De Montfort University, Faculties of Business and Law & Health and Life Sciences

Preliminary Investigation into Current Understandings of Adolescent to Parent Violence (APV) Among Staff within the Voluntary and Statutory Sector in Leicester

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Executive Summary

This research project is a preliminary investigation into current understandings of adolescent to parent violence (APV) within services and the statutory sector in Leicester. The aim of the project is to explore the current understanding[s] of APV among staff working for/with local services.

This research project was carried out using a case study approach. This methodology facilitates the use of a broad range of data gathering methods. The data gathering methods used in the study included a focus group conducted in two parts, exploring experiences, knowledge and understanding APV; two narrative gathering exercises, the first exploring definitions of APV among professionals working with the services, the second experiences of working with APV; and finally, a review was undertaken of nine APV cases. These nine cases were drawn from different service providers in Leicester. Taken together, these data gathering exercises provided a substantial insight into experiences, knowledge and understandings of APV in Leicester.

The key findings of the study highlight the seriousness of the issue of APV. The unwillingness of families to draw attention to their experiences of APV, and their unwillingness to criminalise their children as perpetrators of APV. The challenges for the services in dealing with cases of APV and the high volume of services that deal with children using violence and abuse towards their parents, are highlighted. Also emphasised is the determination of the services to help and support these young people and their families. The range of supports available for young people and their families experiencing APV are detailed in this report. The creative and imaginative ways developed by the professionals working in the field in their attempts to tackle APV and in their work to support young people and their families is evident in the report.

This report represents a broad overview of APV in Leicester. It provides insight into APV, the hidden nature of APV, the complexity of APV, the levels of violence perpetrated by children engaging in APV, the difficult family backgrounds of most of these children, and the level and range of supports provided in Leicester for them and their families. The hope for this research is that it will raise the public profile of the issue of APV, and in doing so, it will contribute to tacking APV at a societal level.

Preliminary Investigation into Current Understandings of Adolescent to Parent Violence (APV) Among Staff within Services and the Statutory Sector in Leicester

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Research Statement

This research project is a preliminary investigation into current understandings of adolescent to parent violence (APV) within services and the statutory sector in Leicester.

Research Aim and Objectives

The aim of the project is to explore the current understanding[s] of APV among staff working for/with local services.

The objectives of this research are:

- to conduct a preliminary investigation into the needs/issues of service users;
- to identify the pathways into the services providing APV support;
- to conduct a preliminary investigation into the consistency/quality of identifying APV cases by different key areas: criminal justice, civil statutory/law, voluntary sector; as far as it is possible to do so.
- and to evaluate the overall sustainability of APV interventions in Leicester.

Context for the Research

The research was undertaken at De Montfort University under the auspices of De Montfort University Sexual Violence Domestic Violence (SVDV) Research Group.

Rationale for the Research

The findings of the research will be used to inform future practice in the delivery of services in cases of APV. The project will be used to start a conversation, locally, nationally and internationally, on the topic of APV. The hope for the project is that it will highlight the issue of APV, and by highlighting this issue, help to bring about

change in relation to it. The change sought by the researchers is the recognition in society generally of APV as a serious issue, an issue that should be acknowledged.

Research Methodology

This research project was carried out using a case study approach. A case study was the most appropriate methodology for this research. That is because a case study methodology allows for the in-depth study of the phenomenon under investigation (Yin, 2017, Quinlan, 2011 and Quinlan et al, 2015). This methodology facilitates the use of a broad range of data gathering methods. This is particularly useful in terms of case study research, where the essential objective of the research is in-depth investigation.

A Review of the Literature: To begin with a review of the literature was undertaken to provide some insight into the scale of the issue of APV nationally and areas of development in policy.

Data Gathering Methods - Introduction

A range of data gathering methods were used in this research. In the first place, a focus group was undertaken. Participants were practitioners from statutory agencies working with families where APV presented. This focus group was divided into two parts:

- In the first part, the focus was on exploring understandings of the concept that is APV.
- In the second part, the focus was on exploring experiences of APV.

At the end of the first part of the focus group, participants in the focus group were invited to each write a short narrative on their own understanding of APV. In total nine narratives were gathered in this exercise.

At the end of the second part of the focus group, participants in the focus group were invited to each write a short narrative on their experience, in their professional practice, of APV. In total nine narratives were gathered in this exercise.

Finally, a review of case files related to APV cases was undertaken. In the end, nine case files were reviewed, six case files were reviewed at the Jenkins Centre, two case files were reviewed in Leicester Youth Offending Service, (YOS), and one case file was reviewed in Leicester City Council's Early Help Service. This review of case

files provided an insight into the experiences of young people and their families of APV, as those experiences were dealt with and recorded in case files by these three agencies.

Focus Group Data Gathering Exercise: A focus group was held with professionals working in the field of APV in Leicester. This focus group was structured in two parts, and it was conducted over four hours. In the first part, participants were facilitated in a discussion about APV and their understanding of it. In the second part, which followed a break of half an hour for refreshments, participants were presented with the research project. Following this presentation, the participants were facilitated in a discussion of their own knowledge, understanding and experience of APV.

This two-part focus group provided an insight into the views of senior managers regarding understandings of the concept and the experience of APV in Leicester. The exercise also provided insight into other key considerations in APV from the perspectives of participants in the data gathering exercise.

The focus group schedules for both parts of the data gathering exercise were semi-structured. This allowed for the data gathering exercise to be properly focused on the research issues, while simultaneously allowing the participants to express themselves openly and with relative freedom on the topic under investigation, i.e. their experience, knowledge and understanding of APV.

Narrative Gathering Exercise: During the focus group, two narrative gathering exercises were conducted. Focus group participants were asked at the end of the first part of the focus group to write a short narrative, a short story, approximately one paragraph long, based on their understanding of APV. At the end of the second part of the focus group, participants were asked to write a short narrative, a short story, a paragraph long, illustrating their experience of working with APV. These narrative gathering exercises provided a second stream of data on the perspectives of professionals working with APV.

A Review of Case Files: A review of case files was undertaken for the study. It was decided that a small number of case files, no more than ten, would be reviewed and analysed. In the end, nine case files in all were reviewed. This work is sensitive. Working with the Leicester City APV Steering group, a suitable means of reviewing

case files was agreed upon and matters of confidentiality and ethical research practices were dealt with in an Information Sharing Agreement between the funder, Leicester City Council and De Montfort University. Each of the case files was accessed on site at the relevant agency. The review of the case files was undertaken by a member of the research team, Dr. Christina Quinlan, under the supervision of a member of staff at the agency. The analysis of the case files was undertaken by the research team.

This analysis focused on determining the pathways into Leicester supports taken by the adolescent/child in each case. Each case was used to explore routes into APV, to establish the point in the case at which instances of APV were identified, and to determine the supports available to the young people perpetrating the violence and their families. Each case was analysed in terms of the consistency and quality of intervention available from organisations within criminal justice, civil, welfare, and voluntary sectors. A brief synopsis of each of the cases analysed is presented in this final report of the study. The analysis of the case files adds a further level of complexity to the study, providing a rich perspective on and insight into the experiences of APV of young people and their families.

Stage One: Review of Case Files: This Stage One Review of Case Files was undertaken with the Jenkins Centre, Leicester. In total, six case files were reviewed.

Stage Two: Review of Case Files: In this Stage Two Review of Case Files, a review was undertaken of case files of partner organisations in Leicester City Councils APV Steering Group. In this second stage, three case files were reviewed.

This review of case files was informed by the review of the literature and by the findings of the analysis of data gathered through the focus group and narrative gathering exercises. For example, concerns with identification of cases of APV and decisions around interventions used in cases of APV, raised in the focus group, were compared and contrasted with case file data and with the literature. Issues that emerged in Stage One of the research, the focus group and narrative gathering exercises, were further examined during this Second Stage. The findings of Stage One and Stage Two are outlined in this final report of the research, presented to the members of the APV Steering Group

Taken together, the data gathering exercises conducted for this research project provide the necessary depth of insight required for the research, and required by the case study methodology operationalised for the study. The data generated by the two stage review of case files, the two-part focus group, and the two narrative analysis exercises, provide for a robust study of current understandings of adolescent to parent violence (APV) among staff within services and the statutory sector in Leicester.

DMU Engage Funding

As explained earlier, for a third stage in this study, the researchers secured internal funding from De Montfort University, funding from #DMUengage. We plan to use our research on APV to start a public conversation. We want to engage the general public in a conversation about APV, to highlight the issue and to raise public awareness. To do this, we will draw on our research with Leicester City Council and The Jenkins Centre. Our plan is to use this research as a baseline for our work in terms of facilitating a public engagement in a conversation about APV.

Generating Impact

To develop the conversation, we:

(a) Commissioned a new start-up theatre company, *Written Foundations*, developed by two recent DMU graduates, to write a screenplay focused on the issue of APV; the creative work of the theatre company was essential to this project in terms of dramatizing a short, meaningful narrative of APV;
(b) Developed the screenplay into a short film on APV;
(c) Plan to make this short film available on the SVDV (Sexual Violence/Domestic Violence) website http://www.dmu.ac.uk/research/research-faculties-and-institutes/health-and-life-sciences/community-and-criminal-justice-research/sexual-violence-and-domestic-violence-research-network.aspx for schools and community groups around the world, so that they can use it in starting and developing a conversation on APV;
(d) Will track impact by recording the number of hits on the website;
(e) Will provide a facility on the website for a developing conversation around APV;

(f) Will, in a later phase, develop a tool that captures how perceptions have changed, that captures the direction the conversation has taken;
(g) Will track and record any concrete changes in practice that result from this project;
(h) Will develop a learning network at DMU focused on the issue of APV.

Research Ethics

The ethical considerations in this research are dealt with in the following paragraphs. The protection of the anonymity of participants was of paramount importance, as was the maintenance of confidentiality in terms of the data accessed over the course of the study, and the data generated by the study. The focus of the study was not on the families participating in the programmes, the families being supported by the services, but on the key decision-making processes of professionals working with the families. Consequently, the families and their experiences were not mapped for the research; neither were the families and their experiences tracked through the systems of the support workers and organisations. All identifiers related to children, family members, and professionals involved in each case were coded in the researcher's notes.

The protection of the integrity of APV programmes in Leicester was a key concern in this study. While the research represented an opportunity for a critical engagement with service provision in the field, every care was taken to support the work of the services and the work of professionals managing and delivering the services, as well as the experiences of participants in the study.

All of the research was carried out by the two senior researchers working on the project, the PI and Co PI.

The research was undertaken under the ethical guidance of DMU Research Ethics, and DMU Guidelines for Good Research Practice were adhered to, and will be adhered to throughout the lifetime of the research project. Ethical approval for the study was sought from and secured from the De Montfort University, Leicester, Faculty Research Ethics Committee of the Faculty of Business and Law.

Literature Review

There is a growing body of literature in the field of APV that emerged in the 1990s, (Johnston and Campbell, 1993, Browne and Hamilton, 1998, and Brezina, 1999). While this is the case, in 2010 Condry and Miles described it as a hidden problem in our society. More recently, in 2014, these authors wrote that APV was absent from official discourses. Miles and Condry provided the first extensive data on APV in England and Wales and this data informs the current Home Office information guidance produced in 2015 on the issue.[1] The guidance is not a sophisticated policy. It does not outline detailed responses for APV. Instead, it requires local services to develop specific guidance of their own. This may be related to the complexities of APV. APV is complex, and it is difficult to address, and there are several pathways that bring families to the attention of the local authority.

The prevalence of parent abuse is difficult to measure for several reasons. Problems with identifying and recording incidents by practitioners who in the past have had limited or appropriate guidance has been recognised in Miles and Condry's study (2015). In the study, they summarised the findings available on the existence and prevalence of parent abuse. A 2008 survey found that 8% of 30,000 calls to its helpline were about physical aggression from children towards a parent, usually the mother, peaking at the age range of 13-15 (ParentLine, 2008). A second survey revealed that the helpline had received 22,537 calls from parents who had experienced aggression from their children, 7,000 involving physical aggression (ParentLine, 2010).

Prior to the publication of the Home Office information guidance, practitioners were aware of the issue, however, they had limited language to help them articulate it (Holt and Retford, 2012). It is important to note that the information guidance states that APV abuse 'is increasingly recognised as a form of domestic violence and abuse.' (2015, Para. 1.3), and policy should ultimately be determined at a local level.

[1] This was issued in 2015 when the Home Office added an update to its Guidance on Domestic Violence and abuse

A particular issue that arises by adopting the domestic violence and abuse policy framework is the matter of age. The Home Office definition states that domestic violence and abuse involves:

> ‘Any incident or pattern of incidents of controlling, coercive, 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.’ (Home Office, 2013).

The Home Office information guidance on APV acknowledges that there is an anomaly, as such behaviours can involve children under 16 (2015, Para 1.3).

Justifying the adoption of the established domestic violence and abuse policy framework for APV derives from a convincing argument presented by Wilcox, 2012. The two forms of abuse have many similarities, but also distinctive differences. In cases of APV, the family relationship differs significantly from the relationship between intimate partners. The parent has responsibility for the child. As highlighted by Tew and Nixon (2010, 579), APV ‘transgresses conventional notions of family power relations in which children are seen as potential victims but not as perpetrators’.

Placing APV within a domestic violence policy framework connects APV into ‘existing multi-agency networks with expertise of multiple forms of family violence’ (Wilcox, 2012, 283). Without this link it is difficult to place APV abuse within the existing services framework, and consequently, difficult for families to access support. In addition, placing APV within a domestic violence policy framework provides practitioners with a language to identify, record and respond to it (2012, p.282; Holt, 2011). Whilst it is sensible to use the experiences of qualified domestic violence service providers in cases of APV, Miles and Condry (2015), expressed concern that the DVA framework may not do “justice to the complexity” of APV. The reality is however, that in practice, for the most part, APV falls within policy frameworks for DVA developed primarily for the purpose of intimate partner violence and abuse.

The harmful behaviours

The harmful behaviours used by children and young people against their parents are wide ranging. They involve cumulative actions varying from verbal abuse, threats of violence, criminal damage and physical assaults (Williams, Tuffin and Niland 2016, Parent Line 2008, Harbin and Madden, 1979); they involve abuses of power (Tew and Nixon, 2010, Howard and Rottem, N (2008); and they are often directed at one parent (Holt, 2009). In common with intimate partner abuse, the child-perpetrator can engage in coercive and controlling behaviours, explained by Stark, 2007, and these behaviours are more problematical than, for example, single isolated acts of violence generated by teenage frustration. Coercive and controlling behaviours may be based on minimal physical abuse, but can cause substantial damage to the victim's wellbeing. Such behaviour can involve acts designed to isolate, degrade and/or humiliate, perhaps taking advantage of the parent's feelings of guilt and parental inadequacy, all of which can attack and undermine the victim's autonomy and self-worth (Rachmilovitz, 2007). Strategies adopted by a child using coercive control may involve gestures, words and deprivation of resources. From the child perpetrator point of view, the strategies can be effective, particularly when they are accompanied by convincing threats that are specific to the victim. In these circumstances, even trivial seeming acts are part of the strategy used by the child towards the parent. Herring states that, 'it is intimidation, isolation and control which should be the hallmarks of parental abuse, rather than the means to achieve them (Herring, 2015). In other words, the effect of the abuse needs to be the focus, rather that the means of abuse.

The harm experienced

The harm experienced by parent-victims includes both physical and psychological injury, similar to that experienced by victims of intimate partner domestic violence and abuse. Condry and Miles found that parents would feel frightened of their child and many cases occurred over a prolonged period which could generate an environment where [the] parent live[d] in fear of their own child and curtail[ed] their own behaviour to try to contain or minimize the violence and to avoid conflict' (2014). Holt found that parents experienced negative emotions of anger, shame, hurt and betrayal within the discourses of fear and guilt expressed (2011, p. 457). Guilt was

expressed for not having unconditional love towards the child, and overall, parent-victims produced narratives of powerlessness and hopelessness.

With APV opportunities to escape the abusive behaviours are incredibly restricted as the parent-victim remains the responsible adult for the child. For the parent victim their feelings of hopelessness and powerlessness are traumatic (Herman, 1997). As well as parents, other family members are also harmed by the behaviour, including siblings, who can 'feel threatened, intimidated or controlled by it and they believe that they must adjust their own behaviour to accommodate threats or anticipation of violence' (Paterson et al, 2002). Thus the coercive and controlling behaviours of the perpetrators of APV often impact upon the entire family.

Arguably the critical difference between domestic violence cases and APV cases is the fact that the emotional harm experienced by parents is exacerbated by their parenthood. In addition, the hidden nature of APV can be an exacerbating factor. Tew and Nixon note that there is little public conversation about APV (2012, p. 579). They suggest that the concept of a child having control over their parent inverts society's views of parenthood itself. Holt (2011) argues that the lack of conversation in the public domain enhances the shame and stigma experienced by parents. Parent-victims are subject to a 'double stigma', from their victim status, and from failing in their parenting, being unable to adequately parent and control the behaviour of their child. This leads to, for the parents, a mixture of feelings of fear and guilt (Holt, 2011). In most cases of APV, the primary victim tends to be the female mother, and the primary perpetrator tends to be a male child (Miles and Condry, 2016). Gallagher has calculated that mothers are five times more likely to be victims than fathers (2016).

Causes and Pathways

There is no single cause of APV, indeed causes are multifaceted with studies illustrating that they include exposure to violence, including family violence, and mental health issues (Howard, 2011; Miles and Condry, 2014, 2015). Other factors that have arisen in research studies include substance misuse. Galvani (2017), found high levels of abuse towards parents from intoxicated children of all ages. She concluded that the study 'suggested the need for greater support for family support

group providers who require information on child-to-parent violence, its relationship to substance use, and how to overcome barriers to disclosure'.

Incidents of APV tend to come to the attention of local authorities following a police call out (Hunter and Piper, 2012). Miles and Condry's study found inconsistencies with how incidents were managed, and a number of challenges faced by the responding police officers (2016). They explained officers' response shaped the way parents perceived that they were seen by the outside world. They posited that a key challenge lay in the fact that the lack of awareness and recognition surrounding APV meant that parents felt blamed for the harm they experienced. Indeed parents were sometimes asked to address their 'poor' parenting skills.

Such uninformed police responses, in Miles and Condry's view could increase the risk of harm to victim-parents, by reinforcing the abusive adolescent's sense of being untouchable (2015, p. 1085). Their study showed that parents would reach out to the police 'at the point at which a parent thinks they are in serious danger, or have run out of strategies to respond to the violence' (2016, p. 808). In the study, arrests were made in 94.6% of cases, although there was also evidence that in 41.8% of cases no charges were brought, or the charges were dropped, often because the parent did not want their child to be prosecuted, rather they wanted help and support in dealing with their child.

A critical issue in cases of APV is that parent-victims are frequently blamed and made to feel responsible for their child's offending. This is firmly entrenched in a policy context of parental accountability in youth justice (Miles and Condry, 2015, p. 1080). There are, however, some supports available in the youth justice system for dealing with families experiencing APV. For example, the youth justice system provides parenting programmes and the system will try to engage positively with the young person. The downside of an engagement with the youth justice system is the criminalisation of the young person. Hunter and Piper suggest that this 'is not in the best long-term interests of children', and it is 'likely to lead to unhelpful feelings of guilt in the parent' (2012, p. 220).

Social Services have a duty of care for children aged 16 or below. However, parents are the primary care givers, and when a child is removed from the home because they are engaging in violent behaviours, they must sooner or later allow the child to

return to the home. Miles and Condry found that parents ‘willingly or reluctantly allow[ing] their child to return home’ sometimes rendered the home unsafe for the parent-victim and other family members (2016, p. 816). Under s. 17 Children Act 1989 (CA1989), Schedule 2, local authorities are invested with promoting children to remain in the family home, while they retain contact in order to safeguard the welfare of the child. Of course local authorities owe a duty of care to parents who are vulnerable adults. However, this is much less clearly defined than the duty of care owed to children’ (2012, p. 221), APV perpetrators and other children within the household. Also under s. 17 CA1989. Hunter and Piper suggest that schedule 2 be amended to impose a duty upon the local authority to take reasonable steps to support victim-parents (2012, p. 225). They found that interventions used by social workers in their study, such as parenting programmes, had a victim-blaming and stigmatising effect, as they made the parents feel that the APV must be their fault and a result of their failure to parent. It is unclear how the issue of APV and conflicting duties owed by the local authority might be resolved.

Summary

There remains much more to learn about the phenomenon of APV and the manner in which local authorities and wider society should respond to it. Initial studies show that the problem does exist, and they show how parents are struggling to have their voices heard in a culture where they feel shame and stigmatization. Miles and Condry strongly recommend that responses to parent abuse need to be nuanced and family focused. They also indicate that where pathways to access services generate from the criminal justice framework, there are substantial issues in terms of the responsibilization of parents and the potential criminalisation of young people (2015).

In their work, Ibabe and Bentler (2016) analyzed the importance of the quality of family relationships and different strategies of family discipline. They found that affectivity, the arousing of feelings or emotions, and the quality of family relationships, were key to preventing violent behaviour. Tew and Nixon suggest that interventions need to involve an understanding of power relations, and should include strategies to “empower parent-victims to re-establish control over situations”, as well as building relationships of cooperative and protective power (2010).

This form of complex family violence needs a multi-agency framework and studies suggest that this should best be led outside the criminal justice system, albeit whilst remaining as key partners, as parents are more likely to welcome ‘connecting’ rather than punitive responses. This report looks at the levels of practitioners understanding of APV as well as responses to APV. The report also outlines the variety of pathways into the services dealing with cases of APV.

Data Analysis

The analysis of the data gathered for this study is presented in the following pages. Each of the three streams of data is presented separately, beginning with the analysis of the focus group data, followed by an analysis of the narrative data, and finally the analysis of the case file data is presented.

A thematic analysis was used in analysing the data, whereby the researchers undertook three passes through the data as follows:

1. In the first pass, the researchers identified the emerging themes in the data;
2. In the second pass, the researcher created conceptual links between the different emergent themes;
3. In the final pass, the researchers outlined the key themes to emerge from the analysis of the data.

The analysis of the data from the three different streams of data is presented under these key themes. These key themes provide the analytical framework for this study.

Analysis of Focus Group Data

The key themes to emerge from the analysis of the focus group data were: working with APV cases; intergenerational trauma; complex issues and troubled families; levels of violence; and interventions needed. These themes are presented in the following paragraphs.

Working with APV Cases: The professionals who participated in the focus group spoke of the difficulty in some families of identifying APV or DV, and the difficulty in getting some families to acknowledge that they were experiencing such difficulties. Participants said that culturally, in some communities, APV and DV were taboo. In

some communities, people did not talk of such things. Participants spoke of minority communities experiencing high levels or relatively high levels of prejudice, and, consequently, being reluctant to draw attention to abusive violent behaviours in their families and their communities. Participants spoke of working class families coming to the services for help, and middle class families going to private clinics for help. It was said by participants that problems such as APV and DV would be dealt with by social workers in working class families, and by lawyers in middle class families.

The participant who was a representative of the police said that they, in the police, did not have a great deal of work with APV cases, that they were more involved with cases of serious domestic violence where there is risk of immediate harm. This participant said that APV cases were more likely to be dealt with by social services. Further, this participant suggested that a parent is less likely to report APV to the police, so as to avoid involving the police with the child and child's behaviour, even when that behaviour is violent. This view was supported by other participants in the focus group.

Another participant in the focus group worked for Multisystemic Therapy, which is part of Children's Social Care. This participant spoke of having in the Behaviour Management Programme, designed for 11 to 17 year olds, 'a few teenagers' who are violent towards their parent(s). This participant could not recall any parent who had reported their child to the police. Another participant said that even where the situation is so desperate that the parent(s) has no other option but to call the police, once the situation has calmed down, the parent(s) will not follow through with the police and press charges. While this is the case, it was acknowledged by the group that if the situation was serious enough, the police have the powers to prosecute.

It was said in the focus group that in a family environment, where the parent doesn't want to take things further, people try and work together to resolve the problem. The concern expressed in the focus group was that if the situation was escalating, it might, sooner or later, come to a point where the situation was a matter of life and death. This concern was very troubling and a constant worry for all professionals working in the field.

One of the participants spoke of experience of working with a lot of girls in the 15/16 age bracket. This participant said that in this group of girls:

‘there’s a lot of anger, there’s a lot of trauma, a lot of loss, a lot of intergenerational abuse and intergenerational mental health issues….It surprised me, just how many traumatised teenagers actually actively seek to become a parent, and see that as a way of, as kind of changing their lives. And a lot of them have got histories of being violent in and outside the home, and have also tried to get pregnant from very, very early’.

This evidences the complexity of the trauma experienced by many of troubled young people, and the view that many troubled teenage girls take of early pregnancy as a key strategy in their difficult lives for change and development,

Participants in the focus group also highlighted the difficulties in DV and APV cases in establishing precisely what is going on. For example, one participant outlined a cautionary tale of a community paediatrician speaking of meeting a troubled young person with the young person’s dad, and describing the dad as ‘absolutely charming,’ when the dad was the perpetrator of domestic abuse.

The focus group participants talked about the need to explore underneath the surface. They spoke of the need sometimes for ADHD diagnoses. ADHD might be the trigger for the young person’s abusive violent behaviours. Participants also spoke of young people engaging in APV as a coping strategy, saying that it was a means for them to feel that they had some control of the situation, the circumstances of their lives. When, in reality, the participants said, they have no control.

Intergenerational Trauma: The theme of intergenerational trauma featured strongly in the focus group data. Participants spoke of intergenerational health problems, intergenerational domestic abuse, intergenerational failed relationships and intergenerational criminality. Participants spoke of ‘the most awful verbal abuse’. They spoke of ‘things kicking off in families’, with, in one case for example, when the services became involved, ‘everyone accusing everyone else of strangulation’. One participant spoke of trauma that came often quickly and out-of-the-blue to young people, such as when somebody dies. Often when working with cases, this participant said it is the young person’s dad who dies. Another participant spoke of anecdotal evidence of a lot of sexual trauma experienced by the young people. One participant spoke of the experience of working with some families as being like being

in a slow car crash, there was such trauma. This participant spoke of a new baby in these families as representing hope for a reparative change in the family and for the young person, although, the participant said, it frequently doesn't work out this way.

Complex Issues and Troubled Families: A key theme in the focus group data was this theme of APV being a complex issue that typically played out in troubled families. Participants spoke of families with high levels of domestic violence between parents, some substance misuse, perhaps serious mental ill-health, and neglect of children. Participants spoke of children witnessing violence perpetrated by their father on their mother, and the children then mirroring/modelling this violent behaviour. Participants spoke of young people deliberately, and violently, damaging the fabric of the home, damaging property in the home. They spoke of children stealing from their parents and siblings. They spoke of the damage caused to siblings in the home witnessing or even being subjected to high levels of verbal and emotional abuse and violence.

The issue of APV in families with a child who has a disability was highlighted by one participant. This participant spoke of such a family in which there were significant levels of APV. In this case, the violent behaviours were escalating. The parents could not control the child or manage their behaviours, and the parents were at significant risk. They wouldn't ring the police. There was some consensus in the group that with disabled children there can be high levels of violence towards parents, but that this is something that is hardly ever reported. It was said by participants that it is not until parents are at breaking point that they will contact social services and/or the police. One participant spoke of a nine-year old boy, below the age of criminal responsibility, with a diagnosis of autism, who was very violent towards his mother. In one assault, he punched her and broke her nose. The boy was taken out of the home and accommodated for one night before being allowed back home again. This participant spoke of parents taking on so much themselves in trying to cope with a violent child, trying to help the child, while at the same time trying to fulfil their own and society's expectations of them as good parents.

Levels of Violence: The levels of violence in APV cases reported by some participants in the focus group were high. Participants spoke of APV cases coming to MARAC. These are high-risk cases where usually the mother is the victim and the

teenage child of the family is the perpetrator. Participants said that even when the situation is so severe that the parents have come to MARAC, with the parent victim at high risk of significant injury or even death, still the parent will not want to engage with the police or the criminal justice systems. Even in these extreme cases, the parent(s) will not want the child criminalised. If the child is not already in the criminal justice system, they will not want the child removed from the home. They will not engage with the IDVA Service. So when that case is closed, the child goes back into the family home.

One of the participants worked with Leicester's Youth Offending Service (YOS), working with 11 to 17 year olds, explained that such violence is not viewed as domestic violence until the perpetrator is aged 16 or above. This participant spoke of parents getting to the point of crisis where they have to call the police. The participant explained that the offences in such cases tended to be common assault or ABH (aggravated bodily harm). The participant spoke of young people who threatened parents with weapons, or who actually committed offences against parents with weapons. This participant explained that such young people:

> **'go through the criminal justice system, depending on the severity of the assault, it's either dealt with out of court, if they're not already known to the Youth Offending Service, and if they admit guilt to that particular offence, then they'll probably get something like a Youth Caution or Youth Conditional Caution. If they are known to the Youth Offending Service, depending of the severity of the offence, they will get a Court Order'.**

Interventions Needed: The key interventions needed were said by participants in the focus group to be help with parenting skills, to be help with dealing with trauma, to try to build self-confidence and self-esteem, as well as interventions designed to tackle the intergenerational pattern of violence and abuse. The need for interventions, if they are to be effective, to be delivered to the whole family, was highlighted by participants. The problems of access to the services out of hours was acknowledged, as these crises seldom, it was said, arise between 9 and 5, Monday to Friday. There are childcare issues and concerns for many of the people who need interventions. The issue of resources was highlighted, as was the related issue of

keeping people motivated to continue to engage with an intervention, particularly if they are on a waiting list for access to that intervention.

The value of peer mentors was highlighted, where:

> **'Peer mentors, or parent mentors, work closely on a one-to-one basis with clients, befriending them…when it was someone who wasn't a professional that worked alongside them, to keep them motivated, someone they could offload on to some extent, like a friend, we call them peer mentors…that was a good intervention to get them to a position to actually address things to do with DV'.**

Participants also highlighted the value of group work, and one of the great advantages of group work, highlighted by participants, was that good peer mentors could be sourced from such groups.

Participants were in agreement that breaking patterns of abuse and violence called for someone, ideally a peer, who would/could model something different, something other than the pattern of abuse and violence. It was said that when you have grown up with intergenerational difficulty, this becomes your normal. You don't have a reference for anything else. This is why such a person needs a good peer mentor. They need a relationship with someone who can provide them with a model of a new normal.

Analysis of Narrative Data

In the first narrative gathering exercise, participants in the focus group were asked to outline, briefly, their understanding of APV. All nine participants in the focus group provided narratives. The table below summarises the issues highlighted in the narratives. The following paragraphs provide an analysis of the narrative data.

Table 1 outlines key elements contained in these narratives.

Table 1: Narrative exercise

Behaviours	**Any violence physical or emotional (All); Verbal (threats) x 6; Sexual x 2; damage or stealing property x 1; financial abuse x 3; Any harmful behaviour x 1**

Impacts	Emotional or physical harm x 2; doesn't have to be directly perpetrated on a person but effects them x 1; like DA between a couple in how it effects the victim x 1
Perpetrator	Adolescent (sole) x 3; Adolescent mixed (child/young person) x 2; younger family member/ child x 1; young person/child of teenage years x 2; child x 1
Victim	Parent or parent/carer x 9; specified m or f x 1; listed all carer roles e.g. foster/adoptive parents x 1
Domestic Violence and Abuse	Not included in definition x 1; also see impacts x 1
Other factors	Families worked with low socio-economic status (although believe that this is not always the case) x 1; could be in a home or public setting x 1; refers to experience as a police officer x 1; Occurs in a context of complex trauma, loss and mental ill health. Intergenerational and APV not usually the presenting aspect of the family

In outlining their understanding of APV, participants said that APV involved children or adolescents exhibiting violent and/or aggressive behaviour towards a parent or carer, in the home or in a public setting. They specified that this behaviour might include emotionally abusive behaviours, such as name calling, swearing, put downs, and/or targeting a parent's vulnerability. It could manifest itself in sexual behaviour from a young person towards a parent or carer. APV, they said, might also involve a young person damaging the family home, and/or it could involve financial abuse, stealing or other items from parents and/or family members.

APV was said by the participants to be a complex phenomenon. Like domestic violence, one participant wrote that APV does not have to be physical harm perpetrated on a person, it can be emotional, and it can still have a very detrimental effect upon them. One of the participants defined APV as follows in their written narrative:

> **'In my opinion, APV is physical, emotional, financial and sexual abuse towards a parent from a child aged between 13 and 17 years'.**

Participants said the APV was not usually the issue that brought the family to the point of presenting with the Services. There were usually other issues at play, and

APV as an issue would typically become apparent during the course of the Service or Services working with the families. Participants wrote that the context for APV tended to be usually of intergenerational complex trauma and loss, and mental ill health. The families in APV cases that the participants worked with were said in the written narratives to be predominately of low social and economic status.

In the second narrative gathering exercise**,** participants were asked to write short narratives on the research project, and the contribution that the research project could make in relation to the issue of APV. The participants indicated in these written narratives that the research would make a contribution in terms of providing insight into how APV is dealt with in Leicester, insight into the different agencies involved with the issue, and insight into the ways in which the different agencies deal with the issue. The participants wrote that the research would highlight different experiences of trauma, relationship breakdowns, and historic experiences of domestic violence in families and households. One participant wrote of expecting there to be evidence uncovered by the research of a strong correlation between coping mechanisms such as substance abuse and mental ill health. In the same vein, another participant wrote of 'the toxic three – domestic violence, substance abuse and mental ill health'. Other narratives highlighted this same issue. One narrative outlined the view that APV is more hidden in some communities, and the view that perpetrators of APV may be dealt with differently via the justice system.

One of the narratives questioned whether children presenting with these behaviours were currently too quickly diagnosed with ADHD, with consequently other issues, such as environmental factors, being overlooked as influential or fundamental to the behaviour. The author of this narrative was concerned that the behaviours of younger children were going unmonitored in relation to APV, with consequently early warning signs being missed. There is a need, this participant wrote, for earlier interventions, to try to deal with some of the intergenerational issues.

The limitations of the study were acknowledged in the written narratives. The participants acknowledged the small scale of the study, and the fact that the cases included in the study would be selected by the agencies/services involved, and not randomly selected by the researchers. There was a concern that the case file review would not provide a balanced overview of the agencies and services involved with

APV. One participant wrote of the need for ‘an open view’ of APV in the research, in order to ensure that all communities, backgrounds, ethnicities and sexual orientations were included. This participant expressed the concern that it was likely that the case files reviewed for the research would all relate to ‘one type’ of family, rather than a cross section of families from the community.

The key issues highlighted in the narratives in relation to APV included:

1. The parents’ histories of domestic violence, substance abuse, and mental ill health;
2. Previous referrals in families;
3. The number of agencies involved, and the limitations of the agencies in terms of budget constraints and the limits of what professional services can offer;
4. The need to develop an awareness and understanding of the problems with missed opportunities in terms of identifying the behaviour and dealing with the behaviour;
5. The need to deal quickly and effectively with escalating behaviour;
6. The needs of siblings in the home, witnessing this behaviour, being at risk of being victims of the behaviour.

Analysis of Case Study Data

In relation to the case files, in all nine cases were reviewed. As explained earlier, each of the nine cases reviewed was selected for the study by professionals working with the cases. The cases were selected on the basis that each case could provide an insight in the phenomenon and the experience of APV. Of the nine cases reviewed, six were reviewed in the Jenkins Centre, two cases were reviewed in YOS, and one case was reviewed in Early Help. Each of these case reviews was undertaken by the same member of the research team, to ensure consistency. In each case review, the researcher took notes relevant to and essential to the research from each case file. This work was undertaken by the researcher always under supervision. The researcher was never alone with any of the case files, and the researcher did not take anything from the case files other than handwritten notes. These handwritten notes are the data analysed for this element of the study. Each of the cases was reviewed by the researcher as an APV case, although, in line with the

evidence presented above, there were more issues, for example, domestic violence, mental ill heath, substance abuse, at play in each of the cases.

Review of Case Files

CASE 1	
Age, gender and ethnicity of child/YP	White British male, 15 years old
Brief History	This teenager was from a 'troubled family' Siblings: 1 x a drug addict not permitted in the family home. Parent Domestic violence: father to mother; father to partner DVA: both physical and verbal Experiences of historic sexual abuse: he was raped by a 14 year old boy as a young child
APV History	In anger, he would damage the home, punch holes in wall. Once tore a radiator off a wall. He would not injure anyone. At risk of hurting himself.
Mental health and wellbeing History	Mental health treatment for suicidal feelings Anger Issues ADHD Dyslexia
Number of Agencies Involved	For Young Person: Educational psychologist A social work therapy team Counselling services Jenkins Partner Support SV referral assessment OASIS COPA (Child on Parent Abuse) Parent Partnership Housing Agency Occupational Therapy LCIL Early Help SENCO EWO ISVA CYPFS CAHMS School Teachers: Head of Year & English Teacher For Victim-parent (mother): Rape Crisis counselling
Involvement of Police and Criminal Justice System	
Interventions (RYPP etc)	**RYPP**: The team at the Jenkins Centre deemed the RYPP programme to be too intensive for this teenager, and 'above his level of comprehension'. Therefore, they used aspects of the programme that they felt would be beneficial.

	The Jenkins Centre support worker provided ongoing emotional management work with him. In RYPP Session 1, the focus was on his support system and on assessing risk. Another RYPP session focused on building family relationships, through mutual respect and admiration. It was considered helpful to the YP **Other**: The YP was 'in special circumstances' at school, with a full timetable being taught in a small group setting. YP attended an 'anxiety group' at school. There was an EHCP (Educational Healthcare Plan Assessment) undertaken. This is a legal document formally representing his support needs. Sometimes the Jenkins worker would meet the boy at school

CASE 2	
Age, gender and ethnicity of child/YP	Two boys aged 13 and 10 at point of referral. White British
Brief History	Family separated. 3 children living with mum. Concerns over mother's care: left children unattended, needing more money, spending money on drugs. Social Services aware that Mum's behaviour is putting the children at risk. Historic parental domestic violence and abuse: father to mother Mother a drug user
APV History	Referred by Children's Services Leicester City Boys fighting in car on way home from day out. They had to be separated, and were grounded for a week. In one incident one of the boys had to be restrained as he 'was wrecking the room and had smashed the windows'. He had spat at his dad when his dad tried to stop him. Both YPs use verbally abuse too. There are problems between the parents of the boys, and problems with a new partner. Boys kicked and swore at mother. Mother's drug taking. Not calm with father or new partner.
Mental health and wellbeing History	There were bed-time issues with the boys such as excitability and outbursts.

Number of Agencies Involved	For YP: Social services MST Family Support Workers Multi agency meetings UAVA CYPFS The Jenkins Centre: RYPP (Respect Young People's Programme) For victim-parents: Jenkins Centre: parenting skills with father (Building Better Relationships)
Involvement of Police and Criminal Justice System	Missing child incident. The police were notified. Child was found safe and well. Father completed a risk assessment with the police. There was a number of incidences with the children, police called, social services involved. Father: referred to police for harassment of mother. NFA taken
Interventions (RYPP etc)	RYPP: There were two key workers in the Jenkins Centre. There was in-school support. An RYPP session was provided in the school. Dad attended with his then girlfriend. There is a focus on reassuring and comforting the boys. The case was closed to Jenkins Centre Perpetrator Programme, but did fall within the Jenkins Centre Young People's Programme, as one parent was involved in intervention. Parenting skills for dad Jenkins Centre worked with father to identity and map feelings of rejection and difficult family circumstances. He went off the rails from a young age and was put into care. He had behavioural problems and was doing drugs at a young age Several Safer Relationships Programme sessions with dad. Other: Removal from mother's care to father's or other appropriate adult, or carer – discussed but not enforced. Mother to engage in the 'You & Me Mum' programme. Internal Risk Management meeting. Children's Safeguarding: children subject to Child Protection Plan. Through the intervention risks were reduced for both boys, although one boy was still at medium risk, prone to having difficulty in managing frustrations.

CASE 3	
Age, gender and ethnicity of child/YP	Female, White British, 14 years old
Brief History	Lives with mother and younger brother Has links to a gang and there are concerns YP exposed to CSE, with male youths at times congregating outside her house. YP's behaviour at school is volatile and violent
APV History	The YP used violence both at home towards mother, sibling and the fabric of the home. In addition much of the YP's behaviour occurred at school. The behaviour seems to be visible to the authorities once it occurs outside the home and seems to be more likely prosecuted when it crosses this line. The range of offences the YP was prosecuted for include offences: violence against the person, assault with injury, assault of person, thereby occasioning them actual bodily harm. Public order, public fear, alarm or distress. Use of threatening/abusive words, behaviour or disorderly behaviour likely to cause distress harm or harassment Possession of knives and similar / Possess knife blade / Sharp pointed article in public place Considered a risk to children YP had a knife in a dispute with their older brother. Common use of brandishing knives Violent at home, and damages property if YP cannot get their own way Parents are afraid of this YP YP demonstrates contempt for those who disagree with them. Parents used violence against YP in an attempt to manage behaviour. Parents self-referred to Social Care and Safeguarding
Mental health and wellbeing History	YPs links with a gang mean that their overall safety and well-being is at a high risk of harm. At risk of self-harm. A suicide risk Identified as a child in need YP has feelings of being unloved and uncared for, and seeks solace elsewhere. This is putting YP at risk. Has a lack of concern over use of violence. Disclosed a rape (trauma)

Number of Agencies Involved	Children's Social Care Police YOS: YOS case worker, a Youth Justice case worker, and a YOT Community Engagement Team School Professionals only conduct joint home visits for safety reasons. Other services under consideration: Turning Point Substance Mis-use Team CAMHS or other specialist trauma support For victim-parents: MST
Involvement of Police and Criminal Justice System	Received 2 Youth Conditional cautions and a Youth Rehabilitation Order. Assaulted a school teacher at school – guilty plea to s. 47 offence Assaulted a school pupil
Interventions (RYPP etc)	YOS intervention: Learning how to deal with difficulties without violence; learning to understand how victims may feel; learning to build confidence and self-esteem; learning to engage with activities such as pre-natal groups to improve life skills; and attending and engaging with education as detailed in the school timetable. YP has received a written warning from YOS, for failure to engage, for making threats, and for being abusive Education Health Care Plan. A Youth Advocate. 2 social workers, and a CSE social worker. Referral to Turning Point: Substances Misuse Whilst rape was disclosed the file showed no evidence that an intervention had been applied. A deter young offender consultation meeting. MARAC involvement UAVA to focus on child to parent violence and safeguarding For siblings: Child in need plan For parents: MST For unborn child: Child Protection Plan

CASE 4	
Age, gender and ethnicity of child/YP	White British male, 14 years old
Brief History	There is family breakdown and conflict with parents. Historic parental domestic abuse - father claimed he was a victim of DV, and then he decided to fight back. Agreed to stop when mother threatened to leave. Father resistant to DV course. Concerns that YP's suicide attempts part of coercive manipulation.
APV History	Aggressive Behaviours towards mother Restraining Order Ongoing conflict related to dad. Stepdad shouts and gets involved with discipline
Mental health and wellbeing History	Self-harm and suicidal attempts D has narcissistic traits, says what is expected but displays little empathy. Referred for IPV towards girlfriend
Number of Agencies Involved	YOS Jenkins Centre MST (referred to by social worker) CAHMS Social Services - Children's social worker Early Help Police School A and E CYPFS IDVA ISVA
Involvement of Police and Criminal Justice System	YP arrested for ABH and battery x 4 and criminal damages x 2. D excluded from school. Charged YP with sharing images of a child and harassment. Pleaded guilty
Interventions (RYPP etc)	Referred to Jenkins Centre by YOS YPP Assessment – MST to liaise around family support. YOS concern that family has been to MARAC a number of times To meet D at school. YPP to start work with D. Programme around 12 weeks, but may go to 24 weeks for IPV. Giving MST weekly updates Jenkins Centre YPP intervention with D. Strengths and difficulties questionnaire. Indicators of anxiety. Indicators of controlling behaviours. He spends time on personal hygiene. 'His family knows that this is his time, and no-one disturbs him during this time. They know not to disturb him'. YOS Case Management and Diversity Panel – Positive engagement reported. School provided information on possible harassment of other peer. Concerns relating to D's ability to deal with intimate relationship. Others Siblings (younger): children in need meetings

	Father: Dad is booked for Jenkins Centre suitability assessment. He is very cagey about historic DV. Conflict about his influence on D with regard to attitudes to intimate partners. YP's girlfriend: She is getting help from the school with her safety. She is never alone at school. There is always a teacher near her. She gets updates from the police officer handling the case. D is now suspended from school. Less about his use of APV and more about his use of DVA towards his girlfriend.

CASE 5	
Age, gender and ethnicity of child/YP	Female, 15 years old
Brief History	Referral made by – City – CYPFS – IDVA Referred to Jenkins Centre and UAVA Young person not known to UAVA but concerns about her being sexually active with a number of youths known to YOS. Concerns about violence. YP is said to have had a black eye given by one of the boys. Boyfriend stays at house. They sleep together on the couch in the living room. He is on bail, robbery with violence perpetrated by another youth. Significant concerns about her associates. Stabbed a person, in YP's words in self-defence when the victim had his hands around throat. CSE related issues Little parental supervision as growing up and YP's parents worked.
APV History	Unclear YP denied history of violence in family At one stage: YP was out late at night, had a row with Mum, slapped mum in the face, 'because mum thought she could grab me around the neck'
Mental health and wellbeing History	YP needs help managing emotions Anger issues Concerns over education, mental health, risk of DV and CSE Psychological impact
Number of Agencies Involved	City CYPFS – IDVA YOS Jenkins Centre Educational psychologist MARAC

Involvement of Police and Criminal Justice System	Police and YOS involvement for stabbing incident. Police and YOS involvement with YP's associates
Interventions (RYPP etc)	RYPP: No details given Youth worker post YOS Parents: support to establish boundaries and safety plan (hoped for but not known if undertaken) Unborn child: social worker

CASE 6	
Age, gender and ethnicity of child/YP	14 year old female white British
Brief History	High risk due to CSE, gang, regular threats on family members. Father works 7 days a week (not a lone or separated family)
APV History	Referral made to Jenkins Centre by parents Has a younger brother who describes YP as 'a savage'
Mental health and wellbeing History	YP is positive about pregnancy Will not name father. Not interested in school Vulnerabilities related to gang involvement. Concerns about mixed affiliations, as suspect dad in a different gang.
Number of Agencies Involved	Multiple agencies involved with bespoke interventions to enable longer terms directed delivery. CIN. Specialist midwife – for teen pregnancy. Social Worker / YOS / CSE/ SSW CSE police
Involvement of Police and Criminal Justice System	Bringing CSE allocated police officer to help facilitate conversation in relation to prosecution
Interventions	Jenkins Centre YPP Intervention Multi-agency with bespoke intervention Specialist midwife – teen pregnancy Weekly meetings with care worker CSE allocated police officer – to facilitate conversation in relation to prosecution CSE Social Worker YOS x 2 Joint visits - No lone visits Soft Touch Alternative Learning Provision MST Police

CASE 7	
Age, gender and ethnicity of child/YP	Female white 14 years old
Brief History	Incident at school with 2 other pupils resulting in their exclusion. The other two pupils were sent home. YP was not, because mother was not at home to take care of YP. YP shouted at staff, and swore at them. Threatened to take own life, and hit head against the table, because YP had not been sent home as had the other two pupils. Teacher placed her hand between YP's head and the table, and without warning, YP punched the teacher with a clenched fist. The teacher sustained a wound, which required stitches and other damage.
APV History	Destruction of property, obsessions, fantasies and other problematic interests, violence at home and in the school and other social settings, threatening aggressive behaviour, indications of planning or preparing to commit offences. Assault committed against mother. YP received a six month referral order. Received a Youth Conditional Caution for the offence of harassment, public order Section 5 and possession of a bladed article. Appeared at Leicester Youth Court, pleaded guilty to the offence of ABH against teacher
Mental health and wellbeing History	SEN – Special Education Needs identified / BESD – Behaviour, Emotional and Social Difficulty / Mental Health difficulties / YP experiences low / bad moods, which may affect YP's ability to regulate emotions and in turn their behaviour. YP was raped, last year, and YP is currently pregnant and currently going through puberty. Concerns – physical harm = major, sexual exploitation = major, high overall safety concerns.
Number of Agencies Involved	MST Early Help CP Youth Advocate School Nurse Health Visitor YOS Social Services No lone working
Involvement of Police and Criminal Justice System	Regular liaison with YOS seconded Police Officer regarding up-to-date police intelligence. Info from YOS Education Co-ordinator and Educational Psychologist. YP has completed eight hours of reparation while subject to referral order. YP has to complete 15 hours. This may involve indirect reparation, such as letter of apology, if willing to co-operate. Youth Court appearance
Interventions (RYPP etc)	Case Heritage and Diversity Panel Meeting, for multiagency oversight of offending behaviour

	Pre-birth child conference held and decided that a child protection plan be made in respect of unborn child – at risk of physical harm Family: MST worker

CASE 8	
Age, gender and ethnicity of child/YP	Male 18 years old, white British, turned 18 while subject to the active disposal
Brief History	By far the most persistent characteristic of YP's personality is uncontrolled anger outbursts. YP will 'kick off' assaulting people and damaging property. Previously identified as a child in need. Previously subject to a care order, under the Children Act 1989. Previously had a child protection plan, due to neglect. YP is known to have been a victim of parental/carer abuse. Mother previously served a custodial sentence, when YP was 13. When 15 years old the family was forced to move home due to difficulties with neighbours because of anti-social behaviour. Younger sister made subject to child protection plan because of mothers problematic use of alcohol and YP's violence in the home. She went to live with her maternal aunt. Concerns re Mums resumed alcohol use. This will have a detrimental effect on YP and on siblings and their emotional wellbeing.
APV History	Carer is grandfather Currently living with grandfather, as mother said her young daughter could not come and live with her if YP was living there too. Concerns relate to YP's violent behaviour in the home, repeatedly damaging property. Trouble too at grandparents. YP is said to have smashed a neighbour's windscreen. Grandparents have said on two occasions that YP can no longer live with them due to behaviour. Each time they changed their minds. The grandfather has disclosed some concerns around YP's friendship circle. At 16 years old YP assaulted mother's partner.
Mental health and wellbeing History	Has experienced a level of rejection from family. School has reported that they could not manage YP's behaviour. Gravitated towards anti-social peers, for a sense of belonging and to improve self-esteem. Views self as gaining a level of confidence from offending behaviour. ADHD

	YP is 'grossly immature' and appears to be suffering from some sort of mental disorder, though not necessarily one for which a category has been identified Mental health concerns / substance misuse concerns, special educational needs identified The psychologist reports details that YP has a very low verbal comprehension score, YP 'should be able to gain a reasonable understanding of normal conversation, provided the vocabulary used is limited'. YP has a short attention span, does not like worksheets, struggles with reading and writing, prefers discussion-based work and pictures and diagrams.
Number of Agencies Involved	CAMHS – but non-attendance Police YOS Turning Point
Involvement of Police and Criminal Justice System	30 offence details – violence against the person, assault police, fraud and forgery, proceeds of crime, acquire, use, possession of criminal property, vehicle theft, breach statutory order, failure to comply with requirements of Youth Rehabilitation Order, criminal damage under £5,000, violence against the person, common assault, breach statutory order, breach referral order, breach conditional discharge, commission of further offence while subject to conditional discharge, theft and handling stolen goods, motoring offences Age at first official sanction – 12 Age at first conviction – 13 Number of previous convictions – 7
Interventions (RYPP etc)	YOS Must attend YOS appointments, working on building trust. Must keep curfew. YP has to reflect on how offending behaviour affects others and has to explore how friendships may impact decisions, positively and negatively. YP has to learn how to manage feelings and emotions. YP has to access advice and support in relation to education, training and employment. YP has to consider accessing advice and support in relation to his cannabis use. YP has to explore his interests with his Youth Advocate. Working with the YOS Education Co-ordinator. YP would like to gain GCSE's. If could do that YP would be able to gain work on construction sites. YP reports cash-in-hand work, casual work with no employment rights. YP is a Deter Young Offender and will receive fortnightly appointments from the YOS seconded police officers in an effort to divert from further offending. Educational provision and job training via connections Substance misuse support from Turning Point.

CASE 9	
Age, gender and ethnicity of child/YP	11 year old male. Mixed Heritage: white British/Turkish (10 y. old when case opened)
Brief History	YP lives with mother, white British; father has little contact Some DV between Mum and Dad, but they split up when YP was 4. Mum said that it was mostly verbal
APV History	Mother approached Early Help for support with behaviour. Mother had contacted the NHS for help. The YP was having a 'meltdown'. YP had punched her in the face. She could not control YP. She called the NHS because she thought that there was a medical problem, due to an earlier accident. Mum felt that there was no support for her. Even the doctor was saying ring the police. She was reluctant to ring the police, as she did not want her child to be in trouble with the police. Mother did not feel believed, for example the school did not see any of this bad behaviour at first. When this changed, and YP began to get into a lot of trouble in school, she said that the school said that the problem was her poor parenting skills. YP had bitten her and punched her. She did not want to give a statement to the police. She just wanted some help. There was another incident at home, this time in the grandparents' home. YP was being violent towards Mum. YP had calmed down and was hiding under a table when the police arrived. YP came out from under the table and spoke to the police officers, but did not say much. YP had wanted friends over, as the weather was very bad, Mum said no. YP started hitting Mum. She called the police. Mum was advised by professionals, NHS staff, doctor, to ring the police, so she did. What she really wanted was some help with behaviour. A few weeks later, Mum called the police saying YP was 'having a breakdown'. When police arrived, they were faced with an 11 year old with anger issues. YP shut self in the kitchen and would not let officers in, Then when did let them in, pulled tee shirt overhead and wouldn't talk to them, would only shrug shoulders. Then YP was excluded from school, three times. Sent home for the rest of the day. YP wouldn't do what was told to do and was doing things that posed a risk to other pupils. At home Mum took x-box and ipad away and YP became enraged. YP put granddad's necktie around neck and threatened to strangle self. A few weeks later, Mum called the police. YP was screaming at her and threatening to kill self by putting self in a wheelie bin in the middle of the road. Grandparents had arrived at the house by the time the police arrived. YP had calmed down by that time. YP refused to speak to the police, told them couldn't speak English. Threatened to kill self in the past, had damaged the windscreen of Mum's car by kicking it, had broken multiple telephones in the house, broken flooring, and kicked doors off hinges. Another occasion:

	Tipped the washing machine over, attempted to tip the fridge over, and slapped Mum in the face.
Mental health and wellbeing History	Mother concerned that behaviour stemmed from a medical problem, a mental health condition. CAMHS refused referral saying YP had behavioural issues. Mother sought medical help privately and the private clinic did support her belief that a fall had probably triggered the bad behaviour. Diagnosed with ADHD by private clinic. Medication made YP more relaxed and reduced the problematic behaviour
Number of Agencies Involved	Police Private medical clinic School – view behaviour result of YP's anxiety and poor parenting Year Head Secondary School School Head Primary School SENCO (Special Educational Needs Co-ordinator) School Deputy Head Teacher Primary School Social Emotional and Mental health link teacher (not part of the school, a resource outside of the school, a resource the school can draw on) School Nurse, at Primary School CAMHS – for assessment; decision was that YP did not have a mental health issue but a behavioural one. GP – view was that YP just naughty Community Paediatrician NHS Neurologist Psychologist Early Help
Involvement of Police and Criminal Justice System	There were four police referrals in the case, one involving a member of the public. Arrested for punching mother in face. Police called, arrested, released without charge.
Interventions (RYPP etc)	School: YP was allowed into school for one hour a day only, and that would increase by one hour a week until YP was back in school fulltime. The 'Social Emotional and Mental Health Link Teacher' said that YP was displaying high levels of anxiety at school. Mum said that the school was making YP worse that with exclusion was becoming a bit isolated from friends. ADHD diagnosis and medication. Moved school: progressed to secondary and settled in well. Mum and Early Help had a meeting at the school. YP was invited to the meeting. YP did not want to attend as did not want to be seen at the school with mum and the Early Help worker. Early Help: Work with YP, in terms of house rules Mother on short courses (felt benefitted from them) 1 course: 12-week programme entitled 'Living with your anxious child' Mother joined the organisation 'ADHD Solutions', and got support. Child was involved with a group that ran alongside this group.

	Early Help helped Mum negotiate access to NHS, so that she did not have to pay for all YP's treatment, some work and some medication paid for through NHS, and some paid for through Family Fund, a grant for children with diagnosed disabilities. Early Help did a lot of work in terms of 'Getting to Know You' activities with YP. YP was small, 'quite petit', quiet and shy. Did some work around emotions, focus on anger, how anger feels, and what makes YP angry, and how to deal with that. YP attended a 12-week course at Early Help called 'Emotion Emotion'.

Discussion

The case studies provide a good insight into the seriousness of the issue of APV, the desperate situation of some young people, and the complexities of their families and their backgrounds. The most concerning issues are the levels of violence and the level of multi-agency involvement in each case. Communication is clearly a complex issue, complexity in the first place of inter-agency communication is problematic. Problematic also is the requirement placed on each young person to engage with and constantly retell their story to a range of professionals working in all of the different agencies.

The vulnerabilities of the young people and their families are clear. The danger of such young people developing criminal histories into adulthood is real. The capacity of professional agencies to provide life-changing supports is a central issue. The significance of special educational needs of young people is clearly evident, as this featured in the majority of cases. In some of the cases reviewed, the special educational needs of the young people limited their ability to fully engage with the Respect Young Person's Programme (RYPP), and other interventions. The review of the cases also showed, however, the capacity and the willingness of the professionals involved to adapt aspects of the RYPP, and similar and/or allied interventions, for the specific needs of the young person in order to increase levels of engagement. Such innovations are evidenced in case files as having some degree of success.

This report is in a preliminary investigation into current understandings of APV within services and the statutory sector in Leicester. The aim of the project was to explore the current understanding[s] of APV among staff working for/with local services. This was accomplished in the study through a focus group, a narrative gathering exercise, and a review of case files.

In relation to this preliminary investigation into the needs/issues of service users, the report shows that the needs are complex, and there are serious issues around violence and the use of violence by the young persons. There are serious issues in relation to family histories, which include experiences of substance misuse, mental ill health, familial sexual abuse and domestic violence.

Report Conclusion

In relation to identifying pathways into the services providing APV support, the study shows that identifying APV is difficult. It is difficult because it is hidden, hidden in the privacy of the family home. Parents do not want to draw negative attention to their children. They do not want to criminalise their children. They will protect their children, even at the expense of their own safety. When parents do look for help, it is not always forthcoming, and when help is forthcoming, it is not always understanding, in terms of the issues in and experiences of APV. There is evidence in the report of some services viewing reports of APV as indications of poor parenting, and responsibility for APV in these cases can be placed on the victim-parents. There is evidence in this study of some services being better able to recognise APV, and consequently being better able to provide support to families in relation to it.

This was a preliminary investigation. It is therefore limited in its scope to determine the consistency/quality of identifying APV cases by different key areas: criminal justice, civil statutory/law, voluntary sector. As far as it has been possible to do so, the report shows that it is often the case that APV is hidden, as detailed above, and it is not until the violence crosses a line that brings it into the public sphere that it becomes clearly visible to all, including the authorities. When the violence crosses this line, it is at this point, typically, that the young person becomes enmeshed in the criminal justice system.

The cases of APV illustrated here are complicated, evidenced by the high number of services involved with the child/young person and the high levels of vulnerability recorded. The background of cases vary, however, the presence of sexual violence

within the experiences of the children/young people in several of our case studies seems significant.

In relation to evaluating the overall sustainability of APV interventions in Leicester, the challenges are immense. This includes the high volume of services involved in each case and changing delivery offers. Leicester City Council has shown commitment to meeting this challenge, securing additional funding and including specific mention to APV in contracts since 2015. Key strengths lie in the dedication of the service providers and their determination to help the young people referred and their families. The data gathered for this study highlights the creativity of the service providers in adapting the resources available to them to developing innovative responses to the needs of young people and their families. This was evident for example in the way in which the Respect Young People's Programme was adapted for use to suit the needs of individual service users. Interestingly, the use of peer mentors in modelling different familial practices and in facilitating young people and parent's in engaging with these new models, appears to offer hope for sustainable change. The power of peer mentors in providing support and encouragement for young people and families in difficult circumstances is evident.

This study highlights the seriousness of the issue of APV, it highlights the challenges faced by families and the services in dealing with APV. It provides evidence of the dedication and commitment of the services in their work in trying to address APV and it provides hope in relation to the seemingly endless creativity and innovation that there is in communities and services in dealing with and overcoming the serious challenges posed by APV.

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