

Young people who use violence in the home

CFEFCFW summary report on sector data collection as
part of the *Building the Evidence* project

March 2020

Prepared for Family Safety Victoria

The Centre respectfully acknowledges that we work on the traditional land of the Kulin Nation, and we acknowledge the Wurundjeri people who are the traditional custodians of this land. We pay respect to Elders past, present and those of the future. We acknowledge that we work on stolen land that was never ceded.

We appreciate and celebrate diversity in all its forms. We believe diversity of all kinds makes our teams, services and organisation stronger and more effective.

Executive Summary

Family Safety Victoria has contracted the Centre for Excellence in Child and Family Welfare (the Centre) to undertake a project that contributes to the emerging evidence base of what works for young people who use violence in the home. The aim of the Building the Evidence Base project is to better understand the nature of youth violence in the home and the approaches that work, including earlier intervention.

This summary report brings together key findings from data collected by the Centre in late 2019 and early 2020 via an online survey, focus group consultations and a symposium co-hosted with Family Safety Victoria which showcased a range of promising programs focused on working effectively with adolescents who use violence in the home.

The findings of the data collection are consistent with the literature, including the lack of rigorously evaluated programs targeting adolescents who use violence in the home and the importance of earlier intervention.

One area of difference between current and earlier thinking about this cohort of young people is in the terminology used. The survey results, forum discussions and symposium presentations and discussions signal a gradual shift away from a 'perpetrator' lens to that of a young person using violence in the home. This conceptualisation is important as it shapes the kind of response that will be provided. The survey results in particular, drawing on 570 responses from child and family services, specialist family violence practitioners and other services working with young people, indicated this shift with practitioners indicating a desire to move away from perpetrator-focused language for adolescents.

The information gathered as part of this project indicates moderate to high levels of workforce confidence in responding to various aspects of working with adolescents using violence in the home with two knowledge gaps emerging: how to work effectively with adolescents with disability who use violence in the home and which services to access for support in working with these young people.

The project identified a number of challenges experienced by practitioners in responding to adolescents who use violence in the home. These include working across boundaries when information sharing and care teams need to include workers from other sectors, (e.g. health, education, justice, disability services), knowing when referrals to additional services are required (e.g. mental health, disability support, AOD services) and which services are suitable and available in a particular area, and the lack of service support for children under 12 years (for earlier intervention), Aboriginal families, families with same-sex parents or those from diverse cultural backgrounds.

The survey, forum discussions, literature and symposium all identify programs and approaches that work, although many of these are either for more generic populations of young people and their families or are 'promising' and do not yet have a strong evidence base. There are some exceptions highlighted in the symposium, including the recently released findings from the Positive Interventions for Perpetrators of Adolescent Violence in the Home project (the PIPA project).

Several features common to projects that appear to be making a difference include building boundaries and consequences for behaviours; focusing on accountability; providing respite for parents/carers; in cases where the young person is living with carers, maintaining links with parents

(wherever appropriate); addressing blame/shame for all family members; and exploring with the young person how they feel about the violence.

The data collected through the Building the Evidence project work has implications for future policy and practice approaches. Several themes have emerged, including the need for:

- A common language and understanding of the drivers and nature of adolescents who use violence in the home
- Training in specific areas – working with adolescents with a disability who use violence in the home; understanding the developmental stages that occur between 10-18 years; applying an intersectional lens to better understand the gender and other dynamics of adolescent violence; service availability
- Training and tools to accompany the proposed MARAM Practice Guide so risk assessment and management can be seen through the lens of a young person, who might also be a victim survivor, rather than an adult perpetrator lens
- Earlier intervention, including identifying points where this might occur and having a dedicated service or program for children under 12 years who are showing early signs of violence in the home
- A state-wide approach to care team coordination to support better information sharing and collaboration across workforces and disciplines.

The first phase of the project is nearing completion. The second phase will involve the development of a MARAM Practice Guide for working with adolescents who use violence in the home.

About the project

The purpose of this project, funded by Family Safety Victoria (FSV) and conducted in consultation with Domestic Violence Victoria (DV Vic), is to better understand the nature of adolescent violence in the home and the approaches that work. The project aligns with Royal Commission into Family Violence recommendations, *Roadmap for Reform: Strong families, Safe Children*, and other relevant reforms affecting young people. It also complements the family violence reforms, including the Multi Agency Risk Assessment and Management (MARAM) Framework and information sharing workforce capability building.

The project builds on earlier work conducted and commissioned by FSV including:

- ◆ Adolescent family violence: A report prepared for Family Safety Victoria, Jo Howard (2018)
- ◆ Responding to adolescent family violence: Practice and interventions. Draft report by FSV, 2019
- ◆ Adolescent family violence: Draft consultation paper. FSV, 2019.

The project has involved sector consultation via a survey and small focus group discussions, culminating in a one-day symposium in March 2020 (co-hosted by the Centre and FSV).

Purpose of the report

This report brings together findings from the survey, forums and symposium and draws on existing research. It provides an overview of the key themes and findings arising from the data collected during the project via the survey and focus group discussions, symposium, and available research. The report concludes with recommendations for the next stage of the project.

Implications

The Centre has collected information from several different data sources that have implications for future government and sector policy and program approaches.

1. There needs to be a shared understanding and definition of adolescents who use violence in the home across all sectors, including allied health, education, and police. Participants in the Centre's survey, forums and co-hosted symposium supported generalist training to assist with earlier identification and to help connect to specialist responses. Having a common understanding of the drivers of adolescent violence in the home, the language used to describe this, the need for earlier intervention, and of effective programs and approaches that exist would enable more consistent and evidence-informed support for young people and their families across the state.
2. There needs to be training focused on the distinct developmental stages within the 10-18-year age range. This might include theoretical information about each stage as well as implications for practice and engagement. For example, how does early or mid-adolescence differ from late adolescence and how does this difference affect a practitioner's approach? What are the implications for calling young people who use violence in the home 'adolescents', which is generally used in the health sector as opposed to 'young people', which is often used in child and family services policy.
3. Further work in this space would benefit from an intersectional lens. For example, it is not only young men using violence against mothers. An intersectional lens would help tease out the gendered implications of young people using violence against family members, such as

young women using violence against mothers or grandmothers or young men using violence against male siblings or young men using violence against their mothers or Intimate Partner Violence.

4. The proposed MARAM Practice Guide will benefit not only child and family services and specialist family violence professionals but other workforces who intersect with these cohorts of young people. There will also need to be training on how to use the MARAM Practice Guide to provide more evidence-informed responses to adolescents who use violence in the home. Currently the questions are based on a form that is relevant to adult use of intimate partner violence.
5. There needs to be better support for practitioners working with families when a young person has autism or ASD. This would include better understanding and awareness of disability support services, and key contacts and referral information. Workforces also need to know how and when to access secondary consultation with practitioners and field experts working in the disability support space.
6. The Centre's information gathering suggests the need for better awareness of other services where practitioners can refer clients, with a centralised source of information and current data relating to youth violence in the home. One suggestion to come out of the consultations was for a youth services guide for each regional area. Another suggestion was to host regular network meetings with local service agencies to make best use of this critical window of opportunity to refer the family for additional supports and counselling.
7. The project has also highlighted the need for a state-wide approach to care team coordination according to best practice. Ideally this would be incorporated into practice within other sectors, allowing for better information sharing and collaboration between disciplines.

Methodology

The Centre developed and administered **a survey** for child and family services and specialist family violence services to seek information about how practitioners understand and respond to young people who use violence in the home. The survey was also intended to identify examples of effective practice and knowledge gaps where practitioners might benefit from further professional development.

The survey attracted 570 respondents, 42 per cent of whom were from child and family services and 17 per cent of whom were from specialist family violence services. The remaining respondents came from a range of other sectors that work closely with young people who use violence in the home, with representation across metropolitan and regional/rural Victoria.

The Centre also facilitated **six forums**, with 61 participants in total, to identify interventions currently used by service agencies, and to prompt participants to consider how the service sectors might move toward earlier identification and intervention. Participants were asked about the learning and development needs of their workforce, including what practice resources and tools are needed and the best ways to make these resources accessible to the relevant workforces. The Centre used findings from the forums to inform planning for the Policy & Practice 2020 Symposium.

The **symposium** attracted round 200 participants and focused on the theme of 'Starting with the young person: Reframing how we understand and respond earlier to adolescent violence in the

home'. The Centre collated feedback from participants at the symposium, including key learning from the event.

To contextualise the data collection for the purposes of this report, the Centre also drew on the literature relating to this topic.

Key findings from the data collection

1. Language and definition

While different sectors and organisations use different language to describe young people who use violence in the home, the use of the word 'perpetrator' appears to be declining across workforces. Based on the survey and focus group consultations, the most commonly used term across sectors was 'adolescent/young person who uses violence in the home'.

The information gathered from the forums about language and terminology was consistent with the findings from the survey.

- Across the forums, there was general agreement that 'perpetrator' does not give a sense of the trauma the young person has experienced. Forum participants were surprised that use of the word 'perpetrator' was as high as it was in the survey, as it seems to negate the strength-based focus of most services.
- There was agreement with survey results that the language used on the L17 form and in other legal contexts can influence language used within services.
- Some forum participants reported deliberately using the words 'perpetrator' or 'offender' when referring to the young person for 'educative purposes', so that the young person and their family can appreciate the gravity of the situation and the consequences that could follow if they continue this behaviour into adulthood.
- Some forum participants noted a difference between the language the sector uses internally among colleagues, and the language used when talking directly to service users. Young people and families can find the word 'perpetrator' confronting, which can raise barriers to reporting/engaging with services.
- Forum participants suggested that while there is growing awareness among society of the spectrum of behaviours that constitutes adult contexts of violence, parents and caregivers are less likely to consider disrespectful, threatening, or financially abusive behaviours by young people to be 'violence'.

The shift to less 'perpetrator focused' terminology was also evident in the presentations at the March 2020 symposium and in the feedback received from attendees. For example: "Adolescents who use violence in the home ... recognises that these adolescents are often victims of trauma and require a different response to adult perpetrators of FV" (participant feedback).

This differs from some of the FSV documents and research which define adolescents who use violence in the home in the language of adult family violence. For example, Howard (2018) uses the following definition in her review of the literature:

...an abuse of power perpetrated by adolescents against their parents or carers. It occurs when an adolescent intentionally attempts physically or psychologically to dominate, coerce and control others in their family. It is understood that the use of violence is a pattern of behaviour

(rather than a one-off incident). It is acknowledged that siblings and other family members may also be impacted by the abuse and violence.¹

Similarly, Fitz-Gibbon, Elliott and Maher (2018) state that 'adolescent family violence describes violence perpetrated by young people against family members, including parents, siblings, carers and other members of the family'.²

Current understandings of adolescent use of violence in the home and the language used to discuss this issue determine how our service systems respond. Definitions used in practical, academic and legal settings vary, and have implications for how the issue is addressed.³ The framework for understanding adult contexts of intimate partner violence includes notions of power and control, and the response is necessarily geared toward removing and punishing perpetrators. However, the complexity of young people using violence against family members raises conceptual dilemmas and practice challenges.⁴ Howard (2018) cites authors such as Evans (2016) and Pereira (2016) who highlight the need to provide special consideration for young people with significant mental health disorders, developmental conditions or other situations diminishing their control over their behaviour. Survey and forum results found that many practitioners reported among their caseloads high levels of Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), or severe manifestations of trauma that placed many young people using violence in this category of having diminished control over their behaviours. Recent research highlights that there is confusion in Australia about how we refer to young people's use of violence, with different disciplinary biases prompting workers to approach things from different perspectives.⁵

Having common understandings across multiple sectors about the nature and drivers of young people's use of violence in the home can help create a more consistent approach to identification, assessment and earlier intervention. Participants in the forums suggested that while there is growing awareness among society of the spectrum of behaviours that constitutes adult contexts of violence, parents and caregivers are less likely to consider disrespectful, threatening, or financially abusive behaviours by young people to be 'violence'. This could explain in part why families do not engage with services earlier.

This finding is interesting in the context of research that suggests that females are more likely than males to use other forms of violence including verbal, financial abuse and property damage. Regardless of a young person's capacity to comprehend their actions, we need to recognise the experience of the young person in a strengths-based, non-pathologising way, while also acknowledging the range and severity of harms and fear experienced by family members. Affected by the violence. Across all service sectors, our practice approach must recognise the duality of a young person who is causing harm whilst simultaneously requiring care and support from parents and caregivers.

2. Characteristics of young people using violence in the home

Findings from the survey and forums are consistent with existing literature regarding the common presentations of young people who are using violence in the home. The forums provided qualitative insight into survey findings with the symposium presentations providing a mixture of quantitative and qualitative insights.

Responses from participants in the survey and forums suggest that adolescents who use family violence are most likely to be 13-15 years old, be male rather than female, target their mother more often than any other family member, with siblings the second most commonly targeted group. There

appears to be no correlation with cultural background. Other characteristics identified in the survey were the high percentage of young people using violence in the home who are likely to have a trauma background, a background of family violence (with the young person frequently still in contact with the perpetrator) and mental health issues. Other findings were the reported likelihood of the young person having concurrent issues with alcohol or other drugs (AOD), Autism Spectrum Disorder (ASD) or an intellectual disability. These survey findings were supported by findings from the forum, with some participants expressing surprise that rates of disability and mental ill-health reported in the survey were not higher. Over half of those who responded to the survey also reported the co-occurrence of sexually abusive behaviour and violence in the home.

Age

Participants in the forums noted that services are increasingly having to field queries about children under 12 years accessing these services. Recent research by Fitz-Gibbon et al. (2018) shows that while young people might not come to the attention of service agencies until their mid-teens, there is often a pattern of increasingly violent behaviours and controlling tactics that have been emerging several years prior to this.⁶ In particular, the 8-12-year-old age category has been found to be a problem area due to parents needing support for concerning behaviours, but not being eligible for funded interventions. It was similarly reported by practitioners during forum sessions that there is a growing awareness for the need for earlier intervention. Services provided earlier on will lessen the chance of the young person continuing these behaviours with their own intimate relationships and families.⁷

Consistent with the literature, participants in the survey and forums agreed that the target of youth violence is mostly mothers or female caregivers. Although adolescent violence is not considered as gendered as adult contexts of family violence,⁸ the issue of gender remains an important consideration. Findings from this consultation phase align with repeated studies showing that children and adolescents using violence in the home are often themselves victims or witnesses of family violence or child abuse.⁹ Sons being violent towards their mothers, in particular, are highly likely to have previously witnessed violence and/or abuse towards their mother by their father or mother's partner. This often shapes their negative or derogatory views of women and misconceptions of what constitutes healthy relationships.¹⁰ Where young people have been victims of abuse or neglect in their home; anger, blame and resentment can manifest in violence towards parents or carers.¹¹ An intersectional lens would help tease out the gendered implications of young women or young men using violence against other family members, such as mothers, grandmothers, siblings, intimate partners.

Disability

Some forum participants suggested that the percentage of cases reported in the survey where the young person was diagnosed with a disability or cognitive delay was lower than they would have expected. It was suggested that there are situations where many young people are living with significant impairment, but that a young person's condition might go undiagnosed. These findings support research highlighting that mental health problems and intellectual disabilities are common among young people using violence in the home.¹² In particular for one study, Attention Deficit Disorder/ADHD and learning difficulties featured prominently in boys that were violent in the home.¹³ This was supported by discussions in the forums and by the symposium presentation of Karen Dimmock, CEO of the Association for Children with a Disability, who noted that adolescent violence in the home generally involves a long period of challenging behaviour, with behaviours emerging at

puberty, and with mothers and younger siblings generally the target. She also provided insights into the challenges these adolescents with a disability and their families experience.

The recently released findings of the Positive Interventions for Perpetrators of Adolescent violence in the home (PIPA) study found that almost half (47.4 per cent) of the Victorian case files reviewed had a diagnosis 'that, in combination with social or environmental barriers, would equate to psychosocial or environmental disability'.¹⁴ Two of the recommendations in the PIPA Project report relate to the need to recognise the potential presence of undiagnosed trauma and disability within mainstream family violence sectors and to increase awareness of family violence within the disability sector.

The Symposium presentation by Karen Dimmock, CEO of the Association for Children with a Disability, noted that 'there are higher rates of violence in homes with children with disability'.

AOD

Survey and forum responses varied as to whether young people using violence at home were likely to present with problematic use of alcohol or other drugs (AOD). Participants reported that young people using violence do not necessarily have coexisting AOD issues, but when they do, this factor heightens the conflict and behaviours. Some participants suggested that 100 per cent of their case load involved young people with AOD issues; in these instances, the violence could occur during a stage of intoxication, or it could be fuelled over conflict about the young person's use and them trying to obtain money to purchase alcohol or drugs.

This supports research showing that violence in the home can escalate where substance abuse is present, with a downward spiral of worsening mental health, lack of impulse control and conflict over money often triggering more frequent outbursts of physical anger and aggression and selfish and controlling behaviour.¹⁵ Addressing substance use needs to be undertaken through a lens of understanding how the use of violence affects a parent's capacity to support their adolescents to stop or reduce their substance use and how the substance use can support the use of violence.¹⁶

School attendance

A concerning theme to emerge from the survey is the lack of regular engagement with school by this cohort of young people. Many survey respondents (82 per cent) reported that it is rarely or occasionally the case that their clients are engaged in school. Forum participants also identified poor school attendance as a major challenge, reporting that many young people using violence at home were either disengaged or at risk of disengaging entirely from school. Participants reported that many of these young people have been suspended or expelled. In other cases, the young person might refuse to attend and their parents are unable to convince them. Practitioners reported that, aside from the lifelong benefits of completing schooling, the additional advantage for practice is being able to work with school staff in planning and monitoring ongoing progress.

Schools are in a unique position to identify patterns of student behaviour that could indicate use of violence in the home. While not all young people who use violence in the home use violent or aggressive behaviours in schools or public spaces, forum participants suggested that other behaviours such as chronic absenteeism can also signal difficulties at home. Participants suggested that many families seem to not be aware of the specialist services available in their local area, and that schools could play an important role in helping families navigate possible supports. Participants spoke highly of universal prevention programs such as Respectful Relationships being rolled out in schools. Some also suggested that schools could play a role in primary schools and as students

transition to high school, in helping to screen for symptoms of trauma. For example, the Berry Street Education Model (BESM) program trains teachers about trauma.

Youth Justice

There is more work to be done to prevent a trajectory into youth justice; various comments by forum participants suggested that a justice response is unlikely to be a deterrent for the young people with whom they work. There were also mixed views regarding the crossover with youth justice involvement. Some practitioners identified that nearly all of the young people they worked with had been charged for offences committed outside the home, others reported that young people were not known to police at all. Forum participants also noted that for Aboriginal young people and families, there are additional layers of intergenerational trauma arising from historic and contemporary contexts of systemic and institutional racism and abuse. Participants in one forum from an Aboriginal Community Controlled Organisation commented that 100% of their young clients are referred via a criminal justice pathway; this wasn't the case for the child and family services and specialist family violence, who require voluntary buy-in from program participants. In cases where intervention order (IVO) conditions *are* in place, all practitioners agreed that this makes it very challenging to do restorative work with the young person and their family. Overall, restorative work and approaches did not feature in the survey and minimally in forum responses although there was a presentation by Barwon Child Youth & Family on the Step Up program and Restorative Family Meetings at the symposium.

3. Workforce confidence, capability and challenges

The survey results suggest little discernible difference in workforce confidence levels across sectors for most of the following:

- Working with young people who use violence
- Understanding trauma and its effects on adolescents and their development
- Understanding attachment and child development
- Risk management and safety planning
- Clear pathways of referral.

However, there was some difference across sectors in relation to confidence in working with children with disabilities, with 16 per cent of survey respondents reporting low confidence and only 29 per cent reporting high levels of confidence. This was consistent with the forums, which highlighted a knowledge gap relating to working with families when a young person has been diagnosed with ASD. Participants in the forum discussions were unsure about which other services were available for ASD support/secondary consult. The forums also generated comments about the implications for various disability and neurocognitive diagnoses. Participants discussed the challenges of working with young people who have learning and/or developmental delays and that progress may be slower as a result.

In addition to confidence and knowledge of service availability, forum participants noted difficulties in intervening earlier with limited programs available. Even in regions where there is a dedicated program for young people using violence, the minimum age for eligibility is often 12 years. A common theme to emerge across all information gathering sources was the need for earlier intervention. The forums highlighted the need for a service for younger children and to intervene as soon as early signs are evident. Forum participants noted how issues could likely have been resolved if they had been identified at age 4 or 5 years, instead of age 14 or 15 years when behaviours are

already entrenched. Survey results also highlighted the need for early detection to reduce escalation and for trauma interventions early in a child's life.

In the absence of a services specific to young people using violence, practitioners reported they are likely to refer to other generalist parenting support programs, which are not necessarily equipped to deal with high levels of risk. Forum practitioners reported that this confusion of the service system and 'making do' with programs that are not specific to young people using violence can lead to inappropriate referrals being made and an unnecessary number of services becoming involved. This finding supports work by Howard (2018) who reported that even with dedicated services in some regions, there is a 'lack of awareness about where programs are located, eligibility criteria and methodology'¹⁷ (p. 73).

Participants noted that agencies' restricted working hours can make it difficult for families to access the programs they need. For example, it can sometimes be difficult for a family where one or both carers work to find time between standard business hours to make appointments. Some participants also added the logistics of finding a meeting place and travelling to see the young person was also difficult. One participant explained that in order to visit one young person, they drive 2.5 hours each way.

Several comments were made suggesting that agencies typically service mainstream populations, leaving Aboriginal families, families with same-sex parents or those from diverse cultural backgrounds feeling that the service will not adequately cater for them. During forum discussion of a case study involving a family who had migrated to Australia, participants suggested that they would have to do some additional work in order to understand the family's cultural beliefs about gender roles/responsibility and perspectives on disability/stigma of mental illness. They suggested that without this additional work, the approaches ordinarily used in programs for young people using violence may not be as effective.

Another challenge for practitioners is working across 'sector lines'. When referrals to additional services are required (e.g. mental health, disability support, AOD services), participants described not being sure which services are suitable or which services are available in their particular region. Some participants described a disjointed service system requiring greater cross-sector collaboration. Participants also spoke about waitlists for services and the 'bottleneck' to get into the programs that families needed to access. Many participants highlighted the need for greater investment in more specialist programs that would support young people using violence and their families. This echoes findings from Fitz-Gibbon et al. (2018) whose research participants stated there were no services available that were coordinated and dealt with the complex intersectional presentations. As an example of this, some forum participants described referrals not being picked up due to a service not being able to engage while there is ongoing risk of harm from violence. For example, not being able to refer to mental health or AOD services until the young person's use of violence has been adequately dealt with.

Forum participants also identified the need to keep the child in primary view, with participants suggesting that this is currently a gap in MARAM. It was suggested that practitioners are too easily satisfied by the parent's assessment of the children's risk and wellbeing, rather than exploring the experience directly with the child, wherever practicable. The forums highlighted the need for more intensive and more holistic service intervention at this point.

To this end, participants also spoke about the challenges of 'working across boundaries' when information sharing and care teams need to include workers from other sectors, (e.g. health, education, justice, disability services). Participants describe these sectors as being siloed, and that the different disciplinary biases prompt workers to approach things from different perspectives. Services are also very specific to particular regional jurisdictions, so there are sometimes difficulties in working with agencies from other Local Government Areas. Some forum participants commented that the introduction of information sharing schemes has helped things greatly, but that this will take further time to develop.

Another challenge raised in the discussions was the importance of establishing and managing an effective care team. One of the key benefits of this is the ability to liaise with professionals with different training and knowledge sets, which allows a multidisciplinary perspective on various intersecting issues. However, there were many comments about the inherent difficulties in organising and sustaining a good working care team. The competing agendas within systems are barriers for care teams; practitioners from different sectors have their own issues and goals. It is also important that care teams are client-led to empower families.

4. What works

The research conducted by Howard (2018) identified a wide variety of models of care available in programs specifically designed for young people using violence in the home. The range of program approaches was found to include:

- Parenting programs
- Parent empowerment
- Trauma-informed approaches
- Cognitive Behavioural Therapy (CBT)/Trauma-informed CBT
- Sequence Analysis
- Trans-theoretical/motivational interviewing
- Feminist/Duluth Model
- Strengths-based approaches
- Solution Focused approaches
- Restorative Practice
- Narrative Therapy
- Non-Violent Resistance (NVR)

The above list contains a mixture of elements, some of which could be considered core components of working with adolescents using violence in the home, and some that describe ways of working more generally with young people and families.

Results from the survey and forum similarly highlighted a wide range of program components and approaches being adopted in services throughout Victoria. Having a variety of approaches and methods is helpful in being able to respond flexibly to a given scenario. The Association for Children with a Disability presentation at the symposium highlighted the need for approaches that work with the young person (focusing on enjoyment, maximising freedom, dignity of risk and explicit teaching) and the family (practical steps – behaviour support plans, safety planning, peer support, consistent

approach and planning for the future). The PIPA project highlighted the importance of more integrated and coordinated practice across services and an increased focus on early intervention in childhood experience of trauma and violence.

However, as Howard (2018) points out, and as the Centre has found in its review of existing and promising programs,¹ very few of the programs targeting young people using violence have been rigorously evaluated. Further work is needed to support service delivery agencies to design and implement outcomes monitoring systems would help to build the evidence of what works, and for whom.

Practitioners at the forums identified the following elements of programs and approaches for young people using violence:

- Building boundaries and consequences for behaviours
- Focusing on accountability
- Providing respite for parents/carers
- In cases where the young person is living with a carer, maintaining links with parents (wherever appropriate)
- Addressing blame/shame for all family members; exploring with the young person how they feel about the violence.

The survey asked respondents to identify 'the most effective tools and models of care' they use when working with adolescents who use violence in the home. This was a free text response and the answers ranged from existing programs – well-established through to promising – to the kind of practices and approaches that are used in day-to-day work with young people and their families.

There were no comments regarding tangible tools or guides that are currently being used to support practice. Instead, respondents referred to the theoretical frameworks that underpin their practice and inform their response. As one respondent commented:

There are limited tools or models available. I recommend CP [Child Protection] look at attachment and trauma histories for the adolescent and parent and think about how to support reconnection. I would also look at building positive social and peer connection.

Of the theoretical frameworks mentioned, the most commonly reported were trauma-informed theories and approaches. Commonly reported approaches, in order of frequency, included safety-focused approaches such as risk assessment and management; external referrals and working in a holistic, integrated way with other services; relational micro skills; emotional regulation skills; strengths-based approaches; counselling; and neurocognitive approaches. Other less frequently mentioned approaches included whole-of-family work, motivational interviewing, case management approaches, mentoring and diversion programs.

The symposium provided an opportunity to see what work is being done and the outcomes that are being observed. The Centre's Guide to emerging and promising practice will also provide a useful overview of approaches that are showing promise. The MARAM Practice Guide will provide an

¹ The Centre is completing a review of existing and promising programs and approaches which will be made available through the OPEN portal on the Centre's website.

opportunity to continue the conversations with different workforces and to identify useful case studies that could be shared with multiple workforces and sectors.

Conclusion

The findings from this project have generally been consistent with the existing literature regarding key characteristics and presentations of young people using violence and the family members who are affected.

Findings have provided key insights into the terminology used across sectors, key challenges for practitioners, strategies being used, and potential for earlier intervention opportunities. Forum discussions provided further qualitative insights into issues and concerns of practitioners who are working with young people using violence in the home. While some of these issues were region-specific, the forum responses were largely similar across the six sessions.

Responses highlighted a wide and rich array of strategies being used by individual practitioners and their organisations. However, not all the models listed by participants have been evaluated and many are not known widely. Sectors could benefit from more opportunities to share what is working and how they measure these outcomes. There is also a clear need for services interacting with young people who use violence in the home to work together to support continuing engagement with schooling so the young person is not further disadvantaged and can make informed choices about future training, studying and career pathways. The symposium highlighted a wide range of evidence-informed work being done in the field of adolescents who use violence in the home, including by the Family Violence Branch of Victoria's Department of Education and Training in relation to earlier identification and improved intervention.

This project has also delivered insights into next steps regarding further workforce capacity building. While the survey data reveals much common ground across sectors, it has also highlighted several areas where practitioners could benefit from more targeted professional development. Findings from the survey suggest that the majority of respondents regard themselves as having moderate to high confidence across all areas. Respondents rated their confidence highly in understanding the effects of trauma and attachment on child and adolescent development. Respondents appeared less confident in working with young people who use violence, in knowing about other referral pathways, and in understanding disabilities that affect behaviour. These results suggested that while all sectors have expressed moderate to high confidence across a range of content areas, there is a knowledge gap in relation to working effectively with young people with a disability who use violence.

References

- ¹ Howard, J. (2018). Adolescent family Violence: A report prepared for Family Safety Victoria. p.6.
- ² Fitz-Gibbon, K., Elliott, K. & Maher, J-M (2018) Investigating Adolescent Family Violence in Victoria: Understanding experiences and practitioner perspectives. Research Report. Monash Gender and Family Violence Program.
- ³ Moulds, L. Day, A. Mildred, H. Miller, P. Casey, S. (2016). Adolescent Violence towards Parents – The Known and Unknowns p.548 in *Australian and New Zealand Journal of Family Therapy* 37, pp. 547-557. DOI: 10.1002/anzf.1189.
- ⁴ Howard, (2018), p.27.
- ⁵ Fitz-Gibbon et al., (2018).
- ⁶ Ibid.
- ⁷ Family Safety Victoria (2019). Draft Consultation Paper.
- ⁸ Ibid. p.4.
- ⁹ Moulds et al., (2016), p.551.
- ¹⁰ Howard, J. Rottam, M. (2008). It all starts at home: Male adolescent violence to mothers. p.7. Inner South Community Health Services.
- ¹¹ Coogan, D. (2017). *Responding to Child to Parent Violence and Abuse: Family interventions with non-violent resistance* p. 57. Jessica Kingsley Publishers.
- ¹² Neave, M. Faulker, P. Nicholson, T. (2016) *Royal Commission into Family Violence Volume IV Report and Recommendations* pp.154-155
- ¹³ Howard & Rottam, (2008).
- ¹⁴ Campbell, E., Richter, J., Howard, J., & Cockburn, H. (2020). The PIPA project: Positive interventions for perpetrators of adolescent violence in the home (AVITH) (Research report, 04/2020). Sydney, NSW: ANROWS. p.13.
- ¹⁵ Ibid. p.58.
- ¹⁶ Howard, (2018), p.73.
- ¹⁷ Ibid.