Executive Summary
April 2020

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Glossary of terms

ACE: Adverse Childhood Experience

APVA: Adolescence to Parent Violence and Aggression

CCVAB: Childhood Challenging Violent and Aggressive Behaviour

CPVA: Child to Parent Violence and Aggression

Child/ children: For the purpose of this report the term ‘child’, ‘children’ and ‘childhood’ recognises that:

• the notion of anyone under 18 years is also applied across legislation in England, Wales and Northern Ireland.

This means discussions about CCVAB in the home can include all children and young people under the age of 18. United Nations Convention on the Rights of the Child (UNCRC) an age is also used in legislation across England, Wales and Northern Ireland.

and if adding the Special Educational Needs and Disability (SEND) indicators, all children and adolescents up to the age of 25 years (as noted within the Children and Family Act, 2014).

DV Domestic Violence is more readily referred to as Domestic Abuse by Northumbria Police however many organisations do continue to use Domestic Violence. The use of ‘Domestic Violence’ in this report recognises that wider use is still used

EHCP: Educational Health Care Plan

NVR Non-Violent Resistance: the NVR approach began in civil right movements and has been adopted and developed to help families cope with CCVAB. NVR success is based on research studies to date and has helped support all types of families. NVR has proved significantly successful for adoptive and foster care families as well as those providing Kinship care. The purpose of Non-Violent Resistance is to identify ways in which family members can work with the child displaying CCVAB in a way that supports the child and helps de-escalate situations or CCVAB episodes. For some children previous experiences of ACEs inform their behaviour whilst for other children a diagnosis of SEND may limit their ability to discuss their feelings, leading to CCVAB occurring

Parent: for the purposes of this report we use the term ‘parent’ to mean anyone who has parental authority or is in the parental position for the child in question, rather than any biological or ‘marriage’ related relationship to the child in question.

RESPECT Respect Young People Programme (RYPP) -The RYPP is for families where children or young people aged between 10 and 16 are abusive or violent towards the people close to them, particularly their parents or carers. The programme avoids blame and works together with both the parents/ carers and young person, seeing them all as part of the solution. The programme is designed to enable families to identify negative behaviour patterns and work towards positive outcomes. The RYPP is delivered via weekly structured sessions and takes about 3 months to complete.

SEND: Special Educational Needs and Disability

VCB: Violent Childhood Behaviour
Policing Childhood Challenging Violent or Aggressive Behaviour: responding to vulnerable families

Following completion of the Domestic Homicide Review (DHR) of Sarah\(^1\) by Northumbria Police, Northumbria Police determined a proactive response was needed if they were to develop how their officers attended and reported incidents of CCVAB (otherwise known by Northumbria Police as APVA). Northumbria Police discussed potential innovative and new ways of establishing what CCVAB meant for their officers and what information could be generated to enable them to be proactive and effective in their service provision. This initiative built on the recommendation made in the DHR review of a “failure to identify domestic abuse, specifically Adolescent to Parent Violence and Abuse, and to fully recognise the risk posed by ‘Michael’”. In setting out the parameter’s for new ways of recording CCVAB Northumbria Police worked with the team to generate better insight of what CCVAB means for their force, and in this way develop the information necessary to meet Local Recommendation 2 in the DHR of Sarah:

**Safer Northumberland Partnership to coordinate a piece of work to identify the most appropriate referral pathways in future cases of APVA, and for this information to be disseminated to staff within all agencies**

The research team worked with Northumbria Police to establish an exploratory methodological approach to recording APVA incidents, which in turn could generate sufficient information to inform any future policy or procedure. To record incidents in a more detailed way a new ‘dataset’ was set out that officers could complete when they attended reports of CCVAB. This new dataset included:

- details of child’s age,
- any known or suspected SEND,
- geographical location,
- others present including siblings,
- any previous or associated records for the child/ family of incidents in the home
- CCN/ ACN notification
- Behaviour reported when requesting assistance from Northumbria Police
- Criminal activity reported when requesting assistance

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\(^1\) Safer Northumberland Partnership completed a DHR for the death of ‘Sarah’ aged 16 who was known to have CCVAB and SEND. To progress from this DHR Northumbria Police actively sought ways of developing incident responses. This proactive approach led to the new system of recording CCVAB (APVA) to be trialled. The following link provides an overview to the DHR indicated: [https://www.northumberland.gov.uk/NorthumberlandCountyCouncil/media/Child-Families/Safeguarding/Seven-Minute-Guide-Sarah-DHR.pdf](https://www.northumberland.gov.uk/NorthumberlandCountyCouncil/media/Child-Families/Safeguarding/Seven-Minute-Guide-Sarah-DHR.pdf)
♦ Action taken by officers attending including if the child was arrested
♦ Outcome following attendance by officers to the incident.

The project commenced in January 2019 and the dataset recorded incidents from March 2019 – Jan 4th 2020. To help capture a record of how many incidents were responded to officers within MASH attended multi agency awareness raising sessions and were provided with additional guidance regarding APVA as detailed within Home Office Guidance. Whilst the Guidance by the Home Office indicates an age range of 13-16 years for APVA and 16 years or older for Domestic Violence (DV), the project encouraged professional discretion for recording incidents attended during the pilot phase, this was to enable those within the MASH team to identify children under 13 years of age who were displaying CCVAB and those over 16 years of age.

It is wholly feasible that discrepancies in data generated and recorded as part of the project may occur. If there are omissions the reliability and validity of the number of incidents attended can be compromised by not providing a full and accurate reflection. Northumbria Police recognise that not all response officers may view the incident under the new system of recording. However, the principles of recording were captured by MASH staff who would routinely view every child concern notification and adult concern submitted as part of usual procedures and apply their professional judgement to ensure if the nature of the incident was identified as APVA, that this would be recorded and referrals would be made to partners. The nature of pilot projects is such that change practice can take time to embed into organisations. However, to review the value of recording CCVAB specifically in a more structured way depends on the dataset being established and an acceptance that discrepancy may exist. At time of starting the study no collated dataset specifically recording incidents of CCVAB by any police force existed.

The Summary provides an overview of the full report that details:
♦ Current discussion relating to CCVAB- what it is and how this is defined
♦ Objective 1: Prevalence of CCVAB responses
♦ Objective 2: Pre-indicators for CCVAB behaviours
♦ Objective 3: Commonality of behaviour traits
♦ Objective 4: Outcomes for children in contact with Northumbria police
♦ Recommendations for future 'Policing of Childhood Challenging Violent or Aggressive Behaviour and responding to vulnerable families'
The structure of data recording recognised discussions and limitations of viewing APVA only from a ‘perpetrator/ victim’ lens in line with Home Office Guidance (2015). Northumbria Police included the following areas to gain better understanding of CCVAB incident’s their officers attended:

- Number of incidents responded to - daily, weekly, monthly
- Age of child displaying CCVAB
- Known previous incident responses for CCVAB involving the same child
- Relationship of child to parent/ carer
- Gender of child

In the DHR for Sarah there was much criticism of teams from all organisations failing to be more responsive when contacted, as well as a history of multiple incidents and concerns reported. Although criticism was made of all organisations involved in the case of Sarah, it must be noted that the report recognised areas of good practice by Northumbria Police.

**Number of Incidents:**

There were 515 incidents between March and January 4th, that increased month on month between March and July as detailed:

<table>
<thead>
<tr>
<th>March 6th–31st</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Jan 1st – 4th</th>
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<tbody>
<tr>
<td>51</td>
<td>52</td>
<td>54</td>
<td>65</td>
<td>83</td>
<td>37</td>
<td>55</td>
<td>39</td>
<td>41</td>
<td>30</td>
<td>8</td>
</tr>
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It is accepted across England that pupils experience higher levels of stress during the summer term due to exams, assessment and school transition periods. The information generated highlights a need for school providers to develop a more cohesive partnership with Northumbria Police so that each organisation can share concerns about pupil/ child behaviour that have led to increasing levels of pupil exclusion across the Northumbria Police operational area; including those with SEMH (Social, Emotional, Mental Health needs) and SEND (Special Educational Needs and Disability). It is not unreasonable to suggest that those pupils Northumbria Police are involved with for incidents reported to them by families may also be excluded from school for similar behaviour. The decrease in incidents between July (83 incidents over 31 days) and August (37 incidents over 30 days) indicates some level of correlation between CCVAB displayed in education settings and home environments. The notable reduction during August would support previous debate around the difficulties some children have during their school day that leads to an increase in CCVAB at home.
Children already known to Northumbria Police

Analysis revealed 226 children involved in 515 incidents were known to Northumbria Police and officers had already visited the family on at least one previous occasion, repeated incident reporting was noted in the DHR for Sarah.

<table>
<thead>
<tr>
<th>1 more</th>
<th>125</th>
<th>4 more</th>
<th>15</th>
<th>7 more</th>
<th>2</th>
<th>10 more</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 more</td>
<td>43</td>
<td>5 more</td>
<td>7</td>
<td>8 more</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 more</td>
<td>26</td>
<td>6 more</td>
<td>4</td>
<td>9 more</td>
<td>1</td>
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The majority of responses noted one further record. One child aged 11 years had 6 additional records which supports officer feelings that families only report incidents as the behaviour escalates and they are no longer able to manage and that CCVAB starts prior to the age of criminal responsibility (age 10 years in England). A further 8 children aged 13-15 years had more than 6 additional records noted it is possible that families contact the police as the default way of trying to get help when other organisations are not available to them. It appears incidents requiring police presence increase in frequency as behaviour increases in severity, as seen in the evidence for the DHR of Sarah:

As well as demonstrating the extent to which the family alerted professionals to increasing concerns around Michael’s behaviour, this timeline also clearly indicates that his level of risk, including aggression and assaults, had markedly increased in both frequency and severity in 2015, with 23 incidents/concerns in 11 months.

Is ‘gender’ something to consider:

There were 335 incidents involving a male child and 180 incidents involving a female child:

- 309 incidents involved a son- 149 involved a daughter,
- Possible Kinship Care children: 20 incidents involved a grandson – 20 incidents involved a granddaughter and 8 incidents involved a niece.
- 2 incidents involving a stepson – there were no step-daughters involved in incidents
- 4 incidents involving a foster son- 3 incidents a foster daughter.

The information generated supported previous discussions that CCVAB can involve all types of children from all types of families and there is no single cause for CCVAB. The findings support previous research pointing to an increased risk involving children with SEND and higher levels of ACEs (Adverse Childhood Experiences). What is also noted is that there are sufficient anomalies to show
increased risk indicators do not equate to increased incidents for all areas. When responding to incidents officers are informed of a potential ‘perpetrator’, a potential ‘victim’ and a potential ‘crime’. Removing any pre-judgement, bias or presumption is essential for being able to ascertain what, if any, ‘criminal activity’ has occurred.

**Age of criminal responsibility- is this an adolescent concern?**

The majority age of children involved in incidents was 15 years (103/515) with 340/515 incidents involving children between 12-15 years; agreeing CCVAB is an adolescence concern. However, there were sufficient anomalies to show adolescent is the main age children come to the attention of Northumbria Police, rather than age of commencement of behaviour. Officers felt when they attended incidents it wasn’t at the start of behaviour, but at a point where families were no longer able to cope unaided. Officers believed that children began to display CCVAB at an earlier age, prior to coming to their attention. It is entirely feasible that families involve Northumbria Police when their child is ‘older’ due to the child’s physique being bigger and stronger, or due to the level of increased threat felt as a consequence of increasing CCVAB behaviour.

**Where do the children live?**

A more focused understanding of where incidents of CCVAB occurred, where some officers may be called out more frequently than their peers, was found in the analysis:

<table>
<thead>
<tr>
<th>Area</th>
<th>Number Incidence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northumberland</td>
<td>140</td>
</tr>
<tr>
<td>North Tyneside</td>
<td>120</td>
</tr>
<tr>
<td>Newcastle</td>
<td>30</td>
</tr>
<tr>
<td>Gateshead</td>
<td>50</td>
</tr>
<tr>
<td>South Tyneside</td>
<td>130</td>
</tr>
<tr>
<td>Sunderland</td>
<td>20</td>
</tr>
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Northumberland had the highest numbers of incidents overall as one local authority with 140/515 incidents recorded. South Shields within the South Tyneside local authority area had the highest number of incidents in a single local area with 59/515 incidents. Wallsend was the second highest single local area within North Tyneside Local Authority with 54/515 incidents. Both city centre areas, Newcastle and Sunderland, had the lowest number of incidents recorded.

**Are there specific reasons why children behave this way?**

Previous studies have shown there is an increased risk of CCVAB involving children with SEMH or SEND for example, ADHD or those on the Autistic Spectrum. This is not stating that CCVAB *will occur* but that it *might occur*, as a co-morbid behaviour. Parents reported 153/515 children involved in incidents had SEND. There were 3 main categories of SEND reported to officers:

- 52 children had Autism (ASD) and 2 children had FASD (Foetal Alcohol Spectrum Disorders)
- 28 children had Attention Deficit Hyperactivity Disorder (ADHD)
- 73 children had mental health conditions, (SEMH)

Of the 73 children with SEMH 5% were reported to have SEMH as a co-morbid condition:

- ASD, Obsessive Compulsive Disorder (OCD) and SEMH
- ADHD and Oppositional Defiance Disorder (ODD)
- ASD and Schizophrenia
- ASD, ADHD and SEMH
- ADHD, Dyspraxia and Attachment Disorder

Of those with ADHD it was reported

- 25 children had ADHD and ASD
- 1 child had ADHD, Epilepsy and Dyspraxia
- 1 child had ADHD and Dyspraxia
- 1 child had ASD, ADHD and FASD
- 2 children had ADHD and FASD

Specifically focused data relating to ACEs was not included, however the North East is a region with high levels of ACE indicators compared to the average for England. One of the risk outcomes for higher levels of ACEs is increased risk of substance misuse, which is evident across all localities in Northumbria Police Operational area. It is also known that increased underage substance misuse is a
cause for CCVAB. Officers attended 89/515 incidents that involved substance misuse by the child involved in the incident:

- 47 incidents included Cannabis misuse by the child
- 22 incidents included Alcohol misuse by the child
- 11 incidents included both alcohol and cannabis misuse by the child
- 1 incident included Ecstasy substance misuse by the child
- 1 incident included Cocaine and Cannabis substance misuse by the child
- 7 incidents included parental alcohol misuse

There are few studies to date that have looked into ACEs and alcohol or drug related CCVAB specifically. There are studies that have identified ACEs and risk-taking behaviours in young teens including increased risk of substance misuse. There are also studies that have considered substance abuse in adolescence and how substance misuse is evident in adolescent CCVAB (APVA). There are no studies that have collated data for

Higher levels of ACEs

increased drug and alcohol use during adolescence

increased CCVAB due to alcohol or drug use

There is evidence\(^2\) that children in police force operational area do engage in higher levels of substance misuse, live in areas with higher levels of ACE indictors and display behaviours known to be associated with higher levels of ACEs than their peers across England.

**What challenging, violent or aggressive behaviour is reported?**

The majority of incidents were reported as criminal behaviour:

- Assault- 236 incidents
- Affray- 15 incidents
- Aggression – 134 incidents
- Criminal Damage- 92 incidents

As well as public order offences, theft, threatening behaviour and ‘multiple offences’.

\(^2\) Data source: March 2019 Health Profiles for England
The number of arrests following officers attending the incident suggests that officers do not ‘see’ the alleged ‘crime’ in the same way as those reporting the behaviour. Overall 364/515 incidents were considered to be a ‘criminal behaviour’, this means 30% of the incidents were not considered ‘criminal behaviour’ or the child was too young to be considered ‘criminally responsible’. Only 128/364 children were arrested and the majority of these were aged 13-16 years:

<table>
<thead>
<tr>
<th>Age</th>
<th>CCVAB incident considered as Criminal behaviour</th>
<th>Arrested</th>
<th>Age</th>
<th>CCVAB incident considered as Criminal behaviour</th>
<th>Arrested</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 years</td>
<td>2</td>
<td>0</td>
<td>15 years</td>
<td>72</td>
<td>29</td>
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<tr>
<td>10 years</td>
<td>5</td>
<td>0</td>
<td>16 years</td>
<td>52</td>
<td>24</td>
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<tr>
<td>11 years</td>
<td>15</td>
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<td>17 years</td>
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<tr>
<td>13 years</td>
<td>70</td>
<td>19</td>
<td>19 years</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>14 years</td>
<td>67</td>
<td>33</td>
<td>Total</td>
<td>364</td>
<td>128</td>
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</tbody>
</table>

There were a range of outcomes for children involved in incidents, for the majority of incidents there was no further action taken by the police themselves. However, no further action (NFA) simply means the police themselves were taking no further action, but many incidents were referred to MASH partners such as the relevant Children’s Services or Youth Teams. At present, following the referral the police are not updated of any action taken by the MASH partner. This means when officers are involved in any further incidents, they have no knowledge of what, if anything, was put in place to support the child or the family since their previous visit. This is problematic when officers go to multiple incidents in the same household. More than half (55.5%) of the 364 crimes linked to incidents were identified as no further action, this raises questions about cost effectiveness of service provision. Northumbria police do have to attend all incidents reported to them and this incurs a cost for the operational service provided. The involvement of officers in incidents where there is no criminal behaviour as such, or no further action where a crime has been recorded suggests Northumbria Police may not be the most appropriate agency responding to families seeking help but rightly remain the response organisation responsible for de-escalating the situation in crisis. Such incidents may be better responded to by another MASH partner as part of longer term support and intervention.

**CCVAB – A Safeguarding issue**

Officers recognise children displaying CCVAB are a Safeguarding issue to protect the child from harm, they also recognise that the adult(s) in the home may need Safeguarding and any other child living in the home. In 43% of incidents siblings were present, this means they were witnessing domestic
violence in the same way any other child witness’s domestic violence (between adult and adult). Officers recorded 495 Child Concern Notifications, that included the child displaying CCVAB and 220 siblings. There were 53 Adults Concern notifications also logged. Concern notifications were referred to MASH as part of Northumbria Police Domestic Violence response policy. The age range of other children in the home varied across all ages, where some children were older than the child displaying CCVAB and some children were younger.

Officers openly discuss the limitations of their knowledge, skills and competencies when dealing with children who have SEND/ SEMH/ ACE indictors. Officers recognise that understanding the difference in chronological age and developmental stage is necessary if they are to make ‘judgement’ decisions when attending incidences and seeking to support families but do not feel they understand enough about SEND/SEMH/ACEs indicators to effectively recognise how this difference should be managed at the incident they attend. The data generated recommends officers do need basic training particularly as the age of criminal responsibility is based on chronological age not development stage. It is also important officers are aware of development stage variations for children with SEND as the are regarded as vulnerable beyond the age of 18 years in law (up to the age of 25 years under SEND legislation).

Overall recommendations

1. Appoint a designated named officer (this may be part of the MASH potentially funded by VRUs) to focus on CCVAB incidents in specific Northumbria Police operational areas- identified from local authority areas where higher incidents of CCVAB occur such as:
   a. Northumberland-
   b. North Tyneside
   c. South Tyneside
2. Provide basic training for all officers at all levels in ACEs/ Neurodevelopment and Trauma/ SEND (mainly ASD, ADHD and SEMH) including basic de-escalation techniques for vulnerable children (such as Low Arousal or NVR)
3. Use an agreed definition for ‘Aggressive’ behaviour and ‘Challenging’ behaviour, to ensure this is not personalised when dealing with incidents and open to individual interpretation and
4. Determine an agreed risk assessment protocol that can be used by all multi-agency partners from all areas to determine safeguarding risk
5. Revise current understanding of APVA to include all children involved in displays of CCVAB irrespective of age.
6. Open referrals for support and provision of interventions beyond only those aged over 10 years and the two current programmes (restorative justice or RYPP) to include
   a. Break4Change: when available in the local area
   b. NVR- Non-Violent Resistance - currently available in the area and highly effective for children who are LAC or PLAC
   c. Low Arousal- currently available in the area and highly effective for children with SEND particularly ASD/ADHD.
   d. EMDR (Eye Movement Desensitization and Reprocessing) available in the area and via CAMHS as a recommended intervention for PTSD

Section recommendations, detailed in the full report, outline key aspects informing these four overarching themes for Northumbria Police that addresses all of the areas included in the DHR for Sarah.