

Childhood Challenging Violent and Aggressive Behaviour: What do social workers need to know

This brief guidance has been compiled to support social workers in formulating a response to families, following round table events that identified the wide range of social work settings where social workers were responding with limited guidance and training.





Definition

How we define and name children's behaviour that challenges parents and carers is an unresolved issue, for this guide we've chosen 'Childhood Challenging Violent and Aggressive Behaviour (CCVAB)'. This definition acknowledges the nature and substance of the behaviour and does not limit it to parents of children but we understand that other communities and groups may have preferred definitions.

'Any harmful act by a child, whether physical, psychological or financial, which is intended to gain power and control over a parent or carer.'
Cottrell & Monk, 2001

'Behaviour considered to be violent if others in the family feel threatened, intimidated or controlled by it and if they believe that they must adjust their own behaviour to accommodate threats or anticipation of violence'
Patterson et al., 2002

Prevalence

Research, best summarised by Bonnicksen, H (2019) in *Child to Parent Violence: A Practitioners Guide to Working with Families*, suggests between 3 and 12% in the general population have experienced child to parent violence but within specific groups, particularly if they have experienced adversity or neurodiversity this could be higher. Research by [Adoption UK](#) 2019 found 65% of adoptive families were experiencing violent and challenging behaviours.

Who does this affect?

Parents, adopters, kinship carers, foster carers, siblings, wider family. It can spill into school environments and the community.

Key Skills

Stop – Listen – Understand

- Communication, listening, empathy and compassion.
- Promoting rights – valuing the individual, group and community.
- Building relationships -coproduction/ partnership.
- Valuing diversity.

Impact on families

- Research and experience indicate parents can develop a perception of themselves as weak and ineffectual.
- Research and experience indicate parents can develop a perception of the child as strong, powerful, uncontrollable.
- Adult's capacity to parent limited and unhelpful parenting strategies may be adopted.
- Mental ill health.
- Poor physical health.
- Lack of self-care.
- Blocked care.
- Maladaptive responses to trauma - for explanation and further reading please see, Baylin, J and Hughes, DA (2016) *The Neurobiology of Attachment-Focussed Therapy*, Norton: New York
- Relationship breakdown.

Before you begin

Note on Safeguarding: All members of the household may need safeguarding, children displaying behaviour, siblings, parents/carers other children or adults in the home/family.

The need for safeguarding one member of the household does not exclude the need to safeguard another.

Social Workers take a unique role in balancing safeguarding with identifying and building on a family's strengths. It is likely that families have been living with the behaviour for some time. The issue is common to all areas of social work with children and key social work skills found in the [Professional Capabilities Framework \(PCF\)](#) and core approaches such as relationship-based practice, discussed in the [BASW Scoping Review for Children and Families Social Work](#), are fundamental to developing a good assessment.

Risk Factors

Experience

Biography, experience of interpersonal violence (IPV), separation and loss impacting attachment relationships (e.g. children who are adopted, fostered or living with kinship carers).

Developmental and relational trauma impact a child's capacity to inhibit defence systems even in safe environments and impact their current relationships.

Biology

Special Educational Needs, Foetal Alcohol Syndrome, Autism, Pathological Demand Avoidance, Attention deficit hyperactivity disorder (ADHD), learning difficulties, sensory processing and overwhelm, which may or may not be formerly diagnosed.

Systems

What are the models of parenting/care, is it a safe home environment, are their maladaptive responses (e.g. avoiding contact or increasing drinking) to children's behaviour, are parent/carer's perceptions of self and child affected by the behaviour? Is this an extended family environment and what is the impact of intergenerational and cultural expectations? Are poverty, racism or other experiences of oppression amplifying a child or parents response to their context.

The above may all be responses to CCVAB but can be seen as causes for CCVAB. A focus on relationship based practice helps social workers take time to make accurate assessments and understand everyone's perspective.

Questions we should ask...

- What is it like living in the family for each member?
- Who is supporting the family?
- What precipitates the behaviour?
- What is the function of the behaviour?
- What alleviates the behaviour?
- What do you want to stop?

First Steps

Family support to reduce isolation

Community, family, relational and practical support through peer networks and openness within families, communities and professionals can build and strengthen family relationships and can be both formal and informal.

The impact of poverty and racism exacerbate isolation and should be considered.

Build a team focussed on preventative help

Develop open communication between school, Child and Adolescent Mental Health Services (CAMHS), health, social care, police, community groups and clubs with a shared focus on what the family needs e.g. reducing violence, maintaining stability.

Safeguarding and participation

The need for safeguarding one member of the household does not exclude the need to safeguard another. Listening to the experiences of all family members is important.

Therapeutic response

Children

Consideration should be given as to how to best involve the child. This may be child focussed and include their direct participation sharing their view and what they want to change. Or, it may be parent focussed, working with parents or carers to make sense what of a child's behaviour is communicating and how to meet those needs.

Factors, such as, the age of child and whether this is a targeted, long or short term response need to be considered. This will help develop clear goals that are realistic and achievable within budgets and timeframes.

Useful approaches include:

- De escalation
- Dr Bruce Perry's [Regulate – Relate – Reason](#)
- Dyadic Developmental Psychotherapy (DDP), Non-Violent Resistance (NVR) and Therapy are common for adoptive and fostering families
- There will be other locally led approaches that draw on latest research and relational approaches

Parents/Adults

Where social workers can build relationships with a family where they feel safe to explore their experiences and express their views this can support finding the solutions that are most responsive to the family's needs. Consideration should be given to who else in the family should be involved especially if living in intergenerational homes.

Models like NVR support parents and effectively help them to respond to behaviours that are challenging and self-destructive. Most approaches will work with families to guide them through.

Therapeutic parenting will be supported through models like NVR, Theraplay and DDP.

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Further resources that may be helpful and document other research and writing on this subject include:

Home Office (2015): [Information guide: adolescent to parent violence and abuse \(APVA\)](#)

Northumberland Safeguarding Children Board (2016): [Domestic Homicide Review: 'Sarah'](#)

Helen Bonnick (2019) [Child to Parent Violence and Abuse: A Practitioner's Guide to Working with Families](#), Pavilion Publishing and Media

[Holes in the Wall](#): A blog and resource base documenting parent abuse by Helen Bonnick

[Yvonne Newbold](#): A blog with a focus on SEND and challenging and violent behaviour

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Cite as: Coates, A and Jenkins, C (2022) *Childhood Challenging Violent and Aggressive Behaviour: What do social workers need to know.*

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