Adolescent Violence In The Home

Mapping the Australian and International Service System

A report launched at the NTV Conference 2012
ntv.org.au/conference

No To
Violence
**Male Family Violence
Prevention Association**

The **No To Violence 2012 Australasian Conference on Responses to Men's Domestic and Family Violence** hosts over 80 workshops across the following themes:

- Strengthening responses to the needs and voices of children
- Supporting women and partner contact
- Strengthening integrated responses
- Justice and police
- Accountability and self-care of practitioners
- Men's behaviour change theory and practice
- Sexualised violence
- Indigenous family violence
- Male family violence in culturally and linguistically diverse communities
- Services in rural communities
- Adolescent violence
- Primary prevention

Further information on the workshops is available at http://ntv.org.au/conference/workshops/

Podcasts and articles providing detailed analyses of the workshops will be available on the conference website http://ntv.org.au/conference/ from the late summer or early autumn of 2013.

Contents

1. Background

No To Violence (NTV), the Male Family Violence Prevention Association, is Victoria's peak body of organisations and individuals working with men to end their violence and abuse against family members. Our members are from a wide range of professional and community backgrounds and work in various settings including government, community organisations and private practice. We are the only peak body in Australia that focuses on engaging men in gender-based violence across primary, secondary and tertiary prevention. We also operate two telephone counselling services for male users of family violence: the Men's Referral Service, and the After Hours Service responding to police referrals. Further details on the organisation's activities are available at www.ntv.org.au.

Although NTV's focus is stopping and preventing *men's* use of family violence, in recent years we have become increasingly concerned with adolescent violence in the home (AVITH)[1]. This is due to the following:

- The number of Victorian police call-outs to family violence incidents where adolescents (under 18 years) are offenders has increased.
- The largest cohort of offenders are male adolescents using violence against mothers (usually sole or separated).
- Evidence indicates that a significant number of adolescents who perpetrate this violence have also experienced family violence (Cornell & Gelles 1982; Downey 1997; Gallagher 2004; Howard & Rottem 2008).
- Some women who leave violent men report that their children (particularly male children) start to use abuse and violence against them and other family members. The patterns and types of abuse and violence are markedly similar to those used by the women's former partners.
- Research findings (Howard & Rottem 2008) suggest that male adolescents who are violent to mothers may 'graduate' to the use of violence against women when they reach adulthood.[2]
- There is a need to raise awareness about AVITH and to include it in family violence policy and codes of practice[3], particularly as Australian family violence policy identifies the need for prevention and early intervention.
- Victorian community agencies are reporting increased numbers of 'fax-backs' (where police refer men to men's behavioural change programs (MBCPs)) involving perpetrators under the age of 18.
- While legislative and policy change has supported increased vigilance in tackling men's violence, adolescents are precluded. For example, Family Violence Safety Notices[4] cannot be used against an offender under the age of 18.

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[1] In this report 'adolescents' refers to young people aged between 10 and 18.

[2] This is not to suggest that all boys who experience family violence will grow up to use violence against women. However, programs that seek to mitigate potential risk of this occurring are of interest to NTV.

[3] For example, despite almost 3,500 Victorian police call-outs relating to AVITH (almost 9% of all family violence incidents), an articulated police response is not included in Victoria Police Family Violence Standing Orders.

[4] If Victorian police come after hours following a report of family violence, they can apply for a Family Violence Safety Notice. A police officer can only apply for the notice if they believe a respondent (person the Family Violence Safety Notice is against) is an adult. The police cannot issue a notice against a person under 18. A Safety Notice can protect: an affected family member (person who needs protecting) to make sure they are safe from the respondent; a child who has heard, seen or was around family violence in any way; the property of the affected family member.

- Community agencies are expressing the need to address AVITH in the context of integrated family violence service systems.

NTV is keen to respond to sector need for information about how AVITH is being addressed across Australia, New Zealand and internationally. In 2012 we received federal funding through the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) to undertake a project in relation to AVITH. Its objectives are to:

- showcase examples of Australian programs that work with AVITH, including supporting those affected by adolescents' use of violence
- demonstrate to Australian state and territory governments the importance of investing in this area of family violence.

NTV has included a stream on AVITH in our Australasian conference on responding to men's domestic and family violence, held 14 to 16 November 2012 in Melbourne. Of the 11 or so workshops on adolescent interpersonal violence, many will focus on AVITH. Transcripts (or in some cases podcasts) of the workshops will be available on the conference website http://ntv.org.au/conference/ in February or March 2013.

The first Australian conference on AVITH will also be held in Melbourne on 18–19 February 2013. Email jhoward@phcn.vic.gov.au for details.

2. Introduction: Adolescent Violence in the Home (AVITH)

It twists my mind because … it absolutely takes control of your life and you think of ways to combat it and you can't … it's like standing in front of a tank and saying 'I'm going to win this.'[5]

Adolescent violence in the home (AVITH) can be described as an emerging form of family violence. It is only in the past decade that agencies have consistently raised concerns about lack of a funded service system response and the need to protect family members who experience this form of violence. It is difficult to ascertain whether AVITH has existed for some time and is only recently being acknowledged or is a 'new' phenomenon influenced by contemporary changes in family structure, parenting practices, consumerism and marketing[6], 'youth entitlement' and less community cohesion. These changes, overlaid with parents' and children's experience of family violence, grief and loss, trauma, mental health and substance issue and poverty, may have supported the rise of a form of family violence that did not exist, or was far less prevalent in the past.

Services across many sectors—youth and family services, alcohol and drug, mental health, family violence, child protection, community health, policing, legal aid and youth justice—report increased presentations by family members who are impacted by, or who perpetrate violence. Victoria Police family violence call-out data report an increased incidence of adolescents using violence against family members. Data analysis suggests a strong correlation between local government areas with a high incidence of family violence and those with a high incidence of AVITH (Victoria Police 2012).

A number of terms are used to describe adolescents' violence toward family members. These include 'teen violence to parents', 'parental abuse', 'adolescent to parent abuse', 'child to parent violence', 'child to mother violence', 'battered parents' syndrome' and 'adolescent violence in the home'. This report uses the latter definition to acknowledge the impact on all family members and carers and conceptualise such violence as a form of family violence. Adolescence is frequently defined as 10–25 years; this report defines it as 10–18 years in recognition of the different legislative and policy responses relating specifically to adolescents under the age of 18.

AVITH pertains to the use of violence by adolescents against family members, including parents, siblings and other relatives and carers. It is: 'an abuse of power perpetrated by adolescents against their parents and other family members, including siblings. It occurs when an adolescent attempts to physically or psychologically dominate, coerce and control others in their family' (Howard 2011, p. 2). Abuse and violence are means to gain power and control over parents, siblings, other family members and pets. Behaviours are similar to adult family violence and include physical, emotional and psychological violence, coercion and threats, verbal, social, financial and spiritual abuse. Male

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[5] The quotes in this document come from Victorian parents affected by AVITH.
[6] Some social commentators argue that these influences contribute to an increase in 'entitled' young people who expect to get their own way and to parents who feel guilty of depriving their child if they do not acquiesce. When parents do not meet their child's demands, the adolescent uses abuse and violence as means to exert control and get their own way.

adolescents who use violence against mothers may be at greater risk than those who do not, to go on to use violence against intimate partners (Howard & Rottem 2008).

The use of violence by adolescents against those who care for them is complex and multifaceted. While parents are victims of adolescent violence, they are likely to have greater economic and social resources than a child (Patterson et al. 2002). Lack of recognition of AVITH may be due in part to the "… widespread belief that parents need to protect their children, even when it is to their own detriment" (Bobic 2004, p. 1).

There is a lack of data about the incidence of AVITH. Much of the research that *has* been done on the subject is over 10 years old, although new evidence is emerging. Similar trends and patterns of AVITH exist across Australia, United States (US), Canada, France and Spain with research demonstrating that one third of offenders are female and two thirds males. Most violence is perpetrated against mothers (Agnew & Huguley 1989; Bobic 2004; Cottrell & Monk 2004). A study from Seattle, US reported 1,339 incidents of adolescent violence to parents over a three-year period and revealed that 65% of offenders were male and 35% female (Sellick-Lane 2007). Mothers comprised 72% of victims and fathers 28%. Both sons and daughters used violence against their mothers at higher rates than against their fathers (ibid).

A US analysis of 479 family violence offences where the offender was under 18 years (Sellick-Lane 2007) showed that 67% were male offenders and 33% female offenders; 74% were female victims and 26% male victims. The same data analysed victim relationships to offenders and found 46% of the violence was against mothers, 15% against fathers, 9% against sisters, 4% against brothers, 12% against girlfriends, 1% against boyfriends and the remaining percentage against other family members including parent's partners, grandparents, cousins etc.

A Western Sydney study found 51% of sole mothers experienced abuse and violence from their adolescent, the significant cohort being male adolescent offenders using violence against sole mothers (Stewart et al. 2006).

Family violence as a contributory determinant

As a mother I see those holes but I'm oblivious to them at the same time because I just want to see my son— why do women stay with their husbands when they punch the crap out of them? Because … they hope one day that it might change. I look at those holes and I think what does the future hold for him … who's he going to put a hole through?[7]

There are many, often interrelated determinants for AVITH; it is not the purpose of this report to explore them all. Different studies highlight a range of determinants including parenting style (Cottrell 2003; Gallagher 2004), child abuse and physical punishment (Cottrell & Monk 2004), individual characteristics of parent and child (Routt & Anderson 2011), and negative peer influence and lack of social supports (McKenna, O'Connor & Verco 2010). One of the most pervasive and commonly cited determinants is a child's and mother's experience of family violence. Significant

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[7] This and subsequent quotes are taken from Howard and Rottem (2008), and represent the experiences of parents affected by adolescent violence in the home.

numbers of adolescents using violence have themselves experienced family violence (Downey 1997; Gallagher 2004; Howard & Rottem 2008).

It is disturbing to me when I recognise it … that sometimes I feel I am living in the relationship with my ex-husband. It disturbs me enormously.

Childhood experience of family violence poses a risk factor for the use of violence by adolescents against parents (particularly mothers) for several reasons:

- A mother's parenting and wellbeing and the mother–child attachment may be compromised because of the violence.
- As well as the physical, emotional and psychological impact of family violence on children, observing these practices as norms may lead to children adopting similar behaviours in adolescence and may shape adolescents' attitudes and behaviours when they experience their own adult relationships (Flood & Pease 2009; VicHealth 2009).
- Boys may role model their father's attitudes and behaviours to women—mothers frequently report that their adolescent's behaviour closely mimics their violent father's.
- Recent evidence indicates that ongoing exposure to traumatic events as a child, such as experiencing family violence, results in chronic overactivity of the body's stress response (the fight or flight response) and permanent changes to the brain's architecture, leading to behaviours such as hypervigilance and hyperactivity (Department of Human Services 2012). Adolescents who experience family violence may lack well-developed problem-solving and conflict-management skills and impulse control (Perry 2001).
- Adolescents (and their parents) may be impacted by trauma, significant grief and loss, mental health and alcohol and drug problems and poverty. These impacts influence adolescent development, family relationships and the ability to parent.

Working with adolescents who use violence in the home is similar to, but different from working with men who use violence against women. Adolescents are still effectively children and their parents have responsibility for their care and protection. Men are adults whereas adolescents are still negotiating a developmental milestone. While men who use family violence are solely responsible for their actions, violent adolescents combine issues of vulnerability and a sense of entitlement. Working with them then must take into account these aspects. Greater emphasis must be given to exploring the adolescent's feelings and understanding of their violence. For example, Robinson (2009) writes about the high level of shame experienced not just by parents, but also by adolescents about their behaviour, and the difficulties of moving on from this position if they are not given the tools to do so.

Adult family violence is clearly understood through a gendered framework and about power and control. AVITH is not so clearly understood. Adolescent violence in the home is *mostly* a gendered act with males more frequently the perpetrators of violence and victims more likely mothers or step-mothers than fathers or step-fathers (Department of Justice 2012). Female victims of both adult- and adolescent-perpetrated family violence indicate that offenders' language and attitudes are often derogatory to women:

It's not his fault. Because he's learnt from his father … He sees it with his own eyes, so he thinks the way his father treats women … that it's right for him to treat women that way too (Howard & Rottem 2008).

Female adolescent perpetrators are more likely to be violent to their mothers than their fathers (police and court data from Department of Justice 2012). When fathers are victims, they mostly experience the violence from sons or step-sons than female children.

Both adolescent and adult perpetrators of family violence minimise, excuse or deny the severity, frequency and impact of their violence and blame their victims. Both have the capacity to be charming and social. Victims of AVITH commonly cite difficulty gaining support to stop the violence; they feel blamed by professionals (Cottrell 2001; McKenna et al. 2010) or report that professionals are incredulous and disbelieving that as the adult in the family they could be in fear of their own child. While the types of abuse and violence used are similar, the use of violence by adolescents is less likely to be lethal and is more likely to include property damage such as punched walls or smashed windows and furniture.

He ripped my hair out a couple of times … I thought he was going to hit me … I had to move a bit … what he did to the bathroom door. I thought 'Is that me next?'

Effects of the violence

He controls the way I parent. I do everything basically based around how he's going to react because of fear of it exploding … there's only so much you can take for 24 hours in your head like this … when I'd ring for help, I wasn't getting any help.

The impact of family violence on the safety of women and children is now well recognised, yet the safety of victims of AVITH has been seriously overlooked. This may be partly due to difficulty conceptualising adults as victims of their own child. Victims may be physically injured, requiring medical attention and hospitalisation. Parents report that the most significant effects relate to the shock, incredulity and disbelief their own child is using violence against them. Parents may experience shame and embarrassment that they were unable to stop the violence (Stewart et al. 2005; Kennair & Mellor 2007). This is compounded by societal beliefs that parents should be in control. These experiences lead to isolation and despair (McKenna 2006), parents describing 'walking on eggshells' for fear of triggering a violent outburst (Patterson et al. 2002). Like women who experience men's violence, women victims of AVITH spend considerable time and energy attempting to prevent the violence. The threat and reality of damage to, or theft of property or harm to siblings, mean that women may be afraid to leave their adolescent alone at home (Cottrell 2001; Jackson 2003).

He literally broke so many of my things. Yeah, taunting me, thinking it was all a game to him. 'What am I going to break next?' and he would break them.

Violent adolescents may harass their parent at work (Howard & Rottem 2008), often demanding money. They may steal from them and frequently damage the home. Fear of how their adolescent will behave in public and fear of outsiders noticing the effects of the violence, for example holes punched in walls, may further compound isolation (Howard & Rottem 2008).

The prevailing effects of adolescent violence on parents include significant and enduring mental health problems, particularly anxiety and depression (Cottrell & Monk 2004).

I'm a mental wreck. I feel like knocking myself off ... I've thought it's much easier just to die ... I get really depressed. I'm jittery.

McKenna (2006) found that parents reported high-level negative effects on their health and wellbeing including depression, sleeping and coping problems, suicide ideation and attempted suicide. Parents may be impacted differently and adolescents may manipulate one parent to believe the violence is the other's fault (Cottrell 2001), placing considerable stress on the parental relationship (McKenna 2006).

Siblings are also often victims of the violence (Eckstein 2004). One study (Howard & Rottem 2008) showed that in every case where the violent male adolescent had a younger sibling, the sibling was also assaulted. Parents may compromise the wellbeing of their other children by prioritising those of the abusive adolescent in order to prevent the violence (McKenna 2006). They are frequently unable to protect the offender's siblings or are afraid that if they report the abuse, siblings may be removed from the home (Howard & Rottem 2008).

3. Current police, youth justice and court responses

Australian and international responses to AVITH are increasing and being delivered across a range of sectors, though Australian programs often have significant limitations and scope. Australian programs tend to focus on a response to parents because of difficulty engaging adolescents, lack of adequate resourcing and because parents approach agencies for help.

Police response

Much of AVITH is resolved without recourse to police, court or youth justice responses (e.g. by parenting support). However, increased police call-outs (around 9% per annum in Victoria) indicate that some parents are seeking police assistance to stop the violence. Calling police is usually parents' last resort. Most are reluctant to do this as they do not want their child to be involved in the criminal justice system and risk the possibility of a criminal record (Jackson 2003; Kennair & Mellor 2007). A criminal justice response is one component of a response to this issue, one that desperate parents will continue to use, particularly in the absence of other support services.

Lack of understanding about adolescents' use of violence, particularly when male adolescents assault their mothers, frequently means unrealistic expectations may be placed on parents to 'fix' the problem. Holt (2009) highlights the importance of responses that do not rely solely on invoking parental responsibility but that also include acknowledgement of the wider structural gendered-power relationships that may be operating within the family.

The lack of an articulated diversionary approach in Australia when adolescents are apprehended by police because of their violence means adolescents rarely engage with the service system. US programs have a stronger emphasis on adolescent rehabilitation and use the criminal justice system as leverage to facilitate adolescent engagement. British programs, influenced by Australian and US programs, are more diverse, but are also starting to focus on how to engage offenders as well as victims of the violence. An Australian criminal justice response to AVITH has not been articulated to date. This requires urgent attention given the increase in AVITH incidents in police family violence call-outs. Feedback from parents and agencies suggests that the police response, particularly when offenders are aged under 18, is at most inconsistent.

It is timely that a number of states and territories have recently examined, or are in the process of examining, diversionary responses for young people. This provides an opportunity to identify AVITH as an issue of concern for agencies working with young people and parents, and consider a diversionary response that both condemns violent behaviour and provides a means for adolescents to address their use of violence and for families to be safer. Past governments have stepped up to consider an integrated approach to adult family violence, one that promotes victim safety and considers rehabilitation of offenders. It is time for this to occur with AVITH.

Youth justice response

The Australian youth justice system is premised on an understanding that children need to be protected by their families, community and state. Australia is a signatory to the United Nations Convention on the Rights of the Child (1990), which, in part, emphasises a legal response that addresses children's specific needs and avoids court and prison when reasonable to do so. The youth justice system recognises that young offenders need to take responsibility for their actions but that they should be assisted in addressing issues that contribute to their behaviours (Department of Justice 2012).

Australian jurisdictions vary in their response to young offenders, adopting approaches that hold the young person accountable. They may impose criminal sanctions and a range of largely informal proceedings and interventions that support the best interests of young people.

In general most states and territories police utilise a range of options including:

1. issuing an informal warning or caution where the adolescent is warned about their behaviour and possible repercussions if such behaviour continues
2. referring to youth-centred programs where the adolescent is offered voluntary support
3. taking the adolescent into police custody and progressing to:
    a) charging and remanding
    b) charging and bailing
    c) charging and summons
    d) intent to summons
    e) no further action.

A court hearing may result in a deferred sentence (which may include participation in locally developed support programs), dismissal of charges or a sentence. The various sentencing options range from a fine to a Youth Residential Order.

Similar options can also be applied when police attend a family violence incident where the offender is an adolescent. In addition to the above options, police may remove the adolescent from the home and place them with friends or family temporarily, or make a formal notification to child protection.

All state and territory legislation enables police to take out some form of order, such as an Intervention Order (Victoria) and Apprehended Violence Order (New South Wales), on behalf of the aggrieved family member. Police may also fax information about the offender and victim to agencies, who will attempt to contact and engage those involved in treatment or support.

Family violence policy call-outs—Victoria

Police responses to family violence differ across states. However, there are also some significant similarities. The situation in Victoria, outlined here, provides an example of current police responses to AVITH.

When Victorian police are called to a family violence incident they have three options—issue a Family Violence Safety Notice (FVSN), charge and arrest the offender and/or fax the offender's

details to an MBCP. FVSNs can only be issued when an offender is 18 years and above. Regional Men's Intake services receive fax-backs of under 18-year-olds from police; however, there is no programmatic response for this age group. MBCPs are rightly reluctant to include younger people in adult programs, recognising that the specific developmental needs and challenges of adolescents require a different approach. Services also acknowledge the complexity of working with offenders who are still technically children, who may have themselves have experienced trauma and violence and may need support to address other co-occurring issues and their own safety. While family reunification is not an agenda of MBCPs, it may be part of a response to AVITH.

The lack of articulated guidelines to AVITH means that police response is frequently ad hoc and inconsistent and depends, in part, on agency–police relationships across different locations. It may also be difficult for police to ascertain the identity of the victim and the offender when they are called to a family home.

Most Australian legislation relating to adolescent violence offences is designed to divert young offenders from formal court processes. Some states have specific state-funded programs to respond to youth violence, for example the newly created Victorian Youth Support Service (YSS).[8] Most are voluntary. Adolescents are rarely charged with an offence and court mandated to attend treatment. Court-mandated treatment frequently includes 'anger management', a description and approach that does not account for the complexity of AVITH and the power and control exercised by offenders.

Victorian data illustrate both the extent of the problem and the relationship to adult family violence.[9] Police and court reports do not provide an accurate picture of AVITH given that 'adolescence' is defined as between 10 and 25 years (see Department of Justice 2012). Data analysis of adolescents under 18 years is required to inform a response which accounts for their specific developmental stage and vulnerability and which acknowledges the service system has a separate and distinct response to adolescents (under 18 years), as opposed to adult (over 18 years) offenders.

Victoria Police family violence call-out data between 2006 and 2011 demonstrate the growing number of family violence offenders aged under 18.[10]

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[8] The Youth Support Service (YSS) is a new service designed to intervene early and divert young people away from the youth justice system by addressing the underlying causes of their offending and risk-taking behaviour. The target group for the YSS is young people aged 10–17 years who are at risk of becoming involved in, or are in the early stages of involvement in youth justice (i.e. those young people not subject to a statutory court order). Young people and families may exhibit a number of presenting issues requiring a range of interventions. However, their central needs will be to resolve immediate issues threatening the family relationship and to place the young person at risk of requiring an out-of-home-care placement.

[9] It is important to note that the age range of adolescents has been broadly defined as 12–25 years, as discussed by Patterson (2007).

[10] While some under-aged offenders may be using violence against intimate partners, matching the age of offenders with the age of the victim indicates that most violence is against adult family members.

	2006–07	2009–10[11]	2010–11
Numbers of police family violence call-outs where adolescents are aged under 18	2,157	2,831	3,252
AVITH as a percentage of all family violence incidents	7.26	7.92	7.95
Percentage of Intervention Orders against adolescents (under 18)	15.64	15.61	16.37
Percentage of female offenders	32.45	33.92	33.05

Between 2006–07 and 2010–11, the data show a 33.76% increase in family violence reports where adolescents are offenders, an increase of 35% in police call-outs relating to female adolescent offenders and a 33% increase relating to male offenders.

According to police and court data, three quarters of the parent victims of violence from children aged 10–25 were female or mothers (Department of Justice 2012). While the overall rate of parents as victims of violence from their children has remained static over the past 11 years, police incident reports indicate that the proportion of mothers and step-mothers as victims of the violence is increasing. Conversely, the proportion of fathers and step-fathers is decreasing. The proportion of mothers or fathers in the court data is variable, but on average three quarters are mothers and one quarter fathers.

The recent Victorian Department of Justice Family Violence Database Volume 5: Eleven-year Trend Analysis: 1999–2010 includes analysis of violence by adolescents (defined as under 25 years of age). In the section 'Parents/step parents reporting violence from a child/step child—police and courts' (p. 73) it concludes 'Adolescents aged 12–18 years have been an under-serviced age grouping for many years, and overall increases in numbers will exacerbate the stress on existing services'.

Intervention Orders where adolescents are offenders

The proportion of parents as victims of violence from adolescent children aged 10–25 years, has remained stable over the past 11 years in Victoria, hovering from 9–11% within the police data (approximately 8% where adolescents are aged under 18 years) and 3% within court data (Department of Justice 2012). Most parents who seek Intervention Orders against their adolescent are mothers. However, the rates of adolescents (under 18) using violence in the home has increased annually.

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[11] In 2009–10 Victorian police were called to 2,831 family violence incidents where the offender was aged less than 18. Of these, 33 were perpetrated by offenders aged below 10 years, 840 by offenders aged 10–14 and 1,958 by offenders aged 15–17. One third of adolescent offenders (932) were female and two thirds (1, 895) were male (Victoria Police 2010).

Juvenile justice system response to AVITH

A juvenile justice approach to AVITH is the least preferred option to stop the abuse and violence. Community-based service support will, and should be, the first port of call for parents to receive help to stop the violence and be safe.

Nevertheless, the fact that parents are increasingly calling police to respond to the violence means the juvenile or youth justice system must also be considered part of an integrated systems response. However, this is not yet articulated. While many states and territories are concerned about high rates of youth violence in the community (night club brawls, street violence etc.) there is little mention of adolescents' use of violence against family members in policy or legislation. (This is reminiscent of the lack of acknowledgement of adult family violence decades ago). Family violence legislation has a strong focus on children as victims of family violence, but does not address children's perpetration of violence.

Each state and territory has its own criminal justice approach to youth crime. Most states express concern over the real or perceived increase in young people as perpetrators of violence and how to both prevent and respond to youth violence. Some states have examined or are in the process of examining approaches to juvenile justice. For example, the New South Wales Government has reviewed the *Young Offenders Act 1997* (NSW) and the *Children (Criminal Proceedings) Act 1987* (NSW) to ensure youth justice legislation continues to reflect best practice and meet the needs of young people and the community, including victims. In Victoria, the recently released 'Practical lessons, fair consequences' discussion paper aims to 'examine how best to intervene early to provide young people with the opportunity to address the underlying issues contributing to criminal behaviour' (Department of Justice 2012, p. 3). The paper is particularly interested in diverting young offenders at the 'front end' of the criminal justice system. The *Blueprint for Youth Justice* in the ACT has a long-term aim to reduce the number of young people who come into contact with the youth justice system. It seeks to develop the best-possible youth justice system for the ACT that will benefit everyone and provide a safer community.

States' and territories' review of youth justice legislation and policy provides a real opportunity to consider how adolescents' contact with the criminal justice system can be used as leverage to engage them in behavioural change (much like the two Victorian Family Violence Court Divisions do with men issued with Counselling Orders).

4. Summary of findings

This project identifies program providers responding to AVITH across Australian and New Zealand. It highlights three programs in England and the United States.[12] Most Australian programs are delivered in Victoria but also include South Australia, Queensland and Western Australia. Most programs began in the last five years, although some, such as Anglicare's Breaking the Cycle, have been delivered since 1997.

Sectors responding to AVITH include those working with parents, families, children, youth and families, family violence, family mediation, sexual assault and mental health. Programs are delivered by a broad range of agencies including child, youth and family agencies, community health, local government, family mediation, relationship counselling and mental health services. The diversity of agencies delivering a response likely indicates the interface of AVITH with other child, youth and family issues.

Some agencies work in partnership to deliver programs. Partnerships maximise resources, support cross-agency collaboration and expertise and ensure that group programs are guided by male and female facilitators, which is important to all agencies. One program is delivered by volunteers using a self-help model; the others use employed staff.

Few agencies have been funded specifically to deliver AVITH programs. Most use existing funding or have gained short-term funding through grants. One exception is the Gain Respect, Increase Personal Power (GRIPP) program in Victoria, funded by the Victorian Department of Human Services. GRIPP delivers the only program that specifically works with male offenders and their family members though offences include community, dating and 'street' violence as well as AVITH. Peninsula Health has two years' funding to work with adolescents and family members and has a specific focus on interventions where adolescents have come into contact with the criminal justice system because of illicit drug use and violence in the home.

Few Australian programs work with adolescents who use violence in the home due to lack of funding, lack of a clearly articulated criminal justice response to AVITH, lack of specific adolescent-focused programs and the difficulty in engaging adolescents in behavioural change programs. Most are programs that support parents. These programs aim to increase family safety and contend that supporting parents enables them to take action to stop the violence. Some agencies deliver group programs for parents, complemented by individual work with adolescents, dyad work (parents) and family work (family therapy).

Agencies began programs in response to an identified service gap to support parents and carers who experience AVITH. Almost all programs are informed by feminist, narrative, family systems, child development and trauma frameworks. Some also incorporate elements of cognitive behavioural therapy, solution-focused and aggression-replacement therapy.

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[12] There are many programs that respond to AVITH across the US and England.

Programs share similar aims to promote family safety and stop the violence. Some extend this aim to a focus on family reunification (where safe to do so). Most have 'open' referrals—participants can self-refer or are referred from other agencies, including the police. Some agencies have been proactive in seeking police referrals, particularly agencies that already receive 'fax-backs' for women who have experienced family violence.

Most programs undertake some form of assessment—whether informally (a telephone call) or formally (a specific assessment form). Some agencies do not assess participants.

Almost all agencies consider the safety risks inherent in AVITH. Most assess for and speak to parents about safety. This includes discussion around negotiating a safety plan. Safety planning includes informing parents that their adolescent's abuse and violence may escalate when parents start to change their behaviour—for example, by setting firmer boundaries and implementing consequences for unacceptable behaviour—and planning how to deal with this and keep the family safe.

Most group programs are delivered over an eight-week period with a follow-up session, usually a month after the final session. Sessions are between one and a half and two hours. Some agencies deliver day programs as an alternative to a weekly program. Almost all agencies attempt to have male and female facilitators, in part to model equitable gender relationships and to engage with men and women participants.[13]

Few programs have been externally and formally evaluated, particularly using outcome evaluation methodology. Most gain evaluation data by speaking with parents at the concluding or follow-up session or by undertaking impact evaluation. All programs contend that parents gain from participation, reporting feeling greater confidence with parenting, less guilt and blame and improved family relationships. They report that participation has supported family safety and violence cessation or reduction.

All agencies reported that the most significant challenge to their work was lack of specific funding. Agencies are committed to this complex work and have developed significant expertise and resources to respond but indicate that maintaining their response to AVITH is challenged by an environment of diminishing funding and/or short-term grants.

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[13] Appendix 1 highlights examples of group work components.

5. Conclusions and recommendations

Integrated responses to family violence have flourished over the past decade (Howard 2011) resulting in comprehensive policy, greater service integration and improved service delivery. However, the issue of AVITH, although identified as a growing concern by community-based agencies, and with growing evidence of increased police response across Australia, lacks a policy 'home', legislation to improve the criminal justice response when police are involved and clearly articulated protocols for victims and offenders. It is time for state and federal governments to articulate a clear framework to guide service response.

There are few Australian programs that work with adolescents who use violence in the home (either separately or with their parents). Agencies report difficulty in engaging adolescents who use violence in the home—a reason US and British programs have strong links with police, youth justice and courts. Methodologies of overseas programs are worthy of greater consideration in an Australian context. However, funding would need to provide more extensive family-based programs.

Awareness raising about AVITH has bolstered demand by parents for specific interventions. A range of excellent initiatives exist, which can be duplicated and built on. Programs that work only with parents can be effective in changing family dynamics, reducing or stopping the violence and increasing family safety.

Australian service responses tend to be independent of the criminal justice system, although some have strong links with police. International programs have stronger links with police and courts, including as a diversionary measure. This results in greater engagement of adolescents in programs to stop their use of violence. Overseas programs that support adolescents and the family as a whole contend that engagement with adolescents helps them to understand and stop their use of violence and learn a range of skills that will support positive change in other areas of their lives, such as school, interpersonal relationships, affect and self-worth. Given that some parents attending programs may lack capacity to support their adolescents' development, programs that support and work with adolescents can address this gap.

Best practice models to address adult family violence, such as the Duluth Model, implemented in Minnesota, US, demonstrate that coordinated and integrated responses to family violence, together with measuring, monitoring and tracking, result in a reduction of family violence and victimisation. These models have also influenced the development of international programs working with adolescents and family, such as Step-Up in Seattle, US.

Impact and process evaluations indicate that the programs are of immense value to parents, regardless of how they are structured or delivered. Given the high degree of isolation experienced by parents familiar with AVITH, it is evident that programs providing a mechanism for parents to share experiences and gain support from other parents are valuable. All programs include components to support parental reflection and learning of skills and strategies to address the violence. This is complemented by resources such as information about other services and handouts that correlate to program learnings.

The most significant conclusion to emerge from this project is that funding is urgently required to meet the growing demand for awareness raising and education across many sectors that come into contact with this issue and to meet increased demand by agencies as more families seek support.

An effective framework to guide response to AVITH includes system and program development. Recommendations for this framework include:

Systems-level recommendations

1. **State and federal government policy and legislation, particularly relating to family violence and youth justice, should acknowledge and respond to AVITH.**

AVITH is not identified in legislation and policy. It requires a consistent definition across all jurisdictions. Recognition that AVITH exists and is a serious issue impacting on the safety of family members is a first step in improving the current fragmented and inconsistent approach. This would also validate victims' experience and provide a foundation for a response to the adolescents who use violence in the home. Key areas where AVITH can be included in legislation and policy include police Codes of Practice in Family Violence incidents, child protection and in juvenile and youth justice policy.

2. **Male adolescent violence to mothers should be recognised as a form of family violence in its own right and as a significant risk factor for adult violence to women.**

The most significant cohort in AVITH is the use of violence by male adolescents against mothers or female relatives and carers. The similarities to adult family violence, supported across the data and research, are disturbing. Male adolescents who themselves experienced family violence as children may be at higher risk of using violence against mothers, and later female partners. While it should never be assumed that a boy's experience of family violence means he will use violence against women, the likelihood is higher than for boys who do not. A window of opportunity exists to engage and work with adolescent male offenders to both increase family safety and prevent 'graduation' to violence against women in adulthood. For this reason it is imperative AVITH is recognised as a form of family violence and an appropriate response is articulated, funded and implemented. Family and domestic violence media campaigns should support this.

3. **Police and court data (call-outs and Intervention Orders) and reporting should consistently define 'adolescence' as under 18 years in order to improve understanding of this cohort of family violence offenders.**

Responses to AVITH need to be specifically attuned to the developmental and care needs of adolescents. They need to be informed by accurate data to ascertain prevalence across geographical areas, the age and gender of offenders and victims, and criminal justice responses. The definition of AVITH needs to relate to adolescents under 18 years to be consistent with youth justice responses and a youth framework.

4. **Significant investment is required in specific programs that support family who experience AVITH and engage adolescent offenders in attitudinal and behavioural change.**

This mapping exercise highlights a range of excellent responses for parents and carers who experience the violence. International programs highlight responses to offending adolescents and family-inclusive practice. It is time for government to better support existing programs and pilot innovative international approaches that can be evaluated as demonstration models to inform an enhanced service system response across Australia. A programmatic response that articulates referral pathways, assessment and treatment across criminal justice and community-based systems require specific government funding.

5. **Increase attention to the safety of women (mothers) and siblings when police are called to a family violence incident where an adolescent is an offender.**

State and territory family violence guidelines articulate a clear response for police when involved in adult family violence. This should include AVITH in order to increase the safety of women and siblings. Greater clarity about the role of child protection in sibling protection and intervention where adolescent offenders are 'at risk' is required.

6. **Raise awareness and understanding across the criminal justice system (police and courts) about AVITH and interventions that support family safety.**

Lack of understanding about AVITH means family safety can be compromised. Offenders are not proactively supported to participate in programs on behavioural change. Awareness raising with a focus on incidence, severity and impacts of AVITH and referral information for those who experience and use it will support an enhanced response across the criminal justice system.

7. **Develop and implement workforce development strategies to support sectors to be trained to respond to AVITH (to family members who experience it and the adolescents who perpetrate it).**

The complexity of this issue and its relevance to service providers across many sectors (as evidenced by this report) provides a strong case for training and workforce development about AVITH. Training and workforce development should be prioritised by state, territory and federal government funding, given the increased incidence of AVITH and increase in presentations across a broad range of agencies.

8. **Conduct further research into AVITH, particularly in best practice and evidenced-based interventions that promote family safety and behavioural change in adolescents.**

Family members who experience their adolescent's violence are unclear about how to increase their safety and adolescents who perpetrate this violence are rarely offered the opportunity to change. While AVITH has been better understood in recent years, a paucity of research exists about how service system interventions might enhance family safety, support violence cessation and restore family relationships. Moreover, while service systems responses to adult men's violence against women and children are clearly articulated and operationalised, a response to adolescent offenders remains unarticulated and unfunded. Further research is needed to explore evidenced-based practices that promote safety, behavioural change and family harmony.

Programmatic recommendations

9. Specific funding must be made available to support agencies, particularly those providing youth and family services, to develop and deliver programs to support family members who experience the violence, work with adolescents who perpetrate the violence and support family reunification (where safe to do so).

Few Australian agencies are specifically funded to respond to AVITH; most juggle this response with a range of competing demands. Specific funding is required to ensure a high-quality, sustainable response delivered by a skilled workforce and accessible to those who require it.

10. Increase emphasis on screening for, and assessment of AVITH (and responding to disclosures)

Lack of awareness by statutory and community agencies means agencies do not screen for AVITH. The shame, isolation, guilt and fear of blame experienced by parents who experience AVITH mean they will not readily disclose the violence. An enhanced response to adult family violence now includes screening and assessment. This must be extended to include the possibility of AVITH to improve the service system response to Australian families and play a more active role in supporting adolescents to make change.

11. Increase acknowledgement of AVITH through targeted public education approaches.

There is little public acknowledgement that AVITH exists. This contributes to maintaining parental isolation and prevents parents from seeking help. Greater acknowledgement of AVITH, through displaying information about it and where victims can seek support, is required. Long-term (and not necessarily costly) public education approaches towards these objectives can draw on the successful measures used to raise awareness of family violence in the community.

6. Australian and New Zealand programs

Introduction

Most programs that respond to AVITH across the western world have developed over the past 10 years, with the first originating in Melbourne, Victoria. Programs include community awareness raising, casework and counselling, mediation and groupwork. Almost all programs focus on supporting parents, adult family members and carers to strengthen their parenting and self-care and to increase family safety. They specifically target parents because adolescents may be difficult to engage and agencies lack resources and skills to work with both parents and adolescents (either in a group, individually or in a family context). Some programs specifically target mothers, acknowledging that they are the largest cohort of victims within families experiencing AVITH.

The two programs that work specifically with adolescents, GRIPP and Enabling Youth, work solely with male adolescents. There is considerable debate about the merits of single-sex programs (international programs tend to work with both sexes). A perceived increase by community workers in the use of violence by female adolescents (not supported by Victorian police family violence incident data) has led to a call for female adolescent programs. The lack of any program that works specifically with adolescents who use violence in the home is likely the most pressing issue at present.

Programs working with adolescents who use violence in the home cite similar challenges to those working with men who use violence: adolescents are reluctant to take responsibility for their violence, they blame others for their behaviour and do not readily consider the need to make changes in their attitudes and behaviours. Agencies need to hold greater responsibility for co-occurring issues adolescents are facing[14]—mental health and/or alcohol and drug issues, disengagement from education or work and 'anti-social' behaviours. This adds to the complexity of working in this domain.

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[14] A 2007 evaluation of Who's in Charge? highlighted the demographics of families where there is AVITH:
  - 24 out of 26 parents reported daily or almost daily instances of violent or abusive behaviour directed towards them in the three months leading up to the program.
  - 20 parents stated that there was violent and abusive behaviour towards siblings on a daily basis.
  - 22 parents felt stressed and anxious; 21 felt that their health was suffering and 14 felt depressed or very unhappy.
  - 11 families had 15 children and young people with a diagnosed condition including Attention Deficit Hyperactivity Disorder, Bipolar mood disorder, Asperger's, Autism and Post Traumatic Stress Disorder.
  - 46% of adolescents were victims of family violence.

There are differing views about whether adolescents should be court mandated (e.g. through provisions in an Intervention Order) to attend programs. This capacity does not currently exist in Australia, although programs in the US and UK receive referrals from the courts as a condition of a criminal justice charge or diversion. Detractors claim that adolescents will not change through mandating[15] them to attend programs and argue for voluntary participation in programs. US-based programs, Step-Up and Youth Offender Diversionary Alternative (YODA) contend that mandating adolescents to participate (most frequently as a court diversion process) supports engagement and gives the adolescent a strong message that their use of violence is unacceptable (see Appendix 3).

A broad range of agencies deliver programs—youth and family, family mediation and reconnection, family relationships, family, community health, local government and family violence services. Approximately a third deliver programs in partnership with other agencies. Partnership fosters agency expertise (e.g. between youth and family services), maximises scant resources, supports having both a male and a female facilitator (seen as desirable by almost all agencies) and supports an enhanced response to AVITH (e.g. group programs and family counselling options).

Most agencies offer some form of complementary support to parents as an adjunct to the group program. This may include casework, counselling, family counselling, family support and parental counselling, including to the adolescent (where they can be engaged).

Most programs are based in Melbourne, with the exception of Stopping Violence Services (New Zealand), Patricia Giles Centre (Perth, Western Australia), Mackay Youth Support Services (Queensland), Southern Child and Mental Health Service (CAMHS) (South Australia) and Southern Junction Community Services Family Connections (South Australia).

Agencies and group programs include:

Agency	Partnership	Type of agency	Program	Catchment
Anglicare Victoria (Frankston)	Peninsula Health Community Health	Child, youth and family	Out of Bounds	City of Frankston & Mornington Peninsula Shire
Berry Street	NA	Child, youth and family and family violence	TARA	Suburbs of Eaglemont, Nillumbik, Whittlesea, Darebin & Banyule
Camcare	Yes	Child, youth and family	Who's in Charge?	Eastern suburbs, Melbourne
City of Greater Dandenong Youth Services	NA	Youth	GRIPP	Cities of Greater Dandenong, Frankston, Cardinia & Casey
Connections Uniting Care	NA	ChildFIRST and child, youth and family	Who's in Charge?	Cities of Greater Dandenong, Cardinia & Casey

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[15] The term 'mandating' does not mean adolescents are forced to participate in programs. They have a 'choice' albeit not taking this 'choice' may result in pursuing of criminal charges.

Agency	Partnership	Type of agency	Program	Catchment
Family Services, Melton Shire	NA	Youth and family	Breaking the Cycle	City of Melton
Inner South Community Health Service	South East Centre Against Sexual Assault (SE CASA)	Community health	Who's the Boss?	Cities of Stonington, Glen Eira & Port Phillip
Mackay Youth Support Services	NA	Youth	Who's in Charge?	Mackay, Queensland
Meridian Youth and Family Counselling, Anglicare	NA	Child, youth and family	Breaking the Cycle http://www.anglicare vic.org.au/index.php ?action...doc_form...	Cities of Whitehorse, Monash, Boroondara & Manningham
City of Monash Youth and Family Services	NA	Child, youth and family agency	Who's in Charge?	City of Monash
Patricia Giles Centre	Centrecare and Anglicare	Family violence	Parenting Over Violence	Perth, Western Australia
Peninsula Health, Frankston	NA	Community health	Adolescent Violence in the Home Project	City of Frankston, Victoria
Relationships Australia	Melbourne City Mission	Family relationships	Breaking the Cycle	Western suburbs
Southern CAMHS,	Local schools, Centrelink, youth drug diversion service, Department of Education and Child Development (DECS) and South Australian police	Child and adult mental health	No name	Mt Barker, South Australia
Southern Junction Community Services Family Connections	NA	Child, youth and family	Who's in Charge? and Child and Adolescent Family Violence Support Group	Adelaide, South Australia
Stopping Violence Services	NA	Youth and family violence	Enabling Youth	Christchurch, New Zealand

Agency	Partnership	Type of agency	Program	Catchment
Time for Youth	NA	Family support and youth accommodation	Parent Power	City of Greater Geelong, Surf Coast Shire and parts of Colac/Otway Shire

Group programs for parents and carers

Agencies delivering group programs to parents and carers share similar rationales and objectives, methodologies, program content and target groups. While there are differences, for example some agencies have a stronger focus on family reunification, they are small. For this reason they are described collectively.[16]

1.   Program providers and programs

Anglicare Box Hill, Breaking the Cycle
Anglicare Frankston, Out of Bounds
Berry Street, Teenage Aggression, Responding Assertively (TARA)
Camcare, Who's in Charge?
Connections, Who's in Charge?
Family Services, Melton, Breaking the Cycle
Inner South Community Health Service, Who's the Boss?
Mackay Youth Support Services, Who's in Charge?
Monash Child and Family Services, Who's in Charge?
Patricia Giles Centre, Parenting Over Violence
Relationships Australia, Breaking the Cycle
Southern Junction Community Services, Who's in Charge?
Time for Youth, Parent Power

Note: Anglicare, Box Hill has published a group work manual, *Breaking the Cycle*, for agencies who wish to deliver parenting programs.

2.   Target group

These programs primarily work with parents and carers[17] of adolescents who are abusive and violent in the home. Other family members, for example grandparents, may also participate. Some, such as Parent Power and Camcare, also target parents of 'difficult' or 'defiant' adolescents with 'out of control behaviour' such as sneaking out at night, which may or may not coincide with abusive behaviours.

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[16] Note: Information about all existing Australian programs could not be obtained, due to project deadlines.
[17] Anecdotal feedback suggests that adolescent violence to carers of 'out-of-home' adolescents is fairly common.

Programs differ in the age of adolescents they respond to. Most focus on adolescents aged 12–18, some between 12 and 20. Some programs, such as Monash Youth and Family Services, also support parents to deal with the behaviour of younger adolescents (8–13 year olds).

Programs include both male and female parents and parents of adolescents of either sex.

3. Rationale

Programs began in acknowledgement of the profound effects of AVITH on parents and the lack of support for those experiencing it. Programs offering AVITH services report increasing numbers of parents seeking assistance and lack of agencies and programs to respond. Some family services set up programs in response to increasing numbers of parents contacting Child FIRST[18] for assistance involving violence and aggression from an adolescent in the family. Some agencies initiated programs specifically in relation to awareness that mothers, particularly sole mothers, were not receiving a service or, if they were, they were being blamed and held responsible for their adolescent's use of violence. Over time the specific response to mothers expanded to include parents, couples and carers. All programs state that the use of violence is unacceptable and adolescents must be held accountable for their violence. They contend that strengthening parenting and parents' self-worth and self-care, particularly in an environment where parents can support each other, can effect changes in family relationships—and this will reduce or stop the use of violence and abuse.

Funding source

Few agencies are specifically funded to deliver a response to AVITH. Only one agency, Patricia Giles Centre in Perth, is funded (through the State Attorney-General's Department – Proceeds of Crime) to deliver a specific AVITH program. This funding is not ongoing. Most Victorian agencies use Victorian Department of Human Services funding to support parents, families and young people. The programs have been created to best utilise existing resources to respond to an identified service gap and significant need. Group programs enable more parents to receive a service than individual support does. They also enable parents to support each other.

4. Theoretical underpinnings

Programs are informed by multiple theoretical frameworks including feminist, solution-focused, narrative, child development, cognitive behavioural therapy (CBT) and family systems theory. All acknowledge the importance of strengthening parenting to effect change in the parent–adolescent relationship and to reduce and stop the violence. Some programs specifically acknowledge and utilise the emerging research on the impact of trauma (including grief) on children. These programs acknowledge the importance of parents understanding adolescent development and the impact of trauma on adolescents. Some pay particular attention to 'patterns' of relating between parent and

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[18] In 2005 the Victorian Government introduced the Children, Youth and Families Act to better meet the needs of vulnerable children and their families. The new Act directs family services to work with families in line with the new legislation and Child Protection. Child FIRST (Family Information Referral and Support Team) aims to provide support to families by improving their ability and resources to cope with difficult times.

adolescent. Some programs incorporate a 'mental health' lens in acknowledgement that adolescents and/or parents may have mental health issues.

All programs utilise participatory approaches, encouraging participants to learn from, and support each other in a safe space. Parents identify and share strategies they find helpful to change their adolescent's behaviour. Parents report a key enabler for change is hearing others speak about their experience. Breaking through the isolation, guilt, blame and shame is a powerful outcome for them.

Programs also provide practical information about legal options, substance abuse, housing options and other supports. Most provide handouts to parents about other services they can access. Some invite other services, for example local police, to speak to parents about their options to stop the violence.

5. Aims and objectives

Programs share similar aims with the primary aim to enhance the safety of family members and stop the violence. Some programs, particularly those funded to support family reconciliation, have secondary goals, which include a focus on rebuilding family relationships and fostering family reunification.

In general, program objectives:

- reduce parents' feelings of isolation, guilt and shame
- provide a supportive environment in which to share experiences and ideas
- increase parents' feelings of empowerment, self-efficacy and assertiveness
- offer ideas to help parents develop individual strategies for managing their adolescent's behaviour
- explore ways of increasing safety and wellbeing
- help parents feel more in control and less stressed
- create belief in the possibility of change
- support parents to clarify what is and isn't acceptable behaviour
- support parents to identify barriers to change
- support parents to identify and set effective boundaries and examine strategies, understanding and resources for creating meaningful and practical consequences for unacceptable behaviour
- enhance parents' skills in listening, communication and conflict resolution
- reinforce progress and provide support while parents attempt to become more assertive
- explore anger, both the adolescent's and parents'
- encourage self-care
- support parents to maintain a healthy relationship with their adolescent.

6. Group facilitation

Most programs aim to have one male and one female facilitator to engage with male and female parents and model respectful male–female relationships. Given the predominance of female staff in agencies, cross-agency partnership is one way of ensuring facilitators of both sexes. Most facilitators have backgrounds in social work, counselling, family therapy, youth work and/or psychology. All

have experience working with families and adolescents. Most have additional experience working with family violence and trauma.

7. Methodology

Multiple methodologies are utilised to deliver the program. Programs are not didactic and aim to utilise parents' expertise to build confidence in parenting. Methodologies include brainstorming, report-back, parent education, small group and pair work, use of resources, such as DVDs or strength cards, guest speakers and group discussions. Some programs use workbooks; others provide attendees with access to books, articles, handouts, journals and other resources. Most programs assess participants before accepting them into the group.

The program curriculum is designed to build on the previous week's session and therefore consolidate learnings as the group progresses. Most programs give parents homework. This may include requiring them to reflect on the conflict with their adolescent and how they respond and could respond, what triggers the conflict, what influence and control they have over their adolescent and so on. Parents are encouraged to share their reflections during the week with others in the group to explore and reinforce emerging skills and confidence or areas where situations could have been handled differently.

Some programs bring in external expertise for one or two sessions. For example, they may invite a police officer to speak about the role police can play in enhancing family safety.

8. Referrals

Parents can self-refer to programs, often as a consequence of being informed about the program by other agencies, police or schools. Some agencies proactively respond to parent referrals from other agencies by phoning them once a referral is received.

9. Assessment

Assessment is a means to ascertain and respond to safety issues in the family and engage parents. It gauges level of risk—for family members and the adolescent—and whether safety planning is required as an adjunct to group participation. Assessment of prospective participants varies from program to program. Some programs use informal assessment and may accept any parent as long as they report experiencing their adolescent's abuse and violence. Informal assessment usually occurs by phone and involves a conversation between agency staff and the parent. Some agencies specify a minimum standard of verbal and written competence of English in order to participate in a program.

Some programs require prospective parents to speak with one of the program facilitators and/or undertake a specific formal assessment. Assessment in this instance focuses on the level of violence occurring at home, types and severity of the violence, use of weapons, the impact of the violence, history of violence, whether the violence is getting worse, whether the adolescent is living at home, violence outside the home, the young person's issues including mental health, drug and alcohol and school refusal, the sex of offender and victim, the age of the adolescent, past family history of

domestic violence and trauma, previous and current medical history, other agency involvement and the context of the young person's life.

Assessment also helps agencies clarify if the adolescent's behaviour is more 'acting out' or rebelliousness than abusive or violence. Parents are frequently unclear about the acceptability and normalcy of their adolescent's behaviour so this can be a helpful step for them to recognise they are being abused. Parents of adolescents whose behaviour is assessed as more 'acting out' than violent, are referred to mainstream parenting programs.

Some agencies assess for parents' capacity to participate and benefit from the program. This is a mechanism to screen out parents who may benefit from strategies other than AVITH group work; for example, parents with significant mental health or cognitive issues. Assessment highlights parents who may be disruptive to, or impede group process. In this instance parents may receive individual support rather than inclusion in the group program.

Most programs are broad based, rather than culturally specific (although they aim to be culturally inclusive and participants are from a diverse range of cultures). GRIPP, in particular, works with significant cultural diversity and has adapted its response to the cultural requirements of its participants.

Siblings are frequently also victims of AVITH and most agencies assess for sibling safety. If sibling abuse is identified, parents are referred to services that offer sibling support. A notification may be made to Child Protection if the sibling is considered 'at risk' and parents are unable to act protectively. If this happens parents are made aware prior to the phone call being made. Siblings may be engaged in family or individual sessions if appropriate. They may also be allocated a counsellor for individual work.

Assessment is an important way of ascertaining what strategies may already have been tried to address the violence (including police involvement), what supports may be in place, what parents expect from the program and degree of comfort with group work. Some agencies use assessment to match parents of young people of similar age and level of violence. However, this can be difficult for agencies struggling to reach a core number of participants.

10. Safety

Violence used by adolescents against parents (and sometimes siblings) is frequently serious and causes significant harm. Adolescents may assault their parents to the degree they require hospitalisation. All programs acknowledge the importance of assessing family safety. Parents may be more at risk of violence when they begin to challenge the control exercised by their adolescent. Initially the adolescent's use of violence may become more frequent and/or severe. Some adolescents may be both using abuse and violence against others and also be at risk themselves— because of mental health issues, for example. They may be self-harming, at risk of suicide, have mental health and/or substance use issues and be engaged in other risky behaviours. Agencies assess all these components of family safety so their response is inclusive to all family members.

Safety is assessed initially and throughout the program's duration. Parents are supported to discuss safety concerns with facilitators. If safety concerns are identified, a safety plan may be developed with the parent. A safety plan is similar to an adult family violence safety plan and includes exploring how family safety can be increased—for example, by having the local police phone number keyed into the phone or having a spare set of car keys. Options to enhance safety are made available to the parent. These may include speaking with police or a Youth Liaison Officer at a local police station or applying for an Intervention Order.

A few agencies attempt to engage with the adolescent following the safety assessment. Where parents feel it is safe to do so and support the agency contacting their child, an agency worker will contact the adolescent and offer support.

11. Components

(See Appendix 1 for more details.)

Most group programs are delivered over seven or eight weeks with a follow-up session a month or two after the final session. One exception is Mackay Youth Support Service, which delivers sessions twice weekly for seven weeks. Most sessions run for two hours. Some agencies deliver the program during the day while others, like Monash Child and Family Services, have attempted to deliver after-hours programs in an attempt to engage with parents who work. Monash Youth and Family Services have found the evening program attracts more couples, while the day program attracts more sole mothers with family violence backgrounds. Some agencies, like Anglicare Frankston, deliver the program over one or two days as an alternative to the group sessions. These sessions cover similar material to the group sessions.

Almost all programs close entry to the group after the second week. This is a way of building group trust and cohesion. It means participants can start to get to know each other without having to retell their stories to new attendees.

Every session except for Session 1 starts with a 'check-in'—an opportunity for parents to reflect on their experience of the previous week. A typical check-in includes questioning whether parents attempted any new or different ways of parenting, noted changes in their adolescent's or their own behaviour (positive or negative) and were able to put into practice strategies learnt or discussed at the group. Check-in helps parents to appreciate they are not alone in their experience and to build trust amongst group members. It helps to break through the isolation commonly cited by parents experiencing AVITH.

All programs clarify the difference between normal adolescent 'acting out', for example mood swings, occasional temper tantrums and adolescent abuse and violence. Parents are frequently unsure what to expect when their children reach adolescence and may confuse abuse and violence with normal adolescent 'acting out'. Parents frequently report that they somehow deserved the violence because they are 'bad' parents or have not adequately provided for their child or have separated from their child's father.

Most programs use the first session to ask parents what they hope to gain from the program and what specific issues they would like to cover. This information informs each subsequent week's topics. Common topics include:

- Getting started—what's happening at home, stress and self-care
- Causes and influences of behaviour
- Violence and adolescent development
- Beliefs about violence
- Communication skills and reflective listening
- Setting limits and boundaries
- Consequences and how to use them
- Anger—your own and others
- Managing anger—uncontrolled anger sequence, triggers, role of blame, strategies to manage anger
- Adolescents' triggers, de-escalation
- Community and legal services—availability and constraints
- Rebuilding the relationship
- Remembering strengths.

A typical program may be delivered as follows:

Session 1: This session aims to introduce parents to each other, clarify expectations and program aims and objectives, assure that change is possible and inspire hope and confidence. It begins the process of building trust and breaking through parental isolation that frequently accompanies AVITH.

Session 1 clarifies the experience of AVITH and explores the difference between adolescent 'acting put', abuse and violence. It covers the different forms of this violence, such as physical, emotional and financial, and asks parents to consider which forms they experience and how the abuse and violence impact on them and family relationships. It clarifies that the responsibility for the violence sits with the adolescent—they have a choice to use violence against others. For many parents it is the first time they have been asked or spoken about the violence and its impact.

Parents frequently put their own needs last and prioritise those of their adolescent. Most programs emphasise the importance of self-care from week one. The help parents care for themselves throughout the whole program, recognising that parents need to consider their own needs as well as their adolescent's. Programs working with women who have experienced family violence emphasise the impact of such violence on women and their parenting. Acknowledging that family violence undermines women's ability to parent and the mother–child relationship helps women to stop blaming themselves for the violence, understand why the violence may be occurring and begin to take back control.

Session 2: Many parents, especially those of sons, are unsure whether their adolescent's behaviour is a normal part of growing up, and is perhaps influenced by hormones. This session encourages parents to be clear about behaviours that are abusive and those that are part of 'normal' adolescent development. It provides parents with an understanding of adolescent development (social,

psychological, biological). It is important to clarify the difference between abuse and violence and normal adolescent development.

Most parents come to the group feeling they have lost control or have no control over their child—the session encourages parents to consider the influence they do have and how they can expand on this.

Session 3: This session explores the issue of control and power. This topic is particularly important for women who have left violent men; they may be unclear about their own rights and what behaviours are acceptable. Because some feel guilty for having left a relationship (and therefore depriving their child of a father), they may have compensated by allowing their child to push limits and boundaries, therefore gaining a sense of entitlement.

The session builds on the previous session by exploring why adolescents may seem to have greater power and control than their parents and how parents might start to address this imbalance. It gives parents an opportunity to discuss what parental expectations are reasonable and to think about setting appropriate limits and boundaries.

Session 4: This session explores how parents can use 'consequences' to modify and influence their adolescent's behaviour. It aims to make parents more aware that as adults they have greater influence over their adolescent than they might have believed prior to attending the program.

The session explores how anxiety and guilt can influence parenting and inadvertently encourage poor behaviour. It emphasises adolescents' need for limit setting and how parents can start to do this.

Session 5: This session explores different styles of parenting including permissive, authoritarian and assertive parenting and asks parents to consider which apply to them and how this style might support or challenge unacceptable behaviour. Some programs encourage parents to reflect on how they were parented and what they want to be similar and different in their own parenting.

Session 6: This session looks at anger and stress—parental triggers and responses and parent–adolescent patterns in conflict build-up and response.

It explores strategies parents can use to de-escalate tensions, for example by using 'I' statements such as "I'd like you to do the dishes" as opposed to "You never help out" and choosing the battles they fight with their adolescent. It also looks at adolescents' anger and stress and how parents can support their child to better deal with their emotions.

Session 7: This session explores patterns of communication—how parents communicate to their adolescent and how different forms of communication impact on the adolescent. Three main forms of communication are explored—passive, assertive and aggressive communication. The session also looks at how parents can develop more assertive communication (rather than blaming their adolescent when they do something wrong). Parents are supported to learn how to better use active listening and how to identify and manage their own feelings and 'triggers'.

The session concludes by focusing on the importance of parents noticing when their adolescent behaves in an acceptable way and giving their adolescents positive messages and building their self-worth.

Session 8: The final session consolidates learnings throughout the program and explores how parents can set and work toward their own goals after leaving the program. It discusses how parents can self-care. It provides an opportunity for parents to speak about how the group has benefited them (or otherwise) and to share reflections about the program and their positive observations of other parents.

Most groups offer parents an opportunity to reconnect post group. Parents are asked if they would like their contact details circulated to other group members. Many parents agree to this and build strong supports with other parents.

Follow-up session: This session usually occurs from between 4 – 8 weeks after session 8. It allows parents to reflect on the gains made since the program ended. Parents may also speak about setbacks and how they might get back on track. They are encouraged to discuss rebuilding the relationship with their adolescent and fostering greater family harmony.

12. Outcomes

Most program evaluations are short-term, impact evaluations conducted at the program's completion and/or at the follow-up session. Most participants report positive outcomes including a decrease in violence and an increase in parental confidence. Parents gain support and information. They learn new ways to parent and relate to their adolescent. One of the commonly mentioned positive experiences is that participation enables parents to break through the isolation they felt prior to the group by sharing their experience and hearing the experience of others. Parents often keep in contact following the program's completion.

Patricia Giles Centre's *Parenting Over Violence* program provides an example of evaluation:

Feedback from the most recent group has been positive. Most participants stated they felt from between slightly or significantly better following the group due to the opportunity to share experiences, support each other and gain additional knowledge. All participants found the group helpful due to support and ideas generated on how to effectively deal with their adolescent and how to think about safety considerations. The main themes participants found difficult were active listening and role plays and the awareness that AVITH is so prevalent. All participants stated their outlook had changed as a result of the group. Most were satisfied with the content of the program. One participant requested more information about a legal response to the violence. All participants felt their opinions and contributions were listened to and respected. Some intended to access additional support post the group. All participants stated they would recommend the program to others experiencing AVITH.

An evaluation was undertaken for the Breaking the Cycle programs delivered by Anglicare, Box Hill from 1996–2002. It indicated in most instances that the violence stopped but the loss of the parent–adolescent relationship resulted in ongoing parental depression.

Southern Junction's Who's in Charge? (2007) evaluation found that before they began the program, 38% of parents reported their adolescent almost always used physical violence, and 50% reported their adolescent sometimes used physical violence. At the end of the program all of the participants reported that their child only sometimes or hardly ever used physical violence.

Further information can be found at:
www.southernjunction.org.au/services/familysupport/Who's%20in%20C

13. Barriers and challenges

Barriers and challenges to delivering the programs and in working with AVITH include:

Funding

Family work is complex and a proportion of clients require longer-term counselling and support. Addressing multigenerational trauma requires experienced and trained staff and funding that supports longer-term work. All agencies indicated that ongoing and specific funding is needed to support program delivery and lack of resources is a major challenge to delivering the program.

Participation

Most parents who participate in the program are vulnerable, stressed and dealing with a range of issues. This raises a challenge of how to help parents maintain their participation. Programs struggle at times to get a required number of participants—it is fairly common to receive significant expressions of interest from parents/carers but not all who express interest attend. The usual number of participants is eight to 10 parents. It is common for two or three parents to drop out of the program each time it is delivered. Some parents who are assessed do not attend, which can be frustrating for agencies when other parents have missed out. It can be challenging finding the 'right' time and day that suits all parents.

Training

Program delivery requires staff with specialist knowledge and skill. Demand for experienced staff in agencies is high and staff turnover means that new staff need to be trained. The need to refer on to other agencies means agencies providing AVITH programs are frequently asked to train other agency staff to respond to the issue. While agencies want to do this, it takes additional time and resources.

Evaluation

Different funding sources require different data collection and reporting methodologies. Lack of recognition of AVITH means agency data are not reported to government departments. This means that cross-agency evaluation outcomes are not comparable and post-program evaluation is difficult to undertake.

Group dynamics

Parents attending the program may be struggling with many years of trauma, grief, loss and disrupted lives. The opportunity to talk about their own issues may take precedence over actively participating in the program and listening to others. Parents who share too much of the story of the

violence they are experiencing may subsequently feel vulnerable and exposed. Other parents in the group may be significantly distressed to hear horrific details of another parent's situation. Facilitators may experience tension in holding parents to the curriculum and giving them space to tell their own stories. There can be differences between how facilitators and parents understand the issue—for example, some parents ask agencies to 'fix' their child and do not acknowledge their own contribution to changing their adolescent's behaviour. Others want to be told what to do rather than consider different parenting approaches.

Managing participant dynamics can also be a challenge—for example, encouraging quieter participants to speak up or more vocal participants to speak less. Couple dynamics can also be an issue when couples participate, particularly if there is conflict in the relationship or different ideas about parenting. One facilitator with extensive experience reported that when both parents attend the group, it always indicates they have differing views about parenting and that this is very often at the root of their experience with AVITH.

Systems

Agencies experience frustration with how other agencies, particularly police and courts, respond to parents they have referred. They reported a lack of understanding by the criminal justice system about the barriers parents experience in regaining control, the level of fear parents experience, the use of inappropriate interventions[19] and parent-blaming responses from police and magistrates. One agency highlighted the need for government departments, particularly the Department of Human Services and youth mental health services to pay greater attention to prevention and response to this issue.

Agencies highlighted the need for training in working with families who experience AVITH so agency staff are equipped to deal with referrals and can support the work of group programs. Anglicare, Box Hill highlighted the need for increased education for professionals working with adolescents and their parents about AVITH, with a focus on multigenerational patterns and complexity, trauma and violence and its impact on family relationships.

Community awareness raising

Agencies highlighted lack of awareness and understanding about AVITH in the general community. They called for increased funding to enable them to provide community education and awareness raising.

Research

Anglicare, Box Hill identified the need for more research on this issue—difficult when funding agreements emphasise throughputs. Given that staff are not paid well, funding to support retention of more experienced staff would be beneficial.

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[19] Some agencies stated that Intervention Orders were inappropriate when used in AVITH.

Respite

The tensions between parents and adolescents can be alleviated through respite care though this is extremely difficult for agencies to arrange. The difficulty increases as the adolescent's age increases. At times police will remove an adolescent from the family home (usually placing them with family friends or relatives) and while not a solution to the problem, this provides some family respite.

14. Enablers

The most significant enabler for agencies is identified funding. Identified funding would support employment of highly skilled staff and greater awareness of this issue and how best to respond across the community sector, including the criminal justice system. One agency identified regular post-session supervision and occasional supervision from the course developers and trainers as an enabler. Again, this requires funding to implement and sustain.

Other programs

The following programs are also provided:

1. Program provider

City of Greater Dandenong Youth Services, Victoria
Gain Respect and Increase Personal Power (GRIPP)

2. Target group

GRIPP is a voluntary program working with male adolescents, aged 13–17, who have come into contact with the criminal justice system because of their violence. GRIPP does not focus solely on AVITH; it also includes street violence and dating violence. It also provides support to siblings, parents and other family members. It is the only Victorian program specifically funded by state government to work with male adolescent offenders.

3. Rationale

The program began in 2007 in response to high numbers of adolescent males who perpetrated violence in the southern region of Melbourne, Victoria, and the need for a specific response.

4. Funding source

GRIPP has been funded by the Department of Human Services since 2011. It was originally funded by the Department of Justice.

5. Theoretical underpinnings

The program initially began as a parent/adolescent offenders program with a specific curriculum using collaborative problem solving, solution-focused family systems, Cognitive Behavioural Therapy (CBT) and Aggression Replacement Therapy (ART). Difficulty engaging adolescents and families in the group program led to its abandonment and an emphasis on individual and family case management, casework and counselling.

6. Aims and objectives

The program aims to reduce recidivism and violent youth offending and decrease the use of violent behaviour by male adolescents in their personal relationships.

7. Methodology

GRIPP adopts a holistic client-centred approach that focuses on supporting the adolescent male and his support systems (peers, family, school and community) within his environment. It does this through:

- encouraging the development of positive values, and challenging attitudes and beliefs about aggressive behaviour and violent offending
- developing positive behaviours and skills
- enhancing resilience to underlying risk factors contributing to aggression or violent behaviours.

8. Referrals

Young people are referred by:

- police—when the young person has been cautioned for using aggressive behaviours
- courts—as a component of an Intervention Order, when a young person has been found guilty of assault or assault-related offence and has been given a good behaviour bond, deferred sentence or accountability undertaking
- youth justice—when the young person is on a deferred sentence, Probation Order or Youth Supervision Order
- community agencies—if the young person also fits the above criteria
- family, friends or self if the above criteria is met.

9. Assessment

Assessment of the adolescent and family is undertaken prior to, during or after a court hearing. A GRIPP clinician may have to be present at the hearing to inform the Magistrate.

A criminogenic assessment is conducted over one to two sessions so a comprehensive profile of the adolescent can be undertaken and clinical interventions be tailored to best meet their needs. Assessment focuses on:

- current and past offending
- attitudes to offending and violence
- use of violence by and to the offender
- family dynamics and relationships
- education, employment and training
- mental health
- risk to self and others
- alcohol and drug use
- home life
- cognitive abilities
- compliance with treatment.

10. Safety

Ongoing safety assessment ensures risks are identified and appropriately addressed for the adolescent, family, intimate partner and broader community. Safety issues are responded to in line with organisational and legislative policies. Child protection and police may be notified. Clinicians may work with the police to ensure the safety of an identified victim.

11. Components

GRIPP seeks to engage adolescents though assertive outreach and will meet them in a neutral place such as a cafe. GRIPP undertakes individual casework and counselling with the adolescent and the parent(s). It also delivers parent and family sessions.

12. Outcomes

A recent program evaluation by Health Outcomes International is still awaiting public endorsement by the Attorney-General.

13. Barriers and challenges

Funding is a barrier with contracted funding being made available for 12-month periods only. This leads to insecurity for staff employed to deliver the program. The program continues to receive enquiries for a female-specific program (also recommended by the recent evaluation).

1. Program provider

PenDAP – Youth Services, Peninsula Health Community Health Services
Frankston, Victoria
Adolescent Violence in the Home (AVITH) Project

2. Target group

The project has three target groups:

- Families—parents, carers, adolescents and other family members where there is AVITH
- Adolescents aged 12–18 years, who live, work or study in Frankston (or are prepared to travel there)
- Agencies working with AVITH and the general community.

3. Rationale

The project was developed to respond to the high incidence of AVITH in Frankston (fifth highest of Victorian local government areas in 2009–10). It recognised the need for capacity building across the community and criminal justice sectors, and for an enhanced response to adolescent offenders and their families.

4. Funding source

This project is funded for two years by the Legal Services Board, Victoria.

5. Theoretical underpinnings

The project is informed by multiple theoretical frameworks including feminist, narrative, child development, CBT and family systems theory. It acknowledges the importance of using assertive outreach to engage with young people and to strengthen parenting to effect change in the parent–adolescent relationship and to reduce and stop the violence.

6. Aims and objectives

Project aims are to:

- enhance family safety
- engage adolescents who use violence in the home in change
- support parents and other family members impacted by the violence
- build skill and expertise across the criminal justice and community sectors to respond to this issue.

7. Methodology

The project employs two staff—a project worker and direct care AVITH worker. The project worker undertakes research to explore parents' and adolescents' perspectives on their involvement with the

criminal justice system (police and courts) when they have come into contact with them because of the adolescent's use of violence. The project worker convenes a strategic reference group which includes senior representatives across multiple domains—family violence, youth, child protection, police, magistrates, legal aid—to work towards greater integration across the service system and an enhanced response to parents and adolescents. The project worker also provides awareness raising and training to the community and staff working in sectors around AVITH.

The direct care worker, the Youth Violence Worker, provides counselling, casework and care coordination to families experiencing AVITH. She works with adolescents and family members.

8. Referrals

Families can self-refer to the project. Referrals also come from police, youth justice and the courts or from family and youth agencies.

9. Assessment

The Youth Violence Worker uses a specifically designed assessment with a strong focus on safety. Assessment includes both individual and family perspectives. The assessment covers family history, statutory intervention, physical and mental health, drug and alcohol use, interpersonal relationships, school involvement and so on.

10. Safety

A specific assessment is undertaken to assess family safety. Family members are separately asked about safety concerns. Parents receive information about police and Intervention Orders and the worker can advocate for them. A safety plan is also negotiated.

11. Components

This program does not provide group work. It provides assertive outreach, case management and counselling to young people and parents and family counselling. The Project Worker role facilitates community awareness raising, capacity building and education. It is currently organising the first AVITH conference in Australia, scheduled for February 2013.

12. Outcomes

The project is in its infancy but capacity building and direct care work is in demand. Initial work with families and adolescents demonstrates positive outcomes. It is envisaged the research will inform policy and practice development relating to AVITH, given this is the first research of its kind to examine family experience of police and court intervention.

13. Barriers and challenges

Many families who are referred face complex issues. Intervention may require extensive care coordination for the adolescent, the parents/carers, and/or siblings. Improving safety often means stabilising the entire family environment, which can be difficult when families have a long history of

trauma and grief, and loss. One barrier is timely access to services that can complement treatment. Adolescents may be difficult to engage or engage and then withdraw from services.

14. Enablers

The demand is high and the work complex—additional funding would be helpful. Lack of a consistent approach from police and courts makes the work more difficult.

1. Program provider

Southern Child and Adolescent Mental Health Services (Southern CAHMS)
Mt Barker, South Australia

This agency delivers youth mental health services. This program, which does not have a name, is a partnership between CAMHS, schools, Centrelink, Youth Drug Diversion Service, the Department of Education and Child Development (DECS), and South Australia Police. It is delivered as part of ongoing CAMHS work.

2. Target group

The program targets parents and carers of adolescents (aged 8–18) who are abusive and violent at home and have general behavioural issues. Siblings are not directly supported although agencies are advised of services that can help support siblings.

3. Rationale

The program was initiated in response to a high incidence of AVITH presentations to service providers, police and schools in the local area.

4. Funding source

The program does not receive specific AVITH funding.

5. Theoretical underpinnings

The program is informed by child development, trauma, family systems and CBT. It acknowledges the value of social support systems as articulated by many social work theories.

6. Aims and objectives

The program aims to empower parents through information and active referral to other services. It acknowledges that services such as police and CAMHS may inadvertently stigmatise parents who are abused and aims to provide an appropriate and non-stigmatising response to AVITH.

7. Methodology

The program provides parent counselling and group work. It also raises community awareness about AVITH and advises where families can seek assistance. Community awareness raising has a focus on supporting services that can assist parents in understanding AVITH and respond in a way that is supportive to parents and privileges their experience.

8. Referrals

The program is widely advertised in school newsletters, the local paper and word of mouth by previous participants. Parents have a pre-referral conversation with the CAMHS worker facilitating the group and sign up if they are interested and it is appropriate.

9. Assessment

No assessment to enter the program is undertaken, although participants need to have children eligible for Southern Junction's services.

10. Safety

The program assesses for safety. In the final group session a panel of police, Centrelink, DECS and other agencies respond to issues raised by parents, including safety concerns. If safety issues are identified, a group discussion is held about how best to address concerns. Where there are complex safety issues, one-to-one support is offered to the parent/carer.

11. Components

The group work component is a mostly closed group of four weeks duration that is delivered in the afternoon and evenings. It is similar in content to other AVITH group work programs, although of shorter duration.

12. Outcomes

Program outcomes include:

- parents feel empowered to use the police for help
- parents are aware of Centrelink services and know Centrelink will want to liaise with them as well as their adolescent
- improved parent connections with school and DECS
- improved parental understanding of developmental and mental health issues such as anxiety, depression, alcohol and drug use.

Some parents commented that they are taking a stronger stand and behaviours have improved, they are more patient and less worried about some behaviours and this leads to improved family relationships.

13. Barriers and challenges

Parent program attendance can be a challenge, particularly with those parents CAMHS would most like to attend. Some parents with very violent adolescents are too embarrassed and/or overwhelmed and lack hope that their family situation can change. Because the agency is based in the country there can be an issue with family privacy (some parents do not attend because they are in public office or do not want to jeopardise a positive public image).

1. Program provider

Stopping Violence Services
Christchurch, New Zealand
Enabling Youth
Stopping Violence Services provides youth and family violence services.

2. Target group

The program works with adolescents who are violent and abusive (at home, in the community and with dating violence). The program also supports parents and carers. Siblings impacted by the violence are invited to attend sessions with the parent and carers or are given information about other support services available.

The program targets two key groups, 16–24 year-olds not enrolled in full time education, training or work and 14–18 year-olds. If the presenting issue is AVITH, parents and carers are also engaged in the program.

3. Rationale

The agency identified a lack of youth-orientated and youth-focused programs to address violent and abusive behaviours.

4. Funding source

The program is funded by the New Zealand Government.

5. Theoretical underpinnings

The program is informed by feminist theory, CBT and solution-focused approaches including motivational interviewing.

6. Aims and objectives

The program aims to help adolescents identify abusive and violent behaviours, explore adolescent accountability for these behaviours, work with adolescents around the choice to use violence and encourage them to adopt a sense of hope that change can happen if they have the courage and determination.

7. Methodology

The program addresses individual and family issues as well as the impact of youth culture—for example, popular songs are discussed to highlight the messages they give, which often are accepted without question.

8. Referrals

Referrals include self and external referrals via post, phone or mail. Anyone can refer to the program. The main referrals are from youth services, a residential unit, youth justice, child, youth and family agencies, doctors, lawyers, police and schools.

9. Assessment

A standardised assessment form is utilised. The program assesses all adolescents about safety issues, risk factors, and health and learning challenges. Prior and current experience of domestic violence is assessed as a key risk factor. Adolescents assessed with mental health issues are referred on to the appropriate agency.

10. Safety

The assessment form and process include questions relating to safety and include current safety issues impacting on the adolescent and family. If adolescent safety issues are identified, a referral may be made, for example, to a general practitioner or the adolescent may be asked to undertake a 'contract' with clear strategies articulated about not harming others. This occurs before the adolescent participates in any programs.

11. Components

The program includes individual, family and group work sessions. The group sessions are of 12 weeks duration from 9.30am – 12pm with a shared lunch and followed by a guest speaker or a planned activity such as rock climbing.

12. Outcomes

Evaluation has found that, following completion of the program, violence mostly decreases in the home, although verbal abuse may still be an issue (but it usually reduces). Drug and alcohol use and other risk-taking behaviour also reduce. Facilitators have noted this outcome has declined. They attribute this to the recent Christchurch earthquakes and increased self-medication to cope with stress.

13. Barriers and challenges

The work with parents and carers is becoming more complex. Adolescents may have learning disabilities and/or mental health issues. Families lack other specialist or external supports. The agency identifies a need for closer ties with specialist agencies and greater access to youth resources. It also notes that having access to a youth residential premise would be helpful to counter the impact of harmful environments, support learning and immerse adolescents in a more intensive program, (rather than a once-weekly program).

The impact of social conditioning, the media and pop culture is considered pervasive with the messages perpetrated seen as promoting disrespectful relationships, inequality between the sexes

and violence as the answer to conflict. Violence and gang membership are frequently revered by the adolescents. Adolescents are frequently living in situations of ongoing crisis, which makes attendance difficult. Supporting adolescents with transport, by picking them up to attend the program, has been instigated.

14. Enablers

The program acknowledges its work with underprivileged adolescents and honours its ability to share workers' skills to effect change in adolescents.

1. Program provider

Southern Junction Community Services Family Connections
Hackham, South Australia
http://www.southernjunction.org.au/home/contact.htm
Child & Adolescent Family Violence Support Group

This agency delivers family services.

2. Target group

The program targets parents and carers who experience abuse and violence from their children. The age of the child is unimportant—they could be a toddler.

3. Rationale

Support for parents who experienced violence from their adolescent was originally provided by staff at an agency, The Corner House, Christies Beach. When funding for this support ceased, the program was maintained by volunteers who were ex participants.

4. Funding source

Volunteers deliver this support group with occasional support from staff at Southern Junction Community Services, Christies Beach.

5. Theoretical underpinnings

The program is based on work by a private psychologist, Eddie Gallagher (Victoria).

6. Aims and objectives

The program aims to provide a supportive, understanding and non-judgemental space to help clarify and explain behavioural dynamics, refer to other agencies, support behaviour modification and reduce the isolation and stigma that parents experience. The program also provides police support and involvement where required.

7. Methodology

The support group is an open group with weekly meetings (in school term). The group is staffed by volunteers with some support from another agency. The volunteers also deliver community awareness raising and some individual support.

8. Referrals

Participants are frequently referred through a specific AVITH program, Who's in Charge?, Southern Junction Community Services. Some referrals come through word of mouth and external workers.

9. Assessment

Assessment is informal with a focus on the safety of all family members including the abusive person.

10. Safety

If safety issues are identified, support workers can refer to a facilitator of the Who's in Charge? group who is a family counsellor. Support workers also discuss protective behaviours, emergency/safety planning and contacting the police.

11. Components

The program provides individual casework/counselling with parents, the support group and community awareness raising and education.

12. Outcomes

Outcomes have not been formally identified. However, ongoing support provided to parents means that parents make changes to their family situation and are safer.

13. Barriers and challenges

Lack of acknowledgement of the issue of AVITH and lack of funding to support dedicated resources and staffing remain a key challenge. Because facilitators are volunteers it means they need to juggle their own needs with publicising and delivering the group. The volunteer who responded to the survey sees AVITH as similar to family violence 30 or so years ago when it was prevalent but not widely acknowledged. She recommends that earlier intervention in childhood is required to stop escalating behaviours.

7. International programs

Agencies across the world are responding to AVITH by implementing programs and undertaking awareness raising. The following three programs were chosen to highlight possibilities to better respond to AVITH through a more systemic approach to engage adolescent offenders and parents and use the criminal justice system to engage with adolescents and leverage change. These programs, are Do It Differently (DID), UK; Step-Up, US; and Youth Offender Diversion Alternative (YODA), US. They provide a means to compare and contrast international approaches to AVITH with Australian approaches.

1. Program provider

Youth Development and Support Service,
Wakefield, UK
Do It Differently (DID)
http://www.bbc.co.uk/programmes/b01130pg

DID is a multi-agency program working in partnership with Wakefield Youth Offending Team (lead agency), Safe@Home (adult domestic abuse service—public sector) and the Rosalie Ryrie Foundation (domestic abuse service—voluntary sector).

2. Target group

The program works with mothers and female carers (including grandparents and foster carers) of males and females aged 14–17 years perpetrating domestic abuse towards their mother/female carer or girlfriend. Initially the program only targeted adolescent males but has recently been expanded to include girls.

3. Rationale

A pilot of the Do It Differently was delivered in 2009 after a 'snap-shot' audit of young people engaged in the Youth Offending Team (YOT) (on court orders due to their offending behaviour), on one particular day with a known history of domestic abuse, current or previous and a history of violence against a parent or partner. The pilot highlighted:

- 47% of all YOT caseloads had adolescents living or having lived in families where there was domestic violence
- 81% of these adolescents were displaying aggressive behaviour or had been charged with violent offences.

This has been an emerging theme and an increased need for work with adolescents and parents in domestic violence has been identified across the Youth Development and Support Service (YDSS),

family services and education. DID is now offered to families known to the YOT, YDSS[20], Rosalie Ryrie Foundation, Safe@Home[21], family services, education and health services.

4. Funding source

The YOT contributes funding for the program. As part of the Youth Development and Support Service, the YOT funds the Geese Theatre Company to deliver their component of the program.

5. Theoretical underpinnings

The program is unique in the use of drama-based interventions using work developed by Geese Theatre. http://www.geese.co.uk

It is also informed by CBT, solution- and strengths-based approaches, child development theory, psychodynamic theory, gender and male socialisation theory and humanistic and person-centred therapy.

Program development was informed by the work of practitioners including Rossman, Hughes and Rosenburg (1999), Brezina (1999), Glueck and Glueck (1950) and Patterson (1980).

6. Aims and objectives

The program aims to:

- reduce child to parent violence
- reduce violent offending and domestic abuse
- create positive interpersonal relationships.

7. Methodology

The program is informed by the US program, Step-Up, and the skills and knowledge of facilitators who work in youth justice and family violence. It is a structured 12-week group work program with two streams—one for adolescents and one for parents. Two joint adolescent–parent sessions are delivered in the 12 sessions.

The program is designed for adolescents to recognise their use of violence and consider alternatives. It has a strong focus on family restoration.

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[20] The YDSS offers a new approach to providing youth services across Wakefield with an emphasis on early intervention, prevention, access to positive activities and partnership working. The main aim of YDSS is to offer young people opportunities to gain the skills, knowledge and attitudes that will enable them to take more control over their lives, to effect change for themselves and to fulfil their individual potential.

[21] Safe@Home is a specialist 'one-stop service' offering advice, support and information to those affected by domestic abuse in the Wakefield district.

8. Referrals

Referrals come from a range of agencies including youth justice (YOT), early intervention services, family services, schools, GPs, community adolescent mental health services, domestic violence services and self-referrals.

Referrals are received through a specific referral form, which can be emailed to DID. On receipt of a referral a DID worker discusses it with the referring agency, then contacts and visits the family and offers information and a place in the program.

9. Assessment

Pre-engagement work is undertaken to assess whether a family is appropriate for the program. This decision is made by the lead facilitators of the group work program.

10. Safety

Safety is assessed as a component of the pre-engagement assessment and on an ongoing basis by the program coordinator, facilitator and support workers.

11. Components

There are three key components of the program—male adolescents, female adolescents and parents/carers.

The male adolescent components include:

- Introduction to the program and setting ground rules
- Discussing hopes and fears
- Weekly check-in
- Discussion around the cycle of change (e.g. localenterprise.wordpress.com/.../cycle-of-change-pr... - United Kingdom)
- Anger and triggers
- Understanding emotions
- Coping strategies and 'time out'
- Abuse Wheel/Respect Wheel (see Appendix 2)
- Gender, relationships and male socialisation
- Attitudes and changing behaviours
- Responsibilities, skills and strategies
- Communication and negotiation skills
- Consequences and choices.

One of the sessions involves a drama production called *Hitting Out*, performed by Geese Theatre. This performance gives adolescents and parents (joint session) a chance to discuss the use of violence and alternatives.

The female adolescent components are similar to the males' but the male socialisation session is replaced with female socialisation, dating relationships and risk-taking behaviours.

The parents/carers components include:

• Introduction to the program, developing group cohesion and setting ground rules
• Understanding the difference between 'normal' and abusive teenage behaviour
• Cycle of change
• Parenting styles and skills
• What's respect?/What's abuse?
• Weekly check-in
• Understanding emotions
• Coping strategies
• Time out and how to implement it
• Abuse Wheel/Respect Wheel
• Triggers and conflict de-escalation
• Responsibilities, negotiation, communication and decision-making skills
• The role of praise, patience and encouragement
• Self-care
• Parental empowerment and peer support
• Reflection
• Healthy relationships
• How far have we come?

The final session celebrates changes that have been made in the family.

12. Outcomes

While no formal evaluation has been undertaken, program outcomes are encouraging in terms of reducing abusive behaviours and reoffending rates, and strengthening and repairing family relationships.

13. Barriers and challenges

These include time to complete pre-engagement sessions (essential but requiring significant input from staff), transporting young people and parents/carers to group, group disruption, staff sickness, missed sessions, group dynamics (and the decision to remove disruptive participants from the group), ongoing support after the program ends, managing workloads, the commitment of support workers and lack of adequate resources to deliver the program.

1. Program provider

King County Juvenile Court
Seattle, United States
Step-Up
http://www.kingcounty.gov/courts/step-up.aspx

Step-Up is delivered in several locations in the US including Seattle (King County and Thurston County, Washington State); Toledo, Ohio; Chicago, Illinois; and Florida. Other agencies across the US are using the curriculum in varied formats. Slight variations exist across each program but they are very similar in methodology. This report profiles one of the first programs, Step-Up, delivered by King County Juvenile Court in Seattle, Washington State, United States.

2. Target group

Step-Up works with court-mandated adolescents (aged 12–18) and their parents, as well as voluntary youth and parents referred by community agencies or word of mouth. Step-Up has seen an increase in the participation of voluntary families over the last two years, as it has become better known in the community. About 35% of the families are currently voluntary.

3. Rationale

Step-Up originated in Seattle in 1997 in response to the high number of juvenile family violence cases in King County Juvenile Court. The program is court based and delivered in the community at two sites in King County.

4. Funding source

Step-Up is funded through King County Mental Illness and Drug Dependency funds.

5. Theoretical underpinnings

The program employs best practice and evidence-based approaches including cognitive behavioural exercises, skill development, solution-focused, strengths-based and motivational interviewing strategies to help adolescents make specific behavioural changes related to stopping violence and abuse in the home, and building respectful family relationships. It comprises 21 group sessions where adolescents and parents learn and practise skills for respectful, non-violent family relationships and safety in the home. The program includes an adolescent group, parent group and multi-family group. A collaborative, family-based approach is used in the family groups where parents and adolescents learn and practise skills with feedback and support from others. In the parent group, parents learn a model of respectful parenting that balances leadership and positive support, promoting non-violence and respect in the family.

Motivational interviewing, encouraging 'change talk' and solution-focused approaches are used in the process of adolescents setting weekly behavioural goals related to non-violence and respect, fostering accountability for behaviour and keeping the focus on using skills learnt at home.

Adolescents self-evaluate their progress and report back to the group (Miller & Rollnick 2002; Selekman 2005).

Family safety is a priority with development of a safety plan followed by weekly check-ins within the family group to monitor the adolescent's progress in staying non-violent.

6. Aims and objectives

The overall goal of the program is for adolescents to stop violent and abusive behaviour and to restore safety, trust and respect in the family. The aim is for families to leave Step-Up with a respectful family model established in their home, with a new framework for handling problems and conflict that will prevent the adolescent from reoffending.

The program aims to build family connections, develop self-awareness and reflection and provide a means to witness and enhance change.

7. Methodology

Step-Up is a 21-week group program that includes adolescent and parent/carer participation. It is facilitated by two staff with some sessions designed for parents and adolescents only.

Step-Up uses a restorative justice model of accountability, competency development and family safety to restore family relationships. It uses restorative inquiry to help adolescents recognise the effects of their actions on others, cultivate empathy and take steps to repair harm done. A restorative practice approach of engaging youth in a collaborative process with the victim (parent) in a community of families, holding a balance of accountability and support, are key elements of the program. The Power and Control Wheel deigned by the Duluth Domestic Abuse Intervention Program (2006) and used by most MBCPs in Australia, has been adapted in Step-Up to the Mutual Respect Wheel and Abuse Wheel as a means for parents and adolescents to monitor progress towards non-violence and mutual respect (see Appendix 2).m

8. Referrals

The different Step-Up programs have different mechanism to receive referrals. For example, in Toledo, Ohio families are referred to Ste Up when adolescents come before the Family Violence court because of their use of violence in the home. Adolescents are given the opportunity by the Family Violence court to participate in Step-Up (as a diversionary measure) or to be charged with an offence. Almost all opt for Step-Up participation. Parents can also self-refer.

In King County, families are referred to Step-Up by the juvenile court, through diversion or by probation counsellors as an option to drop criminal charges if they complete the program successfully with no further criminal offences. Families are also referred to Step-Up by the court through At-Risk-Youth Petitions (a civil petition filed by the parent in the juvenile court when an adolescent is engaged in dangerous behaviours and the parent needs court support to help their adolescent). Other referrals come from community health and mental health agencies, children's services, schools, psychologists, psychiatrists and other helping professionals. Some families self-refer by finding the program online.

9. Assessment

Program participation includes a comprehensive assessment, care plan and participation in the Step-Up group program. Many adolescents and/or family members have a range of issues that need addressing for the adolescent to stop their use of violence. For this reason the program provides a group work component, family 'wrap-around support' and regular case conferencing.

10. Safety

The program develops a safety plan for all families. Parents and adolescents are assessed separately so both feel safe about disclosing information. The parents' safety plan includes:

- how to respond to the adolescent's use of abuse and violence
- de-escalating conflict
- parents' commitment to support the adolescent to follow the plan.

11. Components

Step-Up has two key components—a criminal justice response to adolescents who are violent or abusive in the home and the Step-Up program in which parents and adolescents participate (group work and wrap-around support).

Criminal justice

When an officer responds to an incident of AVITH toward a family member, the response may be one of the following:

a) If the adolescent is 16 or older (per Washington State Domestic Violence Law), the adolescent is mandated to be arrested and detained in juvenile detention for at least one night. The adolescent has a hearing before a judge before release home from detention. The parent attends this hearing. The judge cannot order treatment at this time because it is pre-adjudication (decisions have not yet been made whether or not there will be a charge). The main concern of the judge at this hearing is whether or not it is safe for the adolescent to be released home at this time. The parent is asked how they feel about having their adolescent released, and if they do not feel safe having their adolescent come home the youth is either: (1) detained for another two to three days to give the parent more time to consider options for the youth and do safety planning with Step-Up staff. Step-Up staff may facilitate a written safety plan with the adolescent and parent together before release home; or (2) the adolecent is released home after the hearing, possibly with a safety plan facilitated by Step-Up, if the parent desires.

b) If it is a first or second time misdemeanour offence, the case is sent to 'Diversion', where the adolescent is offered the opportunity to attend counselling (usually Step-Up) instead of being charged with the crime (most adolescents opt for this).

c) If the adolescent is under 16 years, the officer arrests and detains them only if the adolescent 'demonstrates imminent threat of harm to family members'. Otherwise, an incident report may be sent to the juvenile court prosecutor's office, whereupon the

prosecutor determines if a crime has been committed. If it is a first or second time misdemeanour offence, the case is sent to Diversion, where the adolescent has the opportunity to attend counselling (usually Step-Up) instead of being charged with the crime.

d) Cases that are not first or second time offences are noted by the prosecutor's office, and the adolescent proceeds through the adjudication process. The case may be dropped, dismissed, or the adolescent found guilty in which case there is usually a six-month probation, along with a court order to participate in needed interventions, often including Step-Up. Many adolescents are given the opportunity to have their charge dropped if they successfully complete Step-Up or other interventions. Overall, the goal of the juvenile court system is to help adolescents rehabilitate and avoid criminal charges. For this reason, adolescents are given multiple opportunities to succeed.

The Step-Up program

The 20-week Step-Up program uses approaches specific to adolescents, parents and families.

In Teen Group, adolescents learn and practise:

- understanding and recognising abuse vs. respect in family relations
- strategies to prevent using violence and abuse
- increased self-awareness of thoughts, feelings and behaviours
- understanding the link between cognitive, emotional and behavioural processes and how to change unhelpful thinking and perceptions that lead to abusive or violent behaviour
- managing difficult thoughts and emotions; self-calming and coping techniques; de-escalation skills
- understanding feelings and how to communicate them in respectful ways
- empathy for family members
- accountability for hurtful behaviour
- recognition of personal strengths and positive ways to have power in one's life.

In Family Group, parents and teens learn and practise:

- rebuilding the parent–adolescent relationship through a restorative process of accountability, empathy and making amends
- increasing self-awareness, self-monitoring and evaluation of behaviour by making weekly goals and reporting progress to the group each week (teen activity)
- safety skills to prevent violence, developing and using a personal safety plan
- assimilating a respectful family model using the Abuse and Respect Wheels as a guide
- respectful communication and problem-solving skills, with role-plays and group feedback
- identifying and building on strengths in self and the relationship
- listening skills, empathy and understanding needs of other family members
- giving group members feedback, encouragement and support.

In Parent Group, parents learn and practise:

- safe and effective response to their adolescent's violence/abuse

- disengaging from power struggles
- self-calming and emotional management skills
- changing unhelpful thoughts and beliefs
- parenting skills for re-establishing leadership in the home
- parenting skills to support their adolescent's behaviour change
- strengthening the relationship with their teen.

Care planning

Key treatment goals for adolescents include:

- taking responsibility for behaviour and being accountable for the effects of their violence on others
- demonstrating empathy for those they abuse
- deciding on and implementing actions to 'make amends' for their use of violence
- learning skills such as non-violent conflict resolution, 'time-out' techniques, and assertive communication
- addressing other issues that negatively impact on family relationships
- engagement in school, training or work.

Key treatment goals for parents include:

- exploring family history, particularly adult family violence and its impact on the child and their parenting
- learning new skills such as assertive parenting, setting limits and boundaries, use of consequences, 'time out', and conflict resolution
- psychoeducation on child development and parenting
- restoring family relationships (where it is safe to do so).

Care planning focuses on both the adolescent's and parent's needs—for parents this may be addressing family violence and relationship conflict, parental substance use and mental health issues. Care planning includes identifying other services that need to be involved such as school welfare officers, alcohol and drug services or family mediation.

Graduation

Adolescents graduate from Step-Up when they can demonstrate:

- identification of behaviours from the Abuse and Mutual Respect Wheels
- appropriate use of 'time out' to disengage and calm down from an escalating situation
- responsibility for behaviour and empathy for family members by writing and reading a 'responsibility letter' and 'empathy letter' to show they have taken responsibility for their actions and shown empathy to others
- respectful communication, even when having difficult feelings or during conflict
- problem-solving ability
- development of weekly behavioural goals and self-evaluation of progress

- progress in behaviour change, with no behaviours on the Abuse Wheel in the last month prior to graduation.

Attitudinal and behavioural change is demonstrated through facilitators' observations in group work, parents' reports and concrete signs adolescents are making amends (e.g. by writing a letter to their parent or discussing change with the judge).

12. Outcomes

In 2005 Step-Up Seattle was evaluated by an independent body, Organizational Research Services, Seattle, Washington. The evaluation found:

- … significant improvements in attitudes, skills and behaviours over the course of the intervention. Specifically, the assessment of the Teen Behaviour scales related to different types of behaviour indicated significant declines in the extent to which youth engaged in such behaviours in family situations.
- … youth who completed the Step-Up interventions have lower recidivism rates than youth who did not complete the intervention or dropped out prior to the completion of the curriculum. At 18 months we find that the rates of Referrals, Filings, DV Referrals and DV Filings are substantially lower for the Completers. In fact, the average number of DV Referrals and DV Filings is less than half that of the Non-Completers. After 12 months, the average number of Filings among Non-Completers is twice as high as the average among Completers.
- … evidence of differences in long-term recidivism between the Step-Up Juvenile Probation Counsellor (JPC) and the Comparison JPC youth at both 12 and 18 months. In particular, the average number of Felony Referrals is significantly higher for the Comparison youth and the effect of the intervention remains significant in the multivariate regression model. Furthermore, we observe lower rates of DV Referrals and DV Filings among participant youth.

Data analysis showed:

- The average number of Felony Referrals is about two and a half times greater for the Comparison youth in contrast to the Step-Up participants (i.e. 0.47 vs. 0.19).
- 38% of the Comparison youth had 1+ DV Referrals in contrast to 22.6% of the Step-Up youth.
- The average number of DV filings among the Comparison youth is twice that of the Step-Up youth (0.38 vs. 0.19).

1. Program provider

Tarrant County Criminal Court and University of Texas
Tarrant County, Texas, US
Youth Offender Diversion Alternative (YODA)

YODA evolved from a collaborative effort between Tarrant County Criminal Court and the Arlington School of Social Work (University of Texas) to improve the lives of young people in Tarrant County, Texas, US. It is a community-based voluntary diversion program for adolescents charged with a domestic violence offence against a non-intimate family member. The website below provides information about the demographic profile of adolescents who participate and of program outcomes.

2. Target group

YODA works with court-mandated adolescents (aged 17–25) arrested for assault against non-intimate family members and their parents. The court selects which adolescents it will offer the program to on the basis of prior offences, attitude and willingness toward change and level of competency.

3. Rationale

The program was developed and implemented to address an increase in youth violence toward family members.

4. Funding source

The program is funded by University of Texas, Arlington School of Social Work and Tarrant County Criminal Court.

5. Theoretical underpinnings

This program is the most 'clinical' of all responses to AVITH mapped as part of this project. It utilises a range of psychological assessments to inform interventions and measure outcomes. It is underpinned by solution-focused brief therapy and psychometric tools.

6. Aims and objectives

The program aims to prevent future violence by adolescents against family members.

7. Methodology

The program is premised on the understanding that adolescent offending is related, in part, to lack of individual skill (e.g. conflict resolution) and family functioning. This understanding guides program interventions with adolescent and parents. The program aims to increase non-offending behaviours through a three-phase program (referral, assessment and treatment) using solution and brief

intervention therapies. The treatment phase aims to increase family involvement using solution-focused brief therapy (SFBT) to prevent recurrence of violence and maintain change. Treatment includes case management, individual solution-focused therapy (SFT) and family SFT.

Involvement with YODA is between four and six months with charges dismissed when the program is successfully completed. If the client remains out of the legal system for one year from the arrest date, the client's charges are expunged.

8. Referrals

All adolescents are court referred. The court selects which young people it will offer the program to on the basis of prior offences, attitude and willingness toward change and level of competency. Adolescents and parents are referred to the program when the adolescent has come into contact with the criminal court because of violence to family members. Adolescents are then referred to the School of Social Work Community Services Clinic, which assesses their needs. If the adolescent is deemed eligible, an intervention plan and collaborative individual therapy/case management plan are developed to increase the adolescent's self-sufficiency behaviours and skills.

9. Assessment

Assessment is completed within one to two sessions with a case manager. It includes a range of measures:

- Youth Reunification Matrix—measures client's basic needs and risk factors related to their current living situation
- Trait Hope Scale—assesses the level of hope for change through summative analysis with higher values indicative of higher levels of hope for change
- Goal Attainment Scale
- Solution-based Inventory—measures client's ability to develop solutions and access internal and external resources when faced with conflict
- Child and Youth Resilience Measure—measures protective factors associated with resilient individuals
- Multidimensional Adolescent Assessment Scale—measures a number of scales including school problems, aggression, family relationships, suicidality, guilt, confused thinking, disturbing thoughts, memory loss, alcohol and other drug use
- Navaco Anger Scale and Provocation Inventory—assess anger as a problem for psychological functioning and physical health as well as therapeutic change.
- Assessment guides interventions and evidenced-based evaluation.

10. Safety

The program does not directly assess for, not respond to family safety although it monitors 'aggression'.

11. Components

YODA has a strict attendance policy—if two sessions are missed without good reason the client has to report to court and is sent to gaol or dismissed from the program (therefore breaching their bond).

The program consists of:

- Court referral for assessment
- Intervention planning through identification of youth and family needs
- Family therapy and group work.

Clients rank the progress of their goals and objectives on a 10-point self-anchoring scale. At the midway point in the program (2–3 months) clients report to the judge for a mid-term evaluation of progress in terms of goal attainment as reported by the case manager.

If clients are unable to identify problems and set goals after several sessions, they are referred back to the court for sentencing. If they complete the program, the case manager provides the court with an updated evaluation of the client's progress.

Short-term outcome assessment includes client's level of self-sufficiency, resilience, aggression, family relations, mental health, goal attainment, stress and alcohol and other drug use.

12. Outcomes

Outcome measures about identification of problems, goal development and initial steps toward achieving goals are assessed on a weekly basis throughout treatment with a goal attainment scale.

Midway through the treatment, clients report to the judge for a mid-term evaluation of their progress in terms of goal attainment. This is assessed by the case manager. It also occurs on completion of the program.

An evaluation published in February 2012 assessed if the program was being delivered to the target population. Findings were based on assessment of the client records and a bi-monthly client contact report. They demonstrated that the program was operating as intended, and meeting short- and long-term outcomes. Clients showed increased positive mental health, resilience and hope and ability toward solution building. They showed less aggression, stress and substance abuse. Of the 36 clients who have completed the program, none have reoffended (as per court records).

Appendix 1: Parent group program components (detailed outline)

This appendix incorporates key elements articulated by each agency to program group session components. Not all dot points are covered by all agencies, but they give a general idea of how each topic is addressed. Most agencies provide a range of handouts and information about AVITH and other supports that parents can access. All agencies have a 'check-in' at the start of each session to enable parents to report on positive and negative developments at home.

Session 1: Introduction

- Introduction of facilitators and group members
- Draw (simplified if necessary) genograms of each family on a whiteboard—this gives participants a clearer view of the ages and gender of children, number of sole parents etc.
- Warm-up exercise
- Information about program aims and objectives
- Group rules and expectations (confidentiality, participation, time-keeping)
- Topics that group members would like to see covered
- General outline of the course (and where their suggestions might fit in)
- Warning participants that adolescent behaviour may get worse when parents decide to take a stand
- Miracle question (passing a magic wand): 'If everything went well what would your family be like in three to six months' time?' Go around the group, record main points
- Handouts on information about adolescent violence to parents, including legal options
- Discussion about self-care—how to look after yourself while making changes in the family.

Session 2: Adolescent development

Brainstorm 'What is abuse?' in group or small groups. The role of power in 'abuse' and the question 'Can a child's behaviour be abusive toward an adult?" is also explored. What are the 'causes' or influences of children's violent or abusive behaviour? Key messages include:

- There are multiple causes for behaviours and it is not imperative to know accurately why the abuse and violence happen in order to address them.
- Causes are not excuses. Genes (including disability) and experiences (even abuse) can never eliminate free will and moral accountability … but being a child, or having a disability, reduces moral accountability.
- Discuss 'Cycle of Violence' and ask parents to consider its relationship to their family situation and the difference between the 'cycle of adolescent violence' and adult family violence.
- Discuss adolescence as a developmental stage—ask parents to think about their own adolescence and their relationship with their parents.
- Provide information about adolescence as a developmental transition.

Session 3: Parental influence

- Parents explore the many influences on their child's behaviour, such as parents, relatives, peers, school and media.
- They discuss what influence/control/ power they have over their adolescent.
- They discuss the concepts of 'entitlement' vs. 'responsibility', that is, high entitlement is one 'cause' of violence to parents related to societal changes, parenting and personality.
- Homework: Parents make a list of everything they do for their child.
- Handout: Parents create diagrams of scales to explore who has the most influence—the parent or adolescent and where parents think the balance of influence should be.

Session 4: Punishment and consequences

- Homework from last week: Parents list what they do for their child. They discuss on their reaction to all they may provide and do for their adolescent.
- Parents discuss punishment—what worked or didn't work in their own adolescence?
- They discuss the concept of 'consequences' as opposed to physical punishment.
- Consequences: there is a brief introduction to natural and logical consequences, giving choices, house rules.
- Optional: Problems with physical punishment.

Session 5: Parenting styles

- Discussion about implementing consequences—feedback from parents.
- Discussion on styles of parenting when things at home are OK and when parents are stressed.
- Discussion on Permissive, Authoritarian, Authoritative and Indulgent parenting styles.
- Planning alternative approaches to responding to abusive and violent behaviours.

Session 6: Anger

- Anger: What is it? What is the difference between anger and violence? How do gender and family of origin influence response to anger?
- What buttons do parents' adolescents press?
- Are there ways parents make their children angry? What are their buttons? How to de-escalate anger.
- Discussion on aspects of anger, for example, anger as an excuse. When is anger useful?
- Investigating alternative responses to anger such as reflective listening.

Session 7: Communication

- Introduction to aggressive, passive and assertive responses and communication.
- Why is it hard being assertive? Relating aggressive, passive and assertive styles to authoritarian, permissive and authoritative parenting styles.
- Practising "I" statements and reflective listening.
- Positives and affection: How do we let adolescents know we love them when they are being unlovable?

Session 8: Moving forward

- Looking after ourselves. Self-care options. What do parents do to relax/care for self?
- Strength cards exercise—choose a card for self and one for another group member.
- Goals for own behaviour for the next two months—How do parents want to behave or react?
- Parents' rights.

Follow-up session

- Review of group program and progress, possibly referring to 'magic wand' replies from Session 1 and goals from Session 8.
- Planning for the future and exploring support options.
- Optional exercises for Session 8 or follow-up: Choosing Strength Cards to illustrate children's good qualities and/or writing a short positive message to other group members.

Appendix 2: Mutual Respect and Abuse Wheels (from Step-Up, Seattle)

Appendix 3: Mandatory detention and diversion: Step-Up case study

Australian opinion is divided about the use of the criminal justice interventions when adolescents use violence in the home. Issues of contention include:

• Is the criminal justice system the most appropriate mechanism to support family safety?
• Are Intervention Orders appropriate when adolescents use violence?
• If used, what conditions are appropriate and realistic?
• How are conditions able to be reinforced?
• How should breaches be responded to?
• Can the court use its power to facilitate engagement of the adolescent with services?

In Australia mandatory detention, as used in the US, is not an option because adolescent detention facilities are not available and philosophical and cultural values do not support this approach.

Programs such as Step-Up and YODA are presented as 'voluntary' programs. However, it should be noted that if adolescents do not participate, they risk being charged with an offence, found guilty and sentenced.

Step-Up

Step-Up and YODA use arrest and detention as a mechanism to convey the seriousness of AVITH and as a means to engage the family in the program.

Historically, the youth justice system in Seattle meant adolescents who came into contact with the police because of their use of violence were arrested and taken to a juvenile justice facility where they were held until a judge could hear the case (usually 24 hours). Where adolescents are 16 years and over and have committed a domestic violence crime, Washington State Domestic Law states that the officer is mandated to detain the offender. However, police are no longer as vigilant with pro-arrest with this group of adolescents. Recent changes to policy and budgets now mean that adolescents under the age of 16 years are no longer automatically taken to detention; this only happens if the adolescent is 'demonstrating imminent threat to others' at the time the officer is present.

This is difficult to ascertain as adolescents frequently calm down when the police are called, and can appear compliant and cooperative. As a result, far fewer adolescents are arrested and detained. This change has really impacted parents in a negative way. Step-Up receives frequent calls from parents

who state that they have called the police six or eight times, and the police say they cannot do anything. Parents report that if police attend an incident and do nothing, the adolescents are more empowered, which frequently escalates their adolescent's violence. It increases the parent's powerlessness, the adolescent's power, and the belief that assaulting family members is not a crime, and no big deal. Step-Up is working to change this and is facing increasing resistance from police. It is

educating parents to ask the police officer to at least take an incident report and send it to the prosecutor's office, even if they don't detain the youth. Officers should be doing this regardless but often do not. If a report is sent and the prosecutor's office determines that a crime has been committed, they will send the report to Diversion (if it is a first or second time offence). Then the family receives a letter in the mail (usually a few weeks to a month later) with a notice to attend a Diversion meeting with a probation counsellor at the juvenile court. The probation counsellor explains to the adolescent that the court will not file charges if they agree to attend counselling (automatically Step-Up if it is a Domestic Violence offence with a family member, unless the adolescent is assessed as inappropriate, that is, they are a victim of child abuse, need chemical dependency treatment, or have severe mental health issues that are not being addressed). The family begins Step-Up as soon as possible.

Detention and diversion are key components of Step-Up. The program's experience demonstrates that the impact of detention and going before a judge conveys the seriousness of the adolescent's behaviour. Adolescents who have been to detention work harder in a group and take it much more seriously (because they don't want to go back to detention). Step-Up also notes that by the time the adolescent enters the program (after many calls to the police on numerous incidents), the violence has escalated to a more serious level because it has continued for so long, with repeated and escalating incidents before the police finally decided it was worth an arrest.

Step-Up contends that early intervention (arresting at the first call, as used to be the policy), prevents further violence and an escalation in danger level, and adolescents get help before the issue grows more serious. A new plan has recently been put in place to expedite domestic violence cases through the system so adolescents can get into Step-Up faster. The diversion cases used to take months to finally have the adolescent referred to Step-Up. Now it takes less than a month, and sometimes just a few weeks. This came out of the recognition that domestic violence offenders have a higher and quicker rate of re-offence than other crimes.

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