neurodiversity, disability, unmet needs, or parental stress, and as more responsive to support and guidance. While professionals acknowledged overlap between these presentations and CPVA, most agreed that the presence of fear and control should prompt consideration of CPVA within assessment processes, even where additional factors such as trauma or disability were present.

Training Received on CPVA

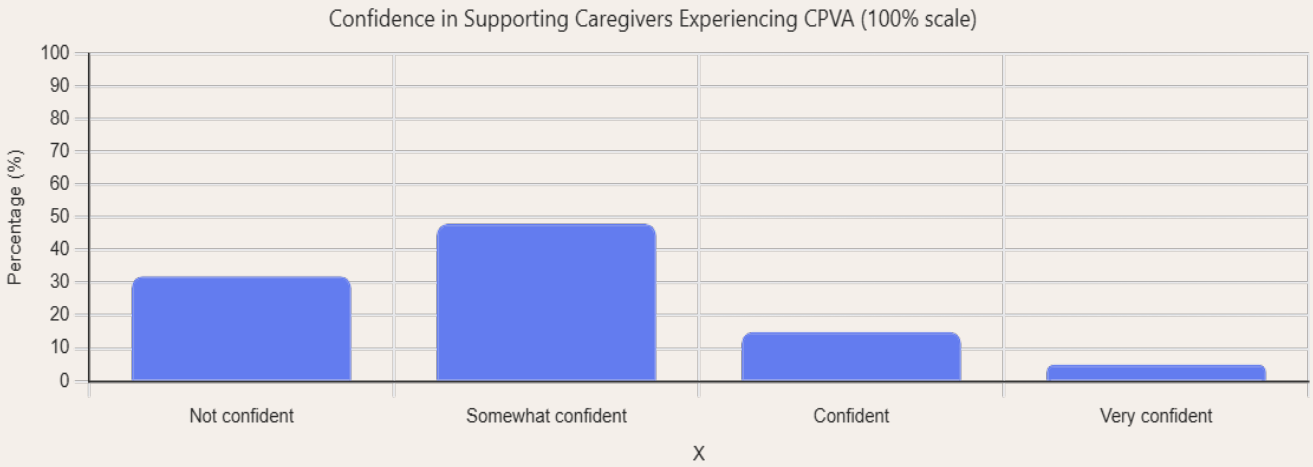
Most respondents reported receiving little or no formal training specific to CPVA. As one participant noted, *"I have had extensive family violence and child protection training. CPVA has never been mentioned."* While a small number described limited or moderate exposure typically through brief workshops, webinars, or broader professional development that touched on CPVA very few reported receiving any specialised or in depth training.



Professional Support and Service Access

Confidence in Supporting Caregivers Experiencing CPVA

Survey results indicate that most participants do not feel fully confident supporting parents and caregivers experiencing CPVA. Nearly half of respondents described themselves as *somewhat confident*, while almost one-third reported being *not confident*. Only a small proportion felt *confident* or *very confident.*



Barriers to Effective CPVA Support and Therapeutic Response

> *“Time and Money, No access for whanau. Not enough promotion of available support. Professionals have no knowledge of supports/organisations. CPVA isn’t screened specifically with health providers”*

CPVA was frequently reported by respondents as misunderstood, minimised, or reframed as a parenting issue, rather than recognised as a form of family violence. Professionals highlighted a lack of awareness, training, and clear pathways, alongside uncertainty about referral options and system responsibility, leaving parent and caregivers with limited guidance or support.

Structural barriers were prominent, including limited funding, service gaps, long waitlists, and restrictive eligibility criteria, particularly for families affected by disability, neurodiversity, mental health challenges, and substance use.

“The care and protection space has labelled any abuse from children to parents/ caregivers as the caregivers fault (a narrative I have pushed against, but with little luck). I would say this lens gives a huge barrier for practitioners as my advice in supervision and in policy has always been to support the child identify their triggers, and to kōrerō with the parent/caregiver on how to identify and prevent triggering the child. Support is seldom given to the caregivers outside of this. “

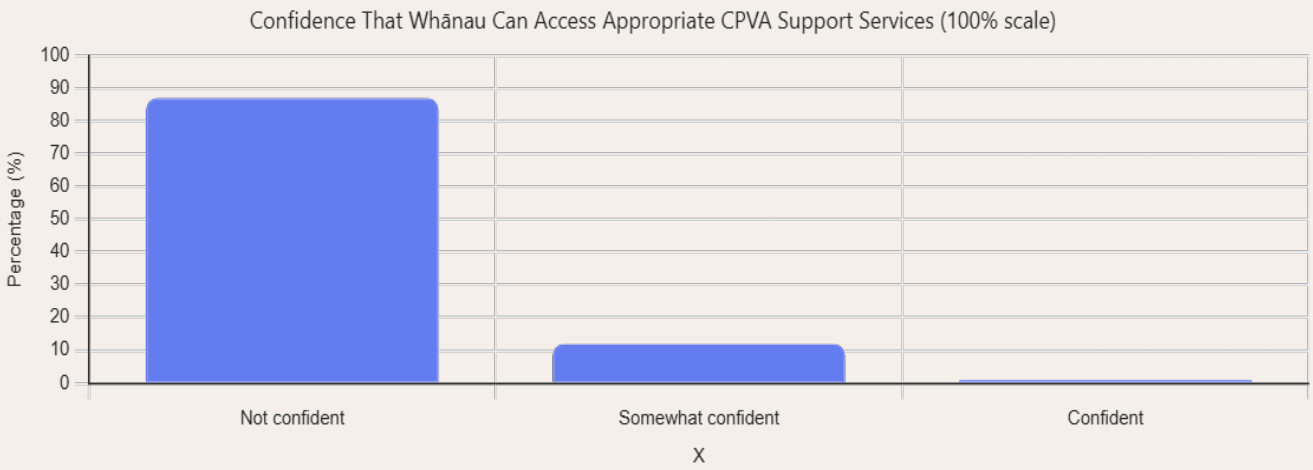
Stigma, fear, and punitive system responses further undermined help seeking. Parents and caregivers often delayed disclosure due to fear of judgement, blame, child criminalisation, or statutory involvement, with some enduring ongoing harm to protect their child. The absence of practical, safety focused supports such as respite, crisis planning, or in home assistance was seen as compounding risk.

Barriers were also identified within therapeutic responses, which were often described as inadequately recognising CPVA, relying on parent blaming or behaviour only approaches, and failing to prioritise caregiver safety. Respondents noted that therapeutic models were frequently short term, inflexible, and poorly adapted to trauma, disability, and cumulative harm across the whānau, with limited time for trust building or sustained change.

Confidence in Timely Access to, and Appropriate Support for, Whānau Experiencing CPVA

Responses indicate very low confidence that whānau experiencing CPVA can access timely support. The overwhelming majority of respondents reported being not confident (~90%), with only a small proportion expressing some level of confidence (~9%).

Similarly, responses indicate very low confidence that whānau experiencing CPVA can access appropriate support services. This mirrors the pervious question findings regarding timely access to support and reflects broader concerns about service availability, suitability, and alignment with the complex needs of whānau affected by CPVA.



Common Barriers to Accessing Support for Families and Whānau Experiencing CPVA

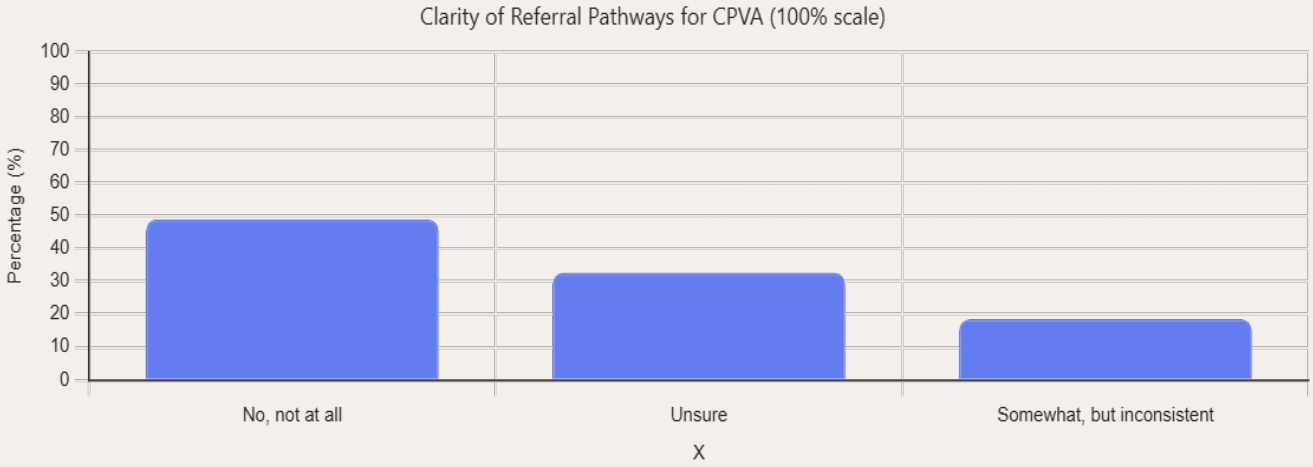
Survey respondents consistently identified systemic, service level, and relational barriers that limit families' ability to access support when experiencing CPVA. Structural constraints were particularly prominent, including funding shortages, long waitlists, and limited organisational capacity and time. These barriers were sometimes compounded by geographic isolation and transport difficulties, especially for rural whānau, making services difficult to access even when they exist. Respondents also highlighted fragmented systems, with overlapping agencies, unclear roles, and poor coordination creating confusion, delays, and repeated referrals without resolution.

Barriers related to awareness, recognition, and service appropriateness were also widely reported. Many respondents noted limited awareness of available services among both families and professionals, alongside gaps in professional knowledge and understanding of CPVA itself. Disability and complex needs were frequently described as being inadequately recognised or failing to meet eligibility thresholds, resulting in families being turned away or offered inappropriate support. Cultural barriers further limited access, with some services perceived as insufficiently culturally responsive or unsafe for whānau engagement.

Fear, stigma, and safety concerns were reported by respondents as significant barriers to help seeking. Whānau were often reluctant to access support due to fear of judgement, blame, or being misunderstood, particularly where CPVA is minimised or framed as poor parenting. Concerns about risk escalation, and a lack of crisis support were also raised.

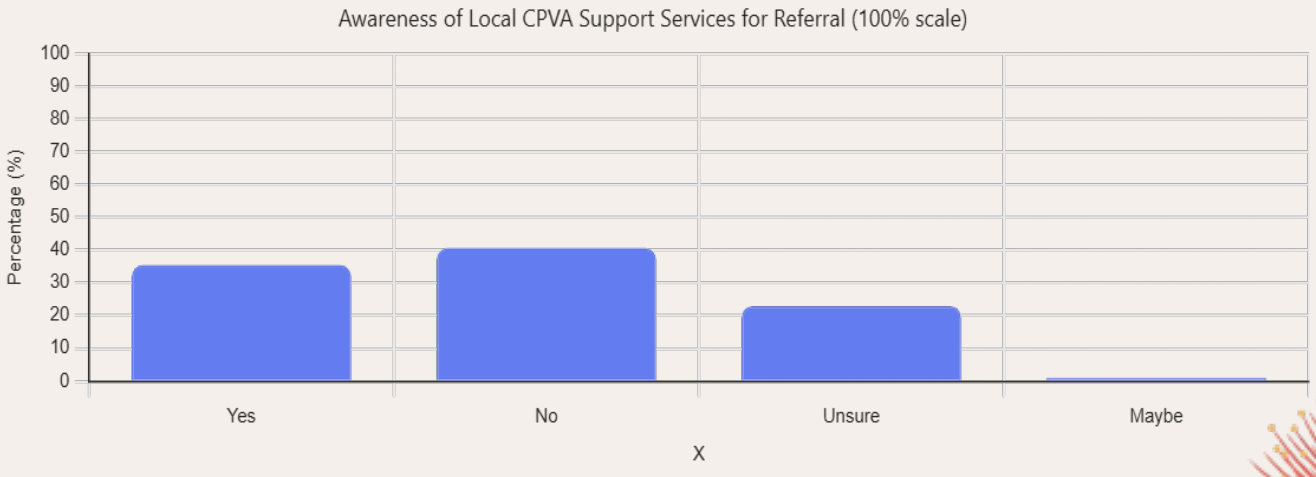
Clarity of Referral Pathways for CPVA

Responses indicate low confidence and considerable uncertainty regarding the existence of clear referral pathways for CPVA across Aotearoa New Zealand. Fewer than one quarter of respondents felt that pathways exist at all and those who did described them as inconsistent reinforcing earlier findings around fragmented systems, lack of coordination, and uncertainty about where responsibility for CPVA sits.



Awareness of CPVA Support Services

Responses show mixed and limited awareness of local services that professionals can refer families and whānau to for CPVA. While around one third of respondents reported being aware of referral options, a larger proportion indicated they were either not aware or unsure, reinforcing earlier findings around unclear referral pathways and fragmented service landscapes.



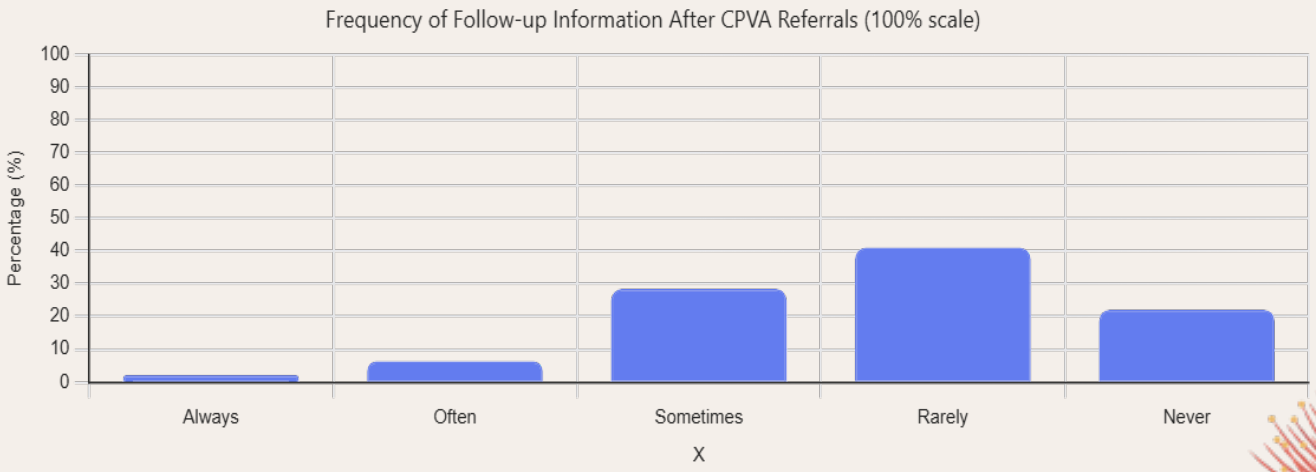
Commonly Referred to Services

When respondents indicated they were aware of services they could refer families and whānau to for CPVA, they most commonly identified a mix of NGO, statutory, disability, mental health, and family violence services.

Importantly, many respondents emphasised that these referrals are typically “best fit” options rather than CPVA specific supports, with several noting that eligibility criteria and long waitlists significantly limit their effectiveness. Some respondents reported that they had not referred out at all, citing uncertainty about whether available services genuinely address CPVA (or understand the drivers of), while others relied on statutory triage pathways (such as Oranga Tamariki, Police, or Children’s Teams) in the absence of appropriate alternatives.

Follow Up and Tracking of CPVA Referral Outcomes

Responses indicate that follow up information on outcomes after referring families and whānau to CPVA related services is infrequent, with most respondents reporting that they rarely or never receive feedback. This lack of follow up limits opportunities to understand service effectiveness, continuity of care, or longer term outcomes for affected whānau, and makes it difficult to assess whether referred organisations have specific expertise or capability in responding effectively to CPVA. Formal tracking of referral outcomes was also described as inconsistent and largely informal, with most respondents relying on direct contact with whānau or ad hoc personal follow up rather than systematic or organisational processes. Some respondents reported access to formal tracking methods, while a notable proportion were unsure whether outcomes could be tracked at all, further highlighting gaps in monitoring whether referred support is received and its impact over time.

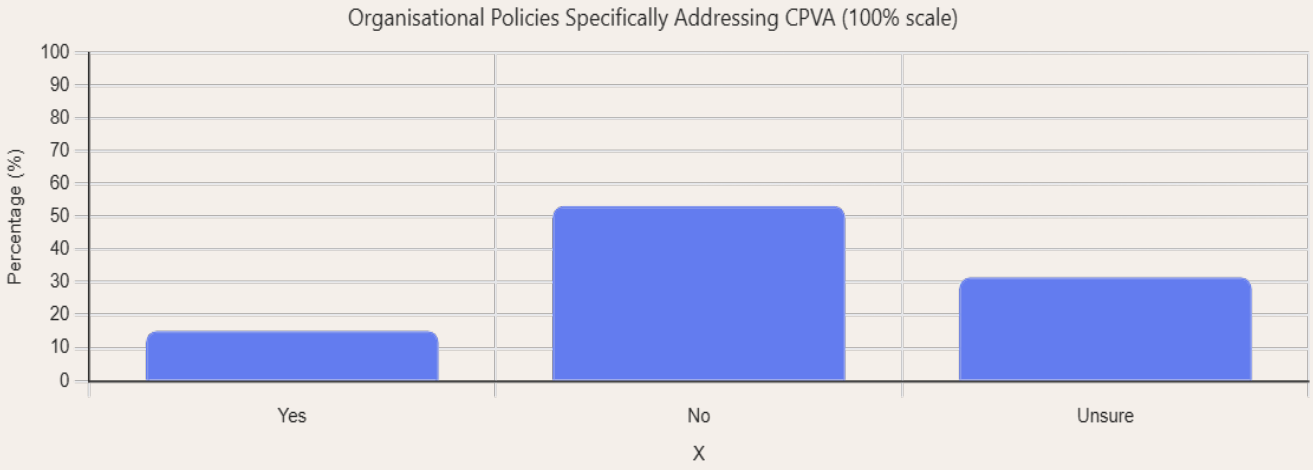


CPVA Data Gaps

Many respondents were unsure whether a centralised CPVA database exists, while others reported that no such database is in place. This reflects wider practice realities, as most organisations do not routinely collect CPVA specific data due to inconsistent recognition, definition, and understanding of CPVA as a distinct issue. As a result, CPVA is often not recorded within organisational data systems. There is no national CPVA specific database or consistent mechanism for collating information across services or regions, and where related data is collected, it is rarely identified, analysed, or reported as CPVA specific, limiting system wide visibility and understanding.

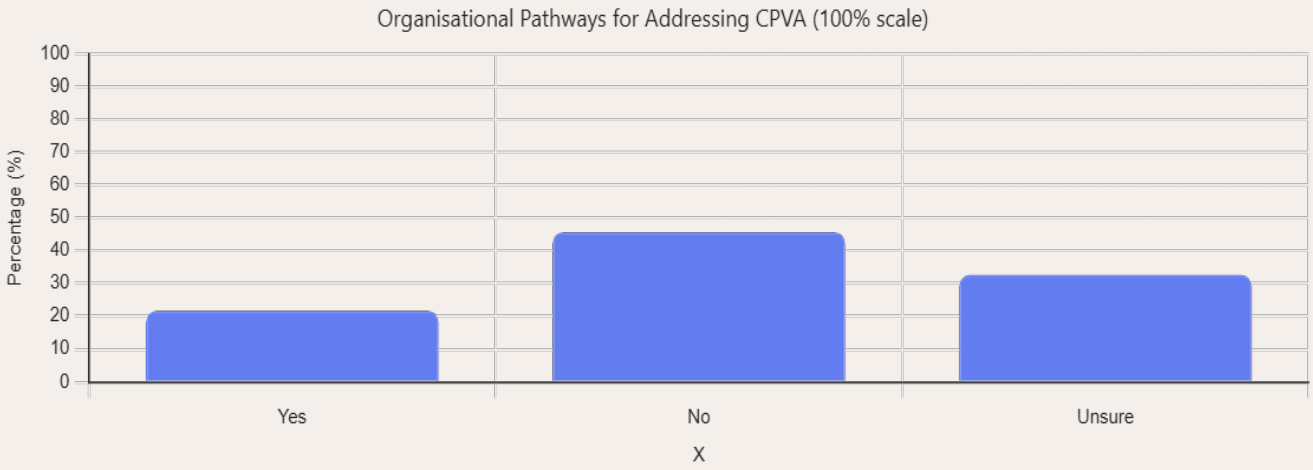
Organisational Support for Specifically Addressing CPVA

Responses indicate that most organisations do not have policies that specifically address CPVA, or staff are unsure whether such policies exist.



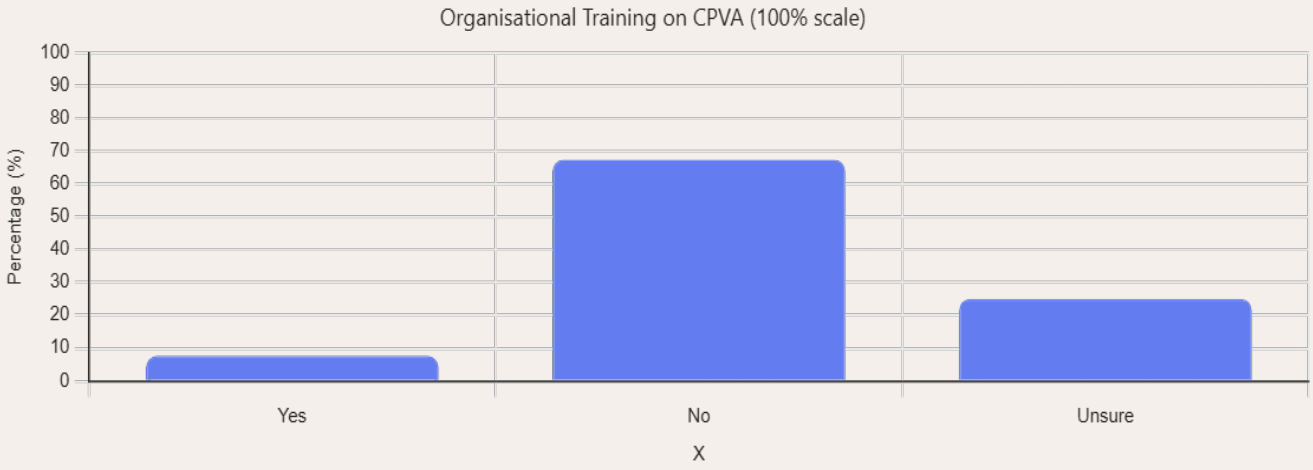
Organisational Pathways for Addressing Child and Parent Violence and Abuse (CPVA)

While some respondents reported that their organisation has pathways in place, many indicated that no CPVA specific pathways exist or were unsure whether such pathways are available.



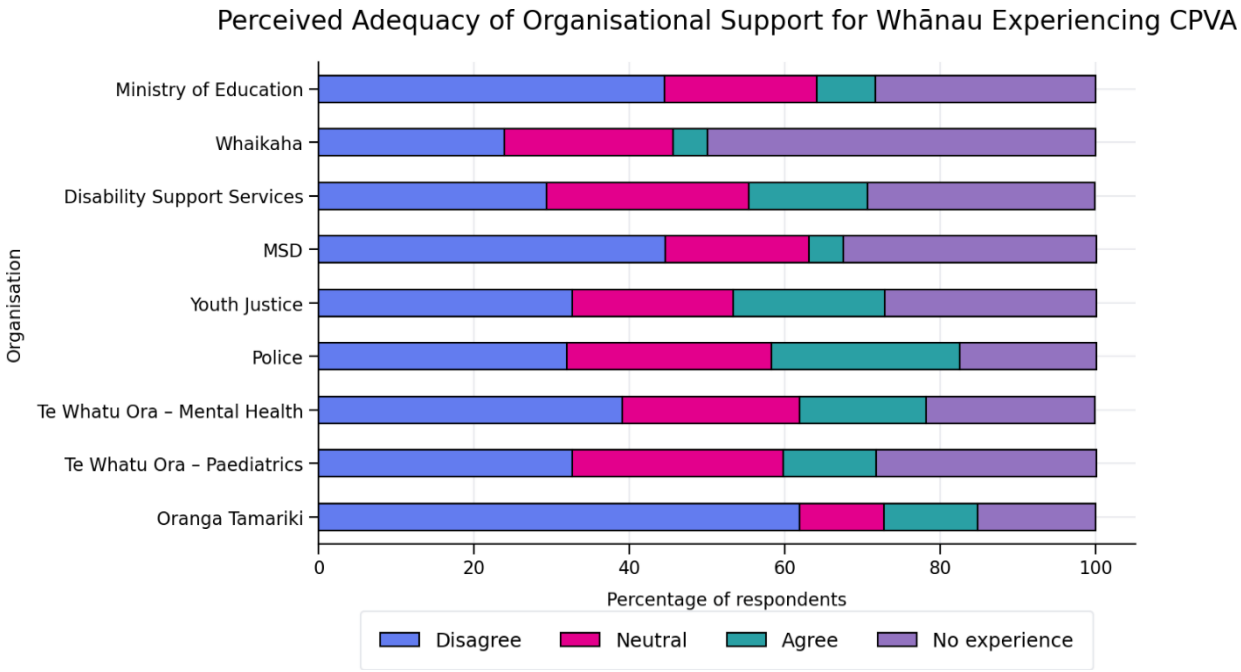
Organisational Training on CPVA

Only a small number of respondents reported that their organisation provides training on CPVA, while many indicated that no such training is offered or were unsure whether training exists.



Organisational Support for Whānau Experiencing CPVA

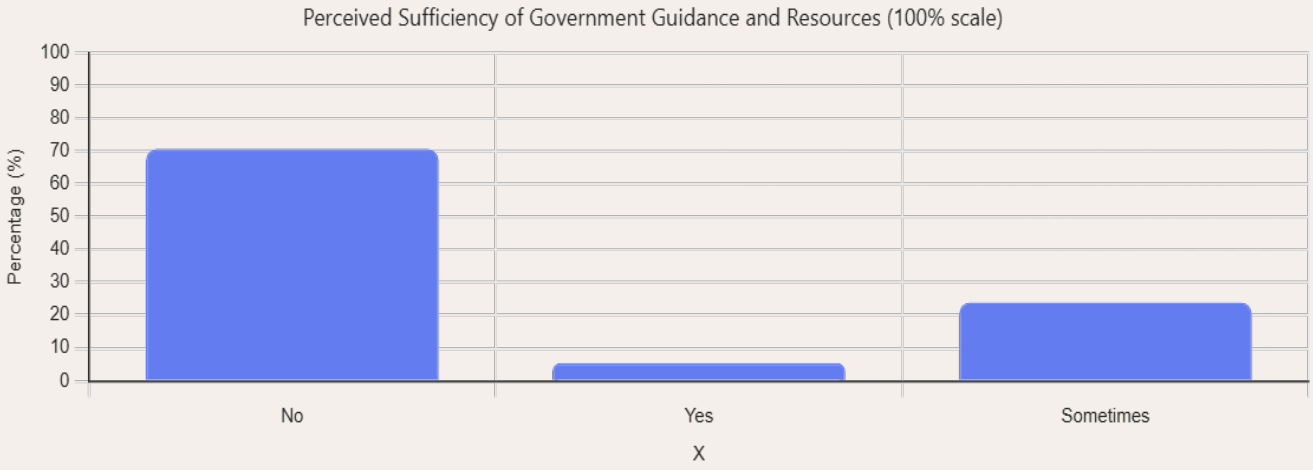
Across agencies, respondents most commonly reported negative perceptions or limited experience of services supporting whānau experiencing CPVA. Oranga Tamariki and the Ministry of Education attracted the strongest negative responses, while Whaikaha was notable for a high number of respondents reporting no experience, suggesting limited visibility or engagement. Police received comparatively more positive assessments than other agencies, though neutral responses were common, indicating mixed or inconsistent experiences. Overall, negative perceptions outweighed positive ones across most agencies, highlighting uneven support and awareness within the service system.



Government Agency Support, Guidance, and Resourcing for CPVA

> *"Oranga Tamariki Youth Justice see the issue as a Care and Protection matter, and Oranga Tamariki Care and Protection see the matter as an Oranga Tamariki Youth Justice issue. Mental health see the issue as an Oranga Tamariki matter, and Oranga Tamariki see it as a Mental Health matter. Police see it as a Youth Justice matter when there is evidence to arrest and place the matter before the court; the youth advocate then challenges the police and the court sometimes withdraw the charge."*

Respondents described experiences of support from government agencies as minimal, fragmented, or absent, with systems widely perceived as lacking understanding of the complexity and day to day realities faced by families experiencing CPVA. Agency responses were frequently described as siloed, with responsibility shifted between services rather than shared, resulting in unclear pathways, inconsistent decision making, and long waitlists. CPVA was often characterised as being placed in the *"too hard basket,"* alongside a broader *"culture of can't do rather than can do."*



Feedback From Children, Young People, and Adult Children on Government Agency Support Following Concerns About Their Use of Violence

Feedback shared by children, young people, and adult children with professionals about their experiences of government agency responses was predominantly negative, with very few consistently positive accounts. Many described feeling blamed, shamed, judged, or misunderstood, particularly when their behaviour was discussed publicly in hui or professional meetings. Young people commonly reported being passed between services *"like a hot potato,"* encountering long waitlists, inconsistent workers, and processes that felt punitive rather than supportive.

Barriers Limiting Access to CPVA Support for Professionals and Whānau

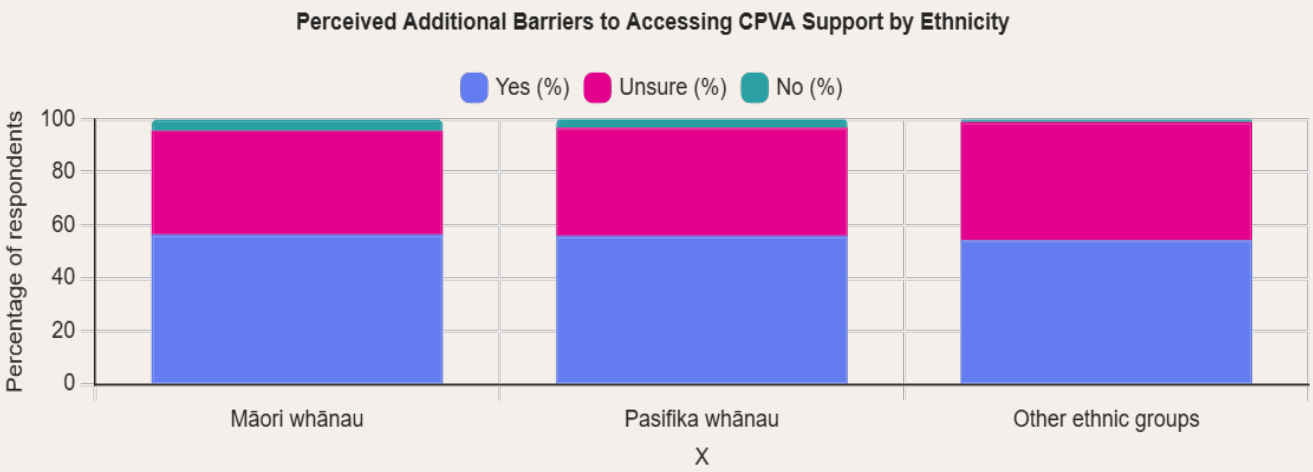
> *"Recognition of CPVA as Domestic Violence (DV) and therefore wrap around supports to include DV specialists."*

Respondents identified a wide range of systemic, structural, and practical barriers limiting access to effective CPVA support for both professionals and whānau, with knowledge gaps emerging as a central issue. Many described uncertainty in recognising CPVA, understanding what support is available, and knowing which agencies are responsible, as one respondent reflected: *"For me, lack of knowledge. Unsure of which government agency provides support for what… no idea who to contact."* This confusion is exacerbated by the absence of a clear lead agency to coordinate responses and by CPVA not being consistently recognised as a form of family violence, instead being misinterpreted as a parenting issue rather than a brain based or developmental behaviour requiring specialist intervention.

Equity

Do Different Ethnic Groups Face Additional Barriers in Accessing CPVA Support?

The survey findings suggest that barriers to accessing support for CPVA are largely systemic and experienced across all ethnic groups.



Inequities in the System Response to CPVA

> *"Working for the health board and working closely with the child and Family Safety team, I am acutely aware of the limited education, support and resourcing professionals get within this space."*

A central gap identified by respondents was the inequitable way CPVA is recognised and responded to compared with other forms of family violence.

Discussion

CPVA is a common issue that is under recognised

Survey respondents reported that CPVA was common in their work, it was frequently not acknowledged as a legitimate form of family violence. This lack of acknowledgement, and

lack of common ways of talking about CPVA was leaving parents excluded from protections, specialist services, and coordinated responses that are more readily available in other family violence contexts. As one respondent observed, *"Parents are left to navigate the system alone, often encountering services that do not recognise CPVA or shift blame onto caregivers."* This lack of recognition contributes to fragmented, inconsistent support and places an unequal burden on parents to advocate for safety, intervention, and resources without clear pathways or formal protections.

Respondents highlighted broader structural inequities, including the absence of a dedicated, properly resourced response pathway for CPVA, unclear referral processes, limited specialist programmes, and poor integration across health, education, social, and justice systems. Gaps in professional knowledge and training further exacerbate inequity, as families experiencing CPVA are often denied timely, preventative support and only receive intervention once situations escalate to crisis point, typically involving police or emergency departments. Collectively, these findings point to a system that treats CPVA as less visible, less legitimate, and less deserving of coordinated resourcing than other forms of family violence, reinforcing inequitable outcomes for parents and whānau affected by CPVA.

Survey respondents expressed strong appreciation for the focus on CPVA, describing it as worsening, under recognised, and deeply affecting whānau, siblings, and wider family systems. CPVA was frequently described as a *"silent"* experience, hidden by shame, fear of judgement, and difficulty naming violence within parent–child relationships. While CPVA often sits behind police call outs, Oranga Tamariki involvement, mental health referrals, and crisis responses, it continues to be addressed in fragmented and siloed ways rather than as a distinct issue.

Respondents called for greater awareness, CPVA specific training, clear local pathways, and sustained investment in family violence and community services. Many professionals described feeling ill equipped and under resourced, noting the harm caused when whānau are required to repeatedly retell traumatic experiences across multiple services. At the same time, some respondents identified opportunities for improvement through collaboration, shared learning, and emerging practice, reinforcing the urgency of coordinated, adequately resourced, and compassionate system level responses to CPVA.

CPVA carries stigma

Stigma is a complex issue for children, families and professionals dealing with CPVA. Similar to the findings of Gibbs (2024) and Tempest and Bloom (2025), this survey found that professionals identified families and caregivers to report that the stigma of CPVA as socially taboo and that the fear of repercussions for their child keep them from reporting the issue to professionals, despite significant safety and wellbeing concerns.

Strong themes of parental blame emerged, particularly for parents of neurodivergent or disabled children, with agencies described as struggling to recognise children as perpetrators of violence and instead redirecting responsibility back to parents for failing to *"control"* their child. Disability was reported to further marginalise families, with CPVA frequently minimised or dismissed, and referrals redirected to services that placed responsibility back on parents even in situations involving serious violence, physical risk, or offending behaviour, leaving whānau feeling powerless and unsupported (Gibbs, 2024). Where intervention did occur, it was often short term and inconsistent, including children being removed and later returned home without adequate follow up, a process respondents described as adding to trauma.

Organisational support for professionals' understanding of CPVA is lacking

Although some CPVA related or family violence responses existed within individual services and some workers were identified as helpful, these supports were commonly constrained by long waitlists, adult focused service models, and reliance on individual relationships rather than coordinated, long term responses. This experience was mirrored in views about resourcing and guidance. The majority of respondents indicating that their organisations do not receive sufficient government guidance or resources to respond effectively to CPVA; only a very small proportion felt adequately supported, while around one fifth reported that support is available sometimes, highlighting inconsistency and dependence on circumstance rather than a reliable, well resourced system.

Tamariki, whanau, and caregivers do not feel supported to address CPVA

There was a strong perception that responses focused narrowly on diagnosis, medication, or behaviour based programmes, without addressing underlying trauma, disability,

communication needs, or safety concerns. Several young people reported to professionals that they were not taken seriously, particularly when they had a disability, and expressed confusion about their own behaviour alongside frustration at receiving little meaningful support to change:

> *"I have had a couple of young people say that they don't understand why they act the way they do, and that they felt government agencies weren't taking their concerns seriously because they have a disability."*

Feelings of frustration, anger, mistrust, shame, and disengagement were common, with some young people expressing little faith in systems and choosing not to engage at all. Adult children and parents similarly described feeling positioned as the *"guilty party,"* experiencing stigma and trauma associated with agency involvement, and reporting that support was often only offered once situations escalated to crisis point.

Tamariki, whānau and caregivers encounter barriers to accessing services to address CPVA

Structural inequities were strongly emphasised, with respondents noting that *"Western models are prioritised over Māori worldviews,"* alongside *"structural issues like racism and fragmented service pathways,"* making CPVA support *"hard to find and hard to trust."* These barriers are intensified by limited funding, long wait times, and a *"lack of qualified and trained staff,"* reducing the timeliness and effectiveness of responses, and by reports of harmful practice, including *"inappropriate comments and actions toward whānau such as dismissing the behaviour,"* which undermines trust and discourages engagement. Respondents also highlighted the absence of specific legislation to protect and support parents experiencing CPVA, limited dedicated services, and non engagement from Oranga Tamariki when a child is harming a parent or caregiver, contributing to significant minimisation of risk. As one respondent observed, *"getting the scale of the problem heard is often downplayed by social workers until someone is significantly hurt, such as police or emergency department involvement."* These challenges are further compounded in rural settings, where limited local services, long travel distances, transport and financial constraints and stigma associated with being known in small communities create additional barriers to seeking help.

Recommendations

Development of training, pathways, and appropriate, timely supports is critical to strengthening responses to CPVA across Aotearoa New Zealand. The findings highlight the need for a coordinated, system-wide approach that improves recognition, builds workforce capability, and ensures whānau can access effective and timely support.

A key priority is the formal recognition of CPVA as a distinct form of family violence. Consistent definitions, shared language, and inclusion within policy and safeguarding frameworks are essential to improve identification and ensure more consistent responses across sectors.

There is also a clear need for national, cross-sector practice guidance to support professionals in identifying CPVA, assessing risk, prioritising caregiver safety, and responding in coordinated ways. Building workforce capability is essential, given the reported gaps in familiarity, confidence, and consistency in professional responses to CPVA.

Clear referral pathways and better system coordination are needed to reduce fragmentation and delays in support. Establishing defined agency roles, improving interagency collaboration, and strengthening crisis responses would support more consistent and accessible pathways for whānau.

Improved access to specialist and early-intervention supports is also essential. This includes strengthening CPVA-informed, flexible, and whānau-centred services, alongside non-police crisis response options, and ensuring responses are effective for families with complex needs. Early intervention must be prioritised to prevent escalation and reduce harm.

Equity must underpin all responses, with approaches grounded in Te Tiriti o Waitangi and supported by culturally safe, disability-informed, and whānau-centred practice. Addressing inequities for Māori, Pasifika, disabled, and rural whānau is critical.

Finally, strengthening data collection and research will improve visibility of CPVA and support more effective planning, evaluation, and system accountability.

Overall, sustained government leadership, clear accountability, and dedicated resourcing are required to move from fragmented responses toward a coordinated and effective system of support for whānau experiencing CPVA.

Conclusion

There remains much work to be done to strengthen understanding of Child to Parent Violence and Abuse (CPVA) across Aotearoa New Zealand. While this survey highlights that CPVA is widely experienced in professional practice, it continues to be under-recognised, inconsistently understood, and poorly supported across systems. This includes the need to establish a shared and consistent language, increase access to supports, ensure services are visible to both families and professionals, and that responses are culturally appropriate for those they are intended to support.

Respondents emphasised the need to strengthen awareness of CPVA and improve access to support, highlighting the importance of addressing safety risks for caregivers and families impacted by CPVA. The findings point to gaps in workforce capability, unclear pathways, limited specialist services, and fragmented system responses that often leave families without timely or effective support.

Addressing these challenges will require coordinated action, including strengthening recognition of CPVA as a form of family violence, improving training and guidance, and ensuring services are accessible, culturally responsive, and capable of responding to complex needs. Greater system alignment, alongside investment in early and appropriate support, is essential to reduce harm and improve outcomes.

Ultimately, making CPVA more visible and better understood is critical to supporting the safety and wellbeing of tamariki, parents, and whānau. A sustained, collaborative approach is needed to ensure families are no longer navigating this issue alone.

Study Limitations

CPVA is not widely understood or consistently named within professional settings. Some practitioners may not have engaged with the survey or may have been unsure how to respond, which may have further limited participation. Despite these limitations, the survey captures a wide range of professional experience and provides valuable insight into current understandings of CPVA and how it is responded to across services.

The survey was led by VisAble, a disabled-led organization, and the survey was primarily distributed through disability sector networks using newsletters, social media, and word of mouth. As a result, most respondents were professionals working in disability and neurodiversity services. Given the dearth of research highlighted in the report, future studies should seek to include professionals from a broader range of services and sectors. Doing this will ensure a better understanding of CPVA and facilitate the sharing of effective responses across different professional contexts.

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Appendix 1. Resources

Resources and Tools Needed to Support Whānau Experiencing CPVA

Respondents consistently identified the need for practical, accessible, and CPVA specific resources to support whānau effectively. There was strong emphasis on improving knowledge, training, and clarity, with many practitioners reporting uncertainty about how to recognise CPVA, how it differs from parenting challenges or typical developmental behaviour, and what supports are available. The absence of clear pathways, fragmented service responses, and limited specialist services were seen to undermine timely and safe interventions. Respondents also highlighted the importance of whānau centred, non punitive supports, coordinated interagency responses, and resources that reduce stigma, build understanding, and enable early intervention.

Suggested resources and tools included:

Training and workforce capability

- CPVA specific training across sectors, including recognising CPVA, contributing factors (e.g. disability, trauma, development), and safe responses
- Ongoing workforce development, specialised supervision, and shared cross sector learning

Screening and assessment

- Simple CPVA screening tools
- Assessment tools that help identify safety risks, contributing factors, and support needs for parents/caregivers and the child or young person involved, without assigning blame
- Clear guidance to distinguish CPVA from parenting challenges or typical developmental behaviour

Clear pathways and coordination

- Clear, CPVA specific referral pathways and flowcharts from disclosure to support
- A single referral point or designated lead crisis response agency
- Interagency coordination frameworks and facilitated, whānau centred meetings

Information and navigation

- Up to date local and national service directories
- Clear articulation of agency roles, responsibilities, and thresholds
- Transparent information about waitlists and service availability

Whānau friendly resources

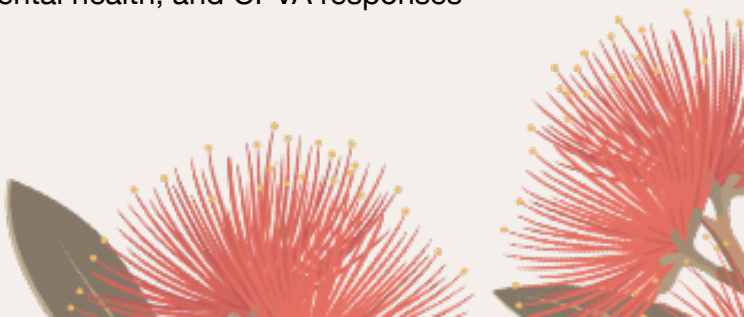
- Plain language handouts and visual resources explaining CPVA, support options, and next steps
- Websites, videos, and online tools designed to reduce shame and stigma and encourage help seeking

Practical and crisis supports

- In home support and non police crisis response options
- Respite and care support for parents and carers
- Access to advice and safety strategies during acute situations

System and service improvements

- Dedicated CPVA funding and resourcing
- More specialist CPVA providers and NGOs
- Culturally appropriate, anti oppressive frameworks
- Stronger integration between disability, mental health, and CPVA responses



About VisAble

Our focus includes tāngata and whānau whaikaha Māori, disabled people, Adults at Risk, tagata sa'ilimalo and āiga tele, d/Deaf and neurodivergent people, and their families. This includes parents and caregivers living with Child to Parent Violence and Abuse (CPVA), who may be at risk themselves.

VisAble supports safer communities by providing advice, guidance, networking, training, resources, and follow up support, and by working across sectors to raise awareness of the impacts of family and sexual violence (FVSV) on disabled people and their whānau. We support organisations to strengthen their capability to prevent, identify, and respond effectively to violence, abuse, and neglect.

Partnering effectively with disabled people and their whānau is central to achieving safe and meaningful outcomes. Our work includes:

- supporting services to become more inclusive and accessible for disabled people
- strengthening safeguarding / whakahaumarutia capability across FVSV prevention and response sectors
- providing specialist safeguarding advice, skills, and resources to organisations responding to situations of concern
- promoting the rights of disabled people
- co developing culturally safe, whānau centred strategies

VisAble's commitment to Te Tiriti o Waitangi underpins all our work and supports equitable outcomes for Māori. We also uphold our commitment to Pasifika and disabled communities who experience significant and ongoing inequities.

For more information about VisAble, visit:

https://www.visable.co.nz/about-us

VisAble is a disabled-person-led organisation based in Aoteatoa 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 whaikaha Māori and whānau, tagata sa'ilimalo and āiga-tele, d/Deaf, neurodivergent, and Adults at Risk.

VisAble
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