CHILD TO PARENT ABUSE

Using Solution-Focused and Trauma-Informed Principles to Support Family Safety and Healing

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Family Based Solutions | Safer Society Foundation

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Before we begin

When you hear 'child to parent abuse', what is the first thing you notice in yourself?

Add one word or short phrase in the chat

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What we will be able to do by the end

- Recognise presentations and influences, including trauma, family violence, neurodivergence and wider systems
- Apply solution focused and trauma informed principles that promote safety, collaboration and hope
- Use practical strategies and questions that reduce blame, build on strengths and support change
- Reflect on professional responses to improve assessment, intervention and multi agency practice

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A pattern, not a single incident

Child to parent abuse can include repeated behaviour that creates fear, changes how family members live, or shifts power in the home.

Physical	Emotional	Financial	Controlling
Hitting, pushing, threats, damage	Humiliation, intimidation, coercion	Taking money, demands, damage to property	Rules, monitoring, restricting family life

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Conflict and abuse are not the same

EVERYDAY CONFLICT

- Disagreement can move both ways
- Repair remains possible
- No one reorganises life around fear
- Boundaries may be tested

ABUSIVE PATTERN

- Fear or intimidation shapes decisions
- Power becomes increasingly one sided
- Others adapt to prevent escalation
- Impact continues beyond the incident

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What remains hidden can be missed

Parents may minimise or delay disclosure because they fear…

- being blamed for their child's behaviour
- criminalising or losing their child
- judgement from family, community or professionals
- the violence becoming worse after disclosure

Silence is information about safety, shame and trust — not proof that nothing is happening.

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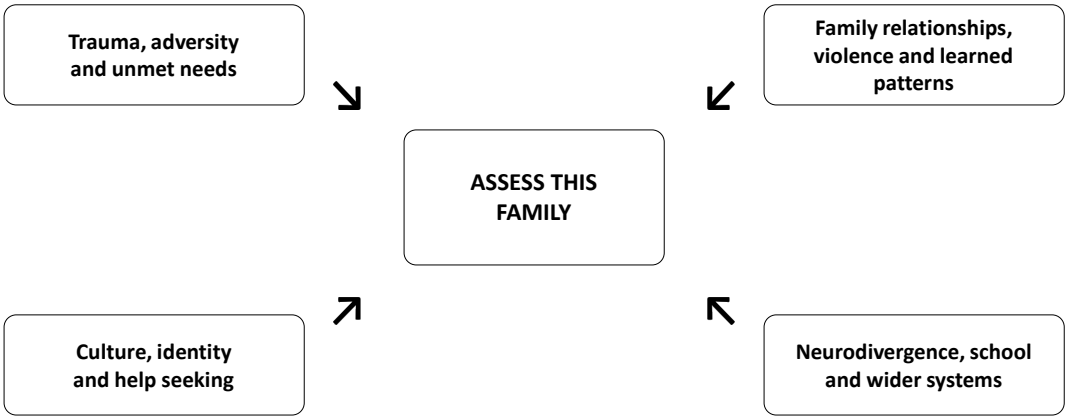
Context shapes the pattern — but never predicts a family



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How the cycle can become reinforced



The calm can reduce immediate danger while leaving the underlying pattern unchanged.

Interrupt the cycle through safety, regulation, accountability, connection and different responses.

Not every family experiences every stage, or experiences them in this order.

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Trauma can explain behaviour without excusing harm

A trauma informed question is not:

‘What is wrong with this child?’

It asks:

‘What has happened, what is happening now, and what supports safety?’

Understanding the function of behaviour and protecting family members must happen together.

Neurodivergence changes the support needed — not the right to safety

- communication differences
- sensory overload
- rigidity and transitions
- executive functioning demands

Ask what the behaviour communicates

Then adapt pace, language, environment, expectations and recovery time — while keeping safety boundaries clear.

Accountability works best when it is specific and possible

1 **Name the behaviour**

Describe what happened without defining the child by it.

2 **Name the impact**

Make safety and the experience of others visible.

3 **Find the next safe action**

Agree something observable the child can do differently.

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Case example: what do you notice first?

A parent reports that her 15 year old son shouts, blocks doorways and damages property when she says no. She has stopped inviting relatives home and sometimes gives him money to prevent escalation. He has recently been excluded from school and is waiting for an autism assessment.

In the chat: What needs attention now? What information is still missing?

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Assessment must hold risk and possibility

SAFETY AND RISK

- ☐ Who is afraid or being harmed?
- ☐ Frequency, severity and escalation
- ☐ Weapons, strangulation, threats or stalking
- ☐ Siblings and other household members
- ☐ What happens when boundaries are set?

STRENGTHS AND CHANGE

- ☐ When is the problem less intense?
- ☐ Who can influence safety?
- ☐ What is already being managed?
- ☐ What matters to each person?
- ☐ What would a small improvement look like?

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PAUSE

Take a breath.
We will return to conversations that create movement.

Please return at the agreed time

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Engagement begins with the way we see people

Parents are not the problem.

Children are not the problem.

The pattern is the problem.

Families bring knowledge, survival, values, hopes and moments when the problem has less influence.

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Language can either narrow or open the conversation

'Why did you do that?'	→	**'What was happening just before?'**
'She refuses to engage.'	→	**'What might make this feel safer or more useful?'**
'He is manipulative.'	→	**'What does he hope will happen when he does this?'**
'Nothing works.'	→	**'What has stopped things becoming even worse?'**

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Start with what the family hopes will be different

What are your best hopes from us talking together?

Listen for the difference the change would make in everyday life

- How would you notice?
- Who else would notice?
- What would you be doing instead?
- What would that make possible?

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Coping questions reveal ability under pressure

How have you managed to get through the moments that felt impossible?

What did that take from you?

How did you stop it becoming even worse?

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Exceptions show us the pattern is not fixed

Tell me about a recent time when the problem could have taken over — but did not.

What was different?	**What did you do?**	**How did others respond?**	**How could more of that happen safely?**

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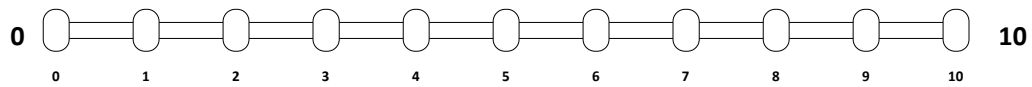
Scaling turns 'better' into something observable



Where are things now?

What puts you there and not lower?

What would one point higher look like?

Scale safety, confidence, hope, readiness or progress — not the person.

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Demonstration: a conversation after an incident

PRACTITIONER

Listen for:

- the family's words
- safety and accountability
- coping and exceptions
- one small next step

OBSERVER

Notice:

- what the practitioner does not assume
- where hope enters
- how blame is reduced without minimising harm

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Safety planning must fit real family life

- ☐ early signs and predictable pressure points
- ☐ safe spaces, exits and access to help
- ☐ siblings, pets and other family members
- ☐ who can be contacted and when
- ☐ what professionals will do if risk increases

A plan that depends on a frightened parent perfectly managing the child is not a safety plan.

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Parents need support without being made responsible for all change

VALIDATE

Name fear, exhaustion, grief and courage without reinforcing hopelessness.

STRENGTHEN

Notice protective action, boundaries, knowledge and moments of influence.

CONNECT

Reduce isolation and build a network that shares responsibility.

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Children need dignity, clarity and a route back into relationship

- See the child beyond the harmful behaviour
- Ask what matters and what they want to be different
- Name impact clearly and calmly
- Build regulation and communication options
- Notice repair, responsibility and safer choices

Compassion and accountability are partners, not opposites.

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Multi agency work should reduce fragmentation

Shared language	Describe behaviour, impact, risk and context consistently.
Shared safety	Agree thresholds, actions and who holds each responsibility.
Shared direction	Keep the family's hoped-for change visible across plans.
Shared learning	Review what is working, not only what has gone wrong.

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Return to the case: build the first response

In small groups or in the chat, agree:

1. The first safety question

2. One question for the parent

3. One question for the young person

4. One multi agency action

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Professional reflection is part of safe practice

Which response do you move towards under pressure?

Rescue	Control	Withdraw	Blame	Stay curious

What helps you remain calm, clear and collaborative when risk and emotion are high?

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Choose one change you can use immediately

Complete one sentence:

In my next relevant conversation, I will…

Make it small, observable and within your influence.

Optional: share your sentence in the chat

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What we want you to take away

- Look for patterns of fear, power and impact — not labels alone.
- Understand trauma, adversity, relationships and wider context while maintaining accountability.
- Treat families as knowledgeable partners with strengths and hopes.
- Use practical questions that make safer, meaningful and sustainable change possible.
- Build coordinated responses so families do not carry the problem alone.

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Selected references

- Condry, R. & Miles, C. (2014). Adolescent to parent violence: Framing and mapping a hidden problem. Criminology & Criminal Justice, 14(3), 257–275.
- Coogan, D. (2011). Child-to-parent violence: Challenging perspectives on family violence. Child Care in Practice, 17(4), 347–358.
- Holt, A. (2016). Adolescent-to-parent abuse as a form of domestic violence. Trauma, Violence, & Abuse, 17(5), 490–499.
- Simmons, M., McEwan, T., Purcell, R. & Ogloff, J. (2018). Sixty years of child-to-parent abuse research. Aggression and Violent Behavior, 38, 31–52.
- Toole-Anstey, C., Keevers, L. & Townsend, M. L. (2023). A systematic review of child to parent violence interventions. Trauma, Violence, & Abuse, 24(2), 1157–1171.
- Adil, A. & Lettieri, J. (2026). Understanding Child to Parent Abuse: Recovery through Solution-Focused Brief Therapy. Routledge.

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Safety. Collaboration. Hope.

Questions and reflections

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