

# FENLAND COMMUNITY SAFETY STRATEGIC ASSESSMENT:

## DOMESTIC ABUSE: CHILD PARENT VIOLENCE

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OCTOBER 2016



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Description:	The purpose of this document is to provide the Fenland Community Safety Partnership with an understanding of key community safety issues affecting the district. This is the second document that will be produced for 2016/17. The focus of this document will be a form of domestic abuse known as children parent violence.
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## DOCUMENT STRUCTURE

The purpose of this strategic assessment is to provide the Fenland Community Safety Partnership (FCSP) with an understanding of the crime, anti-social behaviour, and substance misuse issues affecting the district. This will enable the partnership to take action that is driven by clear evidence.

This document and previous strategic assessments can be accessed on the Cambridgeshire Insight pages here <http://www.cambridgeshireinsight.org.uk/community-safety/CSP/fenland>

## DOCUMENT SCHEDULE

The partnership has a continuous assessment process that allows for strategic planning throughout the year. Whilst each document will provide an overview of the partnership's performance during the year, the aim of each document will be to gain a better understanding of key issues in the district. The continuous assessment consists of 4 parts:

Document	Key theme	Analysis & Writing	Presentation
1	Children & Young People	June and July	July 2016
2	<b><i>Domestic Abuse</i></b>	July to September	October 2016
3	Adult Exploitation	October to December	January 2017
4	Empowering Communities	January to March	April 2017

## DOCUMENT STRUCTURE

This strategic assessment document is set out in two main chapters:

- **Key Findings and Recommendations** – this section provides an executive summary of the key analytical findings and recommendations. This section also highlights any major developments that may affect activity and possible ways of working.
- **Priority Analysis** – this section provides an assessment of the district's main problems, illustrating it in terms of where and when most problems occur, the people and communities that are most vulnerable and where possible, who is responsible.

## ADDITIONAL DATA

The interactive community safety atlas provides some of the main crime and disorder issues at ward level up to 2014/15. The atlas allows the user to review the data directly on the map or in a chart. It can be accessed here <http://atlas.cambridgeshire.gov.uk/Crime/atlas.html>

The Pyramid of Crime: victim offender interactive profile, is presented at district level and can be accessed here <http://atlas.cambridgeshire.gov.uk/Crime/Pyramid/html%205/atlas.html?select=12UD>. It will be updated shortly.

### KEY FINDINGS

#### *Overview*

- Fenland continues to have the highest rate of domestic abuse (DA) incidents compared with all other districts, at 18.8 DA incidents per 1000 population (1,798 in 2015/16).
- The number of recorded domestic violence crimes has increased for Fenland by 30.8% between 2013/14 to 2015/16; however, the increase in domestic abuse crimes recorded represents an improvement in performance for crime recording (from incidents to crimes) rather than an actual increase in domestic abuse.
- From recent analysis, 5.2% of police recorded DA incidents in Fenland may have been children parent violence (CPV).
- Whilst there has been progress on some actions, further progress tackling domestic abuse appears to have slowed down recently and seems to be hampered by a lack of strategic drive within Fenland. Although work is being delivered particularly raising awareness. In particular the Partnership should consider the following problems;
  - A need to coordinate the delivering of the recommendations relating to DA
  - Holding partners to account for delivering local projects
  - Improved communication and coordination between County and district implementation of the DA strategy.

#### *Onset of Abuse*

- Almost one third of all assessed Social Care cases in Fenland recognised that the child had exposure to at least one form of DA.
- There appears to be a growing complexity of cases referred to Social Care across the County. This therefore highlights the importance of tailored interventions to try and work with children who have more complex needs that could develop if unchallenged.

#### *Nature of Abuse*

- Within fenland incidents the proportion of violence with injury was most common; and equal across male and female perpetrators, with almost 35% of both males and females, respectively, offending in this way.
- Females are more likely to argue rather than show more severe signs of aggression, with the converse true for males.

#### *Victim / Perpetrator Profile*

- The majority of incidents highlighted the mother as the victim, with son to mother violence/abuse most prevalent.
- Perpetrators are both male and female, although it ranged from 50% to 71% of male perpetrators depending on the data source.
- 70% of CPV incidents within Fenland occurred during the offender's teenage years, which is when the majority of children are still receiving some form of education.

- Just over 12% of CPV incidents in Fenland were committed by sons and daughters aged 40 or above; it is reasonable to suggest that the parent victims in these incidents are likely to be aged over 60, indicating a concern of elder abuse within Fenland.

### *Additional Factors*

- Generally noted within the literature that there is no single explanation for CPV.
- Just over half of the police recorded incidents in Fenland in 2015/16 recorded a clear response to the question: “Is there a history of DA?”
  - 87.5% of incidents reported a history of DA.

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## RECOMMENDATIONS

It is recommended that the Partnership review the action plan and direction of travel for tackling domestic abuse. To make further progress strong leadership in this area is needed. Key members of the Partnership should agree key actions including how to develop local data sources. Before tackling CPV, it is imperative that the Partnership reviews the current local response to CPV in order to be able to correctly signpost those in need to the correct services.

The recommendations for the Partnership are tailored towards providing interventions to prevent children committing CPV; however awareness raising is also important to identify the scale of the issue and where to target interventions. On review this may require funding or resource to initiatives such as Break4Change, or at the least, training for front line practitioners to appropriately understand and confidentially respond to CPV.

Investing in interventions to reduce CPV at an early stage could potentially result in cost savings across statutory agencies over the long-term. Investing into a more holistic approach to intervention also enables authorities to work together to tackle the problem of CPV, reducing duplication of effort and thus potentially saving more immediate costs to services who are already working with those affected by CPV.

### *Suggested Interventions*

Coordination is needed to ensure that delivery is consistent and funding allocated appropriately. All responses to CPV should encompass a rounded approach with follow ups to both the child and parent.

- Work with children and young people through more general interventions may delay the start or prevent any offending at all. For under 10’s this can be achieved by investment into resources such as books that help teach appropriate relationships and how to deal with feelings in a more general way. For example, “Cyril Squirrel Finds Out About Love” authored by Jane Evans.
- The majority of CPV is committed by teenagers. Targeting vulnerable adolescents who have committed or show signs of CPV via schools or alternative classes is suggested. Creative interventions use the arts, or music to encourage children to communicate their feelings in ways that do not lead to further frustration.

- Improve communication between the child and parent by reviewing initiatives such as Break4Change.
- Raising awareness of CPV via Age UK/Care Network at Golden Age Fairs can help to encourage elderly victims to identify CPV and speak up.

## INTRODUCTION

The Fenland Community Safety Partnership (FCSP) adopted the continuous strategic assessment model where over the course of the year four documents (each one focusing on a different priority) are produced, discussed and acted upon. Over a three year period the body of evidence for each topic builds and the focus of each new document extends the Partnership's knowledge. Domestic abuse (DA) remains a priority for FCSP in 2016/17. The focus of this document is familial abuse, in particular child to parent violence (CPV). This topic has not been widely documented previously, but has been identified as an existent form of DA within Fenland and the County as whole.

## BACKGROUND

The last strategic assessment document<sup>1</sup> focused on ways in which the Partnership could help reduce reoffending, by identifying that the risk factors that increase the likelihood of offending are similar to those that increase the likelihood of victimisation. Key findings from this report are highlighted below:

- Local data suggests young offenders are committing a range of crimes, including violence against the person. Although not all data sources confirm this, the nature of the violence appears to be more associated within domestic settings, in particular aimed at adults, and therefore less likely to be picked up through certain datasets such as CCTV.
- There are other factors as well, particularly within the client group for Youth Offending Service (YOS) that have complex needs including mental health issues.
- Reviewing interventions used nationally indicates that early intervention is preferable as the earlier a child engages in criminal behaviour the higher the likelihood that they will offend for longer.
- Interventions with current offenders need to also provide the right level of support, including mental health. The more complex cases take greater level of resource and are likely to be slower to resolve.

Although this is by no means the most prevalent type of DA, the emergence of more complex needs within young people and rise of offences committed within the home has identified a gap in what is known about the true extent of familial abuse and indeed child to parent violence / domestic abuse within Fenland. This document will seek to explore CPV in further detail across a national and local setting and how this affects the wider family. It is acknowledged that prevention or early intervention is preferable both for those involved and the services tackling the issues.

Where possible analysis of specific Fenland data / cases are presented within this document, however County and National findings are included where appropriate for comparison purposes or to fill gaps. It should be noted that domestic abuse in all forms continues to be under-reported and the evidence hoped for from some agencies is still currently unavailable. Further CPV is not usually officially documented and therefore does not currently appear in any public records or figures.

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<sup>1</sup> Published in July 2016, <http://cambridgeshireinsight.org.uk/community-safety/CSP/fenland>.



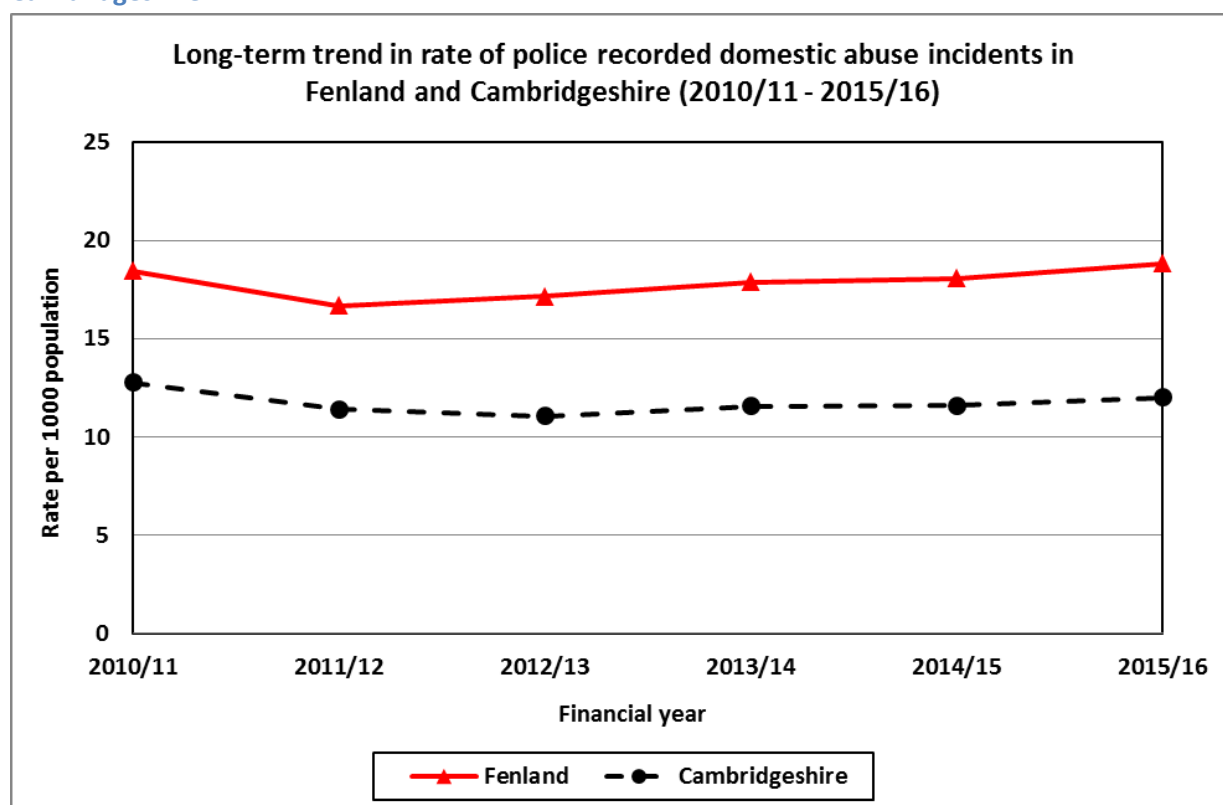
## OVERVIEW OF TREND

DA continues to be local priority for Fenland due to the high volume of police recorded incidences, and the significant harm to victims and their families. It is therefore important to first provide an overview of DA and update on progress since the report published last year. Issues of under-reporting remain and where trends and data are presented caution must be used when interpreting the findings.

### LOCAL TREND

In 2015/16 there were 7,619 police recorded DA incidents reported in the County and 1,798 in Fenland. As shown at Figure 1 below, the long-term trend of DA incidents has increased in both Fenland over the last 6 years, but has remained more stable in Cambridgeshire (excluding Peterborough). In 2015/16 Fenland had a rate of 18.8 DA incidents per 1000 population, much higher than the county rate of 12. It is noted that Fenland has continued to have the highest rate of DA incidents compared with all other districts.

**Figure 1: Rate of police recorded domestic abuse incidents 2010//11 – 2015/16, Fenland and Cambridgeshire**



Source: CRG, 2016.

## IMPROVED POLICE RECORDING

Crimes are 'flagged' as being 'domestic abuse related' by the police if the offence meets the government definition of domestic violence and abuse<sup>2</sup>.

Table 1 below shows a count of those crimes for Fenland. The number of recorded domestic abuse crimes has increased for Fenland by 30.8% between 2013/14 to 2015/16. It is important to view this information in relation to the number of incidents over the same period. The ratio of incidents to crimes has reduced from 3.4 to 2.8 over the same period (e.g. for every 2.8 domestic abuse incidents one crime is recorded). Therefore the increase in domestic abuse crimes recorded represents an improvement in performance for crime recording (from incidents to crimes) rather than an actual increase in domestic abuse.

**Table 1: Police record domestic abuse incidents and crimes for Fenland**

Year	Crimes (domestic abuse related)	Incidents of domestic abuse	Ratio (incidents to crimes)
2013/14	496	1710	3.4
2014/15	567	1727	3.0
2015/16	649	1798	2.8

Source: CRG, 2016.

## PROGRESS SINCE THE 2015 REPORT

Each year the Partnership reviews the priority areas to consider what progress has been made on the action plan and what further work is needed to support the implantation of the recommendations.

## INCREASE HEALTH INVOLVEMENT

The Partnership accepted the recommendations from the previous strategic assessment, particularly those relating to improving engagement from health both strategically and operationally. The following bullet points show that whilst some progress has been seen for specific projects further work is needed to address the recommendations;

Progress made to date;

- Increased representation from Public Health to the CSP has been gained
- Support has been provided to the Wisbech Alcohol Project from health colleagues
- Implementation of 'safe places' campaign has started although after initial intelligence gathering the project needed to be adapted to suit local needs (see next section for details).

<sup>2</sup> Government definition of domestic violence and abuse: Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.

Gaps identified;

- A gap remains in relation to joined up knowledge and activity in to the work to support and tackle domestic abuse from the delivery side of the NHS i.e. the work undertaken by the CCG / LCG in Fenland.
- Data is still not currently available from the CCG in relation to domestic abuse; data should still be sought from local health partnerships and agencies.

The next step for the partnership for this action is to potentially conduct a mapping exercise which includes obtaining key contacts within the CCG / LCG to build the understanding and then develop joint working to plug any gaps identified.

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#### SAFE PLACES – INVOLVING BUSINESSES

Fenland CSP looked at the delivery models of the Safe Places scheme to pilot in March and Chatteris. After comprehensive consultation with businesses, survivors of DA and professionals the majority fed back that the scheme wouldn't be a suitable fit for Fenland due to the close proximity of businesses and the relationship they have with their customers (Data Protection concerns).

Instead the Partnership devised a new concept, still engaging with businesses but developing an awareness and signposting package to 'sit in' businesses (Opticians, banks, beauticians, etc.) Each business was offered the online DA training to complete and the Advice Chain signposting website<sup>3</sup> for support. The Partnership will be carrying out a follow up project in early December; however, analysis reveals that after the campaign launched July showed a peak of views to the Advice Chain website, with 53 people continuing to click on the DA section of the site.

Further DA targeted work conducted by the Partnership includes:

- Use of local cinema including their production support has seen a CSP generated short film showing before every film viewing and breaks
- Promotion of the 'UK SAYS NO MORE' national campaign highlighted on social media
- Continue to highlight hidden abuse and formulate a plan to performance manage this via use of Advice Chain feedback
- New focus on Familial Abuse as a response to the finding within this document.

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<sup>3</sup> <https://advicechainapp.wordpress.com/>.

## UNDERSTANDING CHILD TO PARENT VIOLENCE (CPV)

Familial domestic abuse, which occurs between family members rather than ex- or current intimate partners, is now included in the government definition of domestic abuse. The inclusion of this relationship in the definition was seen as one reason for the increases seen in DA when it first came into effect in 2013. CPV is a type of familial abuse that is highly stigmatised, under-reported and yet to be legally defined in many countries including the UK. As a consequence it is acknowledged that there have been few studies on the problem on CPV and there is limited literature to accompany this.

### WHAT IS CPV?

In 2015, the Home Office published an 'Information Guide' on adolescent to parent violence and abuse (APVA)<sup>4</sup>, which provides general advice for practitioners. APVA may also be referred to as 'adolescent to parent violence (APV)' 'adolescent violence in the home (AVITH)', 'parent abuse', 'child to parent abuse', 'child to parent violence (CPV)', or 'battered parent syndrome'. Throughout this report we will refer to child to parent violence or abuse as CPV, which will include child, adolescent and adult child CPV targeted towards one or both parents.

There is currently no legal definition of CPV, however, the report details that it is increasingly recognised as a form of DA<sup>5</sup>. Whilst the legal definition states DA can only be recorded from the age of 16, as is shown with CPV in particular it often involves children under 16 years old, and there can be overlap with other vulnerability markers in childhood.

It is widely recognised that young people who become involved in crime at the earliest ages, particularly before the age of 14, tend to become the most persistent offenders, with longer criminal careers<sup>6</sup>. Perpetrators of CPV are therefore more likely to continue offending as they age, thus targeting young people with awareness raising and prevention interventions is imperative. ParentLine Plus (2010) explain that children who learn to use violence as a strategy are more likely to use violence in future and hence the financial impact on the criminal justice sector, health services, domestic violence, housing and other services will be serious as evidenced for example in the links between CPV and other violence in the public sphere. Investing into interventions to reduce CPV at an early stage could potentially result in cost savings across statutory agencies over the long-term. Investing into a more holistic approach to intervention also enables authorities to work together to tackle the problem of CPV, reducing duplication of effort and thus potentially saving more immediate costs to services who are already working with those affected by CPV.

The Home Office Information Guide informs that CPV entails a pattern of violent and abusive behaviours including psychological or emotional and verbally threatening behaviours as well as physical violence, property damage and financial abuse. These behaviours can take form in a number

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<sup>4</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/420963/APVA.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/420963/APVA.pdf).

<sup>5</sup> Wilcox, P. (2012) Is parent abuse a form of domestic violence? *Social Policy and Society*.

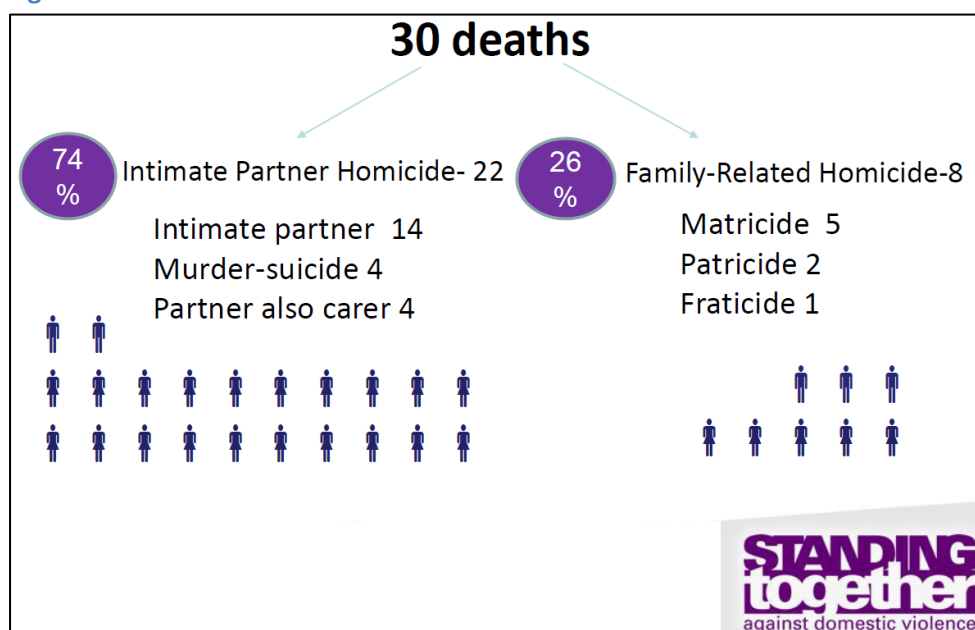
<sup>6</sup> <https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/sp93.pdf>.

of ways, details of which are shown later in this report within the findings from the largest European study on CPV.

CPV has a range of complex risk factors, with no clear explanation for this behaviour. Some perpetrators of CPV are from families that have a history of DA, whilst others are not. Abuse can also be targeted to parents by adult children and is therefore also identified as elder abuse. In some instances, CPV can also result in homicide.

In accordance with the Crime and Victims Act 2004, when the victim of a murder was either in an intimate relationship with the perpetrator, or was a member of the same household, a Domestic Homicide Review (DHR) is conducted to explore the circumstances of their death. Standing Together Against Domestic Violence (Standing Together) is a UK charity which has been involved with chairing over 40 DHRs, including 41% of all London DHRs from January 2013 to May 2016. A recent seminar hosted by Cordis Bright, Hestia, Standing Together and the University of Greenwich, revealed that out of 30 DHRs conducted by Standing Together, 26% of these were family-related, as shown at Figure 2.

**Figure 2: Review of Domestic Homicide Reviews in London**



Source: Standing Together Against Domestic Violence, May 2016.

Although percentages are not always relevant when analysing smaller numbers, from just this study alone this is still a total of 7 incidents where children have killed their parents (matricide=killing mother, patricide= killing father), with one sibling murder (fratricide). It is noted that in line with findings later in this report and DA more widely, there is a significantly higher proportion of female victims.

CPV can have severe consequences if unchallenged, however it is widely recognised that it is hugely under-reported, with many parents fearing they will be responsible for criminalising their child. Parents are also often unaware of where they can get appropriate help and advice as CPV is not a

highly publicised problem. Parents are often unaware when adolescent behaviour has progressed from the 'norm' into types of CPV.

Authorities also face huge obstacles when responding to CPV as it is unlike so many other types of DA. Local teams report that authorities and frontline workers not only want the offending behaviour to stop, but unlike the majority of DA cases, they do not necessarily want the relationship (i.e. between offending child and victim parent) to cease, but instead improve. CPV affects the whole family and the lines between the parent as both a victim and guardian are somewhat blurred. The aim would be for families to find ways to work as a unit, rather than removing the offending child. However, working to improve a child's behaviour as part of a family whilst also maintaining the personal safety of the parent is a challenge.

### ***Case Study: The Guardian – July 2016***

#### ***I fear my 14 year old son will kill me one day***

*"The hitting started again six months ago, when he'd just turned 14. There had been a lot of tension with him at school and I'd been in and out for countless meetings. That's frustrating because these people are meant to be professionals and trained to deal with children like him but it all came back to us and I felt judged because of his behaviour."*

Source: McFadden, J., The Guardian, 9<sup>th</sup> July 2016.

## **CONTEXT**

### ***Responding to Child to Parent Violence - EU Project***

In 2006 the European Youth Forum identified the need for research and policy on child to parent violence, resulting in a European wide research project that was funded from February 2013 to January 2015<sup>7</sup>. It was acknowledged that this type of violence in the family is not yet being adequately addressed across Europe; appearing largely absent from national and European programmes and indeed legal definitions. In fact, of all countries studied Spain is only one that has formally recognised CPV in and named it in legal context.

The research project studied five European countries and identified that statistical evidence of prevalence data is limited. Table 2 provides an overview of the known prevalence of CPV within each of the five countries. Details of the British research projects are detailed later in this report.

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<sup>7</sup> <http://www.rcpv.eu/research>.

Table 2: CPV Prevalence Data

Bulgaria	England	Ireland	Spain	Sweden
No national or regional statistics	National data: British Crime Survey 1996 3% of DV is CPV	No national or regional statistics	No national or regional statistics	No national or regional statistics
3 cases have been formally recorded	Parentline Plus had 30,000 telephone calls 17% on verbal CPV and 8% physical (2010)	Parentline recorded 22% increase in CPV 2010-2011	Family courts: 1,627 in 2006 5,377 in 2011 (Attorney General of Spain 2012, 162)	Anecdotal reports by practitioners
	Condry and Miles (2013) London Metropolitan Police 1 yr: 1,892 cases of APV mostly violence against the person or criminal damage in the home			

Source: Responding to Child to Parent Violence, European Research Project, 2015

Overall findings from the research project identified a wide range of forms of violence shown by children (full details of which are detailed at Appendix B ranging from verbal abuse to physical and financial abuse), with rare incidents of sexual abuse reported by two mothers who experienced this from their teenage son. These cases are a reminder of the severity of some forms of CPV and the need for action. Further, unlike a lot of crimes not only in a lot of cases are the victim and perpetrator residing at the same location, but in the cases where the child is a minor the victim has a legal duty of care and therefore is additionally vulnerable.

### *Parent Line from Family Lives*

The national charity Family Lives runs a helpline for parents, which receives substantial numbers of phone calls from parents experiencing violence from their children. In 2008 a survey revealed that 7% of 30,000 calls to the helpline were about physical aggression from children to their parents<sup>8</sup>, mostly from adolescents aged 13-15 years and usually targeted at mothers. In 2010 it was reported that between June 2008 and June 2010, the helpline received 22,537 phone calls from parents reporting aggression from their children, 7,000 of which involved physical aggression<sup>9</sup>.

### *Metropolitan Police case study*

A more recent study has been conducted by Condry and Miles (2013-14) which involved analysis of all cases of CPV reported to the Metropolitan Police in one year (April 2009 to March 2010). CPV was defined as “any acts of violence, threats of violence and criminal damage in the home by an adolescent aged 13-19 years towards a parent or carer”, and counted recorded incidents within the Greater London area. Although figures are not likely to represent all CPV that occurred within

<sup>8</sup> Parentline Plus (2008), *Aggressive Behaviour in Children: Parents' Experiences and Needs*. Parentline Plus.

<sup>9</sup> Parentline Plus (2010), *When Family Life Hurts: Family Experience of Aggression in Children*. Parentline Plus.

London during the year it is the first study of this kind undertaken within the UK and provides a sound evidence base.

Key findings from the study reveal 1,892 incidents of violence, threats of violence, or criminal damage in the home, perpetrated by a 13-19 year old towards their parent(s)/carer(s):

- 87.3% male perpetrators; 12.7% female perpetrators
- 77.5% of victims were female; 22.5% male victims
- Perpetrator to victim: son to mother = 66.7%; son to father = 20.6%; daughter to mother = 10.8%; daughter to father = 1.9%.

As shown, findings reveal that the majority of incidents were son to mother CPV. This agrees with findings from wider data sources, however, it should be noted that there is a reporting bias relating to gender and social norms, as is true of all cases. However, this is something that should be acknowledged and considered when raising the profile of CPV with all parents.

## LOCAL PICTURE OF CPV

In order to understand and implement successful interventions it is necessary to understand what is known locally. This section draws on a range of data sources to understand multiple factors that can help build the picture of CPV. Although data is limited within this field, this section uses sources from the Youth Offending Service, Social Care, police recorded incidents and crimes, as well as multiple case studies.

## PREVALENCE

Whilst this document will start to build the picture of CPV, it should be noted that the true prevalence remains unknown at this time. This is due to the fact that this research is a scoping of what is known and what is readily available.

During 2015/16, there were 7,619 total DA police incidents recorded in the County (excluding Peterborough), 1,798 (23.6%) of which were in Fenland. As shown previously, this is the highest rate of DA incidents per 1000 population when compared with all other districts and the County as a whole. Due to the nature of recording practices, a keyword search was performed to extract any incidents that could have been domestic abuse between family members<sup>10</sup>. This returned 1,747 of the results; however, a further search for the word “partner” identified that just over half (930) could have been committed by a partner / ex-partner and did therefore do not fall into the definition of familial abuse. The initial high return rate identified through the search of keywords may indicate that other family members may have been present or have knowledge of the DA, even if not a direct victim / perpetrator, thus exemplifying the wider impact of DA on family members.

Additional analysis of the 1,747 incidents was performed, which identified a total of 91 (5.2%) incidents that were likely to be CPV. It is noted that there is not a flag for this type of DA; therefore analysis was limited to the information recorded within the incident notes (or free text field).

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<sup>10</sup> Keywords: sibling; brother; mother; sister; father; aunt; uncle; son; daughter; mum; dad.



Further, within the comments it is apparent that a number of parents who were reporting abuse were reluctant to disclose theirs or their child's name due to fear of their child being criminalised. It is also acknowledged that due to the sensitivity of this type of abuse many incidents are under-reported altogether, thus highlighting the difficulty in identifying the true prevalence of CPV.

It should be noted that the scope of this research did not allow for in-depth analysis of all police recorded incident data. Therefore caution should be used when interpreting the analysis carried out on the DIP sample of incidents.

## ONSET OF ABUSE

To try and build an understanding of the factors that surround CPV and how the abusive environment develops the Research Group looked at international and national research. With other forms of offending the age of the perpetrator is a risk factor for the length of time offending takes place; with early onset predicting longer criminal careers. It is not clear at this time if the same applies with domestic abuse or not, or whether other behavioural problems can indicate where problems may arise in the future. Understanding the circumstances that are connected with the onset of this type of abuse would enable partners to intervene early or even prevent it occurring at all.

When considering which groups of children are at risk for offending previous concerns may be useful. The data below highlights some of the concerns from referrals and open cases to Social Care. Further research is needed to understand what, if any, links are seen between these circumstances. This could be conducted in two ways, one would be to do longitudinal studies taking groups of children and follow them through the system and understand how progress is made; the second is to take existing cases of CPV and review the historic data and use professional judgement on what occurred previously. This was not within scope of this document.

Overall:

- Almost one third of all assessed Social Care cases in Fenland recognised that the child had exposure to at least one form of DA.
- The number of referrals made across Cambridgeshire in 2015/16 has decreased 15.4% from the previous year; however, cases with CIN codes Child low boundary control or Child disorderly behaviour have increased.
- This may suggest that there is a growing complexity of cases referred to statutory services across the County.

### *Social Care Open Cases*

Looking at the totality of the Cambridgeshire (excluding Peterborough) open 'cases'<sup>11</sup> to Children's Social Care at 31<sup>st</sup> August 2016: 326 cases out of 2,401 (13.6%) included DA within the need codes (CIN)<sup>12</sup>. Within Fenland there were a total of 83 cases out of 648 (12.8%) which had DA within the need codes. This is only slightly lower than the ratio shown in the county, and shows very little

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<sup>11</sup> Open cases includes all cases - including historic - that continue to be involved with Social Care.

<sup>12</sup> (CIN) Children in need codes as used by social care to identify areas of concern

change from last year's figures. It is worth acknowledging therefore that many children are actually exposed to DA within the home, not just as potential perpetrators.

### *Social Care Assessment*

It is noted that children can often be referred to Social Care by a number of agencies as a first response when issues of welfare are raised. As shown, referrals are given primary CIN codes, but some cases require assessment and are therefore subject to further analysis. This provides further detail on the welfare issues concerning the child, with the assessor selecting all relevant factors, which could include three types of DA: 'Domestic violence: child subjected'; 'Domestic violence: parent/carers subjected'; 'Domestic violence: another in the household subjected'.

Exposure of children to domestic abuse can result in multiple physical and mental health consequences such as behavioural issues, feelings of responsibility/blame. In 2012, it was estimated that around 130,000 children in the UK lived in households with high-risk domestic abuse, and many thousands more lived with lower level domestic abuse (CAADA, 2014).

Of the 802 cases that were assessed in Fenland, almost 20% (152) of cases indicated one of the DA risk factors, with 10% (82) of cases indicating two DA risk factors, and 3% (25) of all cases indicating problems with all three forms of DA. Although this does not clearly indicate the perpetrator of the DA, what it does show is that almost one third of all assessed Social Care cases in Fenland recognised that the child had exposure to at least one form of DA.

### *Social Care Referrals*

Analysis of all referrals made to Social Care between 2014/15 and 2015/16 has also been conducted. As shown at Table 3, the number of referrals made across Cambridgeshire last year has actually decreased 15.4% from the previous year. This coincides with the decline shown in the YOS data analysed in the last document<sup>13</sup>, which also showed a decline in cases during the same period. However, it is important to assess the types of cases that are being referred and it not to suggest that workload is necessarily declining. Further, it does not detail the reporting practices of those making referrals and some cases may have been dealt with outside of Social Care.

**Table 3: Count of all Social Care referrals with percentage change from 2014/15 to 2015/16, Cambridgeshire**

Year	Count of all referrals
2014/15	4478
2015/16	3922
Percentage change	-15.4% (decrease)

Source: Cambridgeshire County Council, 2016

All referrals are given a primary CIN code, to give an indication of what welfare issues are being raised. It is noted that until further assessment is conducted, these codes are largely an interpretation of the problems involved with a case and can therefore be misleading; however they can provide a sense of the type of issues that are perceived to exist within initial referrals.

<sup>13</sup> Strategic Assessment Q1 2016/17 Children and Young People. Available at: <http://cambridgeshireinsight.org.uk/community-safety/CSP/fenland>.

Table 4 shows the County referrals from 2015/16 with the previous year in relation to the count of cases that have been allocated an initial CIN code of Child low boundary control (N5E) or Child disorderly behaviour (N6A). As shown, the number of cases that contain the selected codes has increased by over 30% in the past year. Although this should not be taken as a standalone piece of evidence, it may suggest a similar notion that has been shown within the Cambridgeshire Youth Offending Service; that there is a growing complexity of cases referred to statutory services across the County. This therefore highlights the importance of tailored interventions to try and work with children who have more complex needs that could develop if unchallenged.

**Table 4: Count of all Social Care referrals with CIN codes N5E and N6A with percentage change from 2014/15 to 2015/16, Cambridgeshire**

Year	Count of referrals with selected CIN codes (N5E and N6A)
2014/15	168
2015/16	222
<b>Percentage change</b>	<b>32.1% (increase)</b>

Source: Cambridgeshire County Council, 2016

## NATURE OF ABUSE

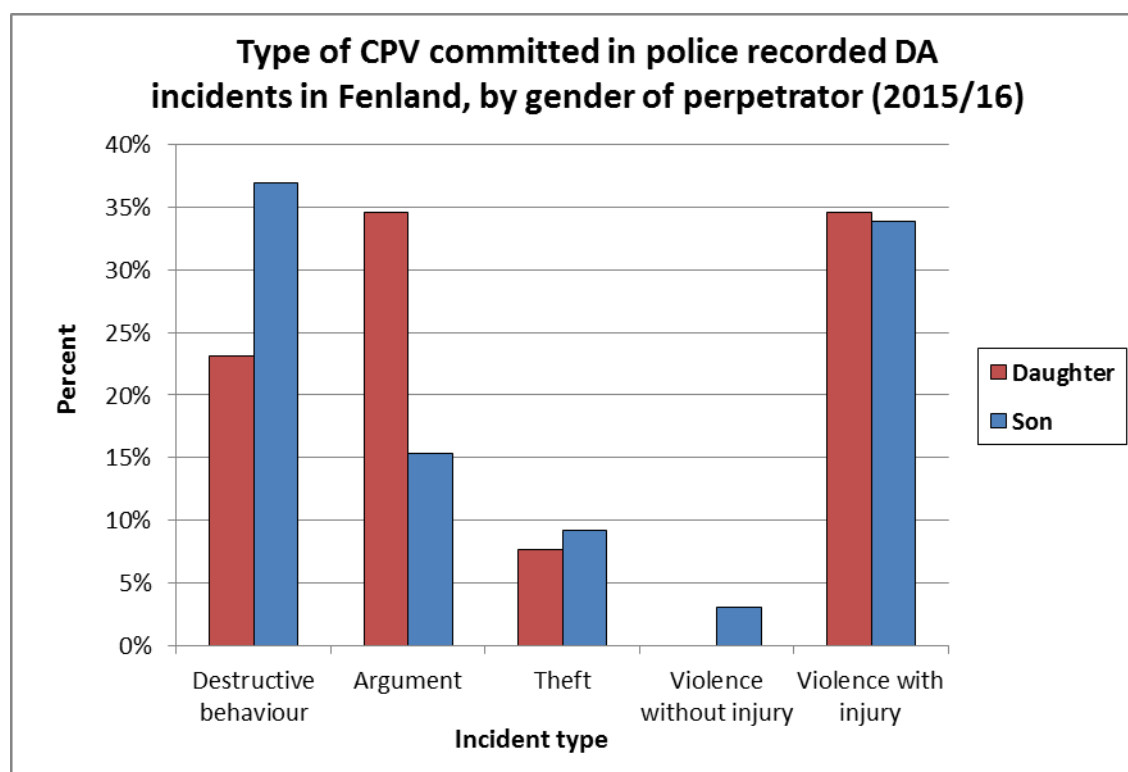
As with DA, CPV can manifest in a variety of ways. In order to understand what that might be locally, an in-depth analysis of the free text comments of police recorded domestic abuse incidents was carried out. It is clear that:

- Overall, violence with injury (34.4%) and destructive behaviour (33.3%) were the most common offences committed.
- The proportion of violence with injury was equal across male and female perpetrators, with almost 35% of both males and females, respectively, offending in this way. Females were more likely to argue rather than show more severe signs of destructive behaviour, with the converse true for males.

The differences in the type of abuse recorded by gender of perpetrator may be due to a range of range of factors including bias, recording practices (i.e. recording the most serious).

Figure 3 shows a breakdown of the 91 CPV police recorded incidents identified in Fenland. This details the type of CPV committed by gender of the child. Percentages have been calculated as total of all offences incidents committed by a daughter, and all offences committed by a son, respectively. Criminal damage has been counted as part of destructive behaviour, with lower level disputes counted as arguments. Violence with injury includes acts of violence to a parent with physical contact, with violence without injury including incidents aimed at a parent with no physical contact, for example where the parent was targeted with water or spat at.

Figure 3: Type of CPV reported in Fenland, 2015/16



Source: CRG, 2016.

Interestingly the proportion of violence with injury was equal across male and female perpetrators, with almost 35% of both males and females, respectively, offending in this way. Females were more likely to argue rather than show more severe signs of destructive behaviour, with the converse true for males. Overall, these findings largely support the EU study which concluded that boys are more likely to use physical violence (in Fenland this is also displayed through destructive behaviour). However, the percent of violence with injury within girls is higher than expected and whilst 65% of CPV committed by females was non-physical, it shows that incidents across Fenland do have a significant level of severity.

#### VICTIM / PERPETRATOR PROFILE

By identifying the type of young people who are committing CPV, the partnership may be able to target interventions more appropriately, considering both type of offence but also the target audience who would benefit from prevention work or diversionary activities.

This section brings together a YOS trawl from 2013/14, Cambridgeshire Constabulary recorded crimes in 2014, and the recent 2015/16 trawl of Cambridgeshire Constabulary recorded incidents across Fenland, which identified:

- The majority of incidents highlighted the mother as the victim, with son to mother violence/abuse most prevalent.
- Perpetrators are both male and female, although it ranged from 50% to 71% of male perpetrators depending on the data source.
- Overall over 70% of police recorded CPV incidents within Fenland occurred during the offender's teenage years, which is when the majority of children are still receiving some form of education.

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## YOUTH OFFENDING SERVICE DOMESTIC ABUSE

In 2013/14 a light touch trawl of YOS cases was conducted in order to establish an estimate of the prevalence of familial abuse within the County. A total of 207 recorded offences of violence (assault, ABH, GBH, common assault) were identified in the financial year 2013/14. 69 cases had no further information recorded within the details of the offence, which generally relates to cautions and community resolutions where there are no assessment or offence details.

Of the remaining 128 cases, 15 (12%) involved DA, defined by the researcher as anything involving aggression towards partner, parent or sibling. Key findings are listed below:

- Relationship to victim:
  - 1 offence was against a partner
  - 4 offences were against a sibling
  - 10 offences were against parent (8 mother, 1 father, 1 step-father)
- Females more likely to be violent towards mothers (7 offences were daughter/mother)
- The ratio of offenders was almost 50:50 male : female (7 male, 8 females)
- Age of offenders ranged from 14 to 17 years old

Note the ratio of males to female perpetrators is different to findings within other studies; however this is a small sample and should form part of wider research.

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## POLICE RECORDED DOMESTIC ABUSE CRIMES

Analysis by Cambridgeshire Constabulary (Problem Profile 2015) of DA crimes and incidents recorded by them analysed a small sample of DA crimes (n=92) reported between April and September 2014. Information was taken from the notes detailed within the Crimefile so any findings are therefore limited to the information recorded. i.e. if the offender had been drinking alcohol but this was not recorded on either the Crimefile or Incident notes, this would not be counted in the figures.

76.1% of sampled offences took place between current or ex intimate partners. The remaining 23.9% involved other family members (child/parent, siblings, and parent/child), but mostly committed by adult children towards a parent.

Of the 23.9% of reported DA between non-intimate partners:

- 9.8% of all DA offences were committed by an adult child<sup>14</sup> towards a biological parent – always of the opposite sex (son-mother = 8.7%, daughter-father 1.1%) These offences tended to be a mixture of harassment, criminal damage, theft and physical assaults.
- A further 2.2% of offences were committed by a step-son towards his step-father.
- Offences between adult siblings comprised 5.4% of offences and these were mostly brother-on-sister common assaults.
- Parents commit 3.3% of abuse towards an adult child.

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## POLICE RECORDED DOMESTIC ABUSE INCIDENTS

### *Victim / Perpetrator Relationship*

Of the 91 CPV incidents in Fenland, 28.6% (26) were committed by the daughter, and 71.4% (65) by the son. Interestingly, two incidents identified two siblings as the joint perpetrator. The majority of incidents highlighted the mother as the victim, with a full perpetrator to victim breakdown shown at Table 5. Percentages have been calculated as total of all offences incidents committed by a daughter, and all offences committed by a son, respectively.

**Table 5: Victim / Perpetrator Profile of police recorded CPV in Fenland, 2015/16**

Perpetrator	Victim			
	Both parents	Father	Mother	Step-parent
<b>Daughter</b>	7.7% (2)	15.4% (4)	76.9% (20)	0
<b>Son</b>	7.7% (5)	9.2% (6)	78.5% (51)	4.6% (3)

Source: CRG, 2016.

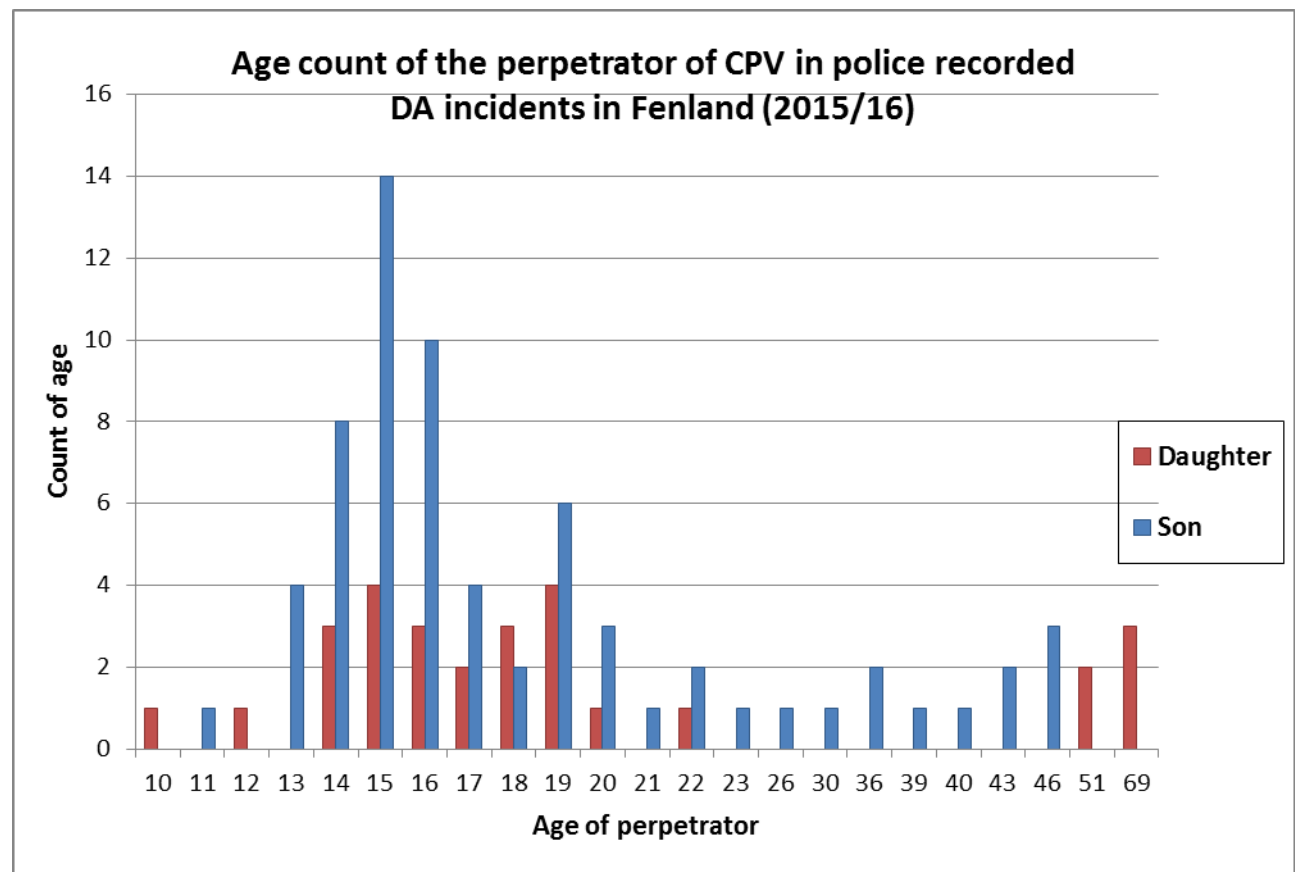
It is clear from this and the majority of studies detailed in the report, that CPV is a ‘gendered phenomenon’; however, this should highlight first and foremost that this is a serious and current issue in a number of families and should be considered as such.

Figure 4 shows the breakdown of the age and sex of the perpetrator of CPV within police recorded incidents in Fenland during the last financial year. The graph displays all recorded ages of the offender along the x axis, with a count of age by gender. All ages from 10 to 23 were recoded within the data, with the older ages less frequent.

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<sup>14</sup> Aged 16 years and over.

Figure 4: Age breakdown of perpetrator of CPV reported in Fenland, 2015/16



Source: CRG, 2016.

As shown, male perpetrators range from 11 to 46 years old with a definite peak in teenage years (13-19), with 15 years old the most common age of offender. Female offenders range from 10 up to 69 years old; however there was a gap of offenders aged between 22 and 51. Similarly with the males there is a definite peak in adolescent offenders, with 15 and 19 years old the most common.

Overall over 70% (67) of CPV incidents within Fenland occurred during the offender's teenage years, which is when the majority of children are still receiving some form of education. Interventions targeting this age range, perhaps via school, are therefore recommended within Fenland.

Just over 20% of all CPV was committed by 19 to 23 year olds. Within a 2014 report conducted within The Netherlands<sup>15</sup>, it is noted that this group of offenders is particularly problematic because they are no longer in youth care and therefore more difficult to reach out to if they are not identified by their parents. Targeting interventions with younger adolescents may help to prevent CPV developing later on in life.

<sup>15</sup> Movisie / TNO, 2014.

It is noted that within the 91 incidents in Fenland, the five incidents committed by an adult child over 50 were committed by females. Three of these incidents are reported to have been committed by one individual, and includes violence with injury. This reveals that although wider statistics show CPV as a gendered phenomenon often displayed within adolescents, within Fenland there may need to be wider intervention targeting the senior population, in particular females.

Just over 12% (11) of CPV incidents in Fenland were committed by sons and daughters aged 40 or above. Although further analysis will need to be conducted to identify the exact ages of all victims, it is reasonable to suggest that the parent victims in these incidents are likely to be aged over 60, indicating a concern of elder abuse within Fenland. The Q4 2015/16 Strategic Assessment titled Empowering Communities<sup>16</sup> identified the ageing population in Fenland, but also the risk factors associated with ageing, such as isolation and loneliness.

Both Age UK and the Care Network provide a number of support services, including befriending and care/community navigators to signpost and inform the elderly on a number of useful services, and have representatives at the Fenland Golden Age events. It is suggested that the Partnership develop their existing recommendations to explore ways to raise awareness of elder abuse and other less obvious crimes via these events to increase knowledge of these crimes, but also perhaps to increase disclosures so that help can be provided where needed.

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<sup>16</sup> Published in April 2016, <http://cambridgeshireinsight.org.uk/community-safety/CSP/fenland>.



## **Fenland Case Study (Family Intervention Programme)**

### **Young Person 1**

YP1 lives with his mother and brother. YP1 had anger issues and on a daily basis he regularly made threats towards his mother if she did not comply with his demands. This severely affected the dynamics of the household and ultimately damaged the family's relationship.

YP1 and his brother were involved in ASB in the north of the district. All early intervention tactics failed and YP1 soon left main stream schooling for an alternative provider. At this location his anger issues increased and he was cautioned by police on several occasions. YP1 progressed to taking vehicles and endangered lives in the community and the young passengers he took with him. This placed him with YOS.

FIP also became involved with the family and made some progression with the mother. This is where the details of domestic abuse were disclosed, including incidences where YP1 regularly damages his mother's property and makes threats of violence towards her. YP1's mother was affected profoundly through this behaviour and was prescribed medication to assist managing day to day living during this period.

YP1's mental stability was thought to be affected by the use of illegal drugs and was further affected with the loss of his grandfather whom he had a strong bond with and whom was seen as the major male role model within his life.

YP1 remained at the family home and disengaged with FIP leaving only enforcement tactics.

## ADDITIONAL FACTORS

### *Known risk factors*

It is noted within the literature, that there is no single explanation for CPV, with some families known to have a history of DA, whilst others who have not. As noted, many behaviours and additional factors are often reported, but this is by no means a direct causation in all incidents. The government Information Guide explains further that: “it may be the case that adolescent to parent violence is more likely to be identified in families who are already in contact with support services or the criminal justice system; and/or that such families find it more acceptable to report the problem and ask for help”<sup>17</sup>.

What is clear is that more research on this topic needs to be conducted before true causation can be identified. That said the Partnership can use what is known of both victims and offenders of CPV locally to try and work towards interventions that may prevent more families being affected by this complex form of DA.

### *Local evidence*

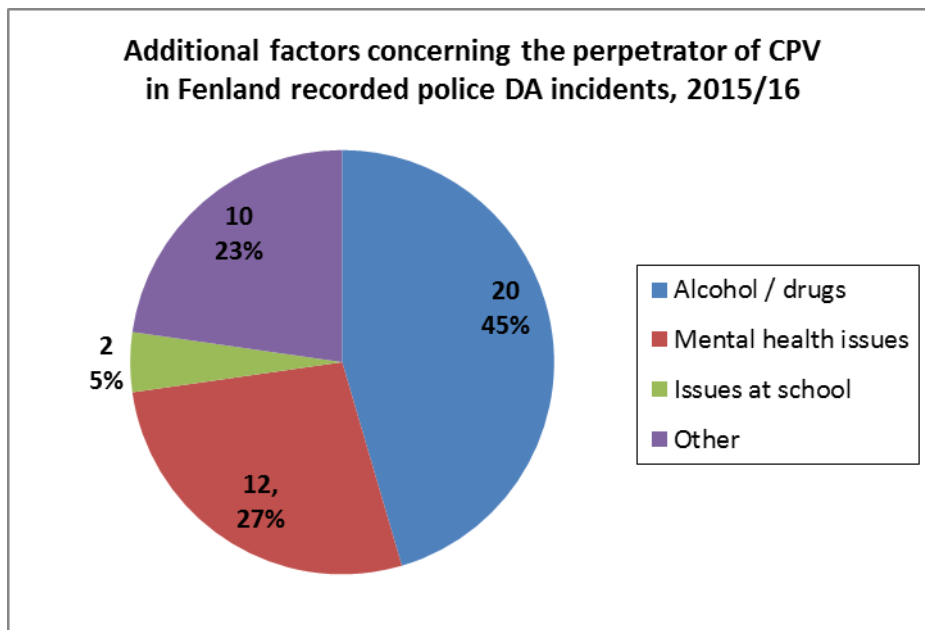
Officers are encouraged to ask a number of questions to whoever is reporting a DA incident in order to establish more about the current risk posed, but also to gain insight to any background information that may help an investigation. Just over 50% (48) of the police recorded incidents in Fenland in 2015/16 recorded a clear response to the question: “Is there a history of DA?”. 6 (12.5%) of these incidents reported no history of DA, however, 87.5% (42) of incidents reported a history of DA. It is acknowledged that it was not always clear if the history of DA was concerning the child, parent or another family member in the household, but does show a large majority of families have previously been exposed to some form of DA. In some instances, incidents were concerning additional offences committed by the repeat offenders within the same year, with the most extreme example of this identifying one victim who reportedly committed 6 CPV incidents during 2015/16. There was also one incident in which the parent reporting the CPV disclosed that they have previously reciprocated the DA towards their child, identifying more complex family dysfunction.

Just under half (44) of all incidents recorded additional factors relating to the perpetrator within the free text comments that may have acted as a catalyst for the child committing CPV, with a breakdown at Figure 5.

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<sup>17</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/420963/APVA.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/420963/APVA.pdf).

**Figure 5: Additional risk factors (if known) concerning the perpetrator of CPV recorded in Fenland 2015/16**



Source: Cambridgeshire Constabulary, 2016.

Just under half of incidents which stated an additional factor indicated drugs or alcohol was a problem, with a further 27% commenting that the perpetrator had mental health issues. Although schooling appears to be a lower factor, it is recognised that many of these risk factors cross over and often an offender displays multiple behaviours, even if they are not all listed at this initial reporting stage.

## **Fenland Case Study (Young People's Worker)**

### **Young Person 2**

YP2 is 13 and lives with his mother, step-father and older half-brother. YP2 has anger issues and has been increasingly violent over the past year: if he doesn't get his own way he will often smash things in the house, throw whatever he can pick up, hit his brother and mother, run out of the house early or late and stay out and / or be extremely verbally abusive. The police have been called to a number of incidents. YP2 also has periods of low mood whereby he becomes very "clingy" to his mother, even sleeping downstairs to be near her.

**Education** - Schooling for YP2 is an issue, which resulted in him being moved to an alternative education provider. However, he continued to struggle with the rules and boundaries and would often get excluded and sent home. Truancy was also an issue. His parents are constantly walking on egg shells to try and reduce the chance of YP2 'kicking off'.

**Health** - YP2 has ADHD and ODD for which he should take medication, but often refuses (however changes in frequency of taking medication may help). His mother has physical disability which affects mobility and both parents suffer with depression. His biological father (no contact) suffers with Bi-Polar. YP2 often takes advantage of his parents' disability / depression and often uses this to get his own way.

**Relationships** – YP2 and his brother both used to spend a lot of time with their maternal Uncle, however, last year he was arrested and sentenced for child porn images, child gay porn images and bestiality images. The uncle suggested the boys were responsible causing a family divide. YP2 also struggles with his brother's sexuality.

Family have had lots of professional involvement with no significant change, and have been open to social care on several occasions. YP2 has shown capabilities at Young Carers, but ultimately refuses help, or manipulates answers to what the YPW wants to hear.

### **Recommendations include:**

- Parents to be introduced to new strategies to help them cope with YP1's behaviour and maintain boundaries / house rules.
- Reduce the frequency YP1 takes medication by changing to slow-release one-off dosage.
- YP2 to continue working with YPW and look into getting a job.

## **INTERVENTIONS**

Support for those affected by wider forms of DA is available across the County. The Ormiston Families Trust runs a DA "Cope and Recover" programme, based in March, which received £9,0000 worth of funding from the Cambridgeshire Police and Crime Commissioner earlier this year. As detailed on their website<sup>18</sup>, the programme aims to support mothers and children between 9-11

<sup>18</sup> <http://www.ormiston.org/news/cope-and-recover.html>.

years old who have experienced domestic violence and offers a 12 week programme in Cambridge, Huntingdon and Peterborough. In particular the programme aims to help children and mothers “understand their feelings; address thoughts around blame and responsibility; understand the roots of domestic violence and make plans to stay safe, whilst increasing confidence and self-esteem”.

Few charities working to support victims of CPV, or working primarily to prevent CPV by focusing on early intervention are known within Cambridgeshire. As shown within the Case Studies throughout this report, many identified perpetrators of CPV are known to a range of different agencies, such as FIP, YOS, and health practitioners, all of which work with the child and wider family to help a range of behaviours often displayed within offenders. However, what is being echoed by frontline workers is that although work across the County is tackling some of the factors associated with CPV, this does not form part of a holistic approach to preventing CPV.

Charities with potential knowledge or links to CPV in Cambridgeshire have been identified as: Link to Change<sup>19</sup>; Centre 33<sup>20</sup>; Refuge<sup>21</sup>, and should be contacted to identify new ways of working going forward.

#### *Break4Change<sup>22</sup>*

Break4Change is a partnership between Brighton & Hove City Council’s Integrated Team for Families (ITF), Youth Offending Service (YOS) and two Charities – Rise and AudioActive. The programme was evaluated within the RSPV EU Project Report, alongside Non Violent Resistance (NVR) interventions. The report explains that Break4Change works with parents and young people in parallel groups for 10 sessions over 12 weeks with some support between sessions and after the intervention if required. NVR based in Galway, Ireland works with parents usually on a one to one basis for between 5 and 10 sessions with additional telephone support if required. It is noted that both interventions offer follow up support, with positive feedback on the effectiveness of training in increasingly knowledge and understanding of CPV with frontline practitioners.

Programmes similar to Break4Change have been rolled out in other parts of the UK, and have received positive feedback.

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<sup>19</sup> <http://www.linktochange.org.uk>.

<sup>20</sup> <http://www.centre33.org.uk/>.

<sup>21</sup> <http://www.refuge.org.uk>.

<sup>22</sup> <http://break4change.co.uk>.

### **Break4Change Case Study (Brighton)**

#### **Child's feedback**

*"I thought that [creative process] was really cool because I wasn't expecting that I didn't realise that Break4Change was about that cos my mum didn't really tell me everything. I thought it was a place you kind of come to each week and just kind of talked about your feelings and stuff but the fact that you were able to do like cool activities and you know that sort of stuff was good because I guess I know cos this is the sort of stuff you weren't able to get your hands on at school or stuff that you just didn't, couldn't afford to do and you know they did it here like at workshops and stuff so I thought that was a cool side of it because they kind of listened to what you would like to do so they'd ask you "does anyone here like music" and if you didn't like music then they wouldn't ask you that again and they move onto a different sort of thing like everyone in the group who liked music and stuff well OK we will have a music workshop and they would get like musicians in and all this sort of stuff so I felt as if Break4Change actually listened to what you liked and they kind of project that as well"*

Source: RSPV EU Project Report

Increasing communication between the child and the parent helps create a relationship in which frustrations are open and not hidden, or displayed via violent behaviour. Further, it was noted that using creative processes such as music or graffiti gave children a chance to explore and communicate issues they may be dealing with.

Practitioners can equip children and parents/carers with strategies and skills to recognise an escalating situation and to reduce the potential risk of harm.

#### ***Holes in the Wall*<sup>23</sup>**

This popular blog run by professional social worker, Helen Bonnick, provides updates on research, practice and policymaking developments. The website offers a large amount of resources that could be of use to the Partnership and other authorities, and includes links to other publications that try to explain the importance of raising awareness of CPV, such as the YouTube video<sup>24</sup> asking viewers to question: "Can you think of any other instance where a victim is legally required to pick up their abuser and bring them back to their home and stay?". This reinforces the idea that not only is this an issue of frustration and behaviour for the child, but that the impact of CPV on a parent as a victim and guardian is huge.

The blog also suggests targeting interventions at a young age may help raise awareness and allow children to build resilience to their surroundings. Bonnick recently reviewed a book primarily aimed at 2 to 6 years old; 'Cyril Squirrel Finds Out About Love' authored by Jane Evans, teaches children about their feelings and can be read to any child.

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<sup>23</sup> <https://holesinthewall.co.uk/>.

<sup>24</sup> "Our Story of Parental Abuse : A parent campaigns for child to parent violence to be recognised in law," <https://www.youtube.com/watch?v=y1GYAhw2EAQ>.

## Fenland Case Study (Youth Offending Service)

### **Young Person 3**

Overlap of interventions. Social Care (CIN) at the point of reception into foster care; Youth Offending Service; YOS Substance misuse; MST; YOS Transitions adviser; family therapist.

### Family composition

- Single female parent (separated from partner due to DV issues). Two unrelated adopted boys. One boy with 'special needs'.
- Extent of DV witnessed by children unknown but likely to have been significant. Mother uses alcohol to cope with situation. Extent of Mothers alcohol use unknown.

### Problems within the family

- Younger adopted son (YP3) displaying hostility to Mother from an early age. Worsening in teenage years and culminating in Court proceedings for Criminal Damage in the home. Referral order imposed. Refusing to attend school. Drug use commenced (cannabis).
- More serious violence displayed. Assault of both Mother and brother.
- Further charges resulted in extension of referral order and temporary placement in foster care.
- Family dynamic alters with elder brother and mother, who settle into a routine without younger abusive son.

### Update

- YP3 returned home at the request of all family members. Initially, relations are improved and behaviour is favourable. Younger son starts college and appears happy to attend. However, cannabis use recommences and arguments return. Boundaries become impossible for mother to enforce.
- YP3 being careful not to inflict physical assault or to commit criminal damage, in order not to return to Court.
- Elder brother (SEND) begins to emulate behaviours of younger brother and school intervene to reduce risk. Younger brother also expresses concern over the influence he has had over his brother.

### Summary

Parents view: Matters improved when son was in foster care. Initially excellent on return home but now the same issues are being displayed. No control over behaviour. Frightened of YP3 but doesn't want to destabilise his college course and potentially good home life.

YP3's view: Doesn't want to return to foster care but aware of the power and control he is able to exert over mother, even without the use of violence or overt aggression. Wants his own way. Wants to take drugs and stay out late. Would like to have a good career but also influenced by negative peers. Happy to engage in therapy. Openly volunteers all aspects of his behaviour and not concerned about appearing to be manipulating; controlling and a poor influence on older brother, who is SEND.

Professionals view: YP3 has the capacity to be dangerous to Mother. No other group identified as potential victims of harm but elder brother could be 'caught up' in future violence. YP3 needs to be freed up to be open and honest with professionals about the root cause of his 'dislike' for his mother. Mother needs to be encouraged to reflect on her own and the wider family issues, that have influenced this difficult and dysfunctional scenario and to accept responsibility where it is/ may be due. It is not acceptable however for her to live in fear of her son.

## APPENDIX A. DATA SOURCES AND REFERENCES

On behalf of the Fenland Community Safety Partnership, the Research group would like to thank all partners who have supported the process by providing data, information or analysis.

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### *Types of CPV identified within the RSPV EU Project, 2015*

The forms of violence and abuse identified in the RCPV research programme were as follows:

- Verbal abuse such as yelling, arguing, challenging, sarcastic and belittling comments, threats, name calling and swearing.
- Physical abuse such as hitting, slapping, punching, kicking, shoving and pushing, breaking and throwing things, punching holes in walls, throwing things down the stairs, spitting, using weapons. Findings reveal significant rates of injury among parents (bruises, cuts, broken bones).
- Emotional abuse such as intimidation, controlling the running of the household, mind games, unrealistic demands, running away from home or staying out all night, lying, threats to hurt or kill, to run away, to commit suicide or hurt themselves, degrading the parent or other family members or withholding affection.
- Financial abuse such as stealing money or parent's belongings, selling family possessions, destroying the home or parents' belongings, demanding parents buy things they can't afford, incurring debts the parents must cover and so on.
- Sexual abuse was reported by two mothers who experienced this from their teenage son.