

‘Innovation and the Application of Knowledge for More Effective Policing’

N8 Policing Research Partnership Catalyst Project

DEVELOPING THE POLICE RESPONSE TO CHILD-TO-PARENT VIOLENCE

INTRODUCTION

In 2018, child-to-parent violence (CPV) was described in the House of Commons as ‘a very significant issue’ and ‘a growing problem’ (HC Deb 21 Feb 2018). As with all forms of family violence, the police are at the forefront of responding to the physical, emotional, psychological and financial harm caused by some children to parents (including step, adoptive, and foster parents) and carers. At the N8 Policing Research Partnership (PRP) Knowledge Exchange Conference 2018, which was on CPV, police officers and academics described the lack of knowledge and practice guidance in this important area of policing. This project was developed in collaboration with two police forces in the north of England to address this knowledge gap. One of the forces covers Site A, a sparsely populated, predominantly rural county. The other covers Site B, a densely populated, predominantly metropolitan urban county. The resident population of Site B is over five times that of Site A.

This report examines the 4,281 cases of CPV by children aged 10 – 19 years reported to police in Sites A and B between 1st January 2018 and 31st December 2018. It also presents insights from interviews with police officers in the sites, and a survey for parents and carers from England and Wales, conducted between 2019 and 2020.

KEY FINDINGS

- There was repeat perpetration and victimisation in both sites over the 12 month data collection period.
- Most of the children involved were male. Most of the parents and carers were female.
- Violence against the person accounted for two thirds of all cases across the two sites. Criminal damage and theft were also common. Although rare, sexual violence appeared in the dataset.
- Child protection concerns were noted in relation to most children in Site B. (This information was not retrieved from Site A).
- The police crime notes provided evidence of neurological disorders, developmental difficulties and mental health concerns in relation to some children.
- The vast majority of cases resulted in no further action being taken. This was usually due to ‘evidential difficulties’ because parents and carers were not supportive of (or withdrew support for) further action.
- ‘Out of court’ resolutions were used in some cases.
- During interview, police officers discussed many of the key risk factors for CPV. The effect of experiencing violence within the family home was rarely mentioned, however.
- In the context of CPV, taking ‘positive action’ often meant providing temporary respite and making referrals to wider support services. There was no presumption of arrest and charge.
- Officers noted the need for more children’s social care, mental health provision, and police staff.
- Many parents were positive about the police response. However, some suggested that the causes of CPV – including childhood trauma, mental health problems, and neurological / developmental difficulties - are not well understood, and that the severity of the risk posed is not always recognised.

PROJECT BACKGROUND

Although CPV by children aged 16 and over falls within official definitions of domestic violence, CPV is widely recognised as fundamentally different from intimate partner violence, in both its aetiology and the relational context within which it occurs. This study was designed to explore the police response to this multi-faceted form of family violence, to further knowledge and support the development of bespoke policy and practice.

METHODOLOGY

The three strands of the project comprised: the collection and analysis of data from police databases on all 4,281 cases of CPV that came to police notice between 1st January 2018 and 31st December 2018 (Stand One); semi-structured interviews with 36 police officers from Sites A and B (Strand Two); an online survey completed by 41 parents and carers from across England and Wales (Strand Three).

FINDINGS

Strand One: Analysis of Police Data

Table 1: Number of cases of CPV, child perpetrators and adult victims by research site

	Cases of CPV	Perpetrators	Victims
Site A	512	330	367
Site B	3769	2165	2378
TOTAL	4281	2495	2745

As Table 1 shows, the research found evidence of repeat perpetration (and victimisation) in both sites. Although most perpetrators appeared in the dataset once, approximately one third from both Sites A (29%) and B (33%) appeared twice or more, up to a maximum of 25 appearances by one 13 / 14 year old boy. The children from Site A were on average younger than those from Site B: their mean ages upon first appearance in the dataset were 14.75 years and 15.13 years respectively. As in previous CPV research on criminal justice datasets, most of the children involved were male (Site A - 66%; Site B - 68%) and most parents and carers were female (Site A - 73%; Site B – 76%).

Turning now to offending behaviour, violence against the person accounted for 66% of all cases across the two sites (n=2808), comprising ‘violence without injury’ (n=1951), ‘violence with injury’ (n=702), and ‘stalking and harassment’ (n=155). Cases of ‘violence without injury’ typically involved common assault and battery, as these police descriptions illustrate:

‘During an argument son has assaulted his mother by grabbing her by the neck causing no injury.’ (13 year old boy, ID 91, Site A).

‘Suspect is verbally abusive towards victim and threatens to smash her head in causing fear of violence and escalation.’ (13 year old boy, ID54, Site B).

The following are examples of ‘violence with injury’:

‘Offender has become increasingly violent, hitting and kicking his father to the arms and then threatening him with a knife. Injuries – reddening and bruising to the arms.’ (15 year old boy, ID 160, Site A).

‘Suspect kicks and punches Mum in the face, torso and legs causing bruising to the same.’ (14 year old boy, ID 1322, Site B).

'The victim and suspect are father and son ... A verbal argument has ensued which has turned violent. The son has proceeded to ... stab him with a knife in his head, the blade of which has snapped away from the handle. The son has then attacked his father with a pair of scissors, also to the head. Upon police arrival ... the suspect is arrested for attempted murder.' (17 year old boy, ID 1095, Site B).

Criminal damage was the second most common offence type, cited in 24% of all cases across the two sites (n=1025). This typically involved damage to property within the family home. Theft was also common, cited in 9% of cases (n=376). Although sexual violence is rarely included in definitions of CPV, or discussed in the academic literature, a small number of cases of sexual violence appeared in the dataset (n=7).

Data pertaining to child protection issues were provided by Site B. There were known child protection concerns in relation to 74% of the children from Site B, the most common of which was having experienced domestic violence (57%). A review of the international literature found that exposure to family violence 'has consistently and positively been related to [child-to-parent abuse] perpetration across studies' and that 'exposure to violence may be related to a more frequent or enduring pattern of CPA' (Simmons et al. 2018: 38). The other child protection concerns were having experienced sexual abuse, physical abuse, neglect or 'some other child protection' issue. It is clear that many perpetrators of CPV are victims in other contexts.

There is some suggestion within the academic literature that neurological and developmental disorders, and mental health issues, may contribute to CPV. As was apparent from the police crime notes, some of the families in Sites A and B were affected by these issues, e.g.:

'Mother and 11 year old son had an argument. He then punched her repeatedly to the arm and face whilst she was trying to restrain him, causing minor bruising. Victim believes this happened because he suffers from ADHD and autism.' (ID 193, Site A).

'Suspect suffers with various mental health issues and autism. The suspect has had a mental health episode and threw coins at her causing no injury, and threw a wheelie bin at her causing a bruise to the arm.' (17 year old boy, ID 199, Site B).

Turning now to outcomes, 80% of cases in Site A and 90% in Site B resulted in no further action being taken. Most commonly this was attributed to 'evidential difficulties' because the victim did not support further action (67% of all cases in Site A; 70% in Site B). In some cases the victim was supportive but 'evidential difficulties' were still recorded as precluding further action. The proportion of such cases varied markedly between Sites A (7%) and B (17%). The proportion of cases resulting in 'out of court resolutions' (restorative justice and community resolutions) also varied markedly between Sites A (13.2%) and B (2.7%). Just 2% of all cases resulted in a youth or adult caution / conditional caution, whilst 4% led to a charge or summons.

Strand Two: Interviews with police officers

Interviews were conducted with front line police officers from the two sites. Key findings include:

Police officers' understanding of CPV: Although officers provided multiple explanations for CPV that chimed with the research literature, the link with domestic violence was rarely mentioned.

Reasons for contacting the police: It was thought that many parents called the police for help in a moment of crisis, without necessarily considering the repercussions. Interviewees said that most parents did not want the police to take further action, for fear of criminalising their child.

Actions upon arrival: In both sites, the key actions upon arrival were described as: immediate safeguarding (e.g. calling medical assistance, ensuring that all children are accounted for), separating the parties (e.g. into separate areas of the house) and establishing the facts (by speaking to those present).

The police response: Whilst officers were expected to take positive action, there was no expectation of arrest and charge. Instead, taking positive action often meant removing the child to a nearby friend or relative's 'until everyone has calmed down and cooled off' (IV2), or making referrals to other service providers. Officers in both sites were keen to avoid criminalising children, or bringing them into police custody, wherever possible.

Age. Children aged 10 – 15 tended to be viewed as 'vulnerable children'. Officers in Site A routinely described completing a vulnerable child report for this group, triggering referrals to service providers. Officers in Site B also mentioned making referrals for this group. Cases involving older children tended to be regarded as domestic violence, in line with the official definition of domestic violence. The DASH risk assessment was routinely used with children aged 16 and above, although concerns were raised about its appropriateness.

Lack of services: Officers noted a lack of wider support for families facing CPV. Officers frequently discussed making referrals to Children's Social Care but were often critical of the emergency response provided, particularly outside office hours. An officer in Site B suggested that if there is no family member available to provide respite, a lack of emergency accommodation means that 'they are back at their home address within a few hours' (IV20). The need for more mental health services, social care services, and police officers was noted.

Strand Three: Online survey

Forty-one parents and carers from England and Wales described their experiences of CPV in relation to 54 children. Most respondents were female (n=38), and over half were adoptive parents (n=26). Most experienced CPV every day or every week (n=33), whilst for others it was less frequent. Respondents described: violence towards themselves, partners and siblings; damage to property; the use of weapons; threats to self-harm; and – in two cases - sexually inappropriate behaviour. Twenty-eight respondents had contacted the police about CPV. Whilst some described positive interactions with the police, others suggested that the causes of CPV – including childhood trauma, mental health problems, and neurological / developmental difficulties - are not always understood, and that CPV is not always taken seriously by call handlers and response officers.

CONCLUSION AND FURTHER RESEARCH

CPV is a multi-faceted problem that requires a multi-agency solution. Greater understanding of risk factors for CPV may help the police to provide a more tailored response in moments of crisis. However, the police can do little to address the causes and correlates of CPV. For that, greater central government investment in local services is required.

Further analysis of the rich data gathered during this study will explore young people's patterns of CPV alongside other offending behaviour, over much longer time periods. Research is also needed on the nature of, and responses to, violence by children in privately and local authority run care homes.

THE RESEARCH WAS CONDUCTED by Dr Sam Lewis, Dr Ella Holdsworth and Dr Jose Pina-Sánchez from the School of Law at the University of Leeds, in collaboration with two northern police forces. For further information please contact Sam Lewis by email: lawsjl@leeds.ac.uk