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Fractured Bonds: Understanding and Responding to Adult-Child to Parent Abuse in London

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Executive Summary

Fractured Bonds: Understanding and Responding to Adult-Child to Parent Abuse in London presents critical research into a hidden yet pervasive form of family harm. This nine-month study combined academic research with innovative practical trials to understand how adult-child to parent abuse (ACPA) manifests across London and to test approaches for more effective intervention. This research was commissioned by the Mayor's Office for Policing and Crime (MOPAC) and was delivered by a partnership of researchers and practitioners led by Equality Collabs.

Our Research Journey

The study employed a comprehensive three-phase approach to build a complete picture of ACPA in London:

Literature Review: Initial research revealed that ACPA exists at the intersection of multiple disciplines, including gerontology, psychiatry, and domestic abuse studies. The review highlighted significant gaps in understanding how ACPA uniquely manifests and the limitations of current frameworks in addressing it effectively.

Fieldwork: The team engaged directly with those affected by and responding to ACPA through surveys with 61 professionals and 17 parents/carers, in-depth interviews with 14 professionals and 7 parents, and a multi-agency case review session involving 28 stakeholders examining 6 anonymised cases. This fieldwork illuminated the lived experiences of families and the challenges professionals face in responding to ACPA effectively.

Practical Trials: Building on these insights, a 16-week trial was implemented across 17 London boroughs in partnership with Islington Council, Central North West London NHS Trust (CNWL), and Waythrough (DVIP services). The trial tested practical interventions including specialist training, new assessment approaches that focus on addressing unmet needs in the family to mitigate risk, and enhanced multi-agency coordination approaches.

Key Findings

Prevalence and Hidden Nature: ACPA remains significantly unrecognised across services despite the serious harms it causes. Analysis of CNWL healthcare data in the trial revealed nearly half (48%) of ACPA cases were not classified as domestic abuse but general safeguarding (CNWL NHS Trust, 2024-25), while panel observations demonstrated widespread inconsistency in identification and response.

Distinctive Family Dynamics: The research revealed complex emotional dynamics that distinguish ACPA from other forms of domestic abuse, particularly when coupled with the adult-child's high levels of need, as was often the case. This fundamental relationship difference requires unique approaches to intervention.

Mental Health Crisis: A striking pattern emerged across all research phases showing the critical intersection between mental health and ACPA. Healthcare data revealed cases of

mutual suicidality between parents and adult children, with panel chairs also noting the high prevalence of serious diagnoses (schizophrenia, psychosis, delusions) and sectioning in many cases.

Service System Failures: Families described persistent struggles to access support. The transition between child and adult services emerged as a particularly critical gap, with professionals noting this period is frequently linked to dis-engagement.

Intersectional Barriers: The research revealed significant additional barriers faced by minoritised families, including cultural stigma, language barriers, and immigration concerns. The absence of culturally appropriate services and independent interpreters frequently leaves these families particularly vulnerable and isolated.

Innovative Solutions Tested

The practical trials revealed several promising approaches:

The *ACPA Family Needs and Risks Tool*: Co-created with Islington Council, this innovative tool enables a significant shift in how services approach ACPA cases. Rather than viewing adult children solely through a criminal justice lens, the tool facilitates a deeper understanding of how unmet needs drive harmful behaviour while maintaining focus on the parent/wider victims' safety and their desired outcomes. Panel chairs reported it "transformed their discussions" and helped identify patterns and intervention opportunities that might otherwise be missed. The tool's intersectional design specifically captures factors like immigration status, disability, and cultural contexts that significantly impact risk and intervention planning.

Enhanced Healthcare Identification: CNWL's conducted a systematic review of incident reporting and modified their risk assessment to include caring responsibilities as a risk factor. The findings show that ACPA presents across diverse healthcare contexts, from talking therapies to specialist services like neurology and cardiac care, and often involves complex care dynamics and high levels of mental health need for both parents and adult-children.

Professional Capacity Building: Pre- and post-training evaluations across all three trial sites demonstrated significant improvements in professionals' understanding and confidence. Before training, most participants rated their knowledge as minimal, while afterwards, the majority claimed to have "a lot" of knowledge, suggesting targeted training can enhance practice. However, it is important to emphasise that while training provides a foundation, it is no substitute for embedded organisational understanding and best practice. The trial revealed that a holistic, system-wide approach is necessary for sustainable improvement in ACPA responses.

Recommendations

Based on these findings, we propose 16 detailed recommendations spanning strategic systems-level change and operational practice-level improvements:

Strategic Recommendations (Systems-Level Change)

1. Establish "Adult-Child to Parent Abuse (ACPA)" as the recognised terminology across London services, with clear guidance on its relationship to domestic abuse and contextual usage guidance.
2. Develop an integrated, person-centred framework that recognises ACPA within safeguarding and domestic abuse frameworks while acknowledging its unique dynamics, including joint protocols, dedicated risk assessment pathways, whole-family assessment tools, and clear information-sharing guidance.
3. Establish dedicated pathways between domestic abuse/safeguarding and mental health services, including joint assessment protocols and lowered thresholds for ACPA cases.
4. Commission specialist ACPA advocacy roles to test their efficacy within adult social care and domestic abuse services to support parents through complex multi-agency systems.
5. Reform MARAC and similar high-risk frameworks to better capture ACPA dynamics earlier, with clear thresholds and pathways appropriate to familial abuse.
6. Develop a London-wide ACPA strategy with minimum standards for identification, risk assessment and response, while allowing for local adaptation.
7. Implement standardised data collection systems across all London boroughs to accurately measure ACPA prevalence, including mandatory case categorisation in case management systems. This will be also essential data for commissioning specialist ACPA services.
8. Commission integrated child-to-parent abuse services that cover both CAPVA and ACPA, with specific transitional support for the 16-25 age group.
9. Commission dedicated research to understand how intersectionality impacts experiences of ACPA and access to support services, with particular focus on ethnicity, sexuality, disability, age, and immigration status.
10. Conduct a wider practical implementation pilot of the ACPA Needs and Risks Tool across multiple London boroughs, with a formal review after one year.

Operational Recommendations (Practice-Level Change)

11. Develop culturally-aware early intervention programmes specifically for ACPA families, focusing on relationship repair and addressing underlying needs before crisis.
12. Create emergency disruption protocols including respite accommodation, rapid mental health assessment, and short-term separation strategies that do not criminalise perpetrators.
13. Adapt existing risk assessment tools or develop new ones that capture the unique dynamics of ACPA, particularly around care responsibilities and mental health.
14. Develop practice guidance for key agencies (including police, healthcare, and housing) on addressing intersecting issues of care needs, substance use, mental health, housing, intimate partner abuse in ACPA cases.
15. Map and formalise ACPA referral pathways across London, ensuring clear entry points and transitions between services.
16. Implement standardised, culturally-aware ACPA training for frontline staff across sectors, with clear protocols for identification and response.

A Path Forward

This research demonstrates both the urgent need for system-wide change and the significant potential for effective interventions. Increased awareness represents a crucial first step in improving responses.

The practical trials showed that targeted interventions can make a meaningful difference. Islington Council's adoption of the ***ACPA Family Needs and Risks Tool*** for all repeat domestic abuse cases demonstrates how innovation can be embedded into existing systems.

The value of specialist 'by and for' organisations was consistently highlighted throughout the research. Their intrinsic cultural understanding, linguistic accessibility, and established community trust facilitate better engagement and disclosure from families experiencing ACPA. The findings emphasise the importance of investing in and collaborating with these services as an integral part of a comprehensive, culturally sensitive approach.

With appropriate resources, training, and tools, services across London can develop more effective responses to this challenging form of abuse. The findings provide a foundation for transforming how London understands and addresses ACPA, ensuring families receive the coordinated, compassionate support they need. As one parent poignantly expressed: "We want help for our children, not punishment"– a sentiment that must guide system reform.

Introduction

"Everywhere I went no-one could help, no one understood whilst I was suffering, and my son was suffering. My son even asked what is it that he needs to do to get help."

— Parent

Adult-child to parent abuse (ACPA) represents one of the most complex, challenging, and frequently overlooked forms of family harm.[1] It exists at the intersection of domestic abuse, adult safeguarding, mental health, and criminal justice frameworks, often falling through the gaps between services designed around more recognised forms of harm. Parents experiencing violence and abuse from their adult children frequently struggle to access appropriate support, facing significant barriers including feelings of shame, service thresholds, and the absence of specialised provision.

This report presents the findings of an ambitious project commissioned by the Mayor's Office for Policing and Crime (MOPAC) and delivered by Equality Collabs to develop a comprehensive understanding of ACPA in London, and to test practical approaches for addressing it. Conducted over 9 months, this work combines rigorous research with practical innovation to build an evidence base for more effective responses to this hidden form of abuse.

Our work has been guided by three key questions:

- How does ACPA manifest in London, and what is its prevalence, characteristics, and impacts?
- What are the current responses to ACPA across statutory and specialist services, and what gaps exist in provision?
- What approaches show promise for improving identification, prevention, and intervention in ACPA cases?

To address these questions, we have undertaken three interconnected phases of work presented as the report's three main chapters:

Literature Review: A comprehensive examination of existing research on ACPA, drawing from diverse disciplines including criminology, gerontology, psychiatry, and domestic abuse studies to establish what is already known about this issue.

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[1] *A Note on Language:* Throughout this report, we use the term 'adult-child to parent abuse' (ACPA) to encompass all forms of harmful behaviour by adult-children towards their parents, carers and parental figures (such as step-parents, in-laws, grandparents). This includes both intentional and unintentional violence and abuse. This terminology choice aims to balance feedback from our fieldwork, where parents expressed wanting factual language (although "abuse" will not resonate with all), and professionals expressed wanting a universal term that allows them to take action within pre-existing statutory frameworks. We strongly advocate for professionals to be sensitive and flexible in their language when working directly with families, taking cues from how families describe their own situations and relationships.

Fieldwork: In-depth engagement with both professionals and parents/carers affected by ACPA to understand lived experiences, service journeys, and the perspectives of those working with families.

Trial of Interventions: A 16-week practical trial across 17 London boroughs, testing innovative approaches to improving ACPA responses across local authority, healthcare, and specialist service settings.

Throughout this work, we have centred the voices of parents and carers affected by ACPA. Their experiences, insights, and recommendations have shaped our understanding and guided our approach to developing practical solutions. We have also worked closely with professionals across multiple agencies to ensure our findings reflect the realities of frontline practice and the constraints of current service systems.

The findings presented in this report reveal both significant challenges in current responses to ACPA and promising opportunities for improvement. They highlight the need for more nuanced frameworks, specialised tools, enhanced professional capacity, and stronger multi-agency coordination. Most importantly, they offer practical pathways for transforming how London responds to this complex form of family abuse.

This report is structured to guide the reader through our journey of understanding and innovation. It begins with a comprehensive literature review, exploring what is already known about ACPA from international research. This is followed by our fieldwork findings, presenting the lived experiences of families and professionals in London. We then detail our trial of interventions across different service contexts, before concluding with practical recommendations at both the systems level and the operational level.

By bringing together robust evidence with practical insight, this report aims to catalyse a step-change in how London understands and addresses ACPA. In doing so, we hope to ensure that no parent or carer experiencing abuse from their adult-child has to echo the words of the parent quoted above – that instead, they find a system ready to understand their experiences and provide the help they and their family need.

Chapter 1 | Literature Review

Research Context and Methodology

The research landscape surrounding adult-child to parent abuse is complex and fragmented, spanning multiple disciplines and often hidden within broader fields of study. The primary fields that cover this topic are gerontology, elder abuse (Block and Sinnott, 1979) and psychiatry, specifically in studies of family experiences of living with someone with serious mental illness (Spoiler and Toller, 2024). However, despite extensive research on elder abuse prevalence, the specific issue of 'violence and abuse against parents' is often obscured. This is because many surveys fail to differentiate between types of familial perpetrators, simply categorising them as 'family members'.

Similarly, there is a significant body of research on adult violence and abuse towards parents that is embedded within research on 'family violence against caregivers', evidencing that parents constitute most victims in such cases (Solomon et al., 2005). Equally, a joint report by Adfam and Against Violence and Abuse (AVA) '*Between a rock and a hard place'* (2011/2012) illuminates parents and families experiences of ACPA in the context of alcohol and substance misuse. Whilst ACPA is statutorily defined as a form of domestic abuse (see *Section 2: Definitions*), much of the domestic abuse research focuses on abuse perpetrated by partners or ex-partners, with little attention given to the unique relational dynamics that underpin adult-child to parent abuse. This makes it difficult to develop targeted interventions and policies (Johnson et al., 2020).

Given the disparate nature of the literature, this review aims to bring together and synthesise existing research, policies, and interventions related to ACPA and its potential relevance to the London context – of which there is limited specific literature. By adopting a broad methodological, inclusive approach, we conducted an extensive literature review using multiple academic databases, employing carefully selected keywords to capture the diverse disciplines and topics in which ACPA is situated.

Crucially, we extended our search beyond academic sources to include relevant policy documents, research reports, and other grey literature from specialist third-sector organisations. This approach was particularly valuable given that ACPA is an under-researched area. Grey literature often provides community-based insights and practical perspectives that may not yet be reflected in academic research, making it an essential component of our review. Furthermore, grey literature is especially important in addressing intersectionality within ACPA, since many community-based organisations and specialist services have developed multifaceted understandings of how gender, ethnicity, sexuality, disability, and socioeconomic status intersect to shape experiences of adult-child to parent abuse. These insights, often captured in reports, policy briefs, and service evaluations, provide the crucial context that may be missing from more traditional academic sources.

Key Findings

Definitions

Defining adult-child to parent abuse and measuring its prevalence is a challenge due to differences in terminology, definitional criteria, research samples, and reluctance to disclose (Brennan et al., 2022). Broadly speaking, child-to-parent violence and abuse refers to a pattern of behaviour involving verbal, financial, physical, and/or emotional means to practice power and exert control over a parent, causing the parent to adapt their behaviour to accommodate the child (Holt, 2015). Common abusive behaviours include name-calling, threats to harm self or others, attempts at humiliation, property damage, theft, and physical violence. However, almost all definitions of 'child to parent violence' have been based on understandings of *adolescent* violence towards parents, and we need to be mindful that current definitions may not necessarily reflect the abusive dynamic within adult-child to parent relationships.

Although the current cross-government definition of domestic abuse in England and Wales encompasses both intimate partners and family members, it has been recognised that there is a dearth of research into adult family violence generally, and abuse of parents in particular. This lack of research attention has contributed to the invisibility of adult-child to parent abuse and has hindered theoretical development in the field. As Westmarland (2015) notes, "a disservice is being done by subsuming… parent abuse under the heading of domestic violence in definition and policy. This has almost certainly contributed to its invisibility and the relative lack of research attention and therefore theoretical development."

Indeed, older people's experiences of family relationships and 'non-intimate coercive control' is still largely underexplored and underdefined (Quinlan et al; 2023). Their safeguarding and social needs may be overlooked, due to social constructions of older people's perceived care and/or retirement needs (Hamilton and Harris, 2023). For younger parents, there is another set of definitional challenges as their children transition from child to adult services, and from "children using harmful behaviour" to "violent perpetrator", and many families fall through the cracks (Nguyen Phan, 2021; Rutter, 2024; Brennan et al., 2022).

The challenges of defining what ACPA is, and who is affected, has posed challenges to the advancement of an integrated response for families and practitioners (Rutter, 2024; Arias-Rivera, 2020; Mould, 2016). Service providers struggle to define and/or recognise adult-child to parent abuse, and adult-child to parent abuse may be experienced differently by individual families, further adding to the challenge of definition and identification.

Prevalence

There are a range of methods to measure prevalence of adult-child to parent abuse such as national crime data, elder abuse survey data, police recorded data, and homicide data (Appendix 1), yet all have limitations. The Crime Survey for England and Wales (CSEW) for the year ending March 2023 (Office for National Statistics, 2023) estimate that 2.1% of all people aged 16 to 59 years experienced domestic abuse *by a family member* in the last year. This translates to 41% of domestic abuse victims reporting this form of abuse. The overall prevalence rate for domestic abuse victimisation in the past year was 5.1%. Of those

victims, 68% reported abuse from an ex/partner, and 41% reported abuse from a family member (some victims reported abuse from both, so there is an overlap).

However, there is shared consensus amongst specialists that domestic abuse is extremely under-reported and that national statistics do not capture the extent of the issue. This invisibility is further compounded by a lack of statistical breakdowns of which "family members" are perpetrating the abuse. Until very recently CSEW data was limited to people aged 59 years and under, thus excluding a significant proportion of individuals who are likely to experience abuse from adult family members, and in particular, adult-children (Montique, 2019).

The limitations across prevalence measures create a significant evidence gap that hampers our understanding of adult-child to parent abuse, its true scale, and patterns across different demographics. This statistical invisibility directly affects policy development, resource allocation, and service design. Without accurate prevalence data, adult-child to parent abuse remains under-recognised in policy frameworks and underfunded in practice responses. The partial picture we do have - particularly the homicide statistics where parents represent a quarter of domestic homicide victims - suggests that the issue is both serious and substantial. Addressing these data gaps is not merely an academic exercise but an urgent practical necessity to ensure the safety of vulnerable parents across diverse communities and to develop proportionate, targeted interventions that effectively reduce harm.

Victim Responses and Harms Caused

Responses to adult-child to parent abuse

Much like intimate partner abuse and child and adolescent to parent violence and abuse (CAPVA), adult-child to parent abuse is often steeped in shame, denial, social isolation, self-blame and guilt which prevents parents from seeking-help (Ariyo, 2020; Holt, 2015; Wilcox, 2012; Gallagher 2004).

Specific barriers to self-identifying the abuse and disclosing include:

- Belief that behaviour may only be temporary, so it is not worth reporting.
- Racial, cultural and religious beliefs, generational narratives about help-seeking.
- Fear of the child and the potential repercussions of disclosure (e.g., the child severing the relationship, including relationships with grandchildren).
- Fathers may not disclose due to social constructs around men and masculinity.

Research suggests that this manifests into a typical victim's response that consists of a combination of actions and inactions. Smith's (2015) analysis of mothers in the US who experienced violence from their adult-child found that actions included finding alternative living arrangements for their adult-child, avoiding potential triggers, and seeking help from law enforcement for safety planning or protection orders. Inactions were often driven by feelings of powerlessness, fear of consequences for both the child (e.g., homelessness, prosecution) and for themselves (e.g., overwhelming guilt). A comprehensive review by

Fraga Dominguez et al. (2021) identified various barriers to help-seeking in cases of elder abuse, many of which are relevant to adult-child to parent abuse. These barriers include:

- Individual barriers: e.g., socio-economic dependency, self-blame.
- Familial barriers: e.g., family reluctance to disclose, strained relationships.
- Religious barriers: e.g., belief in Karma.
- Institutional barriers: e.g., lack of awareness, limited access, lack of trust.

The review highlighted that help-seeking is less common in cases of emotional abuse and neglect, and in cases when the perpetrator is a close family member. Victims are more likely to seek help when they perceive the situation as critical in terms of intensity, seriousness, or frequency, or when they fear for their own or the perpetrator's immediate safety. Informal sources of help (e.g., friends and family) are generally preferred over formal sources, especially when the perpetrator is a family member. Formal help, when sought, includes health professionals, specialist services, social workers, and legal professionals, with police involvement often seen as a last resort.

Analysis of domestic homicide reviews (DHRs) from parricide cases provides additional insights into victims' responses. For example, Bracewell et al. (2021) found that assumptions were often made by services regarding the dynamics of mother-child relationships, with mothers assumed to have more control within the caregiving context. This often led to abuse dynamics being missed and the suitability of caregiving relationships not being questioned. The study also highlighted that perceived stigma around mental health issues, by both perpetrators and victims, acted as a barrier to help-seeking or help-accepting.

Harms caused by adult child to parent abuse

There is little research on the impact of ACPA on victims and their families. However, combining what we know about (a) the impact of domestic abuse on victims, (b) the impact of CAPVA on victims (Baker and Bonnick, 2021; Holt, 2015), and (c) learning from DHRs of parricide cases (e.g., Bracewell et al, 2021), the impacts are likely to be extensive and multifaceted, as outlined below:

Mental Health: Anxiety, depression, stress, and loss of sleep; Self-medication with drugs or alcohol to cope.

Physical Health: Physical injuries, sometimes requiring hospitalisation. In extreme cases, this can escalate to homicide, as evidenced by parricide statistics.

Finances: Loss of income and property damage; Financial abuse.

Family Relationships: Severe strain on family relationships, leading to social withdrawal of both the victims and other family members, including siblings and partners.

Perpetrator Impact: Physical injuries, psychological harms (guilt, exhaustion), financial losses, and damaged family relationships.

Long-term Consequences: Children living in households where domestic abuse occurs are at increased risk of developing long-term health problems and trauma, potentially perpetuating the cycle of violence.

Care Dynamics: There are often complex care dynamics at play where victims are carers for perpetrators (usually for mental illness) or perpetrators are carers for victims (usually for physical health). This co-dependency adds layers of complexity to the abuse situation.

System Failures: The harms caused are often exacerbated by systemic failures, e.g. a lack of carers' assessments and re-assessments are a barrier to accessing the right level of support, as well as a lack of joined up working which connects support of victims and support of perpetrators.

The harms caused by ACPA are significant, impacting both the victims and the perpetrators. Victims endure severe physical, psychological, and emotional damage, including injury, isolation, depression, and fear. Perpetrators are also affected by their use of violence, which can escalate and have broader impacts on their relationships and mental health (Hackney, 2022).

Drivers and Context: Understanding Why Adult-Child to Parent Abuse Occurs

The drivers and context of adult-child to parent abuse are complex, multifaceted, and highly sensitive for individuals, families and communities. They involve a range of risk factors such as the age of the adult-child using ACPA (Close et al., 2022) and potential pathways from childhood to adulthood, which necessitate detailed exploration (see Appendix 2). It is important to note that the contexts and drivers identified by no means determine the occurrence of adult-child to parent abuse. Rather they help us to target key intervention points that serve to break the cycles of violence and abuse.

Pillemer et al. (2016) identified several strong risk factors for elder abuse through an international scoping review:

- **Victim-related risks:** functional dependence/disability, poor physical and mental health, cognitive impairment, and low income/socioeconomic status.
- **Perpetrator-related risks:** mental illness, substance misuse, dependency on the victim.
- **Situational risks:** shared living arrangements between perpetrator and victim.

Whilst Pillemer et al's (2016) review did not specifically focus on adult-child to parent abuse, many of these factors are relevant to adult child-parent relationships. Notably, contemporary research has shifted from the 'caregiver strain model' to a recognition that perpetrators, particularly adult-children with mental health problems, may be dependent on their victims.[2]

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[2] The caregiver strain model is a theoretical framework used to understand situations where individuals providing care experience significant stress, burden, or adverse outcomes as a result of their caregiving responsibilities. For more information, see Zarit et al., 1980; Pillemer & Suitor, 1992.

Schiamberg and Gans (1999) identified specific characteristics in elder abuse cases involving the adult child-parent dyad:

- Perpetrators more likely to live with parents
- Risk of violence increases with the perpetrator's age
- Lack of caregiving experience or reluctance to take on the role
- History of substance misuse, mental health problems, and/or family violence
- Dependency within the child-parent relationship (in either direction)

Research into parricide cases by Bracewell et al. (2021) identified additional contexts and drivers unique to this extreme form of adult-child to parent violence and abuse:

- Perpetrator mental illness and substance use (both alcohol and drugs)
- History of perpetrator criminal behaviour
- Perpetrator childhood trauma
- Financial and housing issues (for both victims and perpetrators)
- The dynamics of care (a relational-contextual factor)
- Forced living arrangements (e.g., through partner separation, job loss, or release from prison)
- Co-dependency, with both parents and adult children having care and support needs

The heightened risk involving shared living arrangements has been identified in each of these studies[3]. This has relevance in relation to trends regarding adult-children living with their parents, particularly in London. The most recent Census data (2021) tell us that 22.4% of UK families have at least one adult child living with them. This equates to 4.9 million adults living with their parents, and this number has increased by nearly 15% from the previous Census in 2011. In London, this proportion rises to more than one in four (26.8%) families having at least one adult living with their parents, which is the largest proportion of any English region (ONS, 2023). Thus, there is a trend of adult-children increasingly residing with their parent(s), and this trend is particularly prominent in London.

Gender also plays a significant role in adult-child to parent abuse, with clear patterns emerging across multiple data sources. The literature demonstrates that mothers are disproportionately targeted as victims. Metropolitan Police Service (MPS) data reveals that 69% of victims in child-to-parent violence cases are female (Brennan et al., 2022), and mothers comprise 53% of parent victims in domestic homicides recorded between 2020-2022 (ONS, 2023).

Perpetrator patterns are even more pronounced, with sons overwhelmingly represented. Sons constituted 91% of perpetrators in parental homicide cases (ONS, 2023), while MPS data showed 81% of those reported for child-to-parent violence offences were male (Brennan et al., 2022). This aligns with Wildman et al.'s (2022) findings that mothers were

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[3] This is not to say that non-resident adult-children do not perpetrate abuse against their parents, but that its prevalence has not been sufficiently documented.

the most likely victims of violence perpetrated by individuals with serious mental illness against family members.

These consistent patterns across different data sources strongly suggest that adult-child to parent abuse follows similar gendered dynamics to other forms of domestic abuse, despite the unique parent-child relationship context. Holt (2016) confirms this pattern in the broader child and adolescent to parent violence and abuse (CAPVA) literature. This gendered reality has significant implications for risk assessment, intervention design, and service provision, suggesting that ACPA should be understood within broader frameworks of gender-based violence while acknowledging its distinct familial dynamics.

Transitions from CAPVA to ACPA

The transition from child and adolescent to parent violence and abuse (CAPVA) to adult-child to parent abuse (ACPA) is a critical period that highlights the need for a more fluid, dynamic approach to understanding and addressing family violence (Simmons et al. 2018). This perspective is echoed by Chard (2021) and McManus and Ball (2023), who advocate for a whole-family approach that is multidisciplinary and capable of assessing risk continuously rather than as a static factor. The transition from child to adult services is a significant life event that can be particularly challenging for families experiencing violence and abuse.

This transition is influenced by various factors, including additional needs, care-leaver status, involvement in the criminal justice system, and/or experiences of exploitation or coercion (Holmes and Smale, 2018a). Practitioners often struggle with the shift in approach required when working with individuals transitioning to adult services, particularly in terms of empathy, resources, safeguarding practices, and the change in consent requirements (Brennan et al., 2022).

Nguyen Phan (2021) captures the complexity of this transition through the experiences of mothers facing filial abuse:

> *"As mothers' experiences of filial abuse blurred the lines between childhood, adolescence, and adulthood, between victims and offenders, children and abusers, they stressed the need for a system which would recognise continuity and interconnectedness."*

This statement highlights the need for a multi-layered, continuous approach to supporting families through the transition from CAPVA to adult-child to parent violence and abuse. It is important to note that families experiencing adult-child to parent abuse are often not recognised until they reach a crisis point. Prior to this, support may come from various sources, including mental health services, substance abuse programmes, or organisations like the Samaritans and Age UK, particularly for adult-dependents with additional support needs.

The parricide literature provides additional insights into the challenges of transitions. As mentioned earlier, system failures such as a lack of joined up working and the prioritisation

of mental health and substance abuse over domestic abuse in assessment work have been identified followed DHRs of parricides (Bracewell et al, 2021). This highlights the importance of recognising interdependencies and providing continuous support through transitions to avoid losing sight of the abuse dynamics as focus shifts to other presenting issues. Similarly, the importance of carers' assessments and re-assessments has been noted in recognition that risk is dynamic and can change significantly during transition periods (Bracewell et al., 2021).

Addressing the transition from CAPVA to ACPA requires a contextual and transitional perspective that recognises the unique circumstances of each family (Cocker et al., 2021; Holmes and Smale, 2018a). This approach should aim to bridge the divide between child and adult social care services and safeguarding, ensuring continuous support for families experiencing ongoing violence and abuse. It should also consider the potential for escalation of violence during these transition periods and implement appropriate risk assessment and management strategies.

Intersectionality

While direct research into intersectionality within ACPA is limited, insights from violence against women and girls (VAWG) and domestic abuse frameworks provide crucial understanding of how intersecting identities and systems of oppression significantly impact survivors' ability to access effective support. Drawing from these broader frameworks, we can infer that intersectionality plays a critical role in shaping experiences of adult-child to parent abuse and access to services. For example, LGBTQ+ survivors report high levels of concern about potential mistreatment by services or lack of understanding of their identities (Carlisle & Withers Green, 2023), noting the need for specialised, culturally competent services in addressing adult child to parent abuse.

Immigration status emerges as another crucial factor. The Home Office itself (2024) acknowledges that insecure immigration status can create several barriers for victims of domestic abuse, including dependence on abusive partners, limited access to public funds, fear of deportation, and complexity of immigration rules. These barriers likely extend to ACPA cases, highlighting the need for comprehensive support that addresses both the abuse and the broader social and legal challenges faced by victims.

Specialist 'by and for' organisation Imkaan (2016) proposes several key elements for effective intersectional interventions in VAWG, which could be adapted for ACPA. These include reflective practice, comprehensive service provision, inclusive policy and commissioning, creation of safe spaces, and a holistic approach to addressing systemic inequalities.

Importantly, 'by and for' organisations led by minoritised survivors are often better equipped to address complex intersecting needs. However, they face significant barriers due to socio-political climates and structural obstacles, such as lack of funding (Imkaan, 2018).

The parricide literature provides additional insights into intersectionality in extreme cases of ACPA. In their analysis of minoritised victims and perpetrators of domestic homicide,

Chantler et al (2023) highlight several key intersectional factors that require consideration in addressing this hidden harm:

Language and communication: The use of family members or friends as interpreters in domestic abuse contexts can be problematic, ignoring power imbalances and potentially placing victims at greater risk.

Trust in services: A lack of trust and fear of mainstream services can be a significant impediment to help-seeking for minoritised victims.

Cultural norms and expectations: Family dynamics, expectations, and help-seeking behaviours can vary significantly across different cultural groups. However, equally concerning is when services and practitioners display an uncritical acceptance of supposed cultural norms related to domestic violence and abuse – assuming that abuse is part of a victim's "culture" and therefore accepting rather than challenging reports of abuse.

Mental health stigma: Perceived stigma of mental health issues by both perpetrators and victims can act as a barrier to help-seeking or help-accepting, intersecting with cultural (un)acceptance around mental illness in some cases.

Age and gender: Benbow et al. (2019) noted that ageist assumptions often led to missed opportunities, as practitioners often considered older people to be at lower risk of victimisation. This intersects with gender, as mothers were often assumed to have more control within caregiving contexts (Bracewell et al., 2021).

Disability and care needs: The intersection of age, gender, and disability was evident in cases where there was co-dependency, with both parents and adult children having care and support needs (Bracewell et al., 2021).

There is a critical need for an intersectional approach in ACPA. Such an approach would ensure a comprehensive and nuanced risk assessment and intervention strategy, recognising the complex interplay of factors such as gender, sexuality, ethnicity, immigration status, age, disability, and socioeconomic background (Hackney, 2022). Moving forward, there is a clear need for dedicated research into how intersectionality specifically impacts experiences of adult-child to parent abuse and access to support services. This would enable the development of more effective, inclusive, and responsive strategies to support individuals and families affected by adult-child to parent abuse, ensuring that no one's experiences are overlooked or marginalised in the process of intervention and support.

Policy Context: England and Wales

The policy landscape for ACPA spans multiple frameworks but contains significant gaps. While the Domestic Abuse Act 2021 includes violence towards parents as a form of domestic abuse when it involves those aged 16 and older, it fails to capture its unique dynamics (Papamichail and Bates, 2019). Adult safeguarding mechanisms under the Care

Act 2014 only apply when parents meet vulnerability criteria, creating protection gaps (Care Act, 2014).

Three critical limitations undermine effective responses:

1. **Fragmented policy frameworks**: Cases fall between domestic abuse, adult safeguarding, criminal justice and mental health system frameworks, leading to inconsistent responses (Home Office, 2015).
2. **Institutional biases**: Chantler (2022) found domestic abuse risk assessments were less likely in familial abuse than intimate partner abuse cases, with familial abuse rarely reaching MARAC. Benbow et al. (2019) identified ageist assumptions reducing perceived risk for older victims.
3. **Service gaps**: Specialised support services are severely lacking, while criminal justice approaches may deter help-seeking (Home Office, 2015). Mental health responses often focus solely on perpetrators' needs without addressing abusive behaviour (Mental Health Act, 1983/2007).

Domestic Homicide Reviews (DHRs) highlight the urgent need for improved risk identification in adult family violence (Sharp-Jeffs and Kelly, 2016), better recognition of caring dynamics (Montique, 2019), and clearer staff guidance for responding to parent abuse (DHR: Olga and Victor, 2019).[4]

Intervention Approaches and Their Efficacy

While research on ACPA interventions specifically is limited, several approaches show potential for adaptation to this context.

Multi-agency interventions like *The Drive Project* demonstrate promise through coordinated approaches that sustain reductions in high-risk perpetration up to a year after closure (Drive Partnership, 2020). **Multi-Agency Risk Assessment Conferences (MARACs)** offer structured forums for information sharing in high-risk cases, however Chantler (2022) found that domestic abuse risk assessments and assessments of relational risk were less likely to be carried out in the context of adult family abuse than in intimate partner abuse contexts. Familial abuse was also less likely to be seen at a MARAC.

Non-Violent Resistance (NVR), while primarily used with younger children, shows potential for adult contexts through its focus on empowering parents and de-escalation techniques (Coogan and Lauster, 2020). However, further research is needed to confirm efficacy with adult-aged children.

Current **risk assessment tools** present significant limitations. DASH may underestimate risk for older people with health problems (Benbow et al., 2019) and is often inappropriately

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[4] See Appendix 3 for further information regarding policy limitations and statutory framework intersections, and Appendix 4 for the 'Olga' and 'Victor' DHR case study.

applied to adult-child to parent abuse cases (McManus et al., 2017). Newer tools like DARAT show potential for improved accuracy (Hampshire and Thames Valley Police, 2022).

The complex needs often present in these cases require **integrated approaches** addressing mental health and substance abuse alongside abusive behaviour (Bracewell et al., 2021). **Carer support interventions** are essential, with regular reassessments needed to account for changing dynamics (Bracewell et al., 2021).

Educational interventions for professionals have shown effectiveness in related contexts like elder financial abuse (Harries et al., 2014) and could improve identification and response to ACPA.

Effective interventions will likely be multi-faceted, culturally informed, and adaptable to the unique dynamics of adult child-parent relationships, balancing support with accountability.

From the Literature to the Field

This literature review has highlighted the multifaceted nature of adult-child to parent abuse, revealing significant gaps in understanding and response. Four critical areas require further investigation: professional perspectives on identification and intervention; survivor experiences and help-seeking journeys; family dynamics including impacts on siblings and extended family; and the availability and effectiveness of specialised services in London.

The research base has illuminated the gendered nature of this abuse, with mothers disproportionately victimised and sons predominantly perpetrating harm. It has also exposed fundamental policy gaps, with cases falling between domestic abuse, adult safeguarding, mental health and criminal justice frameworks. While some intervention approaches show promise, particularly multi-agency responses and specialist risk assessment tools, their effectiveness in ACPA contexts remains largely untested.

These insights have informed our fieldwork approach, which seeks to address these knowledge gaps through direct engagement with professionals, parents and carers, and service providers across London. By investigating how ACPA manifests in practice, we aim to develop evidence-based recommendations for a more coordinated, culturally-sensitive response that better meets the needs of affected families. The following chapter details this fieldwork methodology and presents key findings that complement and extend the literature reviewed here.

Chapter 2 | Fieldwork

The literature review established that adult-child to parent abuse represents a significant yet under-researched form of family violence. While existing research provides valuable theoretical frameworks, it reveals substantial gaps in our understanding of how ACPA manifests, specifically within London's diverse communities and service landscape (Holt and Shon, 2018; Brennan et al., 2022). The fieldwork component of this study was therefore essential to develop contextually relevant insights that go beyond the limited existing literature.

Methodology

This study employed a mixed-methods approach to gather comprehensive insights from parents/carers and professionals into ACPA in London. The research design incorporated both quantitative and qualitative methods, including surveys, interviews, and a multi-agency case review session.

Professionals' Survey: An online survey was distributed to professionals across various sectors in London who might encounter ACPA in their work, including social workers, healthcare professionals, police officers, and domestic abuse specialists. The survey aimed to assess understanding and confidence in addressing ACPA, availability of referral pathways, challenges in risk assessment, terminology used, and data collection practices. The survey included both closed and open-ended questions, allowing for quantitative analysis and qualitative insights. A total of 61 professionals from 27 London boroughs responded to the survey, with the largest number of responses coming from domestic abuse and health services.

Parent/Carers' Survey: A separate survey was designed for parents and carers who have experience of ACPA, focusing on personal experiences, impact on family dynamics, interactions with support services, and barriers to seeking help. The survey was distributed via specialist support organisations working directly with families, who shared the survey in-person and online. This was to ensure the participants had embedded support in place. The survey included a mix of multiple-choice and open-ended questions to capture both quantitative data and rich, personal narratives. A total of 17 parents/carers completed the survey, all women aged between 37 to 65 years old. Of those, 59% of participants were biological parents, 29% were adoptive parents, and 12% were informal carers or special guardians. The majority of the women were white (88%), spoke English as their first language (94%) and did not have disabilities or support needs (82%).

Despite the survey being about adult-children, 6 of the respondents shared their experiences of child and adolescent to parent violence and abuse (CAPVA) from young people aged between 11 to 15. We have used this insight to inform how we contextualise transitions between CAPVA and ACPA, but for the fidelity of the study, we have not included the data in this chapter's insights. Of the remaining participants, 50% of adult-children were male and 50% were female. All of the adult-children had additional support needs, ranging from complex trauma, to physical disabilities, ADHD and autism. Parents and carers described

over half (58%) of their adult-children as having a recognised serious mental health condition.

Multi-Agency Case Review: The session brought together 28 stakeholders from diverse professional backgrounds including police, social care, healthcare and specialist domestic abuse services to examine ACPA cases in London. Six anonymised case studies were presented and discussed, with strict confidentiality protocols adhered to throughout. The session aimed to map families' journeys of ACPA manifestation, help-seeking and barriers to support; identify effective support strategies; pinpoint missed opportunities for intervention; and co-create recommendations to inform the trial. This data was subjected to applied thematic analysis to identify key patterns and issues emerging across the cases.

Interviews with Professionals: In-depth, semi-structured interviews were conducted with 14 professionals representing various sectors, including domestic abuse services, mental health, hospital-based VAWG leads, social care, and law enforcement. These interviews allowed for more detailed exploration of themes identified in the surveys and case review session. Participants were invited to interview on the basis of representing a breadth of agencies across a range of London Boroughs, and being the person in their organisation who ACPA cases would usually fall under.

Interviews with Parents: The parent interviews were conducted with 7 individuals who had direct experience of ACPA. These participants were carefully recruited through partnerships with specialist support services, ensuring a diverse range of experiences and backgrounds were represented – although all participants who self-selected for the interviews were women. The parents were between the ages of 40 to 76; 43% spoke English as their second language; 86% were the biological mothers and 14% were adoptive mothers. Their children were aged between 18 to 46; 57% were sons and 43% were daughters.

The interviews were semi-structured, allowing for flexibility in exploring each participant's unique journey while still covering key lines of enquiry. The interview guide covered topics such as the participants' experiences of ACPA, their help-seeking behaviours, interactions with support services, barriers to accessing help, and their perspectives on what effective support should look like.

A thematic analysis approach was used to identify key themes and patterns across all qualitative data. This analysis focused on understanding the lived experiences of parents/carers, professional perspectives, challenges faced, and suggestions for improving support and interventions for ACPA. The research team worked collaboratively to develop and refine themes, ensuring they accurately represented participants' experiences and viewpoints.

To ensure safe and informed engagement, participants were provided with clear information about the study, gave informed consent, and were reminded of their right to withdraw at any time. Support resources were made available, and follow-up check-ins were conducted by the parents' known support services to ensure their well-being after interviews.

Limitations of the study include the self-selection bias which potentially produces a non-representative sample and the absence of perpetrator and wider family perspectives. While

this study purposely adopted a London-specific focus, it may limit its applicability to other regions. Despite these constraints, the multi-method approach combining professional and lived experience perspectives provides an important foundation for understanding the reality of ACPA in London – one that should continue to be built upon.

Key Findings

Understanding and Conceptualisation of ACPA

The research revealed varying perspectives on terminology and frameworks used to describe adult-child to parent abuse. Parents and carers expressed mixed feelings about terminology, with some finding terms like "adult-child to parent harm, violence and abuse" acceptable, while others preferred alternatives.

One parent expressed discomfort with the term "violence", suggesting "harmful and challenging behaviour" as a preferable alternative (Parent Interviews). Another emphasised the importance of retaining the term "violence" to prevent denial of the severity of the situation (Parent Interviews). Concerns were also raised about the term "abuse", with one parent stating, "It implies the child is choosing to hurt their key adult. I never ever believed it was a choice. It is a maladapted way of showing how they themselves were struggling." (Parent/Carer Survey).

Among professionals, there was debate about whether ACPA should fall under the domestic abuse framework. While some supported its inclusion, others felt it was distinct enough to warrant its own category. One professional noted, "I don't think it's helpful to sit in the DV arena because the relationship between a parent and a child is a very different relationship than between boyfriend, girlfriend, partners, husband, wives, or intimate relationships in that sense." (Professional Interview).

However, professionals in statutory services, namely police and healthcare, argued that it is important for ACPA to sit within the domestic abuse framework to achieve professional focus and training in highly stretched services. Survey data showed that 66% of professional respondents felt they had a good understanding of ACPA, but terminology varied widely, suggesting a lack of standardisation across the sector.

Manifestations and Impacts of ACPA

The research uncovered a wide range of manifestations of ACPA, revealing its profound impact on individuals, family dynamics, and overall family functioning. Physical abuse was frequently reported, ranging from pushing and spitting to more severe incidents involving weapons. One parent described, "He beat me up two months ago, it was quite bad and frightening, a really bad attack, he has not done that for a long time." (Parent Interview).

Verbal, emotional, and psychological abuse were commonly reported, including gaslighting, manipulation, and creating an atmosphere of fear and intimidation.[5] Property damage and financial abuse were also frequently mentioned, adding financial stress to already strained family situations.

The impact on family dynamics was profound, with siblings' lives often "put on hold" to protect parents. One parent highlighted, "The impact on siblings needs to be taken into account. Like this, the system is creating people with long term disabilities due to the traumatising effect living with a violent sibling has on them." (Parent/Carer Survey).

Parents reported significant negative effects on their physical and mental health, with one parent sharing, "A lot of the illnesses I have, they're not illnesses, but their conditions are stress related. Diverticulitis, cystitis, I can't even think at the moment. But a lot of them, they're stress-related and they get worse when I'm really stressed of course." (Parent Interview).

Help-seeking Behaviours and Barriers

Many parents reported long-standing efforts to seek help, often beginning when their children were very young. These efforts typically involved reaching out to a wide range of services, including schools, Child and Adolescent Mental Health Services (CAMHS), social services, GPs, and police. One parent's experience exemplifies this: "I reached out to the school. I reached out to CAMHS. I reached out to a lot of people because I didn't know how to control his behaviour." (Parent Interview).

However, these persistent efforts to seek help were often met with substantial barriers. Long waiting lists for services emerged as a major obstacle, with one parent expressing their frustration: "EVERY SINGLE THING has been a battle. It's a constant fight for support for her/us and it's exhausting." (Parent/Carer Survey).

Age restrictions and the transition between child and adult services emerged as another significant barrier, particularly for families dealing with older teens or young adults. As one parent explained of her experience trying to access support, "Because of her age, the answer was no... because she's now classed as an adult." (Parent Interview).

Shame, cultural factors, language barriers, and fear of consequences also emerged as significant barriers to help-seeking. Many parents worried about being blamed for the situation or about potential consequences for their adult children if they reported the abuse. Concerns about their child facing homelessness or criminal charges often outweighed their own need for safety and support.

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[5] Gaslighting is a form of psychological manipulation in which a person makes someone question their own perception of reality, sanity or memories. People experiencing gaslighting often feel confused, anxious, and unable to trust themselves.

Service Landscape and Gaps

The research revealed a complex and often challenging landscape regarding the availability and accessibility of specialised services for ACPA. Both parents/carers and professionals highlighted significant issues in accessing appropriate support. The availability of specialised services for ACPA appears to be limited and inconsistent across different areas, with one professional noting, "Many of these families when they needed support, these specialist organisations weren't there." (Professional Interview).

Only 57% of surveyed professionals said their service works with families experiencing ACPA, with many describing their response as "signposting" or "referral" rather than direct support. This suggests a significant gap in specialised, direct intervention services for ACPA.

Major gaps identified include:

- Lack of support for young adults over 18 who are still exhibiting harmful behaviours
- Need for more intensive intervention options for severe cases
- Lack of long-term, consistent support
- Services addressing the intersection of victimisation and perpetration
- Culturally competent services, particularly for LGBTQ+ and Black and minoritised communities
- Specific categorisation for ACPA in case management systems
- Services for male victims in many boroughs
- Insufficient focus on perpetrator interventions
- Inadequate recognition of caring responsibilities as a risk factor

Professional Responses and Challenges

The research uncovered significant challenges in multi-agency working for ACPA cases. Many professionals expressed frustration with the current multi-agency approach, particularly in relation to MARAC which was described as being inconsistent across Boroughs. One professional stated, "MARAC doesn't fully understand risk... there was [an ACPA] case that I... tried to refer to MARAC and they rejected the case. They basically minimised and said there was no domestic abuse." (Multi-Agency Case Review).

The case reviews highlighted a lack of clear ownership or accountability for complex cases, with cases often being "batted around" between agencies. Coordination challenges were particularly evident in cases involving multiple support needs from mental health, substance abuse, and domestic abuse services.

Risk Assessment and Management Approaches

Many professionals expressed concerns about the suitability of current risk assessment tools, such as the Domestic Abuse, Stalking and Honour Based Violence (DASH) risk

checklist, for ACPA cases. One professional stated, "...because of the way some of the questions are phrased, it just doesn't work." (Professional Interview).

The static nature of current risk assessments was identified as a significant limitation. One professional emphasised the need for more dynamic risk assessment processes: "It should be, you know, like a living document, so things can change... I now need to reassess that assessment, and actually it's now gone up or it can go down, and that's okay, but it should be fluid, because it's still seen as a very static form, a one and done type thing." (Professional Interview).

In some cases, particularly those involving older victims, there was a tendency to underestimate the level of risk. A tragic example from the multi-agency case reviews involved a grandmother who was killed by her adult grandson after services assessed her presence as "protective" and he was placed with her.

Survey data revealed that only 63% of professionals felt confident completing risk assessments for ACPA cases, and just 54% felt confident that partner organisations could assess ACPA risk. This suggests a significant need for training and capacity-building in this area.

Training Needs

Training needs were identified in several areas, including recognising ACPA as a form of domestic abuse, cultural competence in asking culturally sensitive and relevant questions, and understanding complex dynamics such as caring responsibilities, trauma, mental health, and neurodiversity. Language and communication skills, particularly for police, were highlighted as another key area for improvement, with one professional noting, "There's no training on language at the moment. That's what I've been trying to bring in and do." (Professional Interview).

Parent/Carer Views on Intervention Efficacy

The research revealed varied perceptions of the effectiveness of existing interventions for ACPA. While some specific programmes and approaches were praised, many parents felt that overall, the available interventions were inadequate.

Parents particularly valued specialist 'by and for' services: "My son's caseworker was absolutely fantastic. She really was. She's been the only person that my son has been involved with from the professional services that my son has actually got up, met with consistently on a regular basis." (Parent Interview).

Some parents found comfort in highly practical support, such as panic alarms and window alarms being installed. One parent shared, "We had alarms put on our windows. We had a marker put in our house so that if the police were called, they knew our son had mental health issues, but also that he had a tendency to be violent." (Parent Interview).

Non-Violent Resistance (NVR) training was highly recommended by some parents, with one describing it as "life-changing." (Parent Interview). However, many parents expressed frustration with the lack of effective interventions. One parent's survey response summed up a common sentiment: "[There are] virtually none -- [just] parent blame." Short-term interventions were often seen as ineffective, with one parent questioning, "We're only allocated to be with [the service] for like, six weeks or something. Yeah, and [then] expect [the adult child] to be able to come out the other end a different person?" (Parent Interview).

Intersectionality Considerations

Much like the literature review, the fieldwork identified significant challenges faced by marginalised groups, highlighting the need for an intersectional approach. Cultural factors were identified as substantial obstacles, particularly for families from global majority backgrounds, with the research finding a reluctance to disclose abuse due to cultural stigma and fear.

Language barriers present a significant challenge in accessing services, as one survivor reported: "To be honest, I have no idea where I would go to because I've got the language barrier. I don't speak English, I don't know who I would be able to speak to and explain what my issues were." (Parent interview via interpreter).

Immigration status, age, gender, and non-traditional family structures were also identified as factors affecting experiences of ACPA and access to support. The research underscored the significant value of specialist "by and for" services in addressing ACPA when families were able to access them, particularly for marginalised and underserved communities.

Language and communication emerged as key aspects of culturally competent service delivery, with one survivor emphasising: "If there was someone who was Turkish speaking that came in and visited me and was able to speak in my own language, being able to create that connection would be much, much better. I'd feel much better, I'd feel much happier. It would improve my mental health, but also it would help me to actually make a description around domestic violence." (Parent interview via interpreter).

Recommendations from the Fieldwork and Trial Plan

The research generated important recommendations from both professionals and parents/carers affected by ACPA, which informed the subsequent trial.

Professionals' Recommendations

Professionals across sectors identified several key areas for improvement:

1. **Developing specialised frameworks and tools:** Professionals advocated for ACPA-specific risk assessment tools that better capture the complex dynamics involved. As one professional suggested, "I do think work needs to happen on having

that actual consistent assessment... some form of tool to actually understand so that people can use it and it's used properly." (Professional Interview).

2. **Improving multi-agency coordination:** Many professionals highlighted the need to move away from siloed working practices. One professional expressed the need to "get rid of the siloed approach," suggesting that "wherever the person comes in the front door, there needs to be a flow towards the right support." (Multi-Agency Case Review).

3. **Enhancing perpetrator-focused interventions:** Professionals emphasised the importance of better understanding and addressing perpetrators' complex needs, particularly around mental health and substance misuse, as part of the approach to victim safety. One professional stated, "We've got to do something radically different, and that is focusing on perpetrators and not making the risk obscure." (Professional Interview).

4. **Comprehensive training programmes:** Professionals identified the need for training that addresses both basic understanding of ACPA and its complex intersections with other factors, including cultural competence and understanding of caring dynamics.

5. **Improved transitional support:** There was significant concern about how cases are managed during the transition from child to adult services, with professionals calling for more flexible approaches that don't abruptly cease support at age 18.

Parent/Carer Recommendations

Parents and carers highlighted several priorities based on their lived experiences:

1. **Support for the entire family, including the adult-child:** Parents overwhelmingly described wanting their adult-child to receive effective support. They also highlighted the impact of ACPA on siblings and the wider family, emphasising the need for holistic approaches that address everyone's needs.

2. **Long-term, consistent support:** Many parents expressed frustration with short-term interventions, emphasising the need for sustained, ongoing support rather than time-limited programmes.

3. **Culturally sensitive and linguistically appropriate services**: Parents from diverse backgrounds emphasised the importance of services that understand and respect their cultural contexts and are accessible in their preferred languages.

4. **Practical safety measures:** Some parents valued tangible support such as panic alarms, window alarms, and home security measures that helped them feel safer in their homes.

5. **Specialist support services:** Parents highly valued services with specific expertise in ACPA.

Trial Plan

Based on these recommendations from both professionals and parents/carers, a trial was developed to test practical approaches for identifying and addressing ACPA across different service contexts in London. The trial focused on three key areas: approaches to managing needs and risks within the family, healthcare responses, and specialist service delivery.

The next chapter of this report details the design, implementation, and outcomes of this trial, which was conducted across 17 London Boroughs over a 16-week period. It examines how the recommendations from the fieldwork were translated into practical interventions and evaluates their effectiveness in real-world settings.

Chapter 3 | Trial

Building on the insights from our literature review and fieldwork, we designed and implemented a 16-week trial to test practical approaches for identifying and addressing ACPA across different service contexts. Running from October 2024 to January 2025 across 17 London Boroughs, this trial moved beyond theoretical frameworks to explore how services can effectively respond to ACPA in real-world settings.
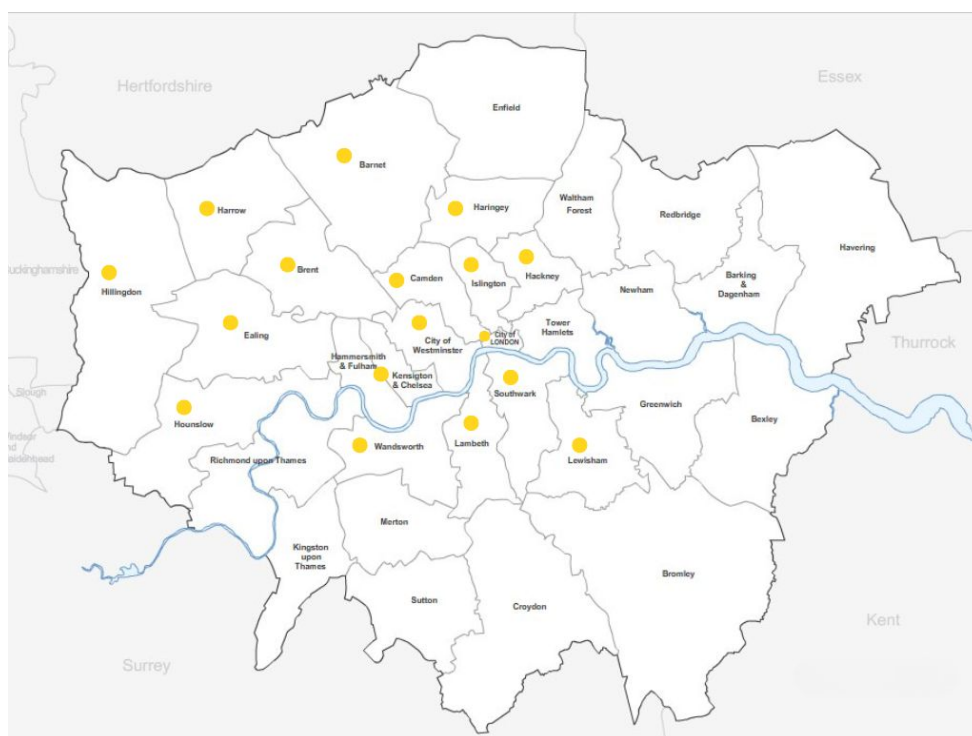
Working with three key partners – Islington Council, Waythrough (DVIP services), and Central North West London NHS Trust (CNWL) – we co-created interventions that targeted critical points in the system response to ACPA. These included enhanced professional training, a new approach to managing the needs and risks of the family, improved risk assessment tools, and systematic data collection to better understand how ACPA presents across different services.

The trial revealed both substantial challenges in the current system response and promising innovations that could significantly improve outcomes for families affected by ACPA. This chapter details our methodology, key findings, and the critical insights gained from testing different approaches to this complex form of family abuse.

Methodology

Trial Partners and Co-Creation Process

We collaborated with three key partners, each representing a crucial point of intervention for families experiencing ACPA: Islington Council, Waythrough (DVIP services), and Central

North West London NHS Trust (CNWL). A cornerstone of our methodology was the co-creation process with each organisation. Through detailed consultations, we worked together to design trials that would be both meaningful and practical within their existing frameworks. This collaborative approach ensured that the trials were tailored to each partner's specific context, constraints, and opportunities.

With **Islington Council**, the VAWG Strategy and Commissioning Manager co-led the design process, focusing on enhancing their approach to identifying and responding to family needs and risks for ACPA cases. We jointly identified the opportunity to use Islington's pre-existing perpetrator panel as our testing site, implementing several changes. Leadership of the panel was transitioned from police to VAWG specialists, and we developed *The ACPA Family Needs and Risks Tool* to address identified gaps in their response. This model was then integrated into the council's Daily Safeguarding Meetings (DSMs) to scale up the testing.

For **Waythrough**, we recognised the unique constraints posed by their active participation in the Prevent and Change (PAC) partnership across seven South London boroughs. Through discussions with their Integrated Support Services Manager, we determined that direct changes to their delivery or panels would disrupt their ongoing evaluation for PAC. Instead, we collaboratively designed a trial approach focused on practice observation and data collection, allowing Waythrough to enhance their ACPA response while maintaining the integrity of their existing programme.

With **CNWL NHS Trust**, the co-creation process involved working closely with their Domestic Abuse Prevention Coordinator to understand how ACPA presents within healthcare settings. Together, we identified opportunities to enhance risk assessment processes, particularly around caring responsibilities, and to leverage their network of domestic abuse champions for wider implementation.

Trial Components

Each partner's trial involved several key components:

Islington Council:
- Staff training to improve understanding and response to ACPA
- Perpetrator panel leadership change from police-led to being led by the VAWG Strategy and Commissioning Manager
- Introduction of a new *ACPA Family Needs and Risks Tool* to map intersecting needs and vulnerabilities over time, including identifying the adult-child's unmet needs as a way to mitigate risk and enhance family safety
- Systemic integration of the approach into DSMs

CNWL NHS Trust:
- Staff training to improve understanding and response to ACPA
- Systematic data collection through review of the Datix incident reporting system
- Risk assessment enhancement with a specific focus on caring responsibilities
- Trust-wide implementation through a network of domestic abuse champions

Waythrough:
- Staff training to improve understanding and response to ACPA
- Practice review through independent observation of PAC panels
- Data collection on ACPA referrals to understand prevalence and patterns

Training Delivery and Evaluation

All areas were offered the same webinar-style training delivered by Equality Collabs. The content covered the MOPAC research findings, ACPA definitions, drivers and contexts, risk indicators, cultural considerations, and local referral pathways.

The training reached staff across all three sites, with particularly strong engagement from CNWL who incorporated it into their 16 Days of Activism against Gender-based Violence Programme. For the Waythrough training, we extended the invitation to local substance use teams who reported dealing with significant numbers of ACPA cases. We evaluated knowledge change using pre- and post-training surveys, which revealed significant improvements in participants' understanding and confidence in addressing ACPA.

Panel Observations

A key methodology was the observation of panels taking place across the three trial sites. We observed cases across multiple panels including Prevent and Change (PAC) panels, Daily Safeguarding Meetings (DSMs), Perpetrator Panels, Domestic Abuse Perpetrator Panels (DAPPs), and Multi-Agency Risk Assessment Conferences (MARACs).

To ensure consistency, the research team used a standardised matrix tool specifically designed for this purpose. This captured key case details and how panel members responded to ACPA, enabling us to identify patterns of good practice, innovation, and challenges.

Testing New Approach to Managing Family Needs and Risks

Working with Islington Council, we co-created and tested a new approach to identifying and responding to family needs and risks in ACPA cases. This shifted focus from incident-based risk management to understanding and addressing the adult-child's underlying needs as a route to achieving parent and family safety. The ***ACPA Family Needs and Risks Tool*** was designed to complement existing victim safeguarding processes while providing a structured approach to identifying and meeting the adult-child's needs.

Partner Data Collection and Analysis

Systematic data collection across partner organisations provided insights into how ACPA presents across different service contexts. This included comprehensive analysis of incident reports, demographic data, risk assessment practices, and service responses.

Post-Trial Reflection Session with Panel Chairs

Following regular meetings throughout the project, we convened a reflection session with panel chairs from across the three trial areas. This collaborative review of experiences and outcomes helped consolidate learning and informed the development of recommendations.

Limitations of the Trial

Several limitations should be considered when interpreting the findings of this trial. The 16-week timeframe constrained our ability to measure long-term outcomes for complex ACPA cases. Implementation varied across sites, with Waythrough unable to make direct delivery changes due to their ongoing PAC project. Whilst the trial spanned 17 London boroughs, the geographic coverage may not fully represent London's diverse contexts. Additionally, resource constraints prevented implementation of some planned components, such as Islington's specialist advocate role. Despite these limitations, the trial provides valuable insights into current practice and potential approaches to addressing ACPA across different service contexts.

Key Findings

The 16-week trial across three diverse settings in London revealed significant insights into how ACPA is currently understood, identified, and addressed across different service contexts. Our findings highlight both substantial challenges in current responses and promising approaches that could significantly improve outcomes for families affected by ACPA.

Training Impact

The pre- and post-training evaluation demonstrated significant improvements in professionals' understanding and confidence in addressing ACPA. Before training, the majority of participants across all three sites rated their knowledge as "a little" or "heard of it," with only a small percentage claiming to have "a lot" of knowledge. Following training, there was a marked shift, with most participants rating their knowledge as "a lot" or higher.

This improvement suggests that even brief, targeted training can enhance professional capacity to recognise and respond to ACPA, although it is important to note that a short training session is no replacement for embedded organisational understanding and best practice.

Indeed, our training activities uncovered critical gaps in professionals' existing frameworks for understanding ACPA. In their responses to open-ended questions during training, many practitioners disclosed uncertainty about how to conceptualise ACPA. One participant noted: "I currently think this falls outside of my normal power and control model." This insight is particularly important as it suggests that while domestic abuse frameworks provide a useful starting point, they may not fully capture the unique dynamics of ACPA, pointing to the need for specialised frameworks and tools.

Through thematic analysis of training responses, we identified four main challenges professionals face when responding to ACPA:

Complex familial dynamics create significant barriers to intervention. As one professional explained during training: "parents will not want to criminalise their children and I can imagine it is a lot harder for the victim to recognise it as abuse until it gets to desperate measures." This dynamic differs from intimate partner abuse and requires different intervention approaches.

Systemic gaps in service provision leave professionals without appropriate tools. Training participants specifically noted difficulties "understanding the dynamics using a DASH form," highlighting the limitations of standard domestic abuse risk assessment tools for ACPA cases.

Layered complexities involving mental health, substance use, and housing dependencies create cases that cross multiple service thresholds but may not fully meet the criteria for any single service.

Intervention challenges around capacity and consent create ethical dilemmas. One professional articulated this challenge during training by explaining: "We can't always keep them safe if they have capacity and want to have a relationship with their child." This insight highlights the need for approaches that balance safeguarding with respect for adult autonomy.

These findings from our training activities point to a significant need for not only specialised training programmes, but adapted assessment tools, clear practice guidance for professionals working with ACPA cases, and an embedded organisational understanding of the issue.

Panel Observations and Demographics

We systematically observed 42 cases across 17 panels during the trial. Whilst this sample should not be extrapolated to the whole of London at any one time, it does reveal demographic patterns that have implications for service design and delivery.

Analysis of the gender distribution showed that 76% of perpetrators were male and 24% female, while 84% of victims were female and 16% male. This indicates a substantial gendered element to ACPA, although the significant minority of female perpetrators (24%) suggests that services need to be designed with both male and female perpetrators in mind.

Age distribution analysis revealed that perpetrators were between 19-50 years, with most concentrated in the 30-39 age range. Victims were primarily aged 40-59 years, though a significant number were older people (60+). This wide age range has implications for service design, indicating that both working-age and elder abuse frameworks may be relevant to ACPA cases.

A critical finding from our panel observations was the extent of multiple victimisation. The 42 cases we observed involved 49 perpetrators affecting 60 victims. Siblings, partners, children and other family members were often affected alongside the primary parent victim. During our post-trial reflection session with panel chairs, this was described as "multi-victimisation" – a pattern that has significant implications for risk assessment and safety planning, suggesting the need to consider the safety of the entire household rather than focusing solely on the parent-child relationship.

The ethnicity data from our observations, where recorded in panels, showed White British individuals represented 40% of perpetrators and 50% of victims, with Black African and Caribbean (30% perpetrators, 25% victims) and South Asian (15% both perpetrators and victims) communities also significantly represented. This diversity suggests the need for culturally competent services and awareness of how cultural factors may influence both the manifestation of ACPA and help-seeking behaviours.

Panel Effectiveness and Practices

Our observation of panels across different boroughs revealed significant variation in effectiveness that has important implications for practice. We found that the format and structure of panels substantially impacted their effectiveness. Panels that conducted all-day sessions often allocated insufficient time per case, sometimes as little as five minutes, leading to rushed decisions and superficial discussions. Our observation notes recorded that in these settings cases were rushed and practitioners' energy and enthusiasm naturally flags by the end of the day. This finding suggests that the common practice of holding all-day MARACs or similar panels may not be conducive to effective decision-making for complex ACPA cases.

By contrast, shorter, more focused panels like Islington's one-hour Daily Safeguarding Meetings (DSMs) generally provided more thorough case consideration, spending an average of 20-30 minutes per case. This finding suggests that more frequent, shorter meetings may be more effective than less frequent, longer sessions for complex family violence cases.

The shift to virtual panel meetings during and after the pandemic created additional challenges. Our observations found that most virtual panels suffered from limited engagement, with many participants keeping cameras off. This practice was very common and there was reduced engagement and participation from professionals, making it difficult to know panel members' roles and hampering effective inter-agency communication. This finding has implications for the future design of virtual multi-agency meetings, suggesting the need for stronger protocols around engagement.

Data quality issues were frequently observed during panel meetings, with inconsistent recording of ethnicity, age, and relationship details hampering effective case management. In some instances, this resulted in people talking at cross purposes before realising they were discussing a different case or address. This finding highlights the need for standardised data collection protocols and better information sharing systems.

Despite these challenges, our observations identified numerous examples of good practice that could be more widely adopted:

- **Effective sanctuary schemes** implementing physical safety measures such as secure locks and CCTV
- **Cultural competence** in intervention planning, particularly consideration of victims' cultural barriers
- **Proactive follow-ups** for high-risk cases, including re-listing cases to track evolving risks
- **Holistic discussions** that considered housing, mental health, and family dynamics
- **Creative problem-solving**, such as using dummy housing letters to mitigate family tensions during relocations, waiving rent arrears to enhance victim safety, and implementing gender-specific interventions to increase victim engagement.

These innovations highlight the potential for system flexibility to better meet the needs of families experiencing ACPA.

New Approach to Managing ACPA Needs and Risks within the Family

The literature review and fieldwork had revealed that traditional risk assessment and perpetrator approaches often fail to address the complex dynamics of adult-child to parent abuse cases, particularly where mental health, substance misuse and care needs intersect. Working with Islington Council, we co-created and tested a new approach that produced encouraging results.

The ACPA Family Needs and Risks Tool: Central to Islington's trial was the development and implementation of the ACPA Family Needs and Risks Tool. This innovative framework represents a significant shift in how services approach ACPA cases. Rather than viewing perpetrators solely through a criminal justice lens, the tool facilitates a deeper understanding of how unmet needs can drive harmful behaviour, while still maintaining a clear focus on parent and family safety.

The tool creates a comprehensive picture of the adult-child's needs across multiple domains including mental health, substance use, housing, and financial circumstances. By mapping these needs visually over time, it helps practitioners identify patterns and intervention opportunities that might otherwise be missed. Importantly, the tool is designed to complement, (rather than replace) existing victim safeguarding processes, operating alongside standard domestic abuse risk assessment tools.

Panel members reported that the tool helped structure discussions around complex cases and encouraged consideration of a broader range of factors that might be influencing harmful behaviour. This more nuanced understanding led to more targeted interventions that addressed underlying issues rather than merely responding to incidents.

Equality Collabs | **MOPAC** | MAYOR OF LONDON

Adult-Child to Parent Abuse (ACPA)
Family Needs and Risks Tool

Case ID _____
Lead professional _____
Last contact with client _____
Next review date _____

Contact details _____

Adult-child overview

Sex	Male
Gender	Cisgender man
Age	37
Ethnicity	White
Disability status (under Equality Act)	Disabled: Day-to-day activities limited a little
Sexual orientation	Straight/Heterosexual
Immigration complexities	Unsure
Work status	Unemployed
Housing status	Temporary accommodation
History of CAPVA	Yes - family not supported
Primary location	Islington

Victim(s) overview (mark with X)

Mother	X
Father	
Mother-in-law	
Father-in-law	X
Grandmother	
Grandfather	
Sister(s)	
Brother(s)	
Intimate partner/ex	X
Children/step-children	
Other (Fill in)	
Other (Fill in)	
Other (Fill in)	

What does a good outcome mean to the adult-child?

What does a good outcome mean to the victim(s)?

Flags in case history for high risk (mark with X)

Intimate partner abuse	X	Wider criminal behaviour	
Carer for victim(s)	X	CSE/CCE	X
Serious mental illness		Severe lack of empathy	X
Non-fatal strangulation		Pregnant partner/ex	
Substance misuse	X	Threats to kill	
Threats/harm to animals		Extreme views (inc. misogyny)	
Honour-based abuse		Stalking	
Weapons		Financial instability	
Suicide (ideation/attempts)		Extra-familial harm	
Arson		Other (Fill in)	
Insecure housing		Other (Fill in)	

Professionals currently involved (mark with X)

Police	
Adult Social Care	
Children's Social Care	
Probation	
Housing	
GP	
Crisis team	
Mental health	
Substance misuse	
DA specialists	
Perp specialists	
Education	
Employer	
Other (Fill in)	
Other (Fill in)	

Professionals who should be involved (mark with X)

Police	
Adult Social Care	
Children's Social Care	
Probation	
Housing	
GP	
Crisis team	
Mental health	
Substance misuse	
DA specialists	
Perp specialists	
Education	
Employer	
Other (Fill in)	
Other (Fill in)	

Adult-Child Needs Radar Chart

Scoring criteria:
0 = No need
1 = Very low need
2 = Low need
3 = Moderate need
4 = High need
5 = Very high need

Legend:
- 11.12.24
- 12.12.24
- (Insert date)
- (Insert date)
- (Insert date)
- (Insert date)
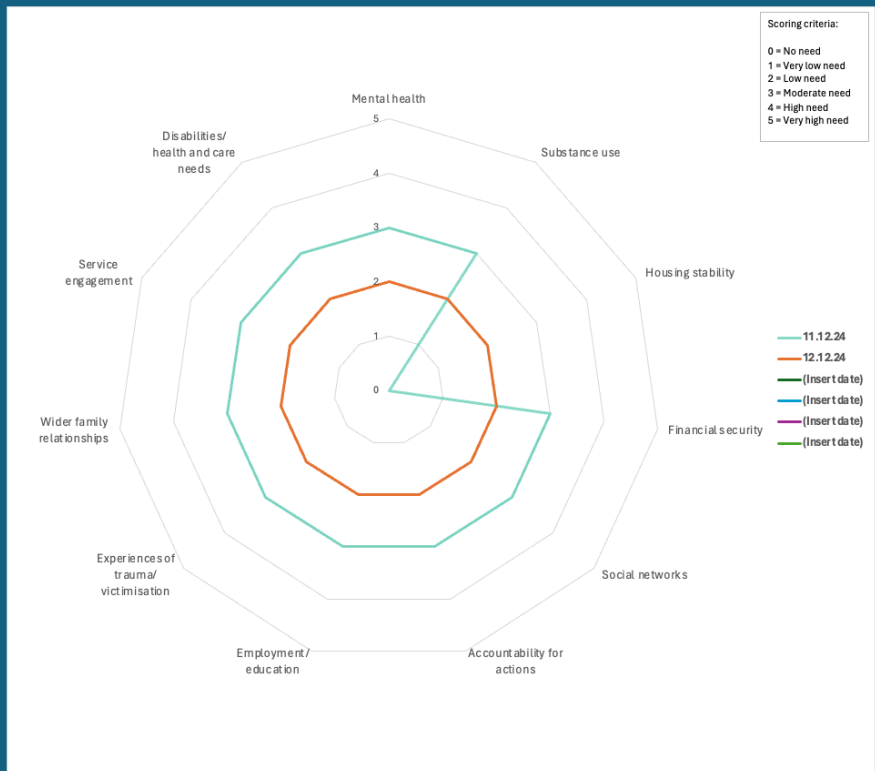
Answer the following questions as of today:

	Panel 1	Panel 2	Panel 3	Panel 4	Panel 5	Panel 6
	11.12.24	12.12.24	(Insert date)	(Insert date)	(Insert date)	(Insert date)
How severe are their current mental health needs?	3	2				
To what extent are substance use issues impacting their life?	3	2				
How unstable is their housing situation?	0	2				
How significant are their financial difficulties?	3	2				
How isolated are they from supportive social networks?	3	2				
How much do they struggle with taking responsibility for actions?	3	2				
How significant are their needs around employment/education?	3	2				
How impacted are they by past trauma/victimisation?	3	2				
How strained are their wider family relationships?	3	2				
How resistant are they to engaging with support services?	3	2				
How significant are their disabilities/health and care needs?	3	2				

| Guidelines | Needs and Risks Tool | Actions log | 🔒 Data Categories | 🔒 Assessment data | + |

Example template using the tool's main dashboard

Implementation and Leadership Changes: The successful implementation of the tool was supported by a significant leadership change within Islington's perpetrator management approach. The perpetrator panel chair role was moved from police to the VAWG Strategy Manager, signalling a shift towards more holistic discussions. This symbolic and practical change enabled conversations that better balanced enforcement with support needs.

The approach was tested both in monthly perpetrator panels and in Daily Safeguarding Meetings, helping to embed the needs-focused mindset into routine case management. Staff reported that this integration helped identify gaps in support and facilitated more coordinated multi-agency responses. By creating a common framework for discussing cases, the tool improved communication between different services and agencies.

Feedback and Impact: Islington provided valuable feedback on the tool's effectiveness. They reflected that it proved particularly effective at capturing complex intersectional needs, with "very clear guidance on steering the conversation and highlighting both multiple disadvantage and intersectional needs." The tool was described as "very user friendly," though it was noted that successful implementation required significant coordination and oversight across partnerships.

Despite its success, implementation challenges were identified. These included difficulties with adult-child engagement and particular challenges during the transition period between child and adult services, especially for the 16-18 age group and even up to 21-year-olds. Professionals in Islington noted that this transition period "is frequently linked to dis-engagement and often young people services lack the skills and training to address violence and abuse."

Looking forward, professionals in Islington suggested potential integration of the approach within MARACs, particularly for repeat perpetrators and those experiencing multiple disadvantages. However, they emphasised that successful implementation would "require resources including senior managers to keep the tool unified across all cases discussed and also to ensure the tool is not being used in a tokenistic way."

Wider Implications and Next Steps: The promising results from Islington have significant implications for how services across London might better respond to adult-child to parent abuse. The early success has led Islington to work towards adopting this approach for all repeat domestic abuse cases, restructuring their DSMs and perpetrator panel around the tool and methodology.

For wider implementation, several key areas require attention. These include dedicated resources and infrastructure to support the approach, senior management oversight to ensure consistent application across partnerships, strong strategies for adult-child engagement, and specific focus on supporting young people during the transition between child and adult services.

Professionals in Islington recommended a wider practical implementation pilot across multiple London boroughs, with a formal review after one year. This would allow for testing the approach in different contexts while developing the necessary infrastructure and training to support sustainable implementation.

This approach aligns with what families told us they want: support that addresses underlying issues while maintaining safety. As one parent noted during our fieldwork: "We want help for our children, not punishment." The *ACPA Family Needs and Risks Tool* represents a significant step towards meeting this need. Further details about the *ACPA Family Needs and Risks Tool* can be found in Appendix 5.

Healthcare Presentations

Our analysis of 46 ACPA cases recorded in CNWL's healthcare settings revealed critical insights into how ACPA presents within healthcare contexts. Perhaps the most significant finding was that nearly half (48%) of ACPA cases were not classified as domestic abuse in healthcare records. This had a direct impact on the support offered, with cases classified as domestic abuse more likely to receive domestic abuse-specific support (32% received IDVA support vs 8% of non-DA cases), while non-DA cases had higher rates of safeguarding referrals (84% vs 54.5%). This finding highlights a critical gap in recognition that likely results in inconsistent intervention and support for families.

The wide distribution of ACPA cases across healthcare settings is noteworthy. Cases were identified across talking therapies, mental health services including those aimed at older people, and specialist health services including memory services, neurology, cardiac teams and sexual health services. This diversity of presentation points suggests that training on ACPA recognition needs to be system-wide rather than focused on specific healthcare departments.

The data also revealed complex care dynamics in many ACPA situations. The high average age of victims (71.8 years) highlights the overlap with elder abuse frameworks. Caring relationships were fairly evenly distributed: 13 cases involved parent caring for adult-child, 12 cases adult-child caring for parent, and 9 cases had mutual caring responsibilities. This complexity creates challenges for healthcare professionals in balancing safeguarding with care needs and suggests the importance of considering care needs alongside abuse dynamics.

A particularly concerning finding was the high prevalence of mental health issues and suicidality among both perpetrators and victims. There were 7 cases that mentioned suicide attempts or history among adult-children, while 8 cases noted parent/victim suicidal thoughts. Cases typically involved multiple health conditions rather than single issues, suggesting ACPA may be masked by or secondary to presenting health needs. This finding points to the need for integrated approaches that address both abuse dynamics and mental health needs for all family members.

Multi-Agency Coordination Challenges

The trial highlighted significant challenges in coordinating effective responses across agencies that must be addressed for improved system response. Panel observations revealed cases being 'bounced' between agencies, with limited ownership or accountability for complex cases. This finding reflects the systemic challenge of addressing issues that cross traditional service boundaries.

Professionals reported that familial abuse cases, including ACPA, were less likely to be seen at MARAC compared to intimate partner abuse cases (Multi-Agency Case Review). This suggests a potential blind spot in current high-risk management frameworks that may be compounded by the limitations of current risk assessment tools in capturing the unique dynamics of ACPA.

The post-trial panel chairs reflection session identified unique challenges in ACPA cases compared to intimate partner abuse. Professionals reflected that victims were often under pressure to accommodate or care for perpetrators, unlike in intimate partner abuse where separation is often the safety strategy. Additionally, some professionals felt that there were key systemic issues at play, such as "adult social care focusing on tangible care needs rather than risk assessment and safeguarding". These insights highlight the need for approaches that take into account the distinctive features of parent-child relationships and the complex care dynamics often present.

Promising Innovations

Despite the challenges, the trial identified several promising approaches that could significantly improve responses to ACPA. Panel chairs participating in our post-trial reflection session reported that the trial period had significantly deepened their understanding of ACPA's prevalence and complexity. As one chair commented: "I didn't think it was that common before, now I have a big "ooompf!" about the subject!" This increased awareness is a crucial first step in system improvement.

The enhanced focus on caring responsibilities in risk assessment proved valuable in identifying previously overlooked vulnerabilities. Panel chairs reported that the ***ACPA Family Needs and Risks Tool*** transformed their discussions by "highlighting gaps and steering panel conversations," "enabling pre-meeting preparation and live updates," "identifying links between ACPA cases and multiple disadvantage," and "addressing repeat incidents effectively." This suggests that specialised tools can significantly enhance practice in this area.

The trial demonstrated the value of bringing diverse professionals together, with one panel chair summarising their experience as "partnership" and highlighting how effective information sharing often uncovered wider victimisation patterns affecting siblings, fathers, stepparents, children, and partners. This insight reinforces the importance of multi-agency approaches while suggesting the need for more effective coordination mechanisms. These findings demonstrate both the significant challenges in addressing ACPA effectively and the potential for improved responses through targeted training, specialist tools, and systems change. The early success of some elements of the trial provides a foundation for

wider implementation and development of more effective approaches to supporting families affected by this complex form of abuse.

Chapter 4 | From Insights to Action

Our trial across 17 London boroughs revealed not only the current state of ACPA response but also pointed to clear pathways for improvement. This section distils the most significant insights and their practical implications for policy makers, commissioners, and practitioners seeking to develop more effective responses to ACPA.

Next Steps for London

Recognising ACPA as a Distinct Form of Abuse

Perhaps the most fundamental insight from our trial is that ACPA requires specialised frameworks and tools that acknowledge its unique dynamics. While domestic abuse frameworks provide a useful starting point, they often fail to fully capture the complex parent-child relationships, care dynamics, and mutual vulnerabilities present in ACPA cases. This recognition has significant implications for practice. Standard domestic abuse risk assessment tools like DASH were repeatedly identified as inadequate for ACPA cases. As one professional noted during training, they struggled with "understanding the dynamics using a DASH form." The success of Islington's **ACPA Family Needs and Risks Tool**, which was specifically designed to capture the fluctuating patterns of need and risk in ACPA cases, demonstrates the value of purpose-built tools.

For policy makers and commissioners, this insight suggests the need to develop ACPA-specific practice guidance that bridges domestic abuse and adult safeguarding frameworks. For frontline practitioners, it highlights the importance of adapting existing processes to better account for the unique family dynamics present in ACPA cases.

The Critical Role of Mental Health

Our findings consistently highlighted the interconnection between ACPA and mental health issues. In the CNWL healthcare data, we found high rates of mental health problems and suicidality among both perpetrators and victims. Seven cases mentioned suicide attempts or history among adult children, while eight cases noted parent/victim suicidal thoughts. Panel observations further reinforced this connection, with mental health issues frequently featuring in case discussions. During the post-trial reflection session, panel chairs specifically highlighted "high prevalence of serious diagnoses (schizophrenia, psychosis, delusions) and sectioning" as a critical factor in many ACPA cases.

This insight has major implications for service design. The current separation between domestic abuse and mental health services creates significant barriers to effective

intervention. Innovative approaches that bridge this divide, such as CNWL's suggestion for "carer support workers to attend ward rounds and tribunals," could significantly improve outcomes for families affected by ACPA.

For commissioners, this suggests the need for joint commissioning between domestic abuse and mental health services. For practitioners, it underscores the importance of considering mental health needs alongside abuse dynamics in assessment and intervention planning.

Transitions as Vulnerable Points

Our trial identified transitions between child and adult services as a particularly vulnerable period for families experiencing ACPA. Professionals in Islington specifically noted that the "transition period is frequently linked to dis-engagement and often young people services lack the skills and training to address violence and abuse."

This finding aligns with concerns raised in our literature review about the rigid divide between children's and adult services failing to account for the complex, individualised circumstances of families experiencing ongoing violence and abuse. The concept of *transitional safeguarding* emerged as a potentially valuable framework for addressing this gap.

The practical implications are significant. Services need to develop more flexible approaches that bridge the legalistic divide between child and adult services, particularly for the 16-21 age group. This could include specific transition protocols, joint working between child and adult services, and dedicated transition workers with expertise in violence and abuse.

The Challenge of Multiple Disadvantage

Our trial revealed the complex interplay between ACPA and other forms of disadvantage. The panel observations consistently showed cases involving intersecting issues of poor mental health, substance misuse, housing instability, and financial hardship. In one innovative element of the Islington trial, panel chairs reported that the ***ACPA Family Needs and Risks Tool*** was particularly valuable for "identifying links between ACPA cases and multiple disadvantage."

This insight has important implications for how we conceptualise and respond to ACPA. Rather than viewing it in isolation, services need to adopt approaches that address the full constellation of needs and vulnerabilities present in ACPA situations. This suggests the value of holistic, whole-family approaches that can address multiple issues simultaneously.
For commissioners, this implies the need for flexible funding approaches that can span traditional service boundaries. For practitioners, it highlights the importance of comprehensive assessment that considers the full range of needs and vulnerabilities affecting both perpetrators, victims and their families.

The Importance of Cultural Competence

Our panel observations revealed significant ethnic diversity among both perpetrators and victims, with White British individuals representing 40% of perpetrators and 50% of victims, Black African and Caribbean (30% perpetrators, 25% victims) and South Asian (15% both perpetrators and victims) communities also significantly represented.

This diversity, coupled with the complex cultural factors that can influence both the manifestation of ACPA and help-seeking behaviours, underscores the importance of culturally competent approaches. Our panel observations noted some positive examples of consideration of cultural barriers in potential interventions, but this was not consistent across all panels.

The implications are clear: services need to develop approaches that are sensitive to diverse cultural contexts and that engage effectively with communities where family privacy and loyalty may create additional barriers to disclosure and help-seeking. This includes ensuring access to appropriate language support, understanding cultural norms around family relationships, and recognising the additional barriers faced by families with insecure immigration status.

From Crisis Response to Early Intervention

A recurring theme across our trial was the predominance of crisis-driven responses. Many cases observed in panels involved situations that had escalated to high levels of risk before coming to professional attention. The CNWL healthcare data showed evidence of progressive worsening of behaviour and escalation from verbal to physical abuse in many cases prior to intervention.

This insight points to the need for earlier intervention approaches that can identify and address ACPA before it reaches crisis point. The current high thresholds for service access, particularly in mental health and adult social care, create barriers to early intervention. For policy makers and commissioners, this suggests the need to invest in preventive approaches and lower-threshold services that can engage with families at earlier stages. For practitioners, it highlights the importance of recognising early warning signs and having clear pathways for early intervention.

The Value of Specialist Tools and Frameworks

Perhaps the most promising finding from our trial was the positive impact of specialist tools and frameworks designed specifically for ACPA. The ***ACPA Family Needs and Risks Tool*** used in the Islington trial was consistently praised by panel chairs for "highlighting gaps and steering panel conversations," "enabling pre-meeting preparation and live updates," and "addressing repeat incidents effectively."

This finding suggests that developing and implementing specialised tools and frameworks could significantly enhance practice across the system. Such tools need to be designed to

capture the unique dynamics of ACPA, including fluctuating patterns of risk, complex care relationships, and intersecting vulnerabilities.

For policy makers and commissioners, this suggests the value of investing in the development and implementation of ACPA-specific tools and frameworks. For practitioners, it highlights the importance of adopting specialised approaches rather than simply applying generic domestic abuse frameworks to ACPA cases.

These insights from our trial provide a foundation for transforming how London responds to ACPA. By recognising its distinctive features, addressing key vulnerability factors, bridging service divisions, and developing specialised approaches, we can create a system that better supports families affected by this complex form of abuse.

Recommendations

Based on our comprehensive research, fieldwork, and trial findings, we propose the following recommendations to improve London's response to ACPA.

Strategic Recommendations (Systems-Level Change)

1) **Establish "Adult-Child to Parent Abuse (ACPA)" as the recognised terminology across London services, with clear guidance on its relationship to domestic abuse, child and adolescent to parent violence and abuse (CAPVA), and contextual usage guidance.**

   Owner: MOPAC

   Why this is important: Inconsistent terminology creates barriers to identification, assessment and response.

   Outcome: Consistent identification and recording of cases, improved data collection, and greater public and professional awareness.

2) **Develop an integrated, person-centred framework that recognises ACPA within safeguarding and domestic abuse frameworks while acknowledging its unique dynamics. This should include:**

   - A joint protocol between adult safeguarding, domestic abuse and mental health services
   - A dedicated ACPA risk assessment pathway with modified thresholds
   - A whole-family assessment tool considering both victim and perpetrator needs
   - Clear guidance on information-sharing across services

   Owner: MOPAC in collaboration with London Councils, ICBs, and London Safeguarding Adults Boards.

   Why this is important: Cases fall between domestic abuse, adult safeguarding, and mental health frameworks.

   Outcome: Clear professional responsibilities, reduced siloed working, and more consistent responses.

3) **Establish dedicated pathways between domestic abuse/safeguarding and mental health services, including joint assessment protocols and lowered thresholds for ACPA cases.**

   Owner: London ICBs in partnership with London VAWG and Safeguarding Boards.

Why this is important: High prevalence of mental health issues in both parents and adult children with poor service coordination.

Outcome: Earlier intervention, better outcomes for families with complex needs, and reduced crisis interventions.

4) **Commission specialist ACPA advocacy roles to test their efficacy within adult social care and domestic abuse services. This is to support parents through complex multi-agency systems.**

   Owner: Local authorities with support from MOPAC and London Councils, as well as London ICBs and public health commissioners.

   Why this is important: Victims struggle to navigate complex systems.

   Outcome: Improved victim engagement, better coordinated support, and enhanced voice for victims within the system.

5) **Reform MARAC and similar high-risk frameworks to better capture ACPA dynamics earlier, with clear thresholds and pathways appropriate to familial abuse. This should include shorter and more frequent multi-agency 'ACPA action groups' with a cameras-on policy when virtual.**

   Owner: MOPAC, SafeLives and local authority partners.

   Why this is important: Cases not identified until crisis point, and the quality of their management varies considerably across frameworks.

   Outcome: Earlier identification and intervention for families, reduced escalation to high-risk cases, and improved prevention.

6) **Develop a London-wide ACPA strategy with minimum standards for identification, risk assessment and response, while allowing for local adaptation.**

   Owner: MOPAC with London Councils, London ICBs and the London Violence Reduction Unit

   Why this is important: Significant variation in responses across London boroughs.

   Outcome: Consistent quality of response regardless of location, improved data sharing and strategic planning.

7) **Implement standardised data collection systems across all London boroughs to accurately measure ACPA prevalence, including mandatory case categorisation in case management systems.**

Owner: London Councils in partnership with MOPAC and ICBs

Why this is important: Inconsistent recording practices with early research suggesting that nearly half of ACPA cases in healthcare not being identified as domestic abuse.

Outcome: Accurate understanding of prevalence, evidence-based commissioning, and better evaluation of interventions.

8) **Commission integrated child-to-parent abuse services that cover both CAPVA and ACPA, with specific transitional support for the 16-25 age group.**

   Owner: London-based commissioners with responsibility for safeguarding, health and criminal justice.

   Why this is important: Families struggle to access support and fall through gaps during transition from child to adult services.

   Outcome: Seamless support through transition periods, reduced service dropout, and improved long-term outcomes.

9) **Commission dedicated research to understand how intersectionality impacts experiences of ACPA and access to support services, with particular focus on ethnicity, sexuality, disability, age, and immigration status.**

   Owner: MOPAC in partnership with researchers and specialist 'by and for' organisations.

   Why this is important: Current understanding fails to capture how multiple identities and systems of oppression affect both experience of abuse and barriers to support.

   Outcome: More effective, inclusive, and responsive strategies that ensure no one's experiences are overlooked or marginalised in service provision and policy development.

10) **Conduct a wider practical implementation pilot of the *ACPA Family Needs and Risks Tool* across multiple London boroughs, with a formal review after one year.**

   Owner: MOPAC in partnership with researchers and selected London boroughs.

   Why this is important: Initial trial in Islington showed promising results, but wider testing is needed to understand effectiveness across different contexts and service landscapes.

   Outcome: Evidence-based refinement of the tool, development of necessary infrastructure and training for sustainable implementation, and improved risk management approaches that address complex needs while maintaining family safety.

Operational Recommendations (Practice-Level Change)

11) **Develop culturally-aware early intervention programmes specifically for ACPA families, focusing on relationship repair and addressing underlying needs before crisis.**

    Owner: Specialist domestic abuse services with support from local authority commissioners.

    Why this is important: Parents seek help early but face barriers to accessing appropriate support.

    Outcome: Reduced escalation to high-risk abuse, improved family relationships, and decreased reliance on crisis services.

12) **Create emergency disruption protocols including respite accommodation, rapid mental health assessment, and short-term separation strategies that do not criminalise perpetrators.**

    Owner: Local authorities in partnership with housing providers and NHS crisis services.

    Why this is important: Limited options beyond police during crisis situations.

    Outcome: Safer crisis management, reduced reliance on criminal justice responses, and better outcomes for families.

13) **Adapt existing risk assessment tools or develop new ones that capture the unique dynamics of ACPA, particularly around care responsibilities and mental health.**

    Owner: MOPAC and specialist domestic abuse services

    Why this is important: Existing tools like DASH do not capture the complexity of ACPA dynamics.

    Outcome: More accurate risk assessment, better prioritisation of cases, and improved safety planning.

14) **Develop practice guidance for key agencies (including police, healthcare, and housing) on addressing intersecting issues of care needs, substance use, mental health, housing, intimate partner abuse in ACPA cases.**

    Owner: MOPAC with Metropolitan Police Service, ICBs, and housing associations

    Why this is important: Simplistic and single-issue focused approaches to complex cases.

Outcome: More nuanced professional responses, better addressing of underlying needs, and improved perpetrator engagement.

15) **Map and formalise ACPA referral pathways across London, ensuring clear entry points and transitions between services.**

Owner: London VAWG leads in collaboration with commissioners responsible for safeguarding, health and criminal justice.

Why this is important: Families struggle to navigate complex systems.

Outcome: Clear journey for families, reduced dropout between services, and more efficient use of resources.

16) **Implement standardised, culturally aware ACPA training for frontline staff across sectors, with clear protocols for identification and response.**

Owner: MOPAC in partnership with specialist training providers.

Why this is important: Staff lack confidence in identifying ACPA and distinguishing it from other forms of abuse.

Outcome: Improved early identification, more confident professional responses, and increased referrals to appropriate support.

Conclusion

This ambitious piece of work has demonstrated both the pressing need and significant potential for developing more effective responses to adult-child to parent abuse. Through testing practical interventions across healthcare, local authority, and specialist service settings, the trial has revealed several crucial insights that should inform future practice and policy.

First, the prevalence and complexity of ACPA cases across all trial sites highlights the urgent need for system-wide change. The trial revealed concerning gaps in current responses, with nearly half of healthcare cases not being identified as domestic abuse and many families struggling to access appropriate support. However, it also demonstrated that targeted interventions, particularly Islington's pioneering needs-focused approach to managing needs and risks within the family, can significantly improve case handling and outcomes.

Second, the trial has shown that effective responses must address the unique dynamics of adult-child to parent abuse. The success of the **ACPA Family Needs and Risks Tool** in facilitating more nuanced, holistic discussions suggests that integrating perpetrator support with victim safety may be particularly crucial for these cases. This is especially important given the complex care relationships and mental health needs often present.

Third, the trial highlighted the vital importance of multi-agency coordination and consistent data collection. The varied presentation of cases across different services - from healthcare to housing to criminal justice - demonstrates that no single agency can effectively address adult-child to parent abuse alone. The systematic data collection undertaken during the trial has provided valuable insights into patterns of presentation and risk, which should inform future service development.

Looking ahead, this trial provides a strong foundation for developing more comprehensive responses to adult-child to parent abuse across London. The recommendations emerging from this work offer practical steps toward improving outcomes for affected families. However, implementing these changes will require sustained commitment and resources from policymakers, commissioners, and service providers.

Perhaps most importantly, this trial has demonstrated that positive change is possible. The engagement of professionals across all trial sites, their willingness to test new approaches, and the early positive outcomes observed suggest that with proper support and resources, services can develop more effective responses to this challenging form of abuse. The task now is to build on these foundations to ensure all families affected by adult-child to parent abuse can access the support they need.

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Appendix 1: ACPA prevalence data and limitations

Elder abuse survey data: The prevalence of adult violence towards parents is most commonly measured through nationwide community surveys on elder abuse. Unfortunately, few such surveys include the nature of the victim-perpetrator relationship. However, of those surveys that do include this dyad, Berman and Sachs (2011) found an elder abuse prevalence rate of 7.6 percent in the USA, with adult children as perpetrators in 20 percent of cases, and Naughton et al (2012) found an elder abuse prevalence rate of 2.2 percent in Ireland, with adult children the perpetrators in 50 percent of cases. However, it is important to recognise that elder abuse surveys such as these impose age-related parameters on the victims (usually at 60 or 65 years), which means that violence towards younger parents will not be included (Holt and Shon, 2018).

Metropolitan Police Service data*:* In the comprehensive review of CAPVA (2022) across London, which analysed all children and young people (10-24 years) reported to the MPS over a 3-year period for CAPVA-related offences, the majority were young adults: 65% were aged 19-25, 34% were aged 15-18 years, and 1% were aged 12-14 years. Reported rates were slowly decreasing across London and, at a borough level, population-adjusted rates of CAPVA-related offences revealed that Enfield, Merton, and Havering had the highest reported rates. 81 percent of those reported for a CAPVA-related offence were male, and 69 percent of victims were female. Ethnically minoritised groups made up 53 percent of all those reported for a CAPVA-related offence, with the ethnicity of victims broadly reflecting this (Brennan et al, 2022).

Homicide data*:* Recent data from the Office for National Statistics (ONS) (2023) provides alarming figures. There were 370 domestic homicide victims recorded in England and Wales in the three-year period from year ending March 2020 to year ending March 2022. Of these victims, 25 percent were parents (n=91), with mothers comprising 53 percent (n=48) of the victims. Sons were the majority perpetrators (91%).

Marginalised groups in prevalence data: Marginalised groups are particularly hidden from prevalence breakdowns. For example, we know that in domestic abuse cases more broadly, a survey by Galop (2022) found that 29% of LGBTQ+ people had experienced abuse from family members, with rates being higher for trans and non-binary respondents at 43%. Similarly, research suggests that disabled women are twice as likely to experience domestic abuse (End Violence Against Women Coalition, 2021) and a report by Women's Aid (2021) highlights that Black and minoritised women experience higher rates of domestic abuse and face systemic barriers when seeking help. Black and minoritised women are also overrepresented in refuge spaces, making up about 60% of residents despite constituting only 13% of the general population (Thiara and Harrison, 2021). However, we do not know how these dynamics play out for adult-children and parents and this requires further research.

Appendix 2: Understanding ACPA contexts and drivers

Mental health and substance misuse factors

Mental health issues and substance abuse are frequently identified as significant risk factors for adult-child to parent abuse. Serious mental illness (SMI) in adult children can have a profound impact on family dynamics and increase the risk of violence (Sporer & Toller, 2024).

For example, Wildman et al. (2022) conducted a comprehensive review of 38 research studies examining violence perpetrated by individuals with SMI against family members. Their findings revealed alarming prevalence rates of 19 percent for physical violence and 42 percent for multiple types of violence[6]. These rates were observed over a 12-month period, with mothers identified as the most likely victims. This again emphasises the gendered nature of the violence which aligns with broader patterns observed in domestic abuse literature.

Substance abuse is also consistently linked to adult-child to parent abuse across multiple studies (see Adfam, 2019; Galvani, 2017). The relationship between substance abuse and violence is complex and bidirectional. Substance use can lower inhibitions, impair judgement, and exacerbate existing mental health issues, potentially leading to aggressive behaviour. Conversely, individuals may turn to substances as a maladaptive coping mechanism for underlying mental health issues or traumatic experiences. Substance use may also lead to the escalation of conflict between family members, that may result in physical and psychological aggression.

The co-occurrence of mental health issues and substance abuse, known as dual diagnosis, can be particularly challenging. This combination can amplify the risk of violent behaviour and complicate treatment efforts (Drake et al., 2001) and parents have reported the strains related to caring for an adult child who has dual diagnosis (Guetta and Tam, 2019). Bracewell et al. (2021) found that, in parricide cases, perpetrators often had intersecting issues of criminality, mental illness, and substance use. They also noted that issues such as perpetrator mental health and substance use often took priority over domestic abuse in assessments and intervention work, potentially masking the abuse.

Childhood experiences and continuity into adulthood

Research indicates that various childhood experiences and family dynamics play a significant role in the development and continuation of CAPVA into adulthood. Early childhood trauma has been identified as a key risk factor, including for adopted children and those in kinship care (Brennan et al., 2022). This trauma can disrupt the development of

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[6] It is important to note that while these statistics are concerning, they should not lead to stigmatisation. The majority of people with mental health issues do not engage in violent behaviour. However, these findings evidence the need for targeted support for families managing the challenges associated with SMI.

healthy attachments and emotional regulation processes, potentially leading to aggressive behaviours later in life (van der Kolk, 2015).

Exposure to domestic abuse in the home is considered to be associated with an increased risk of perpetrating violence in adulthood (Home Office, 2015; GOV.UK, 2022). Growing up in an abusive home, even if not directly experiencing abuse, can normalise aggressive behaviour and impact a child's emotional development (GOV.UK, 2022; Widom, 1989).

Indeed, Adverse Childhood Experiences (ACEs) have been linked to various negative outcomes in adulthood, including an increased likelihood of perpetrating violence (Felitti et al., 1998). ACEs include experiences such as neglect, household dysfunction, and various forms of abuse. Child abuse, whether physical, emotional, or sexual, is also considered to increase the risk of perpetrating violence in adulthood (GOV.UK, 2022; Widom, 1989). This "cycle of violence" may be perpetuated through various psychological mechanisms, including trauma responses and learned behaviour patterns. Bracewell et al. (2021) found that in parricide cases, the killing of fathers often involved contexts relating to childhood abuse and experiences of domestic abuse, with fathers often perpetrating such abuse. They also noted the intersection of perpetrator childhood trauma and mental health difficulties as a significant factor.

It is important to note that while these childhood factors increase the risk of adult violence, they do not determine it. Many individuals who experience adverse childhood circumstances do not go on to perpetrate violence, highlighting the complex interplay of risk factors and protective factors in human development (Rutter, 2012). It also highlights the need for a trauma-informed response to working with perpetrators, who may well be victims themselves.

Socioeconomic and structural factors

Bracewell et al. (2021) found that the majority of perpetrators in parricide cases were unemployed and a third of victims were retired, highlighting aging as a vulnerability factor. This has also been found by Holt (2017), who analysed all parricides in England and Wales over a 36-year period and found that the risk of parricide increases for mothers as they age. Bracewell et al (2021) also noted that forced living arrangements (e.g., through partner separation, job loss, or release from prison) were a significant factor which ignites or reignites the child to parent abuse context.

Appendix 3: Policy context and limitations

The Domestic Abuse Act 2021 includes child to parent abuse for individuals aged 16 and over within its definition of domestic abuse (Domestic Abuse Act, 2021). However, this creates a tension in addressing cases involving younger persons and may not fully capture the unique dynamics of adult-child to parent abuse (Papamichail and Bates, 2019).

Adult safeguarding frameworks, primarily the Care Act 2014 in England and the Social Services and Well-being (Wales) Act 2014, provide mechanisms for protecting vulnerable adults. While crucial for elder abuse cases, this legislation may not always be appropriate for ACPA situations where the parent is not considered vulnerable under the legal definition (Care Act, 2014; Social Services and Well-being (Wales) Act, 2014).

The criminal justice system approaches ACPA through general criminal offence laws and domestic abuse provisions. However, the breadth of offences adult-child to parent abuse could fall under can lead to inconsistent responses (Home Office, 2015) and some abusive behaviours are not necessarily criminalised.

Multi-agency arrangements, such as Violence Reduction Units (VRUs), Multi-Agency Public Protection Arrangements (MAPPA), and Multi-Agency Risk Assessment Conferences (MARACs) aim to provide comprehensive responses to various forms of violence, including domestic abuse. However, Chantler (2022) found that domestic violence and abuse risk assessments and assessments of relational risk were less likely to be carried out in the context of adult family violence than in intimate partner violence contexts. Familial abuse was also less likely to be seen at a MARAC.

Mental health legislation, including the Mental Health Act 1983/2007, intersects with adult-child to parent abuse cases involving perpetrators with mental health issues. However, Benbow et al. (2019) noted that the involvement of parents in care planning for adult children with mental health problems was often limited or absent.

Key limitations across these frameworks include:

1. **Lack of specific recognition:** adult-child to parent abuse is often subsumed under broader categories like domestic abuse or elder abuse (Home Office, 2015).
2. **Age-related gaps:** The transition from adolescence to adulthood creates policy gaps (Home Office, 2015).
3. **Fragmented responses:** The involvement of multiple agencies and legal frameworks can lead to fragmented or inconsistent responses.
4. **Inadequate support services:** There is a noted lack of specialised services for families experiencing child to parent abuse, from CAPVA through to APVA.
5. **Criminalisation:** The focus on criminal justice responses may deter families from seeking help (Home Office, 2015).
6. **Overlooking capacity and consent:** Adult safeguarding approaches may not always adequately address situations where the parent has capacity but is choosing to maintain a relationship with an abusive adult child (Care Act, 2014).

7. **Mental health focus:** In cases involving mental health issues, there is a risk of focusing solely on the perpetrator's mental health needs at the expense of addressing the abusive behaviour (Mental Health Act, 1983/2007).
8. **Ageist assumptions:** Benbow et al. (2019) highlighted that ageist assumptions often led to missed opportunities, as practitioners considered older people to be at lower risk of victimisation.
9. **Lack of cultural competence:** Chantler et al. (2023) emphasised the need for culturally informed approaches, particularly in cases involving minoritised victims and perpetrators.

Appendix 4: Pseudonymised Case Studies from London-based Domestic Homicide Reviews (DHRs)

1. DHR: Olga and Victor (death 2019)

This case involves a Russian family where the son (Dmitry, 48) killed both parents (Olga, 68 and Victor, 69). Key elements include:

- Son's return from abroad and living with parents for 2 years prior to the homicide
- History of abusive behaviour in intimate relationships and towards parents
- Parents' isolation and fear of authorities due to immigration status concerns
- Economic abuse and financial dependency of the son on parents
- Limited contact with services, primarily health-related
- Language barriers and confusion in service provision due to Russian surnames

Olga and Victor were highly educated professionals who held responsible jobs in Russia before coming to the UK. Dmitry was a successful Visual Effects Engineer in New Zealand but struggled to find comparable work in the UK. The family lived in a one-bedroom council flat, with Dmitry relying significantly on his parents' pension income.

Olga went to great lengths to remain anonymous, fearing authorities could make her homeless. She told different stories to neighbours and health workers, reflecting her fear of the hostile environment policy towards migrants and refugees in the UK.

Key issues identified include:

- Lack of domestic abuse screening by healthcare providers
- Uncertainty in responding to adult-child to parent domestic abuse
- Need for improved multi-agency collaboration and information sharing
- Importance of culturally sensitive and linguistically appropriate services

2. DHR: The death of Ava by son Oliver (death 2017)

This case involves a homicide-suicide where Oliver (54) killed his mother Ava (89) before taking his own life. Key elements include:

- Mother's dementia and son's long-standing mental health difficulties
- Reversal of care roles as mother's condition deteriorated
- Son's distress over caregiver role and inability to see a future
- Controlling behaviour emerging after son became mother's carer
- Anxiety over finances and potential loss of home
- Professionals' failure to recognise control and abuse
- Complex loyalty dynamics between mother and son

Oliver had lived with his mother his entire life and had attempted suicide previously. He had not received support after this attempt due to lengthy waiting times. The son also had difficulties with alcohol use.

Initially labelled as a 'close' relationship, the dynamics changed when Oliver became Ava's carer. He became controlling, restricting her food, contact with carers and others, and insisting on being her sole caregiver.

Key issues identified include:

- Lack of support for family carers of individuals with mental health issues
- Failure to recognise controlling behaviour in the context of caregiving
- Need for better communication between mental health services and GPs
- Importance of empowering families to understand mental health diagnoses and their limitations in providing support

These case studies highlight the complex interplay of mental health, care responsibilities, financial stressors, and cultural factors in adult-child to parent abuse cases that escalate to homicide. They underscore the need for improved risk assessment, cultural competence in service provision, and better support for both victims and perpetrators in care relationships.

Appendix 5: *ACPA Family Needs and Risks Tool*: Its components, strategic value and implementation considerations

1. **Case Overview Dashboard**

   Purpose: Creates a comprehensive snapshot of the case including intersectional factors that might affect engagement or risk.

   - Captures what a good outcome means to both the adult-child and the family/wider victims
   - Captures key demographics and dates for case tracking
   - Maps all victims systematically to ensure no one is overlooked
   - Records high-risk indicators to maintain focus on safety
   - Identifies factors like disability, immigration status, and sexuality that might affect support needs

2. **Professional Network Mapping**

   Purpose: Ensures coordinated multi-agency response and identifies service gaps.

   - Records current professional involvement
   - Highlights missing but needed services
   - Supports efficient referral pathways
   - Maintains clear oversight of who is involved

3. **Needs and Intervention Impact Radar Chart**

   Purpose: Provides visual representation of needs and tracks intervention effectiveness over time.

   - Shows patterns in how different needs interact
   - Measures change in response to interventions
   - Helps identify what works and what doesn't
   - Supports evidence-based decision making about resource allocation
   - Enables comparison across different time points to track progress

4. **Structured Assessment Questions**

   Purpose: Ensures consistent evaluation of key risk and need areas.

   - Uses standardised scoring (0-5) for reliability
   - Covers comprehensive range of needs and risks
   - Enables systematic tracking between panels
   - Supports objective discussion of progress or deterioration

5. **Action Log**

Purpose: Maintains clear record of interventions and accountability.

- Documents all agreed actions
- Records outcomes and effectiveness
- Helps identify successful intervention patterns
- Supports coordinated service delivery

6. **Comprehensive Guidance**

Purpose: Supports consistent application and quality of assessment.

- Provides clear scoring criteria
- Includes practical examples
- Ensures standardised approach across services
- Supports staff confidence in using the tool

The Tool's Strategic Value and Implementation Considerations

Beyond supporting individual case management, the tool offers significant strategic value as a data collection mechanism. By systematically tracking perpetrator needs and intervention outcomes, services can build a robust evidence base of what works in adult-child to parent abuse cases. This data enables identification of common patterns and systemic gaps, informing both strategic planning and funding decisions.

However, successful implementation requires careful consideration of several key factors. The tool must be integrated thoughtfully alongside existing victim safeguarding processes and risk management approaches, with clear protocols for information sharing between agencies. This integration is vital to ensure the tool enhances rather than complicates current practice.

Resource implications need careful planning. Services must allocate sufficient time for staff to complete and update the tool, provide comprehensive initial training, and offer ongoing support. IT integration considerations are also crucial for smooth implementation within existing systems.

Perhaps most significantly, implementing the tool represents a cultural shift from incident-based to needs-focused discussions. This requires strong leadership support and clear demonstration of the tool's value to all agencies involved. Our discussions with stakeholders

revealed varying levels of readiness for this shift across different services. For example, some police services showed initial reluctance while others recognised its potential for enhancing perpetrator management.

This cultural change, while challenging, is essential for realising this approach's full potential in supporting better outcomes for families affected by adult-child to parent abuse. Indeed, early adopters like Islington are already demonstrating how this shift can lead to more effective multi-agency responses.