

Managing violence and aggression in children and young people

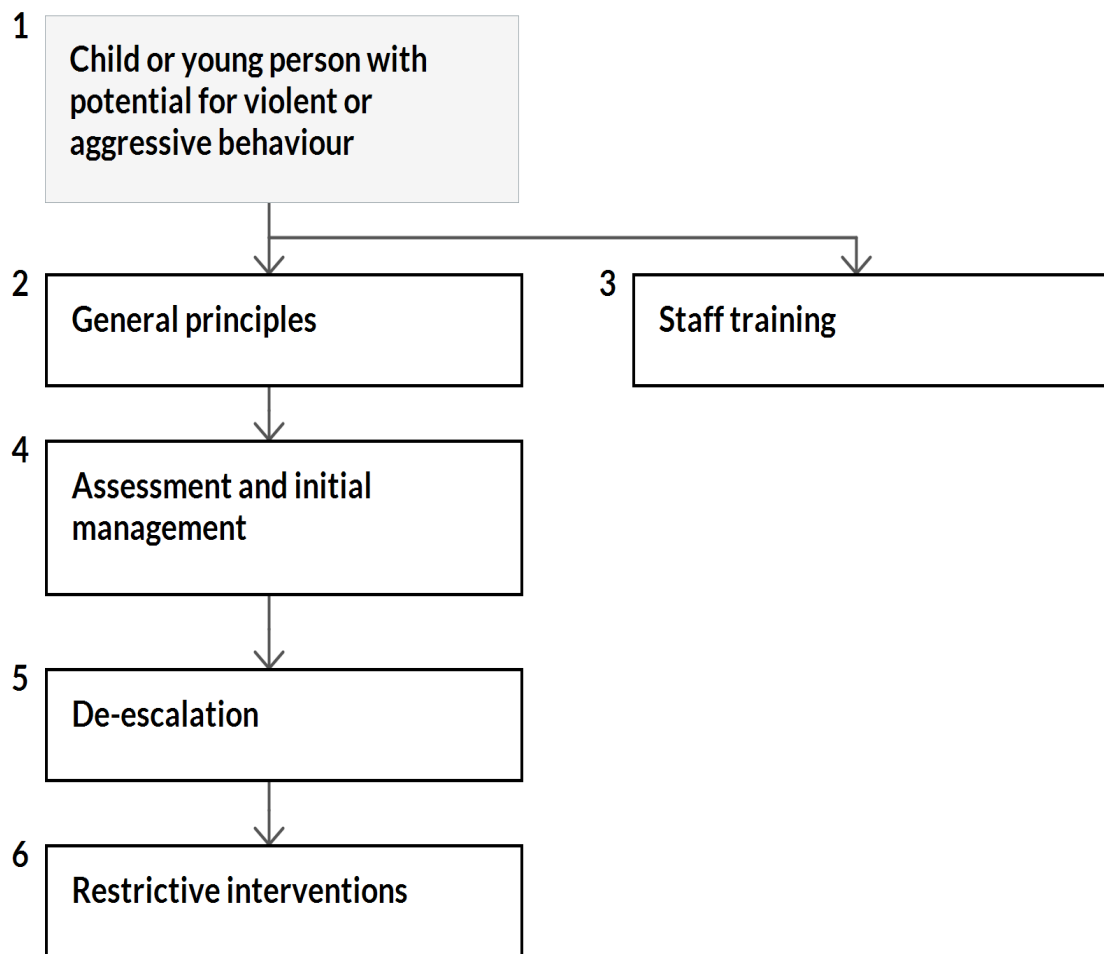
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/violence-and-aggression>

NICE Pathway last updated: 06 November 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Child or young person with potential for violent or aggressive behaviour

No additional information

2 General principles

Manage violence and aggression in children and young people in line with the recommendations for [adults](#), taking into account:

- the child or young person's level of physical, intellectual, emotional and psychological maturity
- the recommendations for children and young people in this path
- that the Mental Capacity Act 2005 applies to young people aged 16 and over.

Collaborate with those who have parental responsibility when managing violence and aggression in children and young people.

Use safeguarding procedures to ensure the child or young person's safety.

Involve the child or young person in making decisions about their care whenever possible.

3 Staff training

Child and adolescent mental health services should ensure that staff are trained in the management of violence and aggression using a training programme designed specifically for staff working with children and young people. Training programmes should include the use of psychosocial methods to avoid or minimise restrictive interventions whenever possible. Staff who might undertake restrictive interventions should be trained:

- in the use of these interventions in these age groups
- to adapt the manual restraint techniques for adults in [manual restraint](#) adjusting them according to the child or young person's height, weight and physical strength
- in the use of resuscitation equipment (see [training and resources](#)) in children and young people.

Child and adolescent mental health services should have a clear and consistently enforced policy about managing antisocial behaviour and ensure that staff are trained in psychosocial

and behavioural techniques for managing the behaviour.

Child and adolescent mental health services staff should be familiar with the Children Act 1989 and 2004 as well as the Mental Capacity Act 2005 and the Human Rights Act 1998. They should also be aware of the United Nations Convention on the Rights of the Child.

4 Assessment and initial management

Assess and treat any underlying mental health problems in line with relevant NICE recommendations, including those on [antisocial behaviour and conduct disorders in children and young people](#), [attention deficit hyperactivity disorder](#), [psychosis and schizophrenia](#) and [autism spectrum disorder](#).

Identify any history of aggression or aggression trigger factors, including experience of abuse or trauma and previous response to management of violence or aggression.

Identify cognitive, language, communication and cultural factors that may increase the risk of violence or aggression in a child or young person.

Consider offering children and young people with a history of violence or aggression psychological help to develop greater self-control and techniques for self-soothing.

Offer support and age-appropriate interventions (including parent training programmes) in line with the NICE's recommendations on [antisocial behaviour and conduct disorders in children and young people](#) to parents of children and young people whose behaviour is violent or aggressive.

For further information, see what NICE says on [harmful sexual behaviour among children and young people](#).

5 De-escalation

Use de-escalation in line with the recommendations on [de-escalation](#) for adults, modified for children and young people, and:

- use calming techniques and distraction
- offer the child or young person the opportunity to move away from the situation in which the violence or aggression is occurring, for example to a quiet room or area
- aim to build emotional bridges and maintain a therapeutic relationship.

6 Restrictive interventions

For more information see the recommendations on using [restrictive interventions](#) in adults.

Use restrictive interventions only if all attempts to defuse the situation have failed and the child or young person becomes aggressive or violent.

When restrictive interventions are used, monitor the child or young person's wellbeing closely and continuously, and ensure their physical and emotional comfort.

Do not use punishments, such as removing contact with parents or carers or access to social interaction, withholding nutrition or fluids, or corporal punishment, to force compliance.

Manual restraint

If possible, allocate a staff member who is the same sex as the child or young person to carry out manual restraint.

Mechanical restraint

Do not use mechanical restraint in children.

Healthcare provider organisations should ensure that, except when transferring young people between medium- and high secure settings (as described below), mechanical restraint in young people is used only in high-secure settings (on those occasions when young people are being treated in adult high-secure settings), in accordance with the Mental Health Act 1983 and with support and agreement from a multidisciplinary team that includes a consultant psychiatrist in child and adolescent mental health services.

Consider using mechanical restraint, such as handcuffs, when transferring young people who are at high risk of violence or aggression between medium- and high-secure settings, and remove the restraint at the earliest opportunity.

Rapid tranquillisation

Use intramuscular lorazepam for rapid tranquillisation in a child or young person and adjust the dose according to their age and weight¹.

If there is only a partial response to intramuscular lorazepam, check the dose again according

to the child or young person's age and weight and consider a further dose.

Monitor physical health and emotional impact continuously when undertaking rapid tranquillisation in a child or young person.

Seclusion

Decisions about whether to seclude a child or young person should be approved by a senior doctor and reviewed by a multidisciplinary team at the earliest opportunity.

Report all uses of seclusion to the trust board or equivalent governing body.

Do not seclude a child in a locked room, including their own bedroom.

¹ At the time of publication (May 2015), lorazepam did not have a UK marketing authorisation for use in children and young people for this indication. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the General Medical Council's [Prescribing guidance: prescribing unlicensed medicines](#) for further information.

Glossary

Carers

a person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled

De-escalation

the use of techniques (including verbal and non-verbal communication skills) aimed at defusing anger and averting aggression. p.r.n medication can be used as part of a de-escalation strategy but p.r.n medication used alone is not de-escalation

Manual restraint

a skilled, hands-on method of physical restraint used by trained healthcare professionals to prevent service users from harming themselves, endangering others or compromising the therapeutic environment; its purpose is to safely immobilise the service user

Mechanical restraint

a method of physical intervention involving the use of authorised equipment, for example handcuffs or restraining belts, applied in a skilled manner by designated healthcare professionals; its purpose is to safely immobilise or restrict movement of part(s) of the body of the service user

Rapid tranquillisation

use of medication by the parenteral route (usually intramuscular or, exceptionally, intravenous) if oral medication is not possible or appropriate and urgent sedation with medication is needed

Restrictive interventions

interventions that may infringe a person's human rights and freedom of movement, including observation, seclusion, manual restraint, mechanical restraint and rapid tranquillisation

Seclusion

defined in accordance with the Mental Health Act 1983 Code of Practice: 'the supervised confinement of a patient in a room, which may be locked. Its sole aim is to contain severely

disturbed behaviour that is likely to cause harm to others'

Sources

Violence and aggression: short-term management in mental health, health and community settings (2015) NICE guideline NG10

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the

individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.