



# Investigating Adolescent Family Violence in Victoria: Understanding Experiences and Practitioner Perspectives



# Monash Gender and Family Violence Program

Investigating Adolescent Family Violence  
in Victoria: Understanding Experiences  
and Practitioner Perspectives

RESEARCH REPORT

July 2018

Kate Fitz-Gibbon, Karla Elliott and JaneMaree Maher

## Suggested citation:

Fitz-Gibbon, K., Elliott, K. and Maher, J. (2018) Investigating Adolescent Family Violence in Victoria: Understanding Experiences and Practitioner Perspectives. *Monash Gender and Family Violence Research Program*, Faculty of Arts, Monash University.

**ISBN: 978-0-9953934-4-8**

## Acknowledgements

This research would not have been possible without the generous and enthusiastic participation of the 120 individuals who shared their personal experiences of adolescent family violence via the online survey. Because of the generosity of these individuals in sharing their deeply personal and difficult experiences of adolescent family violence with us we have been given an important insight into a complex form of family violence that to date has been largely unexplored. We hope that this Report can begin to inform the development of specialised responses to adolescents who use violence in the home, and the necessary supports for their parents, siblings, carers and/or other family members who are impacted by that violence.

As part of this research we were also grateful to engage through interviews and focus groups with 45 Victorian experts, service providers, general practitioners and health service providers with experience in responding to adolescent family violence. We appreciate the demands on the time and resources of those working in the family violence sector and are very grateful to the professionals who discussed their experiences and views with us. Our understanding of current responses and the future needs for reform are enriched because of these valuable insights.

This project was funded through the Monash University Faculty of Arts and Faculty of Medicine, Nursing and Health Sciences Interdisciplinary Research Seed Funding Scheme. We are grateful for the opportunity to work with our colleagues in the Monash University Department of General Practice and Department of Social Work – Jan Coles, Deb Western and Heather McKay – on the design and data collection for this project.

This project also benefited enormously from the time and generous insights of Professor Rachel Condry (Oxford University) during her visit to Melbourne in February and March 2017. This project was inspired by, and sought to build on the work that Rachel has led with Dr Caroline Miles (University of Manchester) in the United Kingdom through their *Investigating adolescent violence towards parents* project.

Thank you to Julia Farrell for her meticulous copy editing and to Graham Sunderland for design and production of our final report.

We are extremely grateful to our colleagues in the Monash Gender and Family Violence Research Program, particularly Jude McCulloch, Sandra Walklate, Jasmine McGowan and Kate Thomas, who have supported this project and whose valuable insights always enhance our work.

## Acronyms

ADHD	Attention deficit hyperactivity disorder
AFV	Adolescent family violence
ASD	Autism spectrum disorder
AVO	Apprehended violence order
DHHS	Department of Health and Human Services
DHS	Department of Human Services
DVRCV	Domestic Violence Resource Centre Victoria
FV	Family violence
GP	General practitioner
IPV	Intimate partner violence
MH	Mental health
NDIS	National Disability Insurance Scheme
OCD	Obsessive compulsive disorder
QUT	Queensland University of Technology
RCFV	Royal Commission into Family Violence
UK	United Kingdom
VLRC	Victorian Law Reform Commission

# Table of Contents

<b>Acknowledgements</b>	<b>iii</b>
<b>Acronyms</b>	<b>iv</b>
<b>Executive Summary</b>	<b>1</b>
<b>1. Introduction</b>	<b>4</b>
<b>2. Methodology</b>	<b>5</b>
<b>2.1. Methodological Approach</b>	<b>5</b>
<b>2.2. Data Collection</b>	<b>6</b>
2.2.1 Phase 1: In-depth interviews and focus groups	<b>6</b>
2.2.2 Phase 2: Online survey	<b>7</b>
<b>2.3. Data Analysis</b>	<b>9</b>
<b>3. Understanding AFV</b>	<b>10</b>
<b>3.1. Prevalence and Type</b>	<b>10</b>
3.1.1. Gender	<b>11</b>
3.1.2. Age	<b>13</b>
3.1.3. Types of AFV	<b>15</b>
3.1.4. The Impact of Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder and Asperger's Syndrome	<b>20</b>
<b>3.2. Impact and Experiences: Parents and Adolescents</b>	<b>22</b>
3.2.1 Family Fear	<b>24</b>
3.2.2 Ongoing Relationships and Care	<b>26</b>
3.2.3 Mothers, Gendered Responsibility and Blame	<b>28</b>
3.2.4. Conclusion	<b>29</b>
<b>3.3. Family Impacts: Siblings</b>	<b>30</b>
3.3.1. Violence and Behaviours towards Siblings	<b>31</b>
3.3.2. Impact of AFV towards Siblings	<b>32</b>
3.3.3. Addressing AFV towards Siblings	<b>33</b>
3.3.4. Sibling Safety	<b>35</b>
3.3.5. Conclusion	<b>37</b>

<b>4. Social Structures and Responses</b>	<b>38</b>
<b>4.1. Schools: Social Inclusion and Connection</b>	<b>38</b>
4.1.1. Adolescents' Experiences and Behaviours at School	39
4.1.2. Barriers to Effective School Responses	40
4.1.3. Positive School Interventions	42
4.1.4. Enhancing School Responses	42
4.1.5. Conclusion	44
<b>4.2. Resources</b>	<b>45</b>
4.2.1. Scarcity and Complexity of Services	46
4.2.2. Lack of Pathways and Options	48
4.2.3. Conclusion	50
<b>5. Criminal Justice System</b>	<b>52</b>
<b>5.1. Police Responses to AFV</b>	<b>52</b>
<b>5.2. Police as the 'Last Resort'</b>	<b>55</b>
<b>5.3. The Risk of Criminalisation</b>	<b>56</b>
<b>5.4. Intervention Orders and AFV</b>	<b>57</b>
<b>5.5. Conclusion: Moving beyond Current Justice Responses</b>	<b>58</b>
<b>6. Recommended Future Work: New Knowledges and Challenges</b>	<b>60</b>
<b>6.1. Recognising Intersecting Challenges and Needs</b>	<b>64</b>
<b>7. Conclusion</b>	<b>66</b>
<b>Appendix</b>	<b>68</b>
<b>List of Participating Organisations and Programs</b>	<b>68</b>
<b>References</b>	<b>69</b>

## Executive Summary

This project, *Investigating adolescent family violence in Victoria*, draws on the insights of 120 people who have experienced adolescent family violence and 45 Victorian experts, service providers, general practitioners and health service providers to provide new insights into the nature and impact of adolescent family violence, the adequacy of current criminal justice, service and therapeutic responses, and the needs for future practice and policy reform. While primarily Victorian focused, the findings are relevant to all Australian jurisdictions and comparative countries.

Adolescent family violence describes violence perpetrated by young people against family members, including parents, siblings, carers and other members of the family. Adolescents who use violence in the home engage in a range of different strategies to control, coerce and threaten family members that create harm. Our participants had experienced a combination of physical violence, property damage, verbal abuse, coercive and controlling behaviours, and financial abuse. In some cases, physical violence was used to achieve broader goals, such as to change the household rules, to avoid household tasks, to frighten and achieve control over members of the household, or to extract money from a parent. Verbal abuse and coercive behaviours were used in many incidents to establish power and control over a parent and/or sibling. For many affected parents the early stages of victimisation were fraught with concerns over what distinguishes 'normal' adolescent tantrums from behaviours that constitute abuse. While for some incidents of abuse were isolated and occurred infrequently, for other parents the violence became part of their everyday lives.

The findings of this project support previous research that concludes that adolescent males more commonly use violence in the home than their adolescent female counterparts, and mothers are more likely to be victimised than male adults within the home. This is not to overlook the experiences that were shared through our survey of males who had experienced adolescent family violence as victims and parents who had been victimised by their adolescent daughter but rather to highlight the importance of gendered understandings in this area. A number of service providers who participated in this research noted that the types of violence committed were influenced by gender, with girls more commonly using verbal violence and property damage as mechanisms for control, while male adolescents were more commonly reported using physical violence.

This research found that adolescent family violence has long term health and wellbeing implications for those affected. Our report documents a range of impacts, including negative educational outcomes for the adolescent as well as affected siblings, affected parental work patterns, relationship breakdown including parental separation and family estrangement, health impacts for families that live in fear, social isolation, as well as the economic, physical and emotional impacts associated with experiencing violence. As one mother described to us, 'it impacts on every aspect of your life. I sleep with my handbag under my pillow'. In many cases for the 120 persons who responded to our survey, these impacts were not alleviated through any help-seeking behaviour in either therapeutic, service or criminal justice contexts.

The detailed reflections of the 120 people experiencing family violence who participated in this research reveal the barriers that women experience when seeking help for adolescent family violence particularly as they work to maintain their care relationship with their child, experiences of shame and fear of stigma, and a reluctance to engage police as primary responders.

To date, in Victoria specifically and Australia more broadly, there are few tailored responses and programs to address adolescent family violence. This Report reiterates the finding by the Victorian Royal Commission into Family Violence that we need specialised service responses and programs for this unique form of family violence. Criminal justice system responses are typically viewed as inadequate and inappropriate given the acknowledged risks associated with criminalisation, the lack of specialised police training for responding to adolescents who use family violence and the unwillingness of parents victimised to support an intervention order being taken out against their child. For those families that did report contacting the police it was often framed as a 'last resort' decision, one made only when safety risks presented to other children in the home reached a critical level. Acknowledgement of the police as not the first port of call, but rather the very last, reaffirms the urgent need in Victoria for early intervention and support services for parents experiencing adolescent family violence.

The complex needs of adolescents who use violence in the home and those caring for them require specialist service responses outside of the criminal justice system. At present, there are few Australian programs that specifically address adolescent family violence. The dearth of targeted resources and specialist responses for adolescent family violence means that many parents are left on their own to manage and maintain their families' safety and security. There are no clear avenues for accessing effective support or responses, particularly in cases where the child using violence is under 12 years of age. This research identifies the critical role that schools and other education institutions can play in operating as an interface between families and services, and providing support for families experiencing adolescent family violence.

### Key recommendations:

- Establishing systematic and comprehensive data collection strategies on AFV in a range of service contexts to generate an evidence base which can support the development of new programs, and risk sensitive service responses
- The development of integrated service responses for vulnerable children and young people, including a coordinated response to adolescent family violence in Victoria between various sites, programs and services, including schools
- Sector-specific training be provided to professionals who are likely first responders in cases of adolescent family violence, including police, primary and secondary school teachers
- Consideration be given to developing interim and short term respite for families experiencing adolescent family violence, including care options for adolescents who use family violence beyond child protection or residential care
- Future research explores the different ways in which gender impacts assessments of criminality and how parents experience adolescent family violence to support the development of effective and targeted responses that address different gendered patterns and prevalence.



## 1. Introduction

Adolescent family violence (AFV) refers to violence perpetrated by young people against family members, including physical, emotional, psychological, verbal, financial and/or sexual abuse by a child or adolescent against their parent, carer, sibling or other family member in the home (McKenna et al. 2010; RCFV 2016, 149). It is also known as adolescent violence in the home, adolescent-to-parent abuse (Holt 2016b), 'child-to-parent violence, child-to-mother violence, adolescent violence to parents or parent abuse' (McKenna et al. 2010, 1). This distinct form of family violence (FV) has a detrimental effect on the health and wellbeing of families. AFV encompasses young people engaging in behaviours 'designed to dominate, threaten or coerce parents, other family members or pets' (McKenna et al. 2010, 1).

To date, there is limited research examining AFV in Australia and elsewhere, and few tailored responses and programs either for those who use or those who are affected by this unique form of family violence (RCFV 2016; McCulloch et al. 2016). In 2016, the Report and Recommendations of the Victorian Royal Commission into Family Violence (RCFV 2016, Chapter 23, 149) described AFV as a 'distinct form of family violence' that occurs in all communities and geographic areas of the state. In examining what is known about this form of FV, the Commission (2016, Chapter 23, 150) heard that there is currently 'no systemic response to the needs of these young people and their families'. Compounding this further, the Commission found that there is a:

*lack of awareness and understanding of this particular type of family violence among the community, family violence prevention and support services, youth services, and the justice system ... Most devastating of all are the stigma and shame associated with those forms of violence, which arises from unfair assumptions about the victim's ability to be a good parent ... Shame is exacerbated by lack of community awareness about this form of violence. All these factors create enormous barriers to seeking help. (RCFV 2016, Chapter 23, 150)*

In response to these findings, this project seeks to contribute to building knowledge in this complex area of family violence. The aim of the research was to investigate AFV, professional attitudes towards AFV, and patterns of AFV, informed by:

- people's reports of their experiences of AFV as a victim and/or perpetrator
- the perspective of service providers from relevant specialist and universal services.

Based on a mixed-methods approach to achieving these aims, the resulting findings are explored with particular attention given to examining the gender and age of perpetrators and types of AFV, the impacts and experiences of AFV, social structures and responses to AFV, the role of the criminal justice system, and recommended future work in this area. While primarily Victorian focused, the findings are of relevance to all Australian jurisdictions and comparative countries.

We acknowledge that there is a need for significantly more research in this area. This study is intended to inform the development of specialised legal, health and social responses to AFV. Equally so, as Victoria moves towards developing new risk-sensitive approaches to responding to family violence, the voices and experiences of those affected by this complex and distinct form of family violence offer vital insights into the risks faced by victims and affected families.

## 2. Methodology

AFV is under-researched in Australia and internationally. This project – while significantly smaller in scope and scale – sought to build on, and complement, research that has been undertaken in the United Kingdom (UK) (titled 'Investigating Adolescent Violence towards Parents' and led by Professor Rachel Condry of Oxford University) and adapt it to an Australian context. This project was conducted as a state-based study investigating AFV in Victoria. The study was designed to be exploratory, build knowledge, and form the basis of future wider research into AFV in Australia. Acknowledging that there is limited research into AFV in Australia, and few tailored responses and programs, this project aimed to investigate responses to AFV in Victoria and to better understand the nature and patterns of AFV. To achieve these aims, the project adopted a mixed-methods research design, including two key phases of data collection: focus groups and in-depth interviews with experts, service providers, general practitioners (GPs) and health service providers to gather expert opinions on AFV (phase 1); and an online, open, anonymous survey to capture the voices of those who have experienced AFV (phase 2). This approach enabled the exploration of ideas for best practice and future needs for Victorian responses to AFV, as well as the needs and stories of those who have experienced AFV first-hand. The questions designed for the interviews, focus groups and survey reflected on the knowledge gained as part of the RCFV and the recommendations of that report. As such, this project sought to build upon that pivotal piece of work, while recognising that, for the recommendations of the Commission to be realised, there is a significant need for more knowledge on the perpetration of, victim experiences with and providers' views on AFV.

Monash University Human Research Ethics was sought and granted for the project.

### 2.1. Methodological Approach

In designing the methodological approach, this project took into account Holt's (2012) suggestions for reconsidering research methods in order to effectively understand AFV. The study defined AFV as violence by a child or young person used against a parent, carer or sibling that takes place 'within a wider backdrop of family violence' (Holt 2012, 294), with family violence in Australia understood as shaped by broader structural, cultural and political factors. The project took up Holt's (2012) call for transdisciplinary research into AFV, drawing on research expertise in criminology, sociology, legal studies, gender studies, medicine and social work.

Adopting a mixed-methods approach to data collection enabled recommendations and expert opinions from service providers to be captured, as well as the stories of those who identified as having experienced AFV. The anonymous online survey became a site where people affected by AFV, whether parents or siblings, could disclose stories of violence that they might not have shared before because of the often-hidden nature of AFV, the limited service options, and the shame and stigma surrounding AFV. In addition, the survey enabled participation by those living in rural and regional areas. The objective was for the survey to be as accessible as possible.

## 2.2. Data Collection

Data collection for this project involved focus groups and in-depth interviews with experts, service providers, GPs and health service providers (phase 1), and an online survey (phase 2).

### 2.2.1. Phase 1: In-depth interviews and focus groups

The interviews and focus groups were designed to gain an insight into Victorian service providers' experiences of AFV among their clients, the availability and efficacy of current service and justice system responses to AFV, and future needs for service and system reform in Victoria. Overall, 14 in-depth interviews were conducted across Victoria, including six interviews with seven experts in the field of AFV (one interview involved two participants) and seven interviews with GPs. Six focus groups with Victorian service providers and justice professionals were facilitated (with a total of 24 participants), and one with health service providers (with a total of 7 participants). In total, 45 experts, service providers, GPs and health service providers were reached through this phase of data collection.

Participants were recruited through the project investigators' networks and through professional associations. Noting that there are few specialist AFV organisations or services in Victoria, the project sought the views of practitioners working in Victoria's integrated family violence system including organisations involved in community justice; community services; policy advocacy; child, youth and family services; alcohol and other drug treatment services; family and child support services; and services for victims of sexual assault and family violence; as well as legal centres, Department of Health and Human Services (DHHS) and specific programs aimed at addressing AFV. Service providers from these organisations who participated in an interview or focus group included project officers; policy managers; lawyers; family counsellors; family therapists; Child FIRST workers; family violence workers; AFV case workers; specialist child/adolescent case workers; AFV program facilitators; leaving care workers; men's services workers; mental health practitioners; and experts, executives and officials concerned with youth issues and AFV. The majority of participants had direct experience working with adolescents who have used violence in the family setting and/or other persons affected by AFV. In the health focus group, most participants were social workers or had expertise in social work. Other health-related participants worked as advisors or coordinators.

Given the wide range of expertise among the participants, the interviews and focus groups used broad, open-ended questions. These questions sought to elicit the views of experts, service providers, GPs and health service providers on definitions of AFV, how AFV presents in their experience and Victoria's response to AFV, as well as their suggestions for improvement in current responses to AFV. Interviews and focus groups were conducted either in person by the investigators, or over the phone. All interviews and focus groups were audio-recorded and professionally transcribed verbatim, with the exception of one which was not recorded – here field notes were taken and used for analysis.

Throughout the interviews and focus groups, service providers and experts discussed best practice in relation to responses to AFV and some of the strengths of Victoria's current response. Questions also encouraged consideration of service provision challenges and optimal support for adolescents and their families. Service providers and experts discussed the culture of shame surrounding AFV, their experiences of and recommendations for best

practice, and some of the potential causes of AFV. All participants were guaranteed anonymity: the identities of service providers and experts have been anonymised throughout this report. Each participant is referred to by their professional grouping as well as a randomly assigned letter of the alphabet. For example, experts are referred to as Expert Interview A, Expert Interview B; GPs are referred to as Health Interview A; Health Interview B; service providers are referred to as OpenFG-A, OpenFG-B; and health service providers are referred to as HealthFG-A, HealthFG-B. Where it is unclear from the focus group transcripts which service provider is speaking, the participant is identified in the report simply as 'Service Provider' or 'Health Service Provider'.

### 2.2.2. Phase 2: Online survey

In the second phase of data collection, an online anonymous survey was administered through the survey development software Qualtrics. People over the age of 16 years were invited to participate anonymously in the survey to share their experiences of AFV. Questions about demographic information were included at the outset. The survey was designed to elicit the experiences of those who have been victims, perpetrators, or both, of AFV, though ultimately no perpetrators of AFV participated. The survey included closed and open-ended questions that invited participants to describe the context in which AFV occurred; discuss what, if any, services were involved; and indicate if any reporting took place.

Once live, the online survey was advertised through social media outlets (including Twitter) and by providing information about the research and survey to relevant organisations in Victoria. Through this advertising strategy, 138 survey responses were captured; 18 were excluded from the sample as blank (n = 14) or because the participant did not have any experience of AFV (n = 4). Ultimately, 120 survey responses were included in the final project sample.

114 of the 120 survey participants identified as women or female; five participants as men; and one participant as 'straight', without indicating a gender.

Relationship between participant (affected person) and adolescent	Number of participants
Mother of adolescent using violence	81
Stepmother of adolescent using violence	1
Adult woman who had experienced abuse as a teenager from her teenage partner	1
Grandmother who had experienced abuse from son and grandson	1
Sibling of adolescent using violence	22
Adult woman who had observed AFV as part of work	2
No relationship to the adolescent specified	3
Daughter of abusive father	1
Daughter of abusive mother and father	2
Victim of abuse as a teenager by a teenage partner	1
Father of male adolescent using violence	1
Father of female adolescent using violence	2
Stepfather of male adolescent using violence	1
Adult male who had experienced abuse from his two older siblings	1

Table 1: Relationship between participant (affected person) and adolescent

Despite being designed to capture the experiences of either affected persons or persons who use AFV, no perpetrators of AFV responded to the survey. A series of age ranges (16–19, 20–25, 26–30, 31–35, 36–40, 41–50, 51–60, 61–70, 71–80, 81 or over) were offered in the survey from which participants could select.

While participants in the interviews and focus groups were confined to Victorian practitioners and experts, the nature of the online survey meant that it was open for anyone to complete and no geographical boundaries were set. The majority of participants (n = 95) identified as Australian. Of the 25 international participants, 16 were from the UK, one was from New Zealand, and seven were from other countries (not specified). Three survey participants identified as being of Aboriginal or Torres Strait Islander origin.

Beyond these demographic questions, participants were given the option of responding to a question via an open response field about the period of time for which they experienced AFV. The shortest period indicated was four months, while the longest was 48 years. In this longest case, the participant had experienced AFV from both her son and grandson. For the open-ended questions about their experiences of AFV, participants wrote detailed and lengthy accounts of their experiences of AFV, offering in-depth insight into the violence involved, its impact and the responses sought by the affected person. These data were downloaded verbatim and included alongside the interview and focus group data in a thematic qualitative analysis (see section 2.3 below). In the survey responses, some participants expressed gratitude or appreciation for the fact that research was being conducted into this unique area of FV, and some participants offered to participate in further research. Despite the hardship of experiences of AFV, many survey participants told stories of resilience in the face of violence, and perseverance in addressing the AFV to ensure a better future for their children, their families and themselves.

As in the focus groups and interviews, all survey participants were guaranteed anonymity. For the survey, this was ensured to protect participant identities and elicit open accounts of abuse without fear of reprisal. Pseudonyms have been used throughout this report for the survey participants. Information about the participant, such as their status as parents or siblings, has been included in brackets after the pseudonyms where available.

Age range (years)	Number of participants
16-19	1
20-25	4
26-30	9
31-35	6
36-40	12
41-50	51
51-60	26
61-70	10
71-80	1
81 or over	0

Table 2: Age of survey participants

### 2.3. Data Analysis

Following the data collection phase of the research, all survey responses were downloaded from Qualtrics and, along with the interview and focus group transcripts, were uploaded to the qualitative data management software program NVivo for thematic analysis. All qualitative data were coded into overarching themes which were identified by the lead researchers who had been involved in all phases of the data collection. The key themes used for the qualitative analysis included: mothers/mothering; gender; police/justice system; parental refusal; age at onset/length; types of violence/incidents; services accessed/interactions; complex needs of adolescents, parents, families; Child Protection/Child First; choice of language; specialist services/training; histories of family violence/intergenerational violence; diverse communities; family relationships/emotion/affect; barriers to reporting; and health. The additional category 'impact of violence' was included in the coding of the survey responses.

During the qualitative analysis phase, short pen portraits were written for each survey participant to enable a respectful and careful consideration of the participants and their stories. The researchers used these portraits to ensure holistic and accurate reflections of the survey data and that the research and final report were driven as much as possible by the voices of those who have experienced AFV and generously participated in this project.

### 3. Understanding AFV

This section examines the survey, interview and focus group data alongside a review of the national and international literature (Elliott et al. 2017) to explore what this research reveals about AFV in terms of prevalence, forms and impact.

**Carole** is a woman from Victoria, aged in the range of 51–60 years, who is working full time. She experienced AFV for two years from her 13-year-old son, who suffered from depression, anxiety and substance abuse. When challenged on his substance abuse, he would become threatening, verbally abusive and would damage property, at times pushing Carole's husband too. Carole says, 'Overall, it's had a huge impact on the family, and although it's improved, there are still deep wounds'. The AFV impacted on Carole's relationship with her husband and on her daughter, who developed anxiety and panic attacks, lost the formerly close relationship with her brother and moved out of home. Carole never reported the violence to the police, not wanting to escalate the issues or lose the relationship with her son. However, police involvement after an incident at school was helpful: the police recognised the behaviour as family violence and recommended a course for Carole's son based on emotion coaching, which the family found useful. The ability to access various programs, private psychiatric help and a counsellor further helped. The AFV has now mostly stopped, though the son's complex needs continue as do occasional incidents of verbal abuse or punching of walls outside the home.

**Catherine** is on a carer's pension, as the impacts of the AFV she experiences from her son prevent her from working. For over five years she and her daughter have experienced physical, emotional and verbal abuse from her son, which has caused stress and depression for Catherine and self-esteem issues for her daughter. Furthermore, the AFV led to a divorce between Catherine and her husband. She has tried a host of different medical and support services, but says that 'No one knew how to help'. She reported the AFV to the police a few times, but found this unhelpful as, she says, 'All they really do is report your family to Child Protection'.

#### 3.1. Prevalence and Type

*So I think probably the biggest problems for the government to respond to would be the lack of reporting. I imagine that huge amounts of these incidents would go unreported because I think probably a lot of parents feel that guilt and shame about talking about it and reporting it. And even fewer would probably call the police because they'd be worried about their child having a criminal record and things like that. So it's hard to formulate a response when you don't know how prevalent it is. (Health Interview F)*

The above quote identifies a critical gap in existing understandings of AFV that is caused by under-reporting. As other sections in this report will illuminate, the significant barriers to reporting by those experiencing AFV mean that the involvement of justice agencies and support services is rare. This is compounded by the fact that, within Victoria specifically, but Australia more broadly, there are very few targeted services for those affected by AFV. Currently, all research in this area is likely to represent only a small proportion of what is actually occurring.

The Victorian Royal Commission (2016, 150) drew primarily on police data, revealing increasing identification of incidents of AFV, and concluded that AFV represents in total 'around one in 10 family violence incidents reported to police'. This estimated rate is supported by Domestic Violence Resource Centre Victoria (DVRCV 2010) research, which concluded that 1 in 10 family violence call-outs were for adolescent violence in the home. In the 2011–12 year, Victoria Police responded to 2,344 family violence incidents against parents or carers where the alleged offender was less than 18 years of age. In 57 per cent of these incidents, the alleged offender was under 15 years (Department of Human Services [DHS] 2014). In 66 per cent of these cases a young sibling was also present at the incident (DHS 2014). While Victoria Police records indicate that within the past five years 'the total number of family violence incidents reported to police where the person using violence was 19 years or less, grew from 4516 to 7397' (RCFV 2016, 150), the Royal Commission (2016, 150) concluded that this increase in reported incidents 'is commensurate with the wider growth of family violence reporting over the last five years'. Most recently, research by Moulds et al. (2018) estimates that, nationally, between 1 and 7 per cent of family violence reported to police involves an adolescent using violence against a parent.

Internationally, there is also limited research quantifying the prevalence of AFV. In Canada, Cottrell and Monk (2004) have estimated that 9–14 per cent of parents have been physically assaulted by an adolescent child. In her review of research from the United States, Canada, Europe and Australia, Holt (2016b, 490) found that the majority of studies estimate a prevalence rate of physical violence of between 6.5 and 12 per cent in families caring for adolescents. When verbal abuse is included, prevalence is estimated at up to 60 per cent (see also Pagani et al. 2004, 2009).

### 3.1.1. Gender

As is the case with intimate partner violence (IPV), there is a broad consensus in Australian and international research that AFV is a gendered phenomenon: adolescent males more commonly use violence in the home than do adolescent females (see, for example, Condry & Miles 2014; Holt 2016a; Holt 2016b; Howard 2015; Moulds et al. 2018; O'Connor 2007; Strom et al. 2014; Purcell et al. 2014). In Victoria, the Royal Commission (2016, 149) partially adopted this gendered view, noting:

*Adolescent violence against family members is less gendered than adult family violence, however the majority of victims are women and the majority of those using violence are young men. Around two-thirds (64 per cent) of those aged 17 years or younger who are violent towards their parents are male. This compares to 77 per cent of perpetrators of all family violence who are men.*

Condry and Miles (2014), in their groundbreaking UK research on adolescent to parent violence, found that 87 per cent of adolescents suspected of inflicting AFV were male and 77 per cent of affected persons were female.

In terms of victimisation, recent research has consistently found that mothers are disproportionately affected by AFV, a trend that Holt (2016b: 490–1) notes 'is particularly pronounced when examining criminal justice and service-user data, where the ratio is as high as 8:2' [referring to mother to father ratio] (see also Evans & Warren-Sohlberg 1988; Holt 2016a; Ibabe & Jaureguizar 2010; McKenna et al. 2010; Routt & Anderson 2011). Data specific to Victoria show that, between 2006 and 2007, of the 1,160 parents and step-parents who sought intervention orders against adolescent children, 73 per cent were female (Department of Justice 2009, cited in DVRCV 2010).

While there is, as yet, a limited bank of research that has critically examined the gendered nature of AFV, a study by McKenna and others (2010) highlights gender differences in the circumstances of adolescents who use violence in the home. Their research found, for example, that 50 per cent of females behaving violently were from single-parent families and 50 per cent from two-parent families; while 41 per cent of males were from single-parent families, with 59 per cent from two-parent families. Likewise, the work of the Victorian Royal Commission points to gendered patterns in the severity of violence, with the Commission finding that the severity of incidents committed by sons increased incrementally between 10 and 17 years of age; while, for daughters, violence increased between 10 and 13 years of age and then declined with age (RCFV 2016).

Interestingly, while the bulk of research to date (in what is admittedly a small field) has focused on adolescent-to-parent violence, a small number of studies do acknowledge that AFV can be perpetrated upon other members of the family – siblings and other relatives – and suggest that these presentations may not be gendered to the same degree as IPV and AFV (see, for example, Holt 2016a; Howard 2015).

Reflecting this body of research, across the interviews, focus groups and surveys, respondents predominantly described situations in which male adolescents had used violence in the home. In this regard, our findings – while constrained by the sample size – support the importance of adopting a gendered perspective in understanding AFV. The majority of practitioners described AFV in line with the following: as involving 'overwhelmingly adolescent male violence towards [a] female parent' (Expert Interview B), 'usually boys perpetrating against their female parent or carer' (Expert Interview C), while another practitioner commented 'that there is certainly a gender-based aspect to it' (OpenFG-B).

Similarly, the RCFV (2016, 149) reports 'that young males are more likely to use physical aggression than young females'. It is perhaps unsurprising that both practitioners and survey respondents described power and control – typically considered masculine motivations for violence (see, inter alia, Polk 1994) – as key drivers of the use of violence in the family setting. Practitioners, in particular, described the power and control dynamics as central to AFV, with one noting that AFV is 'about power, control and intimidation and fear' (OpenFG-H), while another commented that 'it's just a power imbalance I think in the home' (OpenFG-G).

A small number of respondents did describe female-perpetrated AFV, and it did feature in the survey, interviews and focus groups. As one practitioner explained:

*I think that we do talk a lot about how males are the perpetrators but we are actually finding that we are getting a lot of young women who are presenting in the home with violent behaviours that they get an intervention order against them. That sometimes occurs after these traumatic kind of events where they may be involved with high-risk-taking behaviours, high-risk sexual behaviours and then they're taking it into the home, especially around that 14-15-year-old age group. (OpenFG-G)*

One expert in the field warned that we ought not to 'forget' about female offenders when developing a response model, and that 'we don't want to develop a model that's only around male adolescents' (Expert Interview A). This is perhaps particularly important given the dearth of AFV research to date and the need to develop a robust knowledge base that accounts for how gender dynamics influence patterns of violence and victimisation and supports specialised responses to those using and experiencing AFV.

The issue of gender prevalence requires a broader contextualisation beyond the criminal justice system. There is consistent and robust research demonstrating that the criminal justice system draws on gender stereotypes in defining and determining what constitutes criminal activity (Graycar & Morgan 2002). It is clear in many fields of law enforcement and response that gender bias and gendered assumptions create inequitable and unjust outcomes. For example, feminist legal scholars, internationally and in Australia, have identified that the partial defence of provocation operated in effect as a gendered defence (see, inter alia, Fitz-Gibbon 2014; Victorian Law Reform Commission [VLRC] 2004), whereby only men were able to meet the criteria of immediacy and loss of control (see, inter alia, Horder & Fitz-Gibbon 2015; Tyson 2013) because the hallmarks of conventional masculinity supported a view that men were likely to lose control and commit lethal violence. Women, on the other hand, due to gender stereotypes about their innate passivity, were seen as unlikely to use violence in such circumstances. The evidence presented on this issue was so compelling that the partial defence of provocation was abolished in several Australian state and territory jurisdictions, including Victoria (VLRC 2004). In previous research on gendered stereotypes in criminal justice processes that are directly relevant here, the question of rising trends in girls' offending in Western jurisdictions is the subject of considerable contest. As Carrington (2013, 2006) identifies, there is some evidence that there is a lower threshold for what constitutes violence when it is committed by girls compared to similar actions committed by boys.

In our research, a number of service provider participants identified patterns of gender convergence in AFV. They often noted, however, that the types of violence committed were different, with girls more commonly using verbal violence and property damage as mechanisms for control – behaviours that do fall clearly under the rubric of family violence. But in future research on AFV, the different ways in which gender impacts assessments of criminality and 'violent' behaviour, and how parents experience adolescents' use of violence, need to be kept in view to ensure the accuracy of data and the development of effective and targeted responses that address different gendered patterns and prevalence.

### 3.1.2. Age

Accurate assessment of prevalence in different age groups is limited by diverse definitions of what age range constitutes 'adolescence' and the different counting practices across datasets. The Royal Commission (2016, 150) stated:

*Some agencies record adolescents as being from 0 to 17 years old, others from 15 to 19 years old. In service settings a 'young person' is a person up to the age of 25 years old. Some Victoria Police data is broken down by age range 0 to 17 years, whereas other data is broken down by age range 10 to 14 years and 15 to 19 years. Children's Court data has similar inconsistencies.*

Within the Victorian context of this study, government reports and policies generally adopt a definition of adolescents as youths aged between 10 and 18 years (DHS 2013). The interview and focus group participants debated what ages should be included within the broad definition of 'adolescent'. Health practitioners held a range of views - arguing for between 11 and 13 years and 18 and beyond 21 years. As Victoria's integrated family violence system and agencies within the justice system move to adopt specialist responses to AFV, there will be a need for a common understanding of what constitutes 'adolescent', for practical reasons but also to enable service funding allocations.

Beyond these debates about who is an 'adolescent', there has been some investigation of the extent to which the use of violence by adolescents differs according to age. Holt (2016a, 4)

reports that the 'peak age of young people's involvement in the criminal justice system because of related offences is around 15 years' but that further evidence suggests that there may be 'two age-related pathways' to AFV. The first is long-term 'abusive behaviour' that may begin from as early as five years old and the second is a more sudden appearance 'often at the onset of adolescence (i.e. around 12 years)' (Holt 2016a, 4; see also Nowakowski & Mattern 2014; Strom et al. 2014).

In our study, many respondents included information about the age of onset when describing their experiences of AFV. The responses were extremely varied, with some respondents describing violence used by children as young as 6 years old at onset and others describing being victimised by adolescents upward of 18 years old.

Some practitioners described the most common age of adolescents using family violence presenting to them as generally between 15 and 17 years, while others felt that children were first using violence in the home at younger ages. One health practitioner described:

*I've been doing social work in a variety of different areas for the last almost 15 years, and I've certainly seen in more recent years that the age is actually decreasing when the violent behaviour is starting versus just when you're 16 or 17, it's starting when you're 11 or 12 or 13. So yeah, I think that's an area that probably needs to be captured as well at some point. (HealthFG-G)*

But for some respondents, violence at an early age had been a consistent feature of their professional practice:

*The average age of the kids that I have been seeing is around 13. It hasn't changed much in 20 years. Most of the kids that I see have been abusive or violent towards their parents for over a year before they get to me. So it's starting before the teenage years, and not infrequently starting before adolescence. It also continues after adolescence. (Health Interview E)*

Age of onset was particularly important for practitioners who were only funded to service clients within specific age ranges. In some cases, this meant that practitioners were unable to work with families where the offending child was under 12 or 13 years old. One practitioner described this situation:

*Our program guidelines are for age 12 to 18. I really think there's – it should be widened to at least 11, possibly 10. We've had to turn a number of referrals away for 11-year-old children. Quite horrifying, isn't it? (Expert Interview B)*

During the interviews and focus groups several practitioners linked the age at which adolescents begin using violence within the home to physical development and growth of the adolescent, particularly for young men. As one health practitioner described:

*Like all violence, for me it's an abusive power and so it generally occurs when the usually male, usually boy, starts getting bigger and stronger, stronger than his usual mother and so starts using his power, his force, his violence against her. So that's the few ones that I've seen. Occasionally I've seen some younger kids who aren't stronger but they're still sort of lashing out and starting in and, you know, my fear is that will progress. (Health Interview D)*

Other practitioners described working with younger children – aged 10 to 12 – where the AFV has not yet progressed to physical violence but is exhibiting itself as problematic behaviours.

*We'll work with 10 and 11 year olds, 12 year olds. There can be behavioural issues there, often probably sort of early stage stepping into more aggressive behaviour, but I don't tend to find that they're as difficult to work with and change. They tend to not necessarily have progressed to violence, they're more attitudinal, or maybe some just more demanding kind of yelling, oppositional rather than what I'd probably call family violence. And, often there's a history of trauma, history of inappropriate parenting, poor boundaries, parent with their own issues that have not been addressed effectively. You know poor self-esteem, anxiety, ADHD, lower level of functioning of one kind or another, poor social skills, poor emotional regulation skills, all of those kinds of things are pretty common in the mix. (Expert Interview B)*

These interview insight highlight the importance of developing a suite of tools that are age sensitive in responding to AFV as the responses designed for adolescents aged 15 to 18 years old will likely be inappropriate if applied to children aged 12 years and younger. With this in mind, and while to date Victoria has developed and funded few AFV-specific responses, it will be essential moving forward in the post-Royal Commission era that a 'one size fits all' approach to responding to adolescents using violence in the home is not adopted. Given the age disparity and range of behaviours involved (on the latter, see the following sections), a diversity of responses will be required to ensure, where possible, that they are effectively tailored.

### 3.1.3. Types of AFV

*With adult domestic violence there's lots of grey areas, but there's far more grey areas with children's violence to parents. It's basically all grey areas. There's a gambit of issues.*

As captured in the above survey response excerpt, what constitutes AFV is often the subject of debate. In Victoria, in Section 5 of the *Family Violence Protection Act 2008* (hereinafter 'the 2008 Act'), which defines family violence, AFV can include:

- (a) *Behaviour by a person towards a family member of that person if that behaviour -*
  - (i) *Is physically or sexually abusive; or*
  - (ii) *Is emotionally or psychologically abusive; or*
  - (iii) *Is economically abusive; or*
  - (iv) *Is threatening; or*
  - (v) *Is coercive; or*
  - (vi) *In any other way controls or dominates that family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person; or*
- (b) *Behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in paragraph (a).*

While the legislation sets out clearly the range of behaviours that constitute family violence, through our survey we were interested in understanding what affected persons and practitioners working in this field viewed as AFV and what types of AFV they had experienced.

Across the survey responses, persons affected by AFV described a plethora of different experiences, involving all forms of family violence. The survey data make clear that AFV does

not manifest as one particular type of violence or one set of abusive events. For the majority of survey respondents, their experiences of AFV had been ongoing (ranging from multiple events over a short period of time to experiences of violence that lasted years) and involved multiple different forms of violence – for example, a combination of physical violence, property damage and verbal abuse. The complexity of circumstances faced by persons affected by AFV is captured in the following excerpts from two practitioners working in the field:

*They had a 13-year-old daughter who was getting beyond control and being violent towards them occasionally, and this girl had stolen her dad's credit card – she wasn't a delinquent type girl – she wasn't going to use it. She was doing it to punish him for something. In trying to get the credit card back from her, she forced the parents outside at knifepoint, she cut off the electricity by cutting through a wire with her knife, and I've got a lovely little hate letter that she wrote back with splotches of candlewax on it, that she wrote by candlelight before the police arrived. That was the scenario. Two parents standing outside. She's in her bedroom with her dad's credit card and a knife. (Health Interview E)*

*It's where there's creating fear within the house, where you can be treading on eggshells. So it covers everything, so physical, verbal, psychological, emotional, financial, it covers all those aspects. We define it as not a one-off incident, so there needs to be a pattern, and ideally to get in early when the adolescent violence is starting. So that is how we would define it. It is about a feeling of fear by mainly the mothers in the house. (OpenFG-F)*

Similar complexities, including the co-occurrence of multiple types of abusive behaviour, emerged from the survey findings. The significance of the harm experienced as well as the range of ways in which this form of FV can be committed are captured in the following three survey responses:

*Having doors broken in my home either through continuous banging, punching or throwing bricks through the glass. Having a teenager scream and yell at me, swear and belittle me. Being spat on. Having a teenager stand over me and using threatening behaviour to get what he wanted such as money or other items of value. Having no control over how my home is treated, being expected to just put up with any type of behaviour and when setting boundaries being physically and emotionally abused. Having things thrown at me including bags, books, clothes racks. Being threatened with knives and pieces of wood. Having my son threaten to harm himself with knives and through banging his head on the floor if I didn't give him what he wanted. Having my possessions stolen in the home. (Mary, mother)*

*My 14 year old son has been violent in his language towards me and his younger sister for years. He has previously hit me but now the worst is blocking or shutting doors on me. He will kick his sister, with shoes on, slap her on the head and regularly pushes into her as he walks past. He occasionally breaks property, pushes over furniture and hurts our dog. He can swear at both of us with real hatred. (Penny, mother)*

*Being hit with lumps of wood. Heavy objects thrown in the face e.g. metal trophies. Punching, kicking, spitting. Verbal abuse, belittling. Damage to car e.g. glove box door removed. Swear words written on ceiling. Holes in the wall. Pulling hair and hitting while driving. (Phillipa, mother)*

A key component of these incidents, as well as of the majority of others described by the survey respondents, was physical violence, committed in a range of ways and often by a son upon his mother – although we do note survey responses that described other familial relationships between the adolescent and the affected person. In several cases survey respondents described

the use of physical violence as a means to achieve a broader goal such as to change the household rules or avoid tasks. This is captured in the following two survey excerpts:

*Our 15-year-old son has mostly enacted violence against me (his mother) and sometimes his father. He has become angry and lost control due to lack of sleep and getting angry when we set boundaries around his internet use. We have been very scared. (Lee, mother)*

*When he gets upset or frustrated, my son lashes out physically ... he punched my husband with full force, at close range, in the ear. If we ask him to do something, or stop doing something, he often kicks and hits us. He has also threatened my husband with a knife. (Ivy, mother)*

Beyond physical violence, several survey respondents described the prevalence of verbal abuse in their experiences of AFV. For some affected persons, it was this behaviour that dominated their descriptions of the AFV they experienced. One survey respondent listed the following behaviours:

*Mostly emotional trauma; verbal abuse, significant gas lighting, controlling and paranoid behaviour directed at me, forced isolation/confinement, physical intimidation, and some (few) instances of physical violence.*

Some practitioners and survey respondents described the difficulties that affected parents have in distinguishing verbal abuse from what could be considered 'normal' adolescent tantrums – reflecting confusion and concern as to when behaviours move from difficult to abusive. As one health practitioner explained:

*Normalising abusive behaviour or really unacceptable behaviour is really unhelpful, but I hear about that. I hear parents who've said that all kids rebel, and that's not true, for a start, but it's very unhelpful ... it's confusing, because sometimes the same kids can be just having a tantrum but other times deliberately controlling, and when I talk to parents about this – it's normal for very young children to have tantrums, but some of them learn that they can use those tantrums to control the people around them. (Health Interview E)*

Uncertainty around what constitutes difficult adolescent behaviour and what is abuse was evident across multiple survey responses. One survey respondent said:

*The behaviours have occurred for a couple of years but have changed in intensity so that I have been thinking of them as violence (as opposed to acting out) for the past month only.*

Another difficulty identified in relation to verbal abuse was that the present lack of specialist responses to AFV and limited funding meant that practitioners felt unable to see adolescents who did not use physical violence but were verbally abusive. As one health practitioner explained:

*I don't include kids that have been verbally abusive, even if it's extremely bad, which can mean that some quite difficult cases and quite bullying kids are not included. (Health Interview E)*

Given an increasing acknowledgement in the IPV space of the long-term impacts and significant harms of verbal abuse and coercive and controlling behaviours, a service model geared towards responding to physical violence only is particularly concerning and underlies the need for greater resources to facilitate responses to a wider range of abusive behaviours.

One of the most common types of AFV described throughout the survey responses were acts of property damage and financial abuse, as captured in the below survey extracts:

*Bullying and threatening from my teenage daughter. If she didn't get her own way she would break things, throw things – sometimes at me, use obscene language, sometimes kick me, trip me up, come up close and grip my arms – leaving bruises.*

*My daughter has destroyed my belongings on a number of occasions, damaged doors in the house. She has self-harmed when she didn't get her own way and was charged by the police for assault when she threw a book at me after menacing me. My eye was cut and bleeding.*

*It's a nightmare. My son (now 13) has cracked my windscreen, broken windows (then cut himself on the face in front of the entire family), punched so many holes in walls and doors that I've lost count, kicked a number of us hard, tried to punch me, thrown a full bowl of water (the dog's) over me, thrown furniture, held a knife to my daughter's throat, threatened me with a knife ... not to mention the unbelievable verbal abuse. He's called me every horrific word that exists and said the most devastatingly cruel things (for instance, that I'm the reason my mum died). It's seriously a living nightmare and sometimes I feel like I cannot possibly go on.*

Consequently, while property damage for these persons was not the sole experience of AFV, it did emerge consistently as a key component of AFV. In a similar vein, several survey respondents described their experiences of economic abuse. Section 5 of the 2008 Act defines economic abuse as constituting financial behaviours that are coercive, deceptive or unreasonably controlling (see further, Ulbrick 2018). As with property damage, respondents described incidents of economic abuse experienced in and among other types of AFV:

*My brother steals money and other items of value regularly. When confronted, he directs blame at mum for not just giving him more money. Or he gets angry and swears, shouts, kicks things, throws things, etc. (Hannah, sister)*

Other research has shown that the stress generated by AFV can cause financial pressure, with McKenna et al. (2010) reporting that 24 per cent of parents in their study suffered financial strain as a result of AFV.

During the focus groups and interviews several practitioners identified that AFV can be a learned behaviour, whereby a child who has grown up witnessing abuse within the family may go on to perpetrate similar abusive behaviour. Kaufman-Parks et al. (2017) have identified exposure to violence as creating norms and practices that young people then adopt. One health practitioner described the ways in which the father, as the adult perpetrator of IPV, can facilitate this transfer of intergenerational violence:

*I think sometimes when dads are being abusive one of their tactics is to, sort of, very much fracture that mother/child bond, and get the children to constantly be saying, 'Well look at your mum, she's hopeless, she can't do this, she can't do that'. And as they get older of course they're saying those things themselves, which of course is perpetrating violence, but of course it's that learned sort of thing as well as that disrespect, almost contempt for their mother as well. (HealthFG)*

Other practitioners described similar scenarios whereby the violence is transferred from the abusive adult to the adolescent:

*There is or normally has been a violent adult male in the household, or a number of – succession of. And, that there's been a history of family violence that the kids have been exposed to, and that often what happens is that then when that adult male leaves or the relationship breaks down, the adolescent male steps into the breach, wants to emulate, become the head of the household,*

*act out what they've seen the male doing. And, often the female has been disempowered and treated abusively over a long period of time. (Expert Interview B)*

Experiences of intergenerational violence were detailed in survey responses where respondents, primarily mothers, described histories of IPV witnessed by the child and later incidents of violence committed by that same child. While family members were often cautious in suggesting a link between the two, they did detail the intergenerational experience of violence in describing the AFV:

*My ex would often hit me in front of our son even while I was nursing him. Considering it was my first serious relationship and it was scary and confusing as I thought a home was meant to be my safe haven. ... Now that my son has grown up my son is somewhat abusive towards me, but not to the extent his father was. I see similarities and a pattern possibly due to being exposed to violence as a child. (Nina, mother)*

The link between AFV and intergenerational violence has been previously explored by Daly and Wade (2016), who note that adolescent violence in families may be recursive, in that a young male who is committing violence against his mother may also be the victim of violence from their father, stepfather or mother's partner. In a study of juveniles in Spain, Contreras and Cano (2016, 43) found that:

*juveniles who abused their parents reported higher levels of exposure to violence at home when comparing to ... other groups. In addition, exposure to violence at home was significantly correlated to the hostile social perception of adolescents in CPV [child to parent violence] cases.*

Likewise, Nowakowski-Sims and Rowe (2017) found high rates of childhood adversity among young people who were violent towards their mothers. These are important findings to note when developing interventions to reduce the occurrence of AFV. Although there is little empirical evidence to confirm whether or not violent adolescents go on to commit IPV, the DVRCV (2010) has noted that 'the high incidence of childhood experiences of family violence among male adolescents who use violence in the home, and evidence of their use of violence to their own partners, does support an intergenerational relationship'.

In a small number of interviews and focus groups, practitioners described their experience working with families where the adolescent used violence as a protective mechanism against an abusive parent (usually identified as the father). One practitioner described:

*Young males that would be perpetrating violence against the father as a response to protecting their mother where they've actually had enough. So there would be all of those questions around who was the primary aggressor; probably it would be dad but there certainly was a lot of that. (HealthFG-E)*

These findings suggest that clear distinctions between perpetrators and victims are uncommon in AFV.

### 3.1.4. The Impact of Autism Spectrum Disorder, Attention Deficit Hyperactivity Disorder and Asperger's Syndrome

Holt (2016a) discusses the international literature on neurodevelopmental disorders such as autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) in situations of AFV. She notes the difficulty of defining abuse and violence in cases of ASD and ADHD, and some of the complications of comparing studies on these issues, highlighting that:

*aggression towards parents from children is not an inevitable symptom of any particular neurodevelopmental disorder. Thus, while it might present a particular pathway to such challenging behaviour, it is not its cause, and ... much can be done to help parents find ways of managing their child's aggression within such contexts. (Holt 2016a, 5)*

The RCFV (2016) also examined this area, noting the presence of ASD and ADHD, or mental health disabilities, in some cases of AFV. The Royal Commission (2016) heard 'that many young men who use violence in the home have an intellectual disability and their families have not received appropriate support to address issues associated with that disability'.

The difficulties associated with ASD, Asperger's Syndrome and ADHD emerged from the interviews as well as the focus groups with practitioners. One social worker spoke extensively about the case of a 13-year-old non-verbal autistic young girl who was brought into hospital due to her escalating violent behaviours. This social worker described the hospital admission as 'not a very good admission for anyone involved; certainly not for the child ... we caused more trauma to this child in what we had to do to keep her safe, and every other child on the ward safe'. In addition, the girl's father was reported to be violent. It proved very difficult to find appropriate support for this child, yet a specialised unit for adolescents finally accepted her. The social worker described this as 'a really difficult, challenging situation' and reflected that:

*What we've seen a bit more, of late we've seen two things, we've seen children with development disability, or so it's in the autism spectrum; plus or minus some potential mental health diagnosis; plus or minus a family history of family violence or mental health, so some combination of those three things. We're really trying to pull out what is actually causing the violent behaviour is [sic] really challenging.*

Here the social worker highlights the co-occurrence of issues such as ASD or Asperger's with a range of other challenging factors, and the difficulties of satisfactorily ensuring the safety of all involved in these situations.

Participants in other focus groups similarly noted the complexities of intersections of AFV with diagnoses of ASD, Asperger's Syndrome and ADHD, as captured in the following two excerpts:

*A thing that we've been observing is how come there are so many young people who are ASD who are coming into our service, and where is the edge of what it is that you're describing in terms of autism and trauma responses to the experience of violence? Is that psychiatric work? How do you work with that diagnosis? (Service Provider)*

*We've probably seen a bit of an increase in referrals where there's been a child with autism or ADHD and medicated, but there has been a slight increase in maybe one of the siblings in the family with autism and there's an increase in their level of abuse or aggression. But it's important to differentiate what is part of their behaviour first, their diagnosis as well, and what's behind the behaviour rather than putting it in as aggression, understanding what the triggers and the intention are behind it. (Service Provider)*

Of the 120 survey responses, 22 participants (18 per cent) mentioned ADHD, ASD, Asperger's Syndrome or a combination of these. A selection of the experiences described by persons affected by AFV, whose adolescent had ADHD, ASD or Asperger's, is provided below:

*My son (now 18 years old) has autism, ADHD and generalised anxiety disorder and abuses substances (mainly cannabis). For as long as I can remember, he has perpetrated family violence against both his parents, and his younger siblings. ... Although I understand that gender inequality underpins family violence, in my son's case I believe that as well as this being the case, his behaviour has occurred in the context of, and has been exacerbated by, his disability, mental health and increasing substance abuse. ... Because of his diagnosis of autism, we were able to secure both the Centrelink Disability Support Pension and an NDIS [National Disability Insurance Scheme] package to support him to live independently. ... Without either of those resources, he would still be living with us perpetrating the violence. His autism was therefore our ticket to safety. My question is 'What do others without a diagnosed disability do under similar circumstances?'* (Nicole, mother)

*My son has Asperger's Syndrome and experiences overwhelming sensory overload with his body flooded with adrenalin. He deals with this by fight or flight, the default being fight. Mostly this involves lashing out with his fists, but he has attempted to use weapons, such as a knife. This only happens when he is overloaded but it is frightening nonetheless. As he is considered to have no care needs, no one has the slightest interest in offering any support. ... Mainly, I believe they have no idea how to offer support in these circumstances. ... Involving the police is not something I would consider myself as they have zero understanding of autism. When my son melts down he has acute anxiety and is very frightened, hardly going to be improved by being arrested and physically manhandled by police officers. People who advise calling the police have no idea of the complexity of ASD nor of how little training the police get in responding to these issues.* (Josie, mother)

*My son has Asperger's Syndrome. He has been very violent towards both his siblings and myself. We have had many windows broken and holes punched in walls. The incidents had a huge impact on everyone in the family. ... My son will be triggered in some way and his temper will flare up in an instant. I have sought intervention and at this point in time he manages to withdraw himself into his room when he is out of control. However, after many years of living with this type of behaviour, the family are well versed in compensating for his behaviour. Support services were very expensive and very limited. Few professionals in our area understood how to deal with this situation. The best service was not a trained psychologist, but a former disability employment consultant, who came to our house and gradually taught both my son and I how to address the violent outbursts.* (Briony, mother)

*When stressed or overwhelmed they can become extremely physically violent, threatening and verbally abusive. It's very damaging to your emotional wellbeing. The bigger the children get, the more frightening the violent episodes become. No personal support or services. The boys refuse psychological care, but are on medication. I would only involve police in dire circumstances as I feel it would be counterproductive.* (Natasha, mother of twin 11-year-old boys on the autism spectrum)

*We see a developmental paediatrician who diagnosed him with ADHD, and has prescribed medication. Medication helps with his learning at school, but has not really improved his behaviour. We have seen psychologists, which hasn't changed anything. I've completed a parenting course through QUT [Queensland University of Technology]. It has helped me to fine tune my parenting, but I still cannot control my son's behaviour. Other than that, there is no help. No respite. And we have paid a lot of money over the years for all of this professional help.* (Ivy, mother)

Like service providers, experts and health workers, the survey participants noted the difficulties and complexities of ASD, Asperger's Syndrome and ADHD in situations of AFV, which added extra challenges to addressing the violence and seeking support.

### 3.2. Impact and Experiences: Parents and Adolescents

*We are very isolated and do not ask people to come over to our house. Family very rarely visits – maybe once a year for a short visit. After a bad morning before school, this affect[s] me psychologically whereby I think about what happened and what I could do differently. There is [sic] not many answers, so history tends to repeat itself. My son's father does the same thing as me, however, he tends to cry about it a lot more easily than I do. (Brooke, mother)*

The range of impacts and experiences that were documented by members of families where AFV occurred covered were extremely diverse, but a pattern of consistently damaging impacts emerged, as captured in the above survey excerpt. As explored in the previous section, the types of experiences described ranged from financial and verbal abuse, sporadic but frightening

**Angela** is a self-employed woman aged in the range of 36–40 years, living in Queensland. She has experienced AFV from her 13-year-old son for more than six years. Her son breaks property, hurts and threatens family members and is very verbally abusive. Angela's son has anxiety and Obsessive Compulsive Disorder (OCD), and she has been given professional advice not to discipline her son during an episode of abuse. Angela says, 'It's seriously a living nightmare and sometimes I feel like I cannot possibly go on'. Her son's behaviour impacts her own mental health issues, and she has felt suicidal at times. His siblings either give him what he wants or are angry that he is not disciplined. One sibling has spoken about moving out of home, and does not like to invite friends over. Angela says, 'It definitely feels like we're constantly walking on eggshells in the house, trying not to set him off'. She has seen limited results from the help the family has received from one service but has recently been connected with a service that does in-home appointments, which she hopes will help. The police attend the situation at times, but Angela feels that this makes the issue worse as her son gets so upset by their presence. Furthermore, Angela feels that some police understand mental illness while some do not. She recounts a time an officer told her 'that kid needs a dad to whip him into shape'.

**Tanya**, a woman aged in the range of 51–60 years, has been experiencing AFV from the adolescent in her home for three years. She has been hit by him, and he is threatening, intimidating and both verbally and emotionally abusive. The adolescent excludes himself from family events, and the family relationships and health are impacted. The family do not trust him and live under constant stress. They rarely go out and do not socialise at home. They have accessed health services and the police have been called twice. While the police helped de-escalate the situation, Tanya feels that there is not really anything they can do. She states, 'Reporting to the police was a traumatic event. It is not a good option, but a last resort option'.

incidents of violent behaviour, through to extensive property damage, assaults and the use of intervention orders to try to secure safety for all concerned. Building on that discussion, this section examines the impacts and experiences of AFV as described by our 120 survey respondents and revealed in the supporting data from the interviews and focus groups. It builds on the work of Daly and Wade (2016) and the Royal Commission (2016), both of which found that AFV can have a detrimental impact on the health and wellbeing of families, including parental depression, high levels of stress, and feelings of shame, sadness, powerlessness, isolation, frustration and anger.

Negative educational outcomes were common for both the adolescent using violence and other siblings within the family (see also section 4.1). Parental work patterns were also affected, as regular attendance became difficult due to the need to care for a child or children, or simply because of the impact of the behaviours or violence. One mother described her decision to stop going into work as a result of the violence she was experiencing:

*I have had to change the way I work. I now do consulting work from home so that my house is not left unattended. I was also getting abusive calls from my son in the workplace if he couldn't find things. I have had bouts of depression and [have] become socially isolated. I avoid places where I meet people known to my son such as the school, shopping centres and cafes. I don't invite people into my home because of the damage and because my home environment is very unpredictable. I have lost a lot of confidence in my abilities and feel like a failure as a parent. I don't get much sleep as I am constantly worried for my son's wellbeing. (Amelia, mother)*

Through the survey, families recounted many different types of relationship breakdown, including parental separations, estrangement between parents and the adolescent child, and estrangement between parents and other siblings who did not feel supported or safe. These effects were identified as long-term – 'it goes on and on' (OpenFG-P) – impacting family relationships for many decades. Additionally, many survey respondents described the loss of extended family relationships as a consequence of this form of violence, indicating that family visits to grandparents had become too difficult, resulting in the loss of these supports and networks. Similarly, friends were lost to these participants because they either could not invite them into their home or were unable to visit others given the need to supervise the adolescent and/or siblings.

The survey participant descriptions of impacts, however, focused consistently on fear, stress and deep concern about the long-term options for the adolescent and for other family members. As adolescents passed the age of 16, many parents recounted their increasing sense of desperation in the face of the possible life trajectories available to their children. References were frequently made to the sense of shame, isolation and trauma characterising the family relationships, exacerbated by the fact that such families are often idealised as intimate and caring and, particularly in contemporary neoliberal contexts, parents are often blamed for AFV as a parental failure. The diverse experiences of violence all resulted in constraints upon every aspect of family life. A simple example was a family who used boarding school initially as a way to protect a younger sibling, but then also needed to send the adolescent away as his behaviour at home became increasingly difficult. Terms such as 'eggshells' and 'warzone' appeared in a number of survey transcripts, indicating the deep and complex impacts of AFV and the fear that inflicts family relationships in this context.

*[It] seriously impacted me [his mother] and his dad, as well as his sister to the point that a few years ago we sent his sister to boarding school for a term so that she could have a break from the stress, and in the past 12 months we sent our son to boarding school as his behaviour at home was simply unsustainable for any of us. (Courtney, mother)*

One of the more significant impacts, discussed further in section 3.3, was the struggle experienced within families around protecting and supporting siblings who not only face the loss of a sibling relationship and a lack of parental attention, but also live in a conflict-filled environment. One expert interview participant described this as 'quite surrounded by conflict' (Expert Interview C). The impacts described affected the life course of siblings in many different ways, as reflected in the following survey excerpts:

*No one can celebrate any achievements. When I graduated, I was told that I was making him feel bad because he wasn't at uni. (Martha, sister)*

*When subjected to these behaviours I felt stressed and apologetic toward his younger brother, who I felt got a rough deal. In fact he left home before he finished school. I was very sad and distressed that the younger brother felt like that, but I didn't blame him. (Ashlee, mother)*

As two survey respondents clearly indicated, the effects on family life cannot be overstated:

*Limited life, limited friends and limiting income. (Joel, stepfather)*

*Essentially, it has changed who we are and our path. (Stephanie, mother)*

### 3.2.1. Family Fear

For all those who recounted their experiences of AFV, fear, tension and stress were central aspects of everyday life. Family members, who were very often driven by a desire to support the violent adolescent, adapted and accepted that worry and stress were now the new norm. As the survey accounts below reveal, in this context family life is irrevocably changed:

*Such experiences change the family dynamic. All members of the household now know the warning signs and remove themselves from the location when first seeing them. I have become personally more socially isolated as taking him to events is fraught with danger [and] difficulty due to his unpredictability. At times, I really struggle to like him. It's hard to like someone who is punching you, even when you understand why it is happening. I also have become more anxious myself and constantly worry about my son's future. And ours to be honest, especially as he becomes mansized. (Cindy, mother)*

*[The AFV has impacted] enormously. We live in fear and are enormously stressed by it. Our marriage has been hugely affected. Our younger son has needed extra support to deal with his out of control brother. And I have spent 9 weeks of the past 6 months in a psych hospital after breaking down as a direct result of the terror our teen son reigns over us. (Mary, mother)*

*Being in fear of upsetting my son and of interacting with him. I avoid him – my wife and I separated seven months ago and I never see my oldest son. If I do he is verbally abusive. (Mark, father)*

*Often I am walking on eggshells within the family home, waiting for the next episode to occur. I am stuck as a victim in a cycle of violence, usually attributable to that of adult perpetrated family violence. [Aligning] that with the guilt and self-doubt of being a parent who should be able to 'fix' these things can often be an emotionally challenging roller coaster ride. I*

*am spat at, hit, struck, kicked, emotionally and verbally abused. My property is damaged, personal items in the home are destroyed and every day household items are used as weapons or missiles aimed at me. I am often faced with the decision of trying to maintain my safety, that of the other children in the home and that of the adolescent perpetrator himself. I am also often torn between trying to address the behaviour so that the boundaries are not further extended but also trying not to escalate matters. Being a victim of adolescent family violence is difficult to explain, difficult to talk about and difficult to deal with. It is an isolating, emotionally damaging experience that leaves you numb, hollow and negatively fraught at all times. (Tiffany, mother)*

Even when parent participants were very aware of, and deeply sad about, the underlying causes of the violence, the experiences and outcomes were still catastrophic for family members, as described by the following five mothers:

*My partner of 15 years left me 7 months ago. Consequently I had a nervous breakdown. My other daughter doesn't like her violent psychotic sister. Sometimes friends won't come around or stay very long if she is home. It breaks my heart every time I have to call 000. (Ingrid, mother)*

*I feel stressed all the time. Can't concentrate. Hair falling out, unsure if connected. Ongoing contact with the court, youth detention and supervised bail officers. So many leeches in the juvenile justice system but no real help. My daughter is acting out of sadness/anger because her dad negated her after he was told of her sexual assault. (Courtney, mother)*

*Feel totally lost and we love her and want to do the best for her but if anyone else treated me the way she does I would make sure I never saw them again. (Kathleen, mother)*

*I ended up on antidepressants to help me cope with it. Our now 16-year-old son has ongoing problems with mental health, substance abuse and school refusal. The violence has all but stopped, thankfully, apart from the occasional verbal attack. If he wants to punch a wall he'll go outside and do it. Our daughter, who was 16 when this all started, suffers from anxiety and panic attacks and moved out of home because she could no longer live with the brother she once was very close to. Overall it's had a huge impact on the family and although it's improved, there are still deep wounds. It put a lot of strain on the relationship between my husband and I, particularly in the beginning. (Amelia, mother)*

*Our 17-year-old daughter has punched me in the past. She is emotionally reactive and has flashes of anger when she says she wants to hurt us. She is currently kicking and pinching hard to express her anger when a loud voice or shouting do not get the response she wants. 99 per cent of this is directed at me, her mother. I am a GP with an interest in youth mental health. It has been an extraordinarily challenging experience personally to experience violence from my own child when we are a non-violent family. I have chosen to speak openly about this to some parents within consultations to reduce shame for them but it remains a very challenging experience. (Shannon, mother)*

During the interviews and focus groups, a number of those who worked with families experiencing AFV observed that, even when the behaviour is dangerous, families often seek to absorb and manage the risks of such violence themselves, whether short- or long-term. As explained by one health service provider:

*As you say, then, if they were to take action to try and protect, what are the alternatives for that family if you were weighing up, well, if we say, 'Joe can't return home, then what are the*

*alternatives?' And I think a lot of families would say ... if there's an alternative it has to be better than the current situation. I think a lot of families would go, 'That would be 10 times worse'. So they would choose to probably live within that, take those risks in that situation, and try and manage it. (Health Service Provider)*

This description of 'weighing up the alternatives' is particularly difficult in the Victorian (and, indeed, broader Australian) context where there are few specialist responses and services available for persons affected by AFV.

### 3.2.2. Ongoing Relationships and Care

*On the occasion that our son had me pinned up against the wall, I did call the police. I did this in the hope that he would get some help as the intensity of the behaviour had increased. However, in hindsight calling the police was a mistake. He was still 17 so the matter was dealt with in a juvenile court but we are now concerned that it will affect his employment prospects. I feel guilty for having subjected my son to being taken away in a police van and spending most of the night in a cell. My husband remains very angry with me for having made this decision. Despite the police involvement and court process, there was no access to any support or intervention to deal with the behaviour. Whilst there have been no further physical attacks or destruction of property, the verbal abuse has continued. The only thing that has improved circumstances at home is our son's decision to move out with some mates. We still worry that he may be violent towards a future partner or someone else if he can behave this way with his family. We have no idea what else we can do to minimise this risk. (Lee, mother)*

As indicated by the quote above, the context of AFV is a complex one where risk and responsibility are inextricably bound. The desire and assumed 'duty' of an affected parent to maintain care of the adolescent who is using violence means that parental actions of discipline and even safety are assessed in light of the desire to maintain ongoing care of that child. Because of this sense of responsibility, parents often did not report dangerous behaviour to the police. This was captured in both the interview and focus group data as well as the survey responses:

*But with a young person it doesn't seem that that complexity can be removed from being a responsibility that the family is confronting not just the perpetrator. (Service Provider)*

*For a lot of the parents it is about having a sense of responsibility, or potentially living with the shame that they carry as well; and, again, then it is, as the parent I have the responsibility to care for them, so probably their threshold might be a lot higher as well in terms of what they feel they have to accept or put up with as well. (Health Service Provider)*

*No we didn't ever report it to police although once or twice we thought about it. We were worried that if we called the police things would escalate more and our son could end up getting badly hurt. We also thought that if we called the police we would completely lose any remaining trust or relationship with our son. (Rebecca, mother)*

*We love this son so much and he is a brilliant young man with so much potential, but he also behaves in ways (with his family, not others) that are totally unacceptable. We hope as he matures that he will grow out of this, and we are trying to hold space for him until this happens. (Courtney, mother)*

A number of service providers observed that fear of external service involvement, such as Child Protection, and the unintended consequences of such involvement meant that parents often kept silent about the AFV (see also section 3.3.4). As one health practitioner explained:

*Because if it's a family member, well, I think people might be reluctant to seek any help or to inform anybody about it because then if that leads to reports to the police or reports to the Department of Child Safety, well, then there's potential chaos in the family when agencies like that are brought in. And I suppose it could be difficult for victims to see – well, how would the family go forward after something like that, in a harmonious way, when external agencies are brought in to deal with the problem? (Health Interview A)*

A service provider who worked with Indigenous families also said that this was a significant concern for their clients when deciding whether to access services.

This willing assumption of responsibility by parents is at times linked to the sense of shame and stigmatisation they experience when needing to make contact with services. While service provider respondents emphasised that blaming parents was inappropriate and only worsened the situation, both service providers and parents identified that shame, stigma and blame are central to experiences of AFV. This notion of 'shame' was ever present throughout the survey data, as reflected in the following three excerpts from mothers' descriptions of their experiences of AFV:

*Frightening and shameful. The violence is pervasive and when it comes into your home you can't get it out. I didn't grow up in a violent home and wasn't in a violent relationship with my son's father so I had never experienced anything like this before. Soon, it becomes a way of interacting, a default position and the shame and secrecy stops you from telling people or seeking help. You become a victim and are in a cycle of violence believing that it will stop; so much so that when it happens again, the shame goes deeper. (Janet, mother)*

*We were all traumatised by these experiences and still suffer the effects today. I lost my job, my young daughter witnessed several violent incidents at a young age and my son and I continue to hold a lot of shame. (Holly, mother)*

*I have been so frightened, I've locked myself in my bedroom and have recently been diagnosed with chronic anxiety and depression. I have become withdrawn and cannot socialise. Initially I blamed my husband for my son's behaviour and felt justified in separating. After much reflection I can now see that he was not to blame. I feel ashamed and constantly question my parenting. I cannot talk to friends about the situation as it reinforces my lack of confidence as both an individual and as a parent. Although the case was closed, my husband still wears the consequences of the events that unfolded the night my son lost control. He is not permitted to work with children. As a well-regarded member of the community, he feels total shame and embarrassment and has also become withdrawn and depressed. (Mary, mother)*

These survey responses mirror previous research both within Australia and internationally that has noted the prevalence of disbelief and shame among parents affected by AFV (see, inter alia, Holt 2016a; Howard 2015; Howard & Rottem 2008). Feelings of shame surrounding experiences of AFV were not unique to parents, as siblings were also drawn into a web of shame and silence. As one sibling commented:

*[My] family were 'comfortable' – private schools – very much 'street angels/home devils' don't talk about it, it was a shame you didn't share. (Nicole, sibling)*

Service provider respondents similarly observed that parents struggle deeply with these issues, which have short-term impacts on their help-seeking and longer-term impacts on family life. As explained by two service providers:

*And to say, 'I've placed my child in harm's way'. Last night in the group there was a very strong theme from one parent of that for sure. (Service Provider)*

*They say, 'I'm not coping, and I should be able to, it's my child'. (Health Service Provider)*

These excerpts reveal the significant barriers to help-seeking that affect parents, often mothers, who face AFV. These barriers are intensified by the lack of therapeutic and 'entry-level' service options as parents perceive that the only help available to them is inherently punitive in nature, such as police involvement (see further, section 5.3).

### 3.2.3. Mothers, Gendered Responsibility and Blame

*Only on me, his mother. According to him I have been a useless mother or not one at all. (Charlotte, mother, explaining whom the AFV has impacted)*

*That kind of slightly more subtle victim blaming was incredibly rampant. But I think victim blaming – the assumption is that mothers are responsible for their kid's behaviour, and if a child has bad behaviour, it must be the mother's fault. (Health Interview E)*

Among service providers there was a strong and widely held view that mothers are most often the victims of AFV in the family context, that they are more often identified as responsible for their children's behaviour and that they are more active in contacting services to seek assistance for AFV. As Lemmon et al. (2018, 17) observe when considering how women manage the dual responsibilities of work and mothering, everyday expectations and social structures compel mothers engage in 'a host of unmeasured strategies to maintain their relationship with their child', no matter what else is occurring. This expectation surrounding maternal commitment was supported by the findings captured from the many survey responses from mothers. This gendered victimisation pattern seemed connected to their activities in seeking help. Their maternal outreach occurred in a number of ways; women may have been in contact with services for other matters (such as pre-existing IPV or health issues) and sought advice or disclosed that they were concerned about their child's behaviour. In this regard, many of the professionals interviewed viewed mothers as an important 'gateway' to identifying and accessing adolescents who use violence in the family setting.

A number of service providers and some survey respondents identified that maternal victims of AFV are most likely to have previously experienced familial violence, increasing and intensifying their distress and difficulty.

*And I think it's complex, too, for a mum in relation to where there has been an experience of family violence perpetrated by dad towards mum and to the young person, and then mum is now experiencing violence from the young person, so now that transitions to the young person and what does that mean in terms of her relationship with the young person, her identity of a mum and how does she reconcile that and say, 'Actually I need help for this young person because they are now a perpetrator' and the shame that would go along with that as a mum. (Service Provider)*

This was noted by other practitioners as well as in the survey responses, where – as explored in the previous section – participants described intergenerational violence as having a particular impact on mothers:

*You know, mum [has] kicked out dad or dad [has] left for some reason and then she's almost back at square one. Her young son grows up and becomes violent and so she becomes scared and terrified again. (Health Interview D)*

*Coming from a DV background it is like history repeating itself except it is from your own child. (Candice, mother)*

### 3.2.4. Conclusion

*It impacts on every aspect of your life. I sleep with my handbag under my pillow. (Sophie, mother)*

*Everyone wants to choose to care for this person, including me, because we can see the deep pain he is in underlying all of this, and of course because he is still a child and we all love him. There are times when our friends or family don't visit. There are times when I go to stay at friends' houses. Many times, I've booked a hotel for the weekend to avoid being around his anger, which puts an incredible strain on my relationship with my partner and also on our finances. (Amelia, mother)*

The impacts and outcomes of AFV for families were identified by all participants as extensive, reaching into all parts of everyday life and as having long-term implications for their health and wellbeing. Recent Australian research (Walsh & Douglas 2018) has identified similar levels of negative impact.

### 3.3 Family Impacts: Siblings

**Sarah** is a woman from the ACT who is aged in the range of 26–30 years. Her brother, who is three years younger than her, acted violently towards her and her mother during his high school years. Sarah thinks that this violence was in part caused by his frustration and inability to communicate as a result of complex needs, including Asperger's Syndrome, ADHD and anxiety/depression. Her father acted explosively towards her brother at times, though her mother was even angrier at her son. Sarah would try to stand between her mother and brother to de-escalate the situation, but not with a lot of success. Sarah could not have friends over, became hyper-vigilant and struggled to focus on her homework. Her relationship with her brother is distant now and the relationship between him and her mother is toxic but no longer violent. Sarah was not really able to access any services; she spoke with a counsellor at times, but found it 'hard to explain, as obviously all siblings fight'. Her mother thought it was no one else's business, and though she threatened to call the police or 'mental hospitals', Sarah does not think her mother ever would have done this. Sarah thinks the violence was probably not bad enough for police attention.

**Kristy** was terrorised by her older brother from when she was a pre-teen for several years. This included physical violence, but also things like breaking into the toilet while she was in there. Their father was also emotionally, psychologically, financially and physically violent. Kristy was very scared of her brother and still is, as were her younger brother and mother. They still have fractured and volatile family relationships, even though her father is less in the picture. Her experiences with family violence have shaped her subsequent experiences with and expectations of men, and have affected her relationship with her husband. She and her family members suffer from ongoing anxiety and depression. Her mother accessed counselling for her and her younger brother when they were children, though one counsellor made her 'feel like I was to blame somehow, and that was quite difficult to overcome'. They also had some family counselling with their father, which Kristy described as 'awful, if he even turned up'. Her mother threatened to call the police when they were children if her brother hit Kristy again, and she does not 'remember much physical violence after that'. However, the police were never actually called, and Kristy says, 'I don't think mum would've necessarily seen that as a good option (for my older brother)'.

The survey responses indicated that, along with mothers, siblings were also common targets of AFV, both as direct and indirect victims of violence committed by adolescents in the home. Research suggests that presentations of AFV against siblings are not gendered (Holt 2016a; Howard 2015). However, 22 of the 23 sibling survey participants in this research identified as women. In the cases reported through the survey, siblings were generally younger than those carrying out the violence, reflecting the observation of the service providers and experts interviewed that adolescents who use violence in the home typically do so against persons who are either younger and/or physically weaker than them.

Our findings also indicated that violence from (usually) older brothers or sisters had severe impacts on siblings – impacts that were recounted by both sibling and mother survey participants. Accounts of AFV against siblings revealed a dilemma for parents, often mothers:

mothers faced the problem of how to ensure the safety and care of sibling victims as well as that of their child who was committing AFV – and these often became competing demands. Survey respondents described situations where Child Protection and/or the courts had intervened in attempts to ensure the safety of siblings by removing either the violent adolescent or the sibling victims from the family home. However, in the view of service providers and experts, such a response on its own is inadequate and fails to address the complexities of AFV. Considering sibling victims of AFV and centring their experiences reveal further layers of complexity and difficulty when identifying appropriate responses to, and the family impacts of, AFV.

### 3.3.1. Violence and Behaviours towards Siblings

One expert interviewed defined AFV as the use of any form of violence, including sexual, primarily by male adolescents against their mothers and siblings (Expert Interview F). The range of violent and abusive behaviours experienced by survey participant mothers were also directed towards siblings. Sisters were targeted by their brothers through sexual violence in several cases, with verbal abuse from brothers targeted at sisters focusing on bodies and weight too. This was captured in the survey accounts of several participants.

*When my brother tried to keep me from leaving the house when I was 17, I was afraid his three-year-old son would be taken from my parents' care, as they all lived in the same house. ... This deterred me from going to the police at the time. It did not seem like an option, as my parents would not have liked me to come forward. (Bianca, sister)*

*My younger brother ... acted violently towards our mother and me ... I would get involved and try to stand between my mother and brother and de-escalate the situation, but not very well. (Sarah, sister)*

*Childhood violence by my younger brother escalated when he was 13. Bites, scratches and punches escalated into nipple cripples and groin punches. Black eyes the day before major events caused me to miss state finals and my school formal because my mother forbade me to bring shame on the family. Speaking about it was forbidden on the grounds of 'family loyalty'. Other incidents involved cutting holes in my underwear and the destruction of study notes. The word 'cunt' was scratched into the door of my first car. The same car had all the wheel nuts loosened. Friends did not visit due to the violence, which became increasingly sexual. Attempted rape when on a holiday. Killed my dog. (Chelsea, sister)*

*He bashed my bedroom door in frequently trying to get to me, with me leaning against the door trying to stop him. He hit me, punched me and spat on me. He told me I was ugly and a bush pig. No one can imagine the ongoing and permanent psychological impact being told that every day of your life as a child, teen and young adult. That you are fat, disgusting, and worthless. (Tessa, sister)*

*My older brother terrorised me when we were young. He was physically violent ... and he would also, for example, break into the toilet while I was in there. ... I also remember if I was having a private conversation with my mum, about my period for example, he would often come in and demand information. (Kristy, sister)*

*[My brother] did not like that I held him accountable for his actions or tried to protect my younger siblings from him. (Alisha, sister)*

Several survey respondents also recounted their experiences of violence used by a sister.

*My sister became increasingly violent following the separation of my parents when she was 10 and I was 6. She was initially verbally and emotionally abusive (towards the whole family), and this escalated to physical and sexual violence (against me only) by the time she was 14-15. ... The abuse is characterised by secrecy (usually only occurring in the home) and threats of harm if I told anybody or got help. (Emily, sister)*

*My older sister beat and berated both me and my younger sister for all of our adolescence and into our 20s. ... Mum copped a lot of emotional abuse from [her] as well, so we tried to protect mum and deal with it ourselves. (Anna, sister)*

These were just a select number of the many similar survey responses received from siblings who described an extensive range of violent behaviours they experienced. Service providers also reflected on the severity and prevalence of AFV directed against siblings during the interviews and focus groups:

*[The behaviour is] often putting down or bullying often their mother, or it might be as well as a younger sibling or siblings ... the criminality of the behaviour isn't something that comes up, except where the behaviour is sexual in nature, and is targeted at siblings usually, although sometimes a female parent. ... In my experience here ... it's overwhelmingly adolescent male violence towards female parent, overwhelmingly, and sometimes also younger siblings. (Expert Interview B)*

*If a kid is just angry and he's lashing out against the parents, often the siblings might be the target on some occasions, or they could be exposed to it. (OpenFG-E)*

*Currently I have a 13-year-old male [in my service] who's come from quite a traumatic history with his mum, and now is in his dad's care ... he's violent at home towards his siblings, because it's all he knows. (Service Provider)*

Conversely, some service providers had also been involved in cases where the violent adolescent was trying to protect their siblings, or where siblings played a positive role in the violent adolescent's life and pathway to change.

*Some young people don't want to leave [the family home], especially if there's continued violence, because they see themselves as a protective factor for mum. So if they leave, what does that then mean for mum or the younger siblings? So they just choose not to leave, keep everyone else safe. (Service Provider)*

*In terms of siblings, that can be a great motivator for a young person to engage [with services] as well. So, identifying that their younger siblings are having these terrible experiences because of their use of violence can be a motivating factor for young people as well. ... 'Would it be alright if I was talking to your younger sibling in 10 years' time about the same things as you're talking to me about with your dad?' ... And then they'll say, 'No, it's not okay'. (Service Provider)*

### 3.3.2. Impact of AFV towards Siblings

The RCFV (2016) reported that younger siblings who are victims of AFV are likely to show signs of anger, frustration, fear or sadness, or at times attempt to play the role of peacekeeper between the violent adolescent and their parents. The impact of AFV directed at siblings was described in great detail by the survey participants. Many respondents felt that the violence had had a detrimental and ongoing impact on their lives, mental health and relationships with others.

*It has taken me years to realise and work through the full impact of my brother's actions towards*

*me. I developed anorexia and then bulimia. My issues around food and body image persist to this day and have impacted on my social skills and my relationships. I suffer from severe depression ... I remain depressed. My work suffers. I don't trust people and easily cut friends out of my life for perceived slights. I am so sad all the time. (Tessa, sister)*

*My family violence experiences have absolutely shaped my experiences with and expectations of men. ... It affects my relationship with my husband. (Kristy, sister)*

Several survey respondents (mothers and siblings) spoke of a sibling's decision to leave the family home early or as soon as they could in order to escape the AFV in the home:

*Our daughter ... suffers from anxiety and panic attacks and moved out of home because she could no longer live with the brother she was once very close to. (Carole, mother)*

*I left home at 18 and have spent most of my life avoiding this brother. (Chelsea, sister)*

*It made me never want to visit home. It made the times spent at home, visiting, which should have been happy times, filled with tension and threats of violence. (Bianca, sister)*

*My mother, younger sister, brother and I all suffer from depression and anxiety issues. The house was an extremely unhappy place to be; I never felt comfortable unless my brother was out of the house, and I moved out as soon as I got my licence when I turned 18. My younger sister attempted suicide when she was 16 (my [violent] brother would have been older then and still living at home). ... I completed year 11 and started an apprenticeship (this was so I could move out sooner and get away from my violent brother). (Frances, sister)*

In the same sense that mothers described a sense of guilt at not being able to prevent or stop the violence, siblings recounted their feelings of guilt and sadness over the loss of family associated with their experiences of AFV.

*I feel overwhelmingly guilty for not trying hard enough to fix things. (Hannah, sister, experienced AFV from her brother)*

*I do not love [my brother] anymore. I loved the eight-year-old who was my best friend in the entire world and was closer than a twin to me, but that person is gone. He wishes I loved him, mum wishes I loved him, but I can't. (Anastasia, sister)*

### 3.3.3. Addressing AFV towards Siblings

Throughout the interviews and focus groups, while some service providers identified some services that are available for sibling victims of AFV, the majority of participants spoke of a gap in service provision for siblings. For many service providers, this gap was the result of a lack of allocated resources targeted at affected siblings within services that may be dealing with the adolescent using violence.

*I don't have the capacity to do case management because we don't have that level of resourcing, and quite often I have a strong alliance with the young [violent] person in terms of their journey of change. And that makes it actually quite complex to be working with younger siblings who are at risk and to be considering their needs. Not to say that I can't do both those things, but I think that there is a bit of a gap from my point of view in terms of how it is that case management occurs, and how it is that you work therapeutically around a young person's violence in the home. (Service Provider)*

*You see, we focus mainly on violence towards the carer. We obviously work and try and address violence for the siblings as well, but one of our requirements is violence towards their current carer. (OpenFG-P)*

In cases where they did have involvement with a service provider, a common experience for sibling survey participants was not being taken seriously or supported when they disclosed being subjected to AFV.

*I tried to tell school counsellors, talk to my parents and even other adults I trusted. No one believed it was that bad. I would try to tell them I hated being alone with him, but everyone just told me it was normal sibling angst and I was overreacting. The counsellors were often condescending; being empathetic, I knew straight away they weren't taking me seriously. And my mum was in denial that it was as bad as it was. (Jordan, sister)*

Similar experiences were reported by siblings in their involvement with the police. Several survey respondents described being advised by the police not to report the AFV at all:

*Police picked up [my] brother after stealing my car – I was URGED not [to] press charges, as it would 'destroy my brother's life'. ... I'm terrified he'll find me, break in and kill me. In hindsight, I wish I had pressed charges ... I also wish I'd called the police on my father more often. (Belinda, sister)*

*Police were called at one point and told me that I could be ruining my brother's life if I reported [the AFV]. (Claire, sister)*

For some siblings, seeking professional help was never an option due to an overwhelming sense within the family that the behaviour did not require reporting or external intervention. This experience is captured in the following two accounts by survey respondents who experienced AFV:

*People told me how 'lucky' I was to have a brother like him. The adults in my life didn't get him help and told me just to ignore him. ... I'd feel terrified. ... He was violent, aggressive and cruel. No adults in my life stood up to him. (Tessa, sister)*

*It never occurred to me to seek support, as it was something we did not discuss. It was put down to ongoing issues with my brother and my dad in the first instance, and later as an issue between siblings when he continued to target me. To this day, [my family] do not understand his actions in the context of violence. (Alisha, sister)*

*I begged my mother to call the police on many occasions (including one incident where my sister was holding a knife to my throat), however, she was very scared and also committed to 'keeping up appearances' in our middle-class suburb. She was also fearful of my sister getting a criminal record and this hindering her employment prospects down the track. (Emily, sister)*

In this regard, it is perhaps unsurprising that some sibling victims blamed their parents, their mothers in particular, for not keeping them safe from the AFV.

*My parents divorced, with my mother defending my brother despite all evidence to the contrary. I have been estranged from my mother for 20 years as a result. (Chelsea, sister)*

*I was always in the second seat, despite being a really good kid and ending up at uni. It was always about him. My mum is particularly biased towards looking after him, even now. (Jordan, sister)*

*Parents enabled him to get away it with ('he's being a boy'). (Belinda, sister)*

*I began by excusing my parents and loving them. ... In recent years it has hit me how much they failed me, especially as I see my brother hasn't changed and continues to live a good life, while I have fought so hard just to survive the impact of his abuse. (Tessa, sister)*

*My mum claimed that she was terrified he would kill himself, asked me on more than one occasion what I did to provoke him, and eventually encouraged me to leave home. ... I am now estranged from my mum and most of my siblings, including my brother. (Alisha, sister)*

*My parents, especially my mother, would make excuses for my brother's behaviour, apologise for him, say things like 'It's just the way he is,' or chastise me when I became angry or otherwise intolerant of his behaviour. They would make concessions for him and his behaviour, and hold me to a higher standard. They would never stick up for me when my brother would start arguments. (Bianca, sister)*

### 3.3.4. Sibling Safety

While some siblings thus blamed their mothers to varying degrees for not protecting them, ensuring sibling safety in the context of AFV is a fraught task for mothers, as they are faced with the competing demands of caring for and keeping safe both the violent adolescent and the adolescent's siblings. The sense of guilt and responsibility that mothers hold for not being able to keep other members of the family safe from AFV permeated the survey responses.

*Sadly, our middle child was the recipient of the violence and has significant trauma, anxiety and depression issues. As parents, we could not keep him safe, and as a mother I feel devastated for his suffering. (Katrina, mother)*

*In hindsight, I should have taken my friend's advice and removed him from the family home, because the cost has been great for other family members. I did investigate housing services. ... We were scared of contacting police as we didn't want to be a DHS case. On one occasion our son smashed his brother's head into a stone wall. Instead of taking him to outpatients, I kept him home and watched for concussion symptoms. I greatly regret this decision, but also know why regarding the reasons as above. A terrible dilemma. We wanted to involve police at times but couldn't because of effects and ramifications for the whole family. (Katrina, mother)*

In the survey responses, several mothers reflected that the hard decision over whether to have the violent adolescent removed from the home was informed by the need to protect the offender's siblings. The tension between the need to protect other children in the family and the fear of criminalising the adolescent using violence is aptly captured in the following survey account from a mother experiencing AFV:

*Police took out an intervention order against him on behalf of me and my daughters, and he was removed from the home and into DHS care. He was 14 and I was heartbroken. I felt like a failure as a parent and I was very concerned about his wellbeing. Due to a shortage of places, DHS started putting enormous pressure on me to ask the court to allow me to take him back home, but I knew that to keep my other children safe, I had to refuse. It was extremely difficult in the face of comments like 'but you are his mother, and you're responsible for him, whatever he does' and 'there are no places for him, he may have to sleep in our offices tonight'. I had to stand firm and keep saying, 'I have three children who are my responsibility, not just one, so for the safety of my other two children, he can't come back home'. (Zoe, mother)*

Parents' fears of having their children removed from the home were also highlighted in the professional experiences described by service providers during the interviews and focus groups. Practitioners believed that certain Child Protection or court attempts at keeping siblings safe risked overlooking the complexities of the family relationships, sometimes even exacerbating the situation. Despite this, professionals noted the frequent involvement of Child Protection in the more severe cases of AFV. One expert interviewed noted that significant cases of AFV are reported to Child Protection (Expert Interview B), which can lead to the removal of the violent adolescent into kinship care, while another suggested that cases of AFV involving siblings are 'the ones that are more likely to get Child Protection involved' (OpenFG-C).

In its work on AFV, the Royal Commission (2016) recognised that removing a young person from the family home should be avoided wherever possible but that in cases where there appears to be no other option appropriate support accommodation should be provided to them. Mirroring this, service providers identified several difficulties that arise in cases where children – either the violent adolescent or the sibling victims – are removed from the family home as a response to AFV, as captured in the following excerpts:

*Child Protection will act if the violence is against a younger sibling. So they're elected to protect the child at risk of the violence, and that may at times mean the child [sibling] is removed from the family home. The victim of the violence is removed for their own safety, which is a really inadequate response because it still leaves the mother unprotected. It means the young person using the violence doesn't get any support to change his or her behaviour, and the mother also then loses the child from her care. So that can be one of the responses that happen, but I know – often Child Protection will refer those referrals into Child First if they feel that they can be managed within the community and in consultation with the community-based child protection workers. ... So Child Protection may be involved, but it's often the lens is on the child that's at risk from their siblings or another child's use of violence, not to actually do anything to address the offending behaviour in the adolescent. ... So it's that tricky thing of holding the vulnerability of the young person but also being clear their behaviour is unacceptable, and intervening around the safety and wellbeing of the other children in the home. (Expert Interview A)*

*I've got a client who's 17 and a half, and he's perpetrating family violence against his mum and his nine-year-old sibling, and Child Protection have recently removed the siblings and said it's a result of his behaviours. It's quite complex: mum was sectioned and stuff as well, so there's more to it than just that. ... We had this big plan of putting him into [a program] where he could stay and learn independent living skills and stuff, but they won't take him because he's on a Child Protection Order, that Child Protection won't close, so then we're kind of stuck in this rut of, well, what do we do? Because he's 17 and a half, it's like, the best bet to improve their relationship is to get him out, so he can live independently and then build it up a little bit more. (OpenFG-P)*

*At the pointy end, the police might have been called out to their house, there's been an incident of family violence, and the police are worried about mum or the other siblings in the house and they've applied for an intervention order ... so you get a young person coming along who might have been removed from their home to live with another parent or another family member. But then their mum comes along to court and often obviously mum's not supportive of the police application. She feels, I guess, often really distraught that things have escalated that far, and that she's opposed to criminalising her child in that regard. And even if the police have the power to go ahead and ask the magistrate to make an intervention order, even if the mum's not supportive, but then you just know that she's never going to call the police if there's an incident at home because of the ramifications for the child. (Service Provider)*

*There's a real lack of adequate [inaudible] for young people that don't have the protective factor of the help-seeking parent or families. Particularly those who expose younger siblings to the risk of the violence and that have been removed from the home and placed in out-of-home care, residential care, and are in the statutory system now. And they just live in resi [residential care] and they don't have their families around them, and it reinforces the trauma, their abandonment, whatever else. (Service Provider)*

The final excerpt above highlights the layers of disadvantage that can be experienced by persons involved in AFV, whereby adolescents removed from the home and placed in residential care become at heightened risk of later homelessness, criminality and social disadvantage. While it is appreciated that, in cases where there is an ongoing risk of violence, removal of the adolescent from the family home may be the only option, it does little to address and resolve the reasons why that adolescent is using violence and further divides the family unit.

### 3.3.5. Conclusion

This research demonstrates why the experiences of siblings who are subjected to AFV need to be much more effectively addressed. The sibling survey participants' stories of AFV revealed that the violence was often dismissed as normal sibling behaviour or minimised within the family unit due to feelings of shame and guilt. Service providers noted few sites of support available for sibling victims, and removal of younger siblings and/or the violent adolescent from the home was seen as an inadequate, sometimes harmful response on its own. Unlike situations of IPV, where the goal is generally to remove the perpetrator from the home and extricate the victim safely from the relationship, simply removing a violent adolescent without further care, services or therapeutic responses was not seen as appropriate in cases of AFV. Mothers were faced with the complex and competing responsibilities of ensuring the safety of all children in the home, including both the violent adolescent and sibling victims. The difficulties of this task were reflected in the blame often apportioned to mothers by sibling victims. The stories of and about siblings told in the survey responses, and the observations of service providers, lend support to the necessity of finding ways to assist sibling victims and support mothers, while recognising the complexity of contexts of AFV.

## 4. Social Structures and Responses

**Erica**, who works part time and is aged in the range of 51–60 years, experienced AFV for approximately 18 years. Her older son used 'unreasonable means to control the rest of the family', put her and his father down, shouted a lot and used obscene language. Erica felt stressed and apologetic towards her younger son, who left home before finishing school. The son using AFV went to a school that specialised in dealing with behavioural problems. However, the family found that both the school and the boy's psychiatrist were not able to provide them with strategies to deal with the violence at home.

**Amanda** is a self-employed woman aged in the range of 31–35 years. Her son has Asperger's and Sensory Processing Disorder, and for eight years had been lashing out, having screaming fits of rage, throwing things, kicking, hitting and scratching. At the age of seven this escalated to threatening Amanda and his sister with knives, and at age nine to self-harm. Amanda describes this as 'extremely traumatic' and 'heart breaking'. She took her son to a private psychologist, spending 'thousands of dollars', but the psychologist was not a good fit and her son got worse. Amanda contacted the Department of Education in regard to her son being bullied at school, but there was nothing they could do. She called the police once, who referred them to DHS. DHS sent a letter expressing its concern about her son's welfare, but stated that the department would not investigate further. Amanda describes this as 'an absolute kick in the guts, to be made out to be the violent one and that he was instead a victim. Which he was, of every system completely failing him'. Her son was finally referred to a service after a visit to a hospital emergency department. He started seeing a 'wonderful' psychologist, who really helped, and a private paediatrician, and taking medication. Amanda home-schooled her son for a time while he recovered from the trauma of being bullied, then enrolled him in an alternative school, where he is 'receiving excellent support and doing very well'. Her son is a lot better now; however, Amanda says, 'We have a wonderful home life, but I still panic at the smallest sign of trouble'.

### 4.1. Schools: Social Inclusion and Connection

Schools were considered by service providers and experts to be a key interface and potential point of intervention between adolescents, families and support services. As places where adolescents spend a considerable amount of time each week, schools were seen as useful sites for identifying, addressing and even preventing AFV. During the interviews and focus groups, participants noted that some schools in Victoria were responding well to cases of AFV, but that there was considerable scope for enhancing school responses. In particular, service providers highlighted the importance of a coordinated response to AFV. The survey data were mixed in this area. Some parent survey participants reported difficult interactions with schools, while others recounted positive experiences of social inclusion and connection arising through schooling that was responsive to cases of AFV and supportive of both adolescents and their families.

#### 4.1.1. Adolescents' Experiences and Behaviours at School

In her extensive Australian-based research on AFV, Howard (2015) identifies school disengagement as a common issue for adolescents who use violence in the home. Throughout the interviews, focus groups and survey data, service providers and survey participants noted that, in addition to violence in the home and a complex set of needs, some adolescents displayed difficult or problematic behaviours at school. Service providers reflected that violent adolescents are often suspended from school or drop out, often engaging at the same time in antisocial behaviours such as drug taking or alcohol use:

*It's often like school has dropped out, potentially they've got in a new group of friends who are not that positive. Maybe their social situations have dropped out, sport has dropped off. So all these things have dropped off. (OpenFG-O)*

*Yeah boredom, absolutely; potentially start drug using or alcohol. ... And then the violence comes about. So if we can target and bring things back into the picture, re-engage in school or education, eventually that has an effect on the violence. But all of these things have already dropped out, and the young person's not, usually, in a space to re-engage with that initially. (OpenFG-O)*

In agreement, another service provider described school disengagement as a 'big thing' in understanding AFV and problematic behaviours in adolescence (OpenFG-P), while another acknowledged the need for 'a lot of support' at this point to aid prevention and intervention (OpenFG-Q).

Given this, it is perhaps unsurprising that experts interviewed identified re-engagement with schooling and education as a key opportunity for meaningful intervention, as captured by the following interview comment:

*I know all the agencies say this too, that the casework is part of it, about getting the young person back to school or addressing the behaviours at school where they're getting expelled or suspended, getting them into drug and alcohol services.*

...

*What's happening at the school? What are the behaviours like at school? Are they just at home? Which tells us a lot if they're just at home and not at the school. (Expert Interview A)*

Another expert reflected on similar patterns of AFV, where behavioural problems begin to emerge at school, and sometimes at home, during the mid to late primary school period (Expert Interview F). This expert described how angry responses on the part of the violent adolescent to cumulative trauma can manifest in the bullying of teachers and other students.

Throughout the surveys, affected parents reflected on the difficult school behaviours of their adolescent children who were committing violence in the home, as outlined in the following excerpts:

*His school also struggles with him, and we're being constantly contacted [about] his non-compliance and poor behaviour. He has been expelled from one school. He's had multiple suspensions at his current school. (Heather, mother)*

*She was expelled from school in Year 11 for threats and verbal abuse of a teacher. She was often in trouble at school for bullying other students. (Courtney, mother)*

*When my daughter was around 13, her behaviour started to change, and she became verbally abusive towards me [her mother], and father. She would not obey rules in the house, and when challenged would act out, both at home and at school. Basically, she would not obey any authority. (Trish, mother)*

For some affected parents there was a link between difficulties experienced at school, such as bullying, and periods of escalated violence at home. This view was particularly apparent among parents whose children had complex needs, such as those arising from Asperger's Syndrome or autism (see further section 3.1.4). As three survey participants described:

*Both ... were bullied verbally and physically at school and this led to both dropping out early. (Michelle – speaking about her son and grandson who were both violent and had Asperger's Syndrome)*

*My son has auditory processing issues that have made schooling difficult, but he is very intelligent, a great lateral thinker, extremely capable physically and at building. (Lauren, mother)*

*There was bullying at school, and the school not taking any steps to improve the environment for him contributed to his distress. I contacted the Education Department and they said they couldn't do anything either. (Amanda, mother)*

These findings mirror those of a study recently completed by Walsh and Douglas (2018) in Queensland, which found that autism was a significant factor in reported AFV prevalence. In this regard, and in light of the fact that a safe family environment is essential for a child's health development, these survey responses provide insights into the wider ripple effects of school-place bullying and disengagement, whereby adolescents who are not violent or dominant in the school environment may become so in the 'safer' environment of the family home. The interconnection between the two patterns of behaviour underlines the importance of developing integrated, whole-of-system responses to this complex form of family violence.

#### 4.1.2. Barriers to Effective School Responses

Across each facet of our data collection, participants identified numerous barriers to effective responses to AFV from schools and the education system. On this, the service providers and experts interviewed were uniquely equipped to identify some of these barriers. One expert expressed concern that schools struggle to provide effective responses. Mirroring this view, other providers in a focus group discussed the need for specialised education and training for educators about family violence, identifying risk and responding effectively:

*I think it comes back to their [teachers'] lack of, you know, like they don't learn enough at [university] about some of the families that they'll come across. Because they're not confident to have the conversations with them. ... [They] just point the finger, like 'This isn't good enough'. I'm like, 'Yeah, but what's going on?' Or little Johnny's just missing class – they're not thinking, 'Well, why is he doing it?' and looking back into it. Like I don't think their education covers enough of like dealing with families. (Service Provider)*

*I don't think teachers – not any fault of their own – but yeah perhaps aren't thinking about the other side of what's actually going on for this family. (Service Provider)*

*There are different things that you can watch for, and think for, and I think some of the schools probably lack that support. (Service Provider)*

These viewpoints reinforce the findings of the recent RCFV (2016) which identified the need for all persons within the integrated family violence system in Victoria – specialist and generalist workers included – to receive family violence training and a relevant formal educational qualification. While there are significant challenges as well as opportunities in relation to achieving such a workforce transformation, the reflections here point to the need for and benefits of family violence education for persons working in schools and whose close interactions with adolescents provide numerous opportunities to identify harmful behaviours and provide meaningful interventions. Without such knowledge, throughout the interviews and focus groups service providers reflected on what they considered to be ‘bad practice’ among teachers in responding to AFV:

*Even this morning, they put this kid in detention, this boy who's in like Grade 1, because he's got aggressive behaviours. ... So what they did was they put him in detention. Which is great, but no one has talked to him to [sic] why he did that – like there's clearly an issue, or something's happened for him to be behaving like this. But they don't know how to talk to him. They're just 'okay, you've done your detention, great, off you go, play with everyone else again'. I guess it's not necessarily being addressed. (Service Provider)*

*Some schools don't have enough awareness of remembering that this child's got trauma, and I guess their focus is on 'but what about our other students? We can't have that behaviour in our school', and stuff. So it's just having a really strong care team, getting the Department of Education on board within the care team, getting them to come to meetings. (OpenFG-P)*

One survey participant detailed her experiences with her daughter's school:

*Her school was very unhelpful and did not want her back without an assurance that she would not speak to other students about the incident. They were only concerned about the reputation of the school. (Susan, mother of daughter using AFV)*

Other survey participants reported similarly difficult or unhelpful interactions with staff of the school that their adolescent attended:

*School makes matters worse by sending students home for minor behaviours, which places extra burden on families. (Isabelle, mother)*

*Ultimately, the school counsellor did see him, but from our son's point of view what he gained from the encounter was information about how to 'emancipate' himself from his family, which he repeatedly threatened to do but didn't follow through with. (Vicki, mother)*

*We had counselling from a number of services and many discussions with teachers at the schools she attended. The counselling was ineffective and the school disciplinary measures didn't work either. (Courtney, mother)*

*Schools and government authorities have forced me to have my son back home. (Molly, mother)*

While the burden of responding to AFV certainly should not fall solely on schools and those working within them, given that teachers are likely to be – second to the parents and other family members – most exposed to the behaviour of the violent adolescent, the school environment often provides the best opportunities for identification and intervention.

### 4.1.3. Positive School Interventions

Despite the difficulties and gaps in school responses to AFV discussed above, some parents surveyed identified positive experiences with schools. These participants described their experiences with schools that provided appropriate support and understanding to both families and violent adolescents. For example, one survey participant whose son had been bullied at a previous school recounted:

*I took him out of school... and home-schooled him for three terms while he recovered from the trauma of being at school and the bullying. He is now at a Steiner school, receiving excellent support and doing very well. (Amanda, mother)*

Another survey participant described her positive experience with her son's school, reflecting the importance of positive mentors and role models:

*Our eldest son is functioning well now and not violent due to a new psychiatrist giving him the right diagnosis and medication and counselling. He also has an incredible school principal and respite carer as mentors. (Katrina, mother)*

Mirroring these survey responses, during the interviews and focus groups, some Victorian service providers and experts found schools to be positive places for addressing AFV. This viewpoint is captured in the following three interview and focus group excerpts:

*Socialisation – I would say, particularly for some of the kids I work with. Socialisation and the social skills and stuff that they get at school is, that's so vital, and consequences. They learn, whether they like it or not, they do learn about the importance of consequences at school. (Expert Interview E)*

*I had a client who attached really strongly to a male teacher, and he would disclose everything to this teacher. So the teacher kind of became the key worker, but would feed all that back to me. And if the young person had an appointment, or had to go to court or something, if that teacher was willing and available, he would go with him as a bit of support, and then feed back to me. (OpenFG-0)*

*Linking into the school welfare, I mean, they're amazing if you can work well with them, they're really, really good in the schools. (OpenFG-Q)*

### 4.1.4. Enhancing School Responses

During the interviews and focus groups the most critical recommendation provided by service providers and experts in relation to schools was to strengthen the coordinated response to AFV between schools, services and families. In line with this, the RCFV (2016, 165) stresses the need for 'a consistent and coordinated response from all relevant services, including youth services, Integrated Family Services, family violence services, police, courts, schools and health services'. This approach was supported by the Victorian experts and service providers to whom we spoke:

*I think it's fair to say that all of the services will be called upon to respond at some point, as will the education system, being the other big player. So I think it's probably about making sure they've all got the capacity, but also that they're well networked with each other and that they have the ability to work well together. In some communities I think there's a really strong history of collaboration between those sectors. (OpenFG-B)*

*Also then working with the school and Child Protection and family support, and whoever else might be involved, to develop a coordinated response to the behaviour, and support for the family. (Expert Interview A)*

*[Schools have] also got a duty of care to the other kids as well, so we've got to remember that as well. So it's working together and it's, again, that integrated service approach. You've got to get everyone involved, get everyone at the table so that everyone's aware. (Open FG-Q)*

*I find, on the whole, most services and individuals are actually crying out for [an integrated approach]. ... The only times I find there might be, say there's some difficulties sometimes with some Child Protection workers, but most are really good. The mental health practitioners, it's harder to get along to a meeting I find. Schools are great, almost always. Family support services are great, always. (Expert Interview B)*

In addition to the importance of a coordinated response, service providers suggested a range of other ways to foster school responses to AFV, such as delivering further education about AFV to schools and teachers, providing communication and outreach to schools from service providers, and supporting the ability of schools to act as interfaces between services and families. The opportunities and benefits provided by these strategies were discussed at some length throughout the interviews and focus groups:

*Education, providing them with education around it and having a plan in place too, a safety plan for the school. (OpenFG-Q)*

*I think sometimes it's about us in our roles, we need to be really aware and confident in our knowledge of what the school's responsibility is. ... They have a legal obligation for this child to go to school. Just because this kid won't get out of bed, doesn't mean that the school can drop off. (OpenFG-P)*

*It's about engaging with the schools and maybe modifying their working plan, or letting their teachers know this is why they've been away for a term; this is some of the family dynamics. Can we potentially even start on two or three days a week, or a modified learning plan? And just make them aware that the child is really struggling to re-engage. (OpenFG-O)*

*We've got to get the word out. We've got to get it out and I think schools ... I think maybe there needs to be a little program developed. (OpenFG-Q)*

*Well I wonder if that could be something, how I spoke before about education to the parents and schools. I wonder if we could start holding education nights where [we] go out to the high schools and the primary schools. (OpenFG-P)*

*Even if we weren't able to connect with parents, if we could connect with teachers ... who might notice changes in an adolescent, or potentially mum comes in ... and that might just be enough for a teacher to think, 'I might refer them to this program'. ... If sort of working with parents directly might be a bit confronting, if we can work with the teachers, they are the gateway I think, to the parents. (OpenFG-O)*

*We've worked hard to make sure that schools – actually both within their wellbeing team but also in their school newsletters – so that parents get the information direct. That's enabled a little bit more contact for parents who would perhaps not be talking to their doctors about this issue or not really talking to anyone. (Service Provider)*

*Where the children are being seen I suppose daily, whether they're attending school, or even if they're working at a younger age – whoever they're around ... needs to be educated on what to look for. The kids need to have someone that they feel comfortable they can talk to that's not necessarily mum or dad or someone at home. I don't know how to fix that. (Service Provider)*

*It's such a hidden thing. So I think it's so important to try to get it out there that this happens. So what do we do about it? (Service Provider)*

*Like you said earlier, talking to them, schools. (Service Provider)*

As greater evidence about the prevalence, nature and dynamics of AFV emerges, the merits of each of these suggestions above should be considered in more detail to fully explore the range of options available for identifying patterns of AFV at the earliest opportunity and to provide meaningful interventions that re-engage the adolescent in schooling and reduce problematic behaviours where possible.

#### **4.1.5. Conclusion**

Service providers, experts and survey participants identified the critical role schools can play in operating as an interface between families and services, and providing support for families. Improving the response to AFV across schools and the education system more widely was considered necessary. In particular, service providers and experts emphasised the need for a coordinated response to AFV between various sites and services, including schools. The participants who had experienced supportive schools and teachers that were effective in dealing with AFV reported positive outcomes for adolescents and their families. To further enhance these positive results, service providers and experts recommended more education for schools around AFV, as well as more support for teachers in identifying AFV and addressing the problem with adolescents and parents.

## 4.2. Resources

**Esme** is a woman aged in the range of 41–50 years who is living in a rural area. Her son, who has been diagnosed with ADHD, has been using physical violence, physical threats and verbal abuse for around three years. This has caused Esme to suffer from depressive episodes, shame, physical pain and a sense of helplessness. Though the AFV is subsiding somewhat, the trauma remains and the family are on edge. She has called all the ADHD clinics and professionals in the area that she could, but received no short-term assistance, and waiting lists were extensive. She believes that there are no deterrents or safety nets funded in rural Australia for these kinds of experiences. Her son originally responded well to police coming to talk to him, but Esme became increasingly reluctant to call the police as more traumatic episodes ensued – she was worried that her son would end up in juvenile justice if she did.

**Faith** is a woman aged in the range of 51–60 years whose son has ADHD and Asperger's Syndrome. His aggressive behaviour escalated as he grew up, and Faith says he would 'quickly spiral out of control (his and ours)'. He would injure her and his younger brother and damage property and items. During one incident when he was out of control and attacking his brother, Faith had to wrap him with packaging tape to restrain him, and it took four men from the police and ambulance to restrain and sedate him. Faith has been suicidal and on antidepressants for years, her younger son has anxiety and her husband has high blood pressure and diabetes. However, as they live in the country, support is, she says, 'almost non-existent'. No service would take her son as he was under 13. The family have spent a lot of money on doctors and psychiatrists and have tried many medications, all with little success. The violence finally ceased, and Faith says, 'Things have really improved', after her son was put in juvenile detention at age 16 after stabbing someone. He received useful treatment then, and Faith asks, 'Why did it take a serious incident to get the help we had been searching for all our son's life?'

There are few Australian programs that address AFV, despite considerable resources being targeted at preventing and responding to adult family violence (DVRCV 2010; RCFV 2016). Integrated service responses for vulnerable children and young people therefore require development and greater funding in Australia (DHS 2013; Howard 2015). Such programs would reduce 'the likelihood that the young person will use family violence in their future relationships as well as increasing the immediate safety of family members and strengthening family relationships' (DHS 2014, 3). Within Victoria, the responsibility for providing services for AFV within government largely falls to DHHS. At the time of collecting data and writing this report, responses to AFV are undergoing significant development within Victoria and we note that the discussion below may not reflect the delivery of new pilots and services. It does, however, affirm the findings of the Royal Commission that at present there is a significant dearth of targeted resources and specialist responses for AFV.

Many participants in this study identified the limited number of targeted services available for families experiencing AFV, the difficulty of accessing services that might meet the complex needs generated by this type of violence within the family, and the gaps in effective responses. The need for early intervention was often raised; both service providers and family members described behaviours of younger children that made them fearful or that they felt required

redirection or reorientation. There were, however, no clear avenues for accessing effective support or responses for those in this younger age group (below 12 years).

Other key issues that were consistently noted were the lack of interim or short-term respite for families, and the lack of care options for adolescents beyond Child Protection or residential care – and most often families did not want to pursue the latter two options (as discussed in section 3.3.4). Police interventions, entailing the prospect of consequent orders, were most often cited as a last resort. Once the decision to call police had been made, families recorded very diverse views about the utility of these interventions. Some families were very grateful, while others saw their problems as exacerbated as a result of police involvement (see further, section 5.3).

#### 4.2.1. Scarcity and Complexity of Services

*When you got those queries about, 'Where do you send a young person?' it was kind of like, at the time, you kind of do your bit of research and find there's one boys program somewhere down Woop Woop somewhere. There wasn't even anything kind of within a local area. (OpenFG-A)*

*I'm a family doctor. People come to me for help but I don't have anything to offer. There are no services available to help with the child's complex needs. The families feel dismissed by the mental health service, especially for violent girls. The families do end up going to the police which may then get MH [mental health] services to take it more seriously, but the child then loses trust and may gain a police record. (Charlotte, mother)*

*They just don't know what else to do, Parent Line or police. I mean they'll start with Parent Line firstly, because they want to, as [another focus group participant] was saying, they don't want to turn their child into the police; they don't want to hurt their child. (HealthFG-G)*

*And so even if they had a drug and alcohol issue, sexual abuse issues, they had mental health issues, but it really wasn't always that coordinated; and for the family, often caught in the middle, often a system that's fighting over where they belong. (Health Practitioner)*

*The challenges that would come with that, I guess, is when the violence is precipitated by other, you know, if it is a child that has developmental, you know, whether it's autism or like [another focus group participant] mentioned, it's quite common for our patients who are here with eating disorders to be physically acting out and aggressive towards parents, and that's around the battle to feed them and keep them alive. So instead of putting someone on a treatment order to deal with, you know, you'd have to have some fairly clear boundaries around that. (HealthFG-D)*

As the above quotes indicate, the needs of the adolescent using family violence, and of the family members affected, are likely to be complex. In some cases, these difficulties were intensified by geographical factors because of the lack of rural and regional services, as captured in the following survey excerpt:

*We live in the country. There is so little support it is almost non-existent. We were seeing a psychologist with him and she advised us to call the police if he got violent. But after waiting 10 hours for a response the first time we tried calling we asked what to do next. Next time we called the ambulance. As he was under 13 he was kept in casualty sedated for two days. There was nowhere that could take him. There was no help anywhere. He was sent home and we were left to deal with it on our own and wondering which one of us would end up dead before anything was done. We have spent lots of money seeing any available doctors, psychologists, councillors and even the adolescent psychiatrist. We have tried numerous medications all with little success. (Faith, mother)*

The geographical barriers to accessing a relevant service was part of the problem, but service provider remits, and the potential for siloes to emerge in relation to this, were also cited as creating difficulties. As service providers and parents commented, being caught out between system borders and protocols was a commonplace experience in the context of AFV. This impacted opportunities for early intervention too, as described by one expert:

*So the services for young people have tended to be located at the risky end, so where the young person was at risk of harming themselves, or harming others, doing damage to property, risk of escalating into prison. So it's all about – it's all far too late really in the equation. There certainly has not been any interest in early intervention in that space. I'm sure there are pockets of programs that are very successful, I don't know about them but I'm sure they're out there, where people have been trying to do good work with young people. (Expert Interview D)*

While youth offending may intersect with the use of violence in the home context, as noted earlier the use of violence by young people within the home is often not the presenting issue. This may mean that parents seeking help are asked to take greater care of their adolescent, rather than the violent behaviour being addressed, effectively reinforcing isolation and risk for affected families. In relation to this, the gaps that emerge in practice were identified and described by experts and service providers throughout the interviews and focus groups, as captured in the following two excerpts:

*There are still significant policy gaps but I know there actually is a lot of work happening, bubbling away about improving a response where young people come to the attention of the police and justice system because of their violence. So I feel hopeful that's developing but yet, there's still a long way to go. I think in terms of practice, there's a lack of an evidence-based or research-based practice about what really works. So it's a bit of a hodgepodge at the moment. (Expert Interview A)*

*The court can't make an order that excludes the kid without the parent, if the parent is a victim, without that person agreeing to it. I think in the Children's Court the practice is really different to the Magistrates Court. So we can often try to just have interim orders that go along for a couple of months while they go see a counsellor or a psychologist. That's a big problem. There's again that patchy – there's these unqualified people doing that kind of work with people. (OpenFG-C)*

As a number of participants observed, by the time families had reached 'the pointy end', the likelihood of successful engagement, especially for the young person, was significantly diminished. This was particularly reflected upon by the health providers with whom we spoke:

*But if the young person goes, 'Well I don't want to engage in that, I'm not going to do that'. It's not mandated ... things could have been offered over the years that could have been proactive to help prevent us from getting to this point but they haven't been taken on board. (HealthFG-F)*

*I wonder whether it's not the parents, particularly the mothers, who are presenting to GPs saying, 'By the way, can I just ask your advice about...?' or, 'I've got a bit of a problem with', or, 'I wonder if you can help me with some advice for', and they're describing a situation of having difficulty managing a son, a daughter even, because we're seeing a lot of violent teenage girls too. 'How do I manage?' or, 'I'd really like', so and so, my son, my daughter, 'to come and see you, but they've refused'. The red flags for me are: the kid won't come, so if they're effectively defiant and won't present with a parent who's saying, 'I'd really like you to come with me to the GP. I'm concerned about how we're getting on. It's not you. It's me', kind of approach, but then the child refuses. (Health Interview G)*

#### 4.2.2. Lack of Pathways and Options

Another critical issue raised by the participants were the gaps impacting many different types of response to AFV. Criminal justice, family services, protective orders and/or statutory responses were not well connected and very often this created difficulties for everyone involved. As the quotes above indicate, the problem of a lack of pathways and inadequate responses arose in many different contexts. Parents trying to resolve issues found that the threat or advent of Child Protection (often in relation to the safety of a younger sibling) was not useful. There was often a sense that they were blamed by such agencies, which reduced the value of the intervention. Several service providers and health practitioners described these issues during our interviews and focus groups:

*But there's a giant gap [for] people that I think move to the land of Child Protection in regards to potential concerns for the children, or the adolescent not only hurting the parents but also the siblings in the home when it could have been undone, like addressed quite a bit earlier had we looked at some formal mandated supports that are implemented really early on. (HealthFG-F)*

*We didn't need Child Protection to be involved. I was ensuring that my young daughter was safe. But yeah, it was really, really hard and I still think about it to this day. As you can tell, I get quite heightened, because it was a really, really bad period of time and there was no support, and there was a lot of blame against us, and dad. Like we were saying before, quite often it is something to do with the parents, but sometimes it's bloody not. It's actually just the kid being influenced by – and it had happened, she had met some young people and things like that from the street. So yeah, extremely frustrating time. It's such a needed – it's so needed. It needs to be better. (OpenFG-Q)*

*I just think developmentally appropriate services ... I think respite is a really important thing, particularly if there's no extended family that a young person can stay with. (OpenFG-G)*

*It's unclear where it should sit. ... So does it sit with DHHS, does it sit with DOJ [Department of Justice], where does it sit? And then that could be your funding streams and all that kind of stuff, but then there could be minimum standards for services and looking at practice models and things like that, it creates more of a secure basis for practice as well. (Service Provider)*

A concern that was consistently raised related to the lack of options in residential care, and potentially a lack of safety for those placed in such care. While charting the range of current responses and their application to different family settings and home environments was not within the scope of the current project, this issue was identified by several focus group participants:

*It may also come out, for example, and I'm interested to see how you're defining, for example, violence in the home, through the out-of-home care system. A huge issue with resi [residential] care, for example, is concerns around violence in residential care units that may not be particularly well run to begin with. I know there's been a lot of reform in that space lately, and a lot more reform that's being planned, but certainly, traditionally, one problem that presents within the out-of-home care system is if you have a young person who has used violence or been involved in a conflictual incident or had the police called to the unit, sometimes for quite minor things, I would add, and sometimes with very young kids, the question of where that young person is placed after. (OpenFG-B)*

*I think there's a lot of issues in terms of accessing support, and one of which, I guess in the cases of younger people, in my limited knowledge, tend not to identify family violence as an area that they would seek support for. So, often, I suspect seeing it as a sector that supports their parents'*

*generation rather than something they're able to feel comfortable accessing. I suppose something that really stands out for me is the issue of leaving care, the age of leaving care. Young people leave out-of-home care now at 18, which is preposterously young in my view, and I don't mind that being said on record. I'd certainly support something like I think it's called the Home Base Campaign to raise the voluntary age of leaving care until about 21. You're talking about some of the most traumatised young people in Victoria, many of whom have experienced violence in the home, some of them have used violence in the home, and they're expected to be self-sufficient at an age that far more privileged and safe children are not. (OpenFG-B)*

Those who did describe positive changes in relation to access to support were still acutely aware of the complex nature of the responses that were required as well as the time needed to effectively implement such responses as captured in the following survey excerpts:

*It took a lot of time before we were able to access real help. After our son got in trouble at school and the police were called, the police youth liaison officers had a talk to our son about what was going on at home. They told him that what he was doing to us at home was actually family violence. The police came to talk to my husband and I and suggested we do a 'tuning into teens' course based on emotion coaching. This was very useful in teaching us how to interact better with him and not inflame situations. A year or so later we did a course through Regen to help the families of people with drug addictions cope better with things. These things, along with us being able to access private psychiatric help for our son, have helped calm things down and improve. (Margaret, mother)*

*Yes. Counselling with inbuilt anger management for my son. Counselling for my daughter. Family therapy for us all. Connection to D&A [drug and alcohol] counselling and casework support for my son. Rehab for my son. (Janet, mother)*

*We continue to be interested, engaged parents who read widely to increase our own skills and resources. Our next response will be family therapy. But we are resourced, resourceful people and this has happened to us. I wonder how we would cope if we had less knowledge, less financial resources, other children, disabilities or higher stress levels. (Shannon, mother)*

Parents were at times concerned about services that focused only on parenting and/or the adults involved with the adolescent, without providing targeted support for the adolescents themselves. This often intensified the sense of isolation and lack of support for the affected parent/s more generally. As one mother described:

*Our experiences with services have not been positive. The lack of communication and progress has made our journey very difficult and our child is often put in the 'too hard basket'. We are repetitively told that he is too young (10) to work with individually and that all support and intervention will be given to us as parents. Although this makes sense therapeutically in some sense, it leaves us disheartened and without answers. (Erica, mother)*

A number of the responses from service providers indicated that they did often focus on parents as a key point of intervention. While this may be an important aspect of an effective response and most parent respondents were keen to seek help and support, it is worthwhile noting the mismatch between parental needs and service responses, which is evident in some of the excerpts below in regard to the 'who' and 'how' of most effective assistance:

*I think probably training on I guess specific adolescent family violence, focus training on parenting in that context. Safety planning in that context. Certainly, some training on looking at – I just think*

*unique mental health presentations of these parents. A lot of them present with behaviours that look to me to be quite similar to borderline personality disorders. You know, so escalate very easily, create issues that aren't there, all those issues with rejection and abandonment. These parents also present, many of them present as being quite enmeshed with the offending young person in a very conflictual way. (Health Interview A)*

*They're very, very over-involved with the offending child. So, certainly, some skills and some training in how to manage that in this context. (Expert Interview C)*

*Some of these parents are almost immobilised by guilt. What I say to them is that if you're actually feeling guilty about the other person's behaviour as they're doing it, what's the chance that you're going to be assertive and give clear messages? ... I've seen lots of women that are more ashamed and guilty about the violence than the perpetrators. That really stops them taking steps to get out of it or to do anything about it in many cases. (Health Interview E)*

*I think the resources are a huge part of that too. We often refer a lot of – I think most of the young women we work with are mothers as well and we do have other programs, we've got the Turtle Program which works with mothers and their children, so it's a good early intervention, lots of mothers are talking about their children under the age of five starting to use violence and then viewing them as perpetrators. So it's great to do that early intervention to help them to think about that child's experience. (Service Provider)*

#### 4.2.3. Conclusion

Overall, respondents all concurred that services addressing AFV are not well-integrated and that effective responses are often not available to families across Victoria. Service providers, even those working in closely aligned contexts, such as Child Services, identified a paucity of services, lack of knowledge about existing programs and difficulty in securing effective family-based service provision. As the following mother's account emphasises, the need for new pathways – what she identifies as a 'third door' – was the dominant finding in relation to service provision:

*A youth agency in our area were engaged by us after a police report during an incident of AFV, it was the Adolescent Family Violence Program [DHHS pilot program]. This agency (that I happen to work for in the role of applying for grants and tenders to support the suite of services we provide) provided support to our son for 5 weeks, after which they withdrew due to his poor prognosis for change as he was not accountable for his behaviour and took no ownership, e.g., 'If they didn't do this or let me do that, then I would not be violent'. He blamed everyone else but himself. Having said that, in one parent session, a comment his case manager made to my husband and I prompted us transitioning him out of home – permanently, at the age of 16.5 years. Because of his diagnosis of autism, we were able to secure both the Centrelink Disability Support Pension and a \$75,000 NDIS package to support him to live independently. The DSP and NDIA provided the capacity (rent, bills, food and disability support worker and other professional support) needed [to] keep my husband and I and our younger children safe from further harm. Without either of those resources, he would still be living with us perpetrating the violence. His autism was therefore our ticket to safety. My question is 'What do others without a diagnosed disability do under similar circumstances?' I am on a quest to create a 'third door' for others in a similar situation to ours – that is, to transition their offending child out of home with the support he/she needs. The existing two doors are both unacceptable – offender remaining at home and status quo, or kicking him/her out of home without support (housing, supervision, professional support etc.). (Shannon, mother)*

**Courtney** is a woman aged in the range of 61–70 years who is currently retired. One of her daughters was always difficult at home and school and became increasingly aggressive and coercive as she grew older. This behaviour involved tantrums, tormenting her siblings, manipulation and physical coercion. She bullied others at school and was expelled for making threats. She was removed from the family home at the age of 16 for six months by the police and DV services and put in a youth shelter. Courtney writes, 'It was pure relief to have her removed and it was bliss to be relieved from the constant threat of verbal and physical abuse'. Courtney feels damaged by the behaviour and no longer has a relationship with her daughter, who is now an adult. She feels the AFV affected her life choices and relationships, particularly with partners or potential partners. She and her daughter received counselling from a variety of services, had discussions with teachers, and some help from the family doctor. None of this worked, however; nor did school disciplinary measures. Reporting the behaviour to the police was the last resort, but something Courtney felt she had to do as the behaviour was affecting her other children so badly.

**Elodie**, a woman aged in the range of 41–50 years, has been experiencing AFV from her son for five years. When her son was small he would destroy his room and scream at her for hours. He then began to break property and items, attacked her and finally tried to hit her in the stomach while she was pregnant. Seeing counsellors made things worse, until one diagnosed him with complex mental health issues. Medication for those problems has helped 'tremendously', says Elodie, but now, at age 14, her son is very angry. She states, 'I understand from the paediatrician that the anger is part of adolescence and that nothing can be done about that'. She has not reported the behaviour to the police; she doubted that they would be able to provide her with the immediate help she needed, and she did not want her son to have a criminal record. She is fearful of her son and afraid of his reaction if she tries to discipline him. Her relationship with her husband is 'rocky' as he only defended her a few times leading to a feeling that he failed to defend her against the violence and her daughter is 'sick of all the extra attention her brother gets'.

## 5. Criminal Justice System

In recent years, the findings of successive government reviews and research have led to the conclusion that AFV has 'unique characteristics [that require] different responses' from those needed for other forms of family violence (see, for example, RCFV 2016, 165; Howard 2015; Miles & Condry 2016, 809). Questions are frequently raised about the extent to which traditional criminal justice responses to family violence are appropriate and effective in the context of AFV. This section examines the suitability and adequacy of agencies of the criminal justice system in responding to AFV. It focuses largely on the police response, the acknowledged risks of criminalisation for adolescents who use violence in the home, and the limitations of intervention orders within this context.

### 5.1. Police Responses to AFV

The Royal Commission (RCFV 2016, 158) reported that current practice for Victoria Police when responding to AFV reflects 'the legal status of children and young people as minor' in that police are bound by a code of practice that encourages them to consider 'that use of violence in the home may largely be due to the previous victimisation of the child through exposure to family violence, bullying, mental health or substance abuse' (RCFV 2016, 158). This approach aligns with the findings of international research conducted by Condry and Miles (2016, 264-265) which found that:

*[C]hildren who commit crimes of familial violence should not be held accountable in the same way as adult perpetrators. Their circumstances are different – their histories and the explanations for why they have become violent, their adolescent developing brains and level of maturity, and the more positive prospect as they mature into adulthood that they might actually grow out of violence.*

While adopting this approach, the options available to Victoria Police when responding to an incident of AFV are reactive and punitive in nature. The Royal Commission (2016, 158) listed four key options available to police:

- Issue an informal or formal warning to the adolescent.
- Make a referral to a family violence service, Child FIRST or to Child Protection (for example, where there is sibling abuse).
- Take out a family violence intervention order against the young person.
- Charge the young person with a criminal offence.

With this range of responses in mind, this study sought to understand the extent to which those who experience AFV engage the police, the reasons behind the decisions of persons affected by AFV as to whether to report the AFV to police, and the extent to which police involvement was viewed as helpful in such circumstances.

Perhaps unsurprisingly, an overwhelming number of persons who completed the survey and reported experiences of AFV described an unwillingness to report their victimisation to the police, as captured in the following survey comment by one affected parent:

*We threatened to call the police on many occasions. But could not pull it off ... we were scared of contacting police. ... A terrible dilemma. ... We wanted to involve police at times but couldn't because of effects and ramifications for [the] whole family.*

These findings are supported by national and international research which similarly notes a range of reasons why parents may be hesitant to involve the police in cases of AFV, including feelings of shame, denial, social isolation and self-blame; fear of estrangement from the child; and fear of how the child will react to the AFV being reported to police (Cottrell & Monk 2004; DVRCV 2010; Holt 2009; Howard 2014; RCFV 2016). Survey respondents whose adolescents had complex needs, in particular those with Asperger's Syndrome and Autism, were very hesitant to engage the police due to the belief that police officers were ill equipped to deal with the needs of their adolescents. One respondent said, 'I never reported it to the police and never would as I don't believe the justice system would treat a child with Asperger's fairly' (Rose, mother). International research has examined the ways in which standard responses to adolescents should be adapted in cases involving adolescents with Asperger's Syndrome, OCD or other anxiety disorders (see, for example, Omer 2016). As yet there has been limited research specifically focused on this area in Australia, although the recent Adolescent Family Violence Issues Paper by Walsh and Douglas (2018) identifies the importance of these factors.

Some survey respondents who did contact the police recounted negative interactions as police were ill-equipped to respond to this complex form of family violence; others described instances where the involvement of police exacerbated the violence and led to a further breakdown in the trust between the adolescent and the victimised parent. One survey respondent said:

*I tried over and over for two years to get help; there is no one. I begged the police for help, but all they see is a child. I'm at a loss. The people I relied on to help us failed me. Failed both of us. I don't know where to turn. (Deana, mother)*

Similarly, other survey respondents described their decision to report the AFV to the police as the 'worst thing I've ever done' (Emily, sister), 'useless' (Michelle, mother and grandmother), and resulting in 'no help whatsoever' (Molly, mother).

Several respondents attributed much of the inadequacy of their police experience to the limited understanding of AFV and the complex issues that can arise from it among the police. As one practitioner described:

*There's also a real concern that police responses to kids is not nuanced so that they have the same black and white response that they have to adults which is completely inappropriate with kids for a number of reasons. (OpenFG-D)*

Mirroring this view, a survey respondent described the police response in her case as 'largely heavy handed and unsophisticated'. Recognition of the inadequacy of the 'black and white' family violence response adopted by police was shared by the practitioners, who often linked this failure to the fact that police do not have the requisite understanding and training to respond adequately to AFV. During a focus group discussion, one practitioner likened the need for greater specialisation to the journey that police have had to go on in relation to IPV:

*The police have come so far, I think. We've come quite a big way with intimate partner violence. I really think they have come a long way compared to what they were, they just need to do the same with the adolescent stuff. (OpenFG-Q)*

In the same way that police have been criticised for overlooking the seriousness of IPV (although it is acknowledged that much has been achieved in improving police responses

to IPV in recent years), one service provider reflected on the tendency of the police, in her experience, to minimise the seriousness of AFV and to fail to see it as a pattern of abusive behaviours:

*They [the police] don't necessarily see the significance of the incident. They don't think that this could be ongoing and it's the first incident. So they're just like no, no, it was just a one-off. (OpenFG-6)*

Other participants described a present lack of understanding among police of the different dynamics of AFV and how this has led to poor outcomes for affected persons and their families, including other children in the home. As one participant recounted:

*We called the police on one particular occasion, it was extremely violent and the police – it's not even funny, and sorry, I don't mean to laugh but I have to – ... we felt frightened. We were actually frightened from her behaviour and my little daughter was quite frightened. We go to the police, they took my husband. They came and took my husband and left me with the perpetrator and my daughter ... never forget that, that we actually rang and said, 'Come help, our daughter's violent and it's frightening us', and they took my husband. It was hilarious. (OpenFG-Q)*

This view also extended to a perceived inability of police officers to identify and respond to non-physical forms of AFV. Describing it bluntly, one focus group practitioner commented, 'The police are terrible with picking up the non-physical stuff' (OpenFG-C). In response to such concerns, one practitioner suggested the introduction of police liaison officers with specific expertise in AFV and that these officers could form a subset of the Victoria Police family violence liaison officer role. This suggestion aligns with the recommendation of the Royal Commission (2016) that Victoria Police should appoint dedicated youth resource officers to support the young person and family after an incident of AFV. More broadly, the value of police specialisation in responding to IPV in Victoria has been highlighted in research by Segrave et al. (2018, 112), who argued that dedicated policing units for IPV 'offers a way forward to a more effective and impactful policing response strategy'. The findings of the present study extend that research and suggest merit in considering the introduction of dedicated AFV policing units.

It is important to note that there were a number of survey respondents, albeit a smaller number, who described a positive impact of police involvement after reporting their experience of AFV to the police. This is captured in the following two survey responses:

*We have called the police to our home twice when our son has been in full blown rage. Both times it was an excellent option that gave immediate safety to us all and establish physical and emotional boundaries. (Martha, sister)*

*In the end, it was the only option. Police have been trying to assist him for several years. Without their support, I don't think I would have gotten through and I know he'd be a lot worse off. I think it may be different in a small town as they know us whereas in a city they wouldn't. I'm hoping my boy will eventually see how much they tried to help him rather than hate them as he currently does ... since being charged a couple of times he hasn't stolen my keycard again and has backed off punching walls etc. So that's a positive. (Felicity, mother)*

Other respondents similarly described the police as 'helpful and supportive' (Bianca, sister), 'very supportive' (Theresa, mother), 'wonderful and supportive' (Abbey, mother) and reflected that the presence of police had 'helped to de-escalate the situation' (Mark, father). For some affected

parents, the interaction with the police was viewed as important in terms of establishing that the violence was not acceptable. As one survey respondent described:

*It was a good option. She never repeated her behaviour on this scale. The police were not judgmental. I personally found them very supportive. ... I would recommend other parents in this position to do the same. Adolescents must understand that domestic violence is just as bad as violence outside the family. (Susan, mother)*

For one survey respondent, the violence was so extreme that the involvement of police and a subsequent period of detention was described as a positive step in ultimately stopping the AFV, when nothing else had been able to achieve this:

*From the time my son was little to age 16 when he ended up in juvenile detention following a stabbing. We finally got some help then! Things have really improved since. The violence has ceased and he has received useful treatment. Why did it take a serious incident to get the help we had been searching for all our son's life???* (Faith, mother)

## 5.2. Police as the 'Last Resort'

Even for the families that reported a positive interaction with the police, the decision to call the police in the first instance was often framed as a 'last resort', as described by one survey respondent:

*I did report to police once and I also pretended to call the police on other occasions to make him stop his behaviour. I think that if all else fails you sometimes have to call the police, especially when they are getting close to 18 years old. The behaviour is criminal actions, and if they are not responding to anything you are trying or respecting in any way there are few other places to turn to. I wouldn't call the police if I have other options. (Ilana, mother)*

Two other survey respondents reported similar motivations for their decision to report to the police:

*The initial incident was reported to the police. I have since called the police to have my son removed from the home when he began smashing up his bedroom and I was terrified. This was a final option but having researched what to do to protect myself when my son is having a violent episode, I knew that it was the safest option. (Lucile, mother)*

*I did get the police involved because I was desperate and was locked in the car to keep safe while he punched and kicked the car. (Erin, sister)*

For several survey respondents, this last resort decision was made given the safety risks presented to other children in the home. One respondent described having 'no choice' in the decision to call the police given the need to protect her younger children in the home.

This view of the police as the last resort was shared by practitioners during the focus groups, one of whom explained, 'If parents are actually calling the police ... that's the last bloody resort. We're dealing with absolute desperation, fear' (OpenFG-Q). Another practitioner similarly reflected:

*Often the first call for help is also the last resort, so it's police being called to a crisis incident, because there is either not necessarily adequate help beforehand, or people aren't aware of it. (OpenFG-B)*

This perception of contacting the police as the last resort in cases of AFV has been previously explored by Howard in her extensive work on AFV in Australia. Howard (2015) examines the

reasons why, for children, criminal justice consequences should be considered a last resort option for parents experiencing AFV:

*Whilst adult offenders are frequently removed from the family home, this should be a last, rather than first resort in the case of violent adolescents. Similarly, criminal justice involvement should only be called on when community responses, such as individual and family work, do not improve family safety. Parents report criminal justice involvement is often the last resort because they fear their adolescent may risk a criminal record and/or negative educational and career outcomes as a consequence.*

Continued acknowledgement of the police as not the first port of call, but rather the very last, reaffirms the dire need in Victoria for more early intervention and support services for persons experiencing AFV.

### 5.3. The Risk of Criminalisation

Survey respondents identified the risk of criminalisation and the impact this had on their decision not to report ongoing patterns of abuse. During the focus groups and interviews, practitioners reflected on parental reluctance to engage with criminal justice agencies for fear of the impact of criminalisation on their adolescent child. This fear is captured in the following quotes from a service provider and health practitioner:

*Our experience would be parents would generally rather see their kid get help rather than get taken to court, because they're worried about things like charges, convictions. They're not going to get jobs in the future. (OpenFG-C)*

*They still have their kid and [are] worried their kid will get into trouble and they're worried that the police will get involved and they're worried that they'll be arrested and they'll have a criminal record. I mean all those things, black mark against his name. And they're just hoping that he'll come good or he'll see sense without that sort of involvement. (Health Interview D)*

Mirroring these views, one survey respondent said, 'I don't think I could trust the police. I would want them [the adolescent] to be educated rather than arrested' (Taylor, mother).

These viewpoints align with the results of UK-based research conducted by Miles and Condry (2015, 1086), which found that:

*while parents do want their victimisation to be taken seriously and often require emergency help from police, most parents do not want their children prosecuted, but rather, want to receive long-term help and support in order to facilitate a non-violent child-parent relationship.*

Howard (2014, 26) similarly describes the fear of the long-term consequences of a criminal conviction as 'the most significant barrier identified by parents in seeking police assistance'. Unpacking the reasons behind this fear further, Howard (2014, 26) writes:

*Some [parents] were fearful that police involvement would deprive them of parental autonomy and decision making. This concern, together with lack of awareness and understanding about the legal options available, meant parents accessed the criminal justice system as a last resort.*

The desire to avoid criminal justice intervention, and an adolescent possibly thereby gaining a criminal record, has also been noted by Howard and Abbott (2013), who argue that, wherever possible, responses to AFV should be taken that reduce the likelihood of an adolescent receiving a criminal record as a result of their violence.

Acknowledging the risk of criminalisation is particularly important in the Victorian context where the current political climate has given rise to increasingly punitive responses to youth-perpetrated violence. While to date this more punitive stance, and associated legislative reform, has not extended to AFV specifically, for multiple reasons this research points to the danger of adopting a punitive criminal justice response for this form of family violence. In the context of AFV, more severe criminal justice sanctions would make it even less likely that affected parents would feel comfortable to engage the police, and the recognised complex needs of adolescents who use violence in the home underpin the requirement for a therapeutic and service-centred response that is delivered outside the realm of the justice system.

#### 5.4. Intervention Orders and AFV

Beyond the policing stage of the justice system, one of the other points of justice system interaction in cases of AFV most frequently referenced by study participants were civil intervention orders. In Victoria, when a police officer attends an AFV incident they are able to apply for an interim order or intervention order to protect the affected person. In both cases, the order is made by the police to a magistrate. While interim orders are short term, intervention orders can be proceeded with by police without the support of the affected person. Intervention orders transcend the criminal and civil systems in that the proceedings that give rise to an order are a civil application but the offence of breaching an intervention order is criminal (Sinclair 2014). Data from the Melbourne Children's Court (see Crime Statistics Agency 2017) reveal that between July 2011 and June 2016, there were 6,228 applications made for a family violence intervention order where the respondent was 17 years or younger. This included 4,379 cases involving a male adolescent and 1,849 cases involving a female adolescent. In 45 cases, the respondent was aged 10 or 11 years old. In over half the cases, the affected family member was the female parent of the adolescent. In 2014, it was reported that over 870 Victorian children had been placed on a family violence intervention order, with a further 183 Victorian children receiving convictions for breaching an order and continuing their use of violence (Bucci 2015).

Survey respondents and practitioner participants described mixed experiences with the civil intervention order system in cases of AFV. In a small number of cases, largely those involving ongoing physical violence, survey respondents felt that an intervention order had been an effective response as it stopped the violence and ensured the safety of the victim as well as other family members, as described in the following excerpt:

*The police came. She went off her head – how dare I phone the police? I had no choice and I had her charged and an AVO [apprehended violence order] was ordered. I did not have contact with her for three years but I felt safe. Now she is in her mid-twenties and we have a basic relationship. (Elizabeth, mother)*

Similar views emerged from the focus group discussions, where one practitioner emphasised that, in cases where there is serious and/or repeated violence or the involvement of weapons, justice responses beyond police attendance become necessary.

However, a number of survey respondents were concerned about the value of an intervention order being taken out. Some described circumstances where they initially called the police but later made the decision not to proceed with the order. There was a recognition among those working in the family violence sector that, while intervention orders have an important role to play in responses to IPV, they were less suitable for AFV. One practitioner said:

*What maybe distinguishes intervention orders against children as opposed to say intimate partner violence is mostly the relationships are wanting to be preserved whereas partners may or*

*may not, but in a lot of cases really by that stage perhaps [partners] don't want to preserve the relationship. So it's a very different dynamic, which is separate and move on. This is keep together and move on. (OpenFG-E)*

Practitioners highlighted that, even when an intervention order is taken out by the police, parents may not report breaches. One legal practitioner reflected:

*Certainly, when we're negotiating intervention orders at court, parents are very much not wanting – you get the odd ones that parents do want orders but usually parents are trying to say, 'No, this is a wake-up call and I don't want it to go any further'. (OpenFG-C)*

Other practitioners reported similar experiences:

*Even when parents take out intervention orders they actually don't report breaches and they don't finalise the orders. So they'll do it out of desperation but it's a bit like an empty kind of threat in a way. So they don't follow through and that inadvertently gives the adolescent more power because they might think, 'Well you're not going to do anything anyway so I can do what I want'. So they're [intervention orders] ineffective in terms of changing behaviours. (Expert Interview A)*

*Mum comes along to court and often obviously mum's not supportive of the police application, she feels often really distraught that things have escalated that far and that she's opposed to criminalising her child in that regard. And even if the police have the power to go ahead and ask the magistrate to make an intervention order, even if mum's not supportive, but then you just know that she's never going to call the police if there's an incident at home because of the ramifications to the child. So it's a bit tricky. (OpenFG-3)*

The fear shared by many survey respondents about engaging the criminal justice system makes these court outcomes unsurprising, revealing this to be yet another stage of the justice system where current responses are ill suited to meet the needs of those experiencing AFV. This finding – that most parents only resort to an order out of 'desperation' – further highlights the current lack of support services and intervention options beyond the justice system and reinforces the need for greater supports and earlier opportunities for intervention.

## 5.5. Conclusion: Moving beyond Current Justice Responses

Much of the data presented here reflect negative experiences of justice system responses to AFV, and there was a genuine desire among the practitioners interviewed to improve these responses. This desire is succinctly captured by one interview participant, who commented, 'We've got to find a different solution to jailing these adolescents' (Health Interview C). Other sector practitioners highlighted the need for a greater range of justice responses, as in the following:

*It would be great if there was a bit of a system or more options available to police and more diversionary options available to keep kids out of court. (OpenFG-G)*

*We would like to see something that's more alternative so that it doesn't directly bring a young person into the criminal justice system when they needn't be. And it's not negating the seriousness of any potential violence that may or may not have been caused ... which is where conferencing potentially may be of benefit for the family to at least get to some level of peace and no more harm. (OpenFG-1)*

Several other practitioners similarly noted the need for a wider range of justice system options in responding to adolescents using violence in the home. While it was not within the scope of this study to explore the merits of any such proposals in detail, it is worth noting that practitioners

discussed the importance of therapeutic responses, treatment orders and an expansion of current men's behavioural change program (MBCP) offerings. In relation to this last option, practitioners recognised the need for specialised programs designed for adolescents who use violence in the home and the potential benefits of offering both non-mandated and court-mandated programs. Such recognition was based on a widely held view among those working within the family violence sector that current options were inadequate in addressing this context of family violence. As one practitioner reflected:

*So there are some patchy programs. The problem really is that it's very patchy and it's court by court. It's not state-wide. Even though diversion is state-wide, the programs aren't. (OpenFG-C)*

The practitioners interviewed believed that a greater range of options within the criminal justice and civil system could improve outcomes in terms of addressing the underlying causes of violence and minimising the risk of criminalisation and its associated stigma. These recommended reforms are additional to the recommendations of the Victorian Royal Commission for a legislated diversion scheme as an option for adolescents charged with family violence offences (see Recommendation 127, RCFV 2016). Such a scheme would likely address several of the reasons identified within this research for why parents are hesitant to call the police, including the fear of criminalisation and the associated stigma.

## 6. Recommended Future Work: New Knowledges and Challenges

**Vanessa** has experienced serious physical and verbal abuse from her stepson, who is now 15 years old, for approximately seven years. Her stepson also uses screaming to get his own way, though most of the time Vanessa says they get along. The AFV results in fights between Vanessa and her partner, who she feels does not support her well, and affects her younger stepson, who struggles to cope with the problems but does not like his brother being told to stop. Vanessa's friends and family sometimes choose not to visit her house because of the AFV, and sometimes she will stay with friends or in a hotel, which puts a strain on both her relationship with her partner and on their finances. They sometimes get advice from a close friend or family member, which they find invaluable, but they do not want to ask too much of friends and thereby risk straining the friendship. Sometimes Vanessa's partner takes his sons on trips away to help them calm down and bond, but Vanessa describes this as 'extremely detrimental' as it isolates her even further. Her partner sees a counsellor which helps him to better support his son and himself, as he finds it difficult to not give his son whatever he wants to remove his pain. The family have never reported the AFV to the police as they have always thought it could be prevented by better parenting. However, they recently realised the violence is more serious and have contacted the police about setting up an appointment with their son to discuss the consequences of his violence. Vanessa and her partner do not think reporting to the police will help, however, as this will alienate the son from his father and prevent him from being open to his father's support. Vanessa says, 'Everyone wants to choose to care for this person, including me, because we can see the deep pain he is in underlying all of this, and of course because he is still a child and we all love him'.

**Lisa** left an abusive marriage, then found her son, who has Asperger's Syndrome, repeating similar behaviours in order to get his own way. He would stand over her shouting and putting her down, threaten to break property, follow her when she tried to get away and harass her until he wore her down. Lisa recounts, 'He would also terrorise his brother and sister for his amusement'. Eventually she would give in to her son to keep the peace. She would also go to bed early to get away from her son, and 'he would sit up all night playing computer games'. This was very stressful for all, including her parents, who took care of her son at times to give her respite. Finally, Lisa asked her son to go and live with his father. She did not report the violence to the police, but a young mentor spent time with her son after she rang her local church.

In the data gathered for this study, one of the critical themes that emerged was the existing limitations of and confusions arising from the language and concepts currently used to describe AFV. It is central to understanding domestic and family violence of all types. In this regard, critical attention is increasingly being paid to how terms may influence and shape individual, social, justice and service outcomes (Kelly & Westmarland 2016). In this study, patterns of power and control characteristic of other forms of family and gendered violence were similarly cited as central to AFV. While the participants were able to provide clear definitions of the types of violence and the relationships AFV encompasses, it was also evident that questions of care and dependency were central in these violent relationships in ways that

distinguished them from relationships impacted by IPV. These necessarily ongoing relationships of care and dependence were significant for parents, for service providers and, as noted in the excerpts below, for the young people using violence themselves:

*Violent behaviour of a teenaged person towards siblings or adults. Using the term 'adolescent' limits the study to violence coming from people under 18 or so ... I think the key description should include a dependent relationship such as being housed, fed, cleaned up after and perhaps having bills paid, which is close to enabling behaviour from the adult, that the young person (including adult child) is confident will continue despite their treatment of the adult. (Josie, mother, describing what AFV means to her)*

*I think we think similarly; it's about power, control and intimidation and fear. I work with young men who have been victimised by sometimes young men, and also who have experienced violence in the home as well. So it's really about power and control and that pattern of behaviour. (OpenFG-H)*

*I don't have a formal definition, but if I have to think about it conceptually, I think it's violence that's been perpetrated by an adolescent. The age group would be perhaps between, you know, 13 and 21 – it depends how far you want to push out the definition of adolescence – against a family member. That family member may be a near family member, like a parent or a sibling, or it could mean a more distant family member; it could be a cousin or some other relative. But it's in the context of a family setting, however broad you want to make that setting. And I guess the extent to which you do broaden it depends a little bit on the culture. In some cultures, it could be quite an extended family and in others it might be a more close nuclear sort of family. And the way in which the impact of the violence is felt, even though it may happen in a kind of nuclear family setting, may have ramifications that go much further. For example, one of the cases that I have some involvement with, the violence was not directed to the grandparents at all, they were just, you know, in the background, but it was directed to the parents of the perpetrator in a terrible way, but it impacted on the grandparents. So we might explore that. (Health Interview B)*

*[The] sort of thing that distinguishes parent-child violence from children to parent, when there's that caring responsibility that the parent holds of the child, that relational – yeah, I think in the inter-partner adult it is a little more black and white as such. I think the complexity of relationships and the kind of hurt that is often underneath the adolescent's aggression or violence needs to be better understood. (Service Provider)*

The role of care and dependency in the relationship between victim and perpetrator in the context of AFV was consistently identified as making abusive behaviour more difficult to readily identify for both the families involved and professionals. A clear distinction often raised was that responses to violence perpetrated by an adult intimate partner did not generate specific expectations about ongoing care or about the relationships between the perpetrator and victim. Social, community and service providers work in an environment where adult perpetrators of family violence are understood as solely responsible for their own behaviour: this has been a critical conceptual shift in understanding and responding to family violence. For adolescents who may be using violence, however, family members and, our study suggests, mothers in particular are understood to have ongoing care obligations towards the perpetrator, whatever the behaviours and impacts of the adolescent using violence on the affected family. It is therefore critical to consider the caring responsibility, both as a positive call for parents to act, and at times, a negative judgement on parental management of their children, in developing all forms of social and criminal justice response. In part, discourses around adolescence itself, where rebellious and resistant behaviours are to a degree understood as a cultural rite of passage, have contributed

to the difficulty in identifying patterns of behaviour that have become abusive and require different forms of intervention.

*So without talking about the complexity – of course there's complexity for adult men who are using family violence, but the issues around safety and living arrangements are much clearer. So I think how it is that the system might respond to complexity like substance use, mental health and family violence that's continuing in the home or – how it is that the system responds to that sort of complexity, I don't think that's actually been worked out let alone young people who are not living with their families and don't have relationships with their family where the family is invested in rebuilding those relationships. So I think that is a particular dilemma. It's different to how it is that we would respond to a perpetrator who is an adult man in a home where if they're substance using that's their problem, it's not the family's problem and they need to leave, and that seems to me really clear and what it is that's necessary. But with a young person it doesn't seem that that complexity can be removed from being a responsibility that the family is confronting, not just the perpetrator. (OpenFG-G)*

*And the fact that often – can't generalise too much – but often, parents who are seeking help for violence, if it is a parent seeking help for violence, don't necessarily want the same kind of help as a person who's seen to leave an abusive partner. Most cases a parent doesn't want to lose the relationship with their child, but they do need to lose the violence. (OpenFG-B)*

*I was just going to say, I don't know that it's often recognised by the family themselves that it's family violence, and so the landmark [is] changing. We probably would have called it, you know, they've got challenging behaviour, despite there were some clues, some physical or emotional verbal abuse. But wouldn't probably, until recently, have even recognised that as a professional ... that that's actually family violence. So I do think it's an emerging concept, it's just in saying, I think for a lot of families unless they're at imminent risk of physical violence, and at that point, I think they probably see it as their responsibility as the parents to cop it. (Health Service Provider)*

*And I think that is drawing the line too, between, like you said before, what is age-appropriate teenager behaviour, and what is adolescent family violence, and where's that line? And that line's going to be different for every family. (OpenFG-O)*

For parents, in particular, service providers suggested that understanding behaviour as abusive and identifying their child as a perpetrator of family violence presented challenges. These challenges included parents' acceptance of the types of responses and changes that might be effective in changing family experiences and confronting this type of violence.

*When I'm talking to parents, the word abuse is a really powerful one. Getting them to see that it's abuse can be really useful, and sometimes that's almost quite advanced. I'd prefer it comes from – those kind of concepts, I'd prefer they come from themselves, and we generate them, rather than me telling them this is what abuse is. That's the same philosophy in my group. We don't give the parents a definition of abuse. We explore abuse and let them come to their own conclusions. So a lot of parents get the response, 'you must be stupid', or 'how could you let..?', especially if it's, you know, a 10 year old. It's not uncommon for kids to be abused by kids who are much smaller than them. I've seen a lot of fathers being abused by their daughters. Almost always the fathers are much stronger than the daughters. The same with mothers. A lot of mothers can be abused by 10 year olds, even though they're far stronger. They can occasionally control them, but the children are willing to use violence and the parents aren't. (Health Interview E)*

*I wonder if kind of there's a sense of reluctance to I guess take ownership of the fact my child is violent to me. Sometimes I think they may regret calling the police. I think a lot of them really want it all to go away [laughs], which is understandable. (Expert Interview C)*

*Well I think just to re-emphasise that young people are very often in the duality of being both victim survivor and perpetrator. We just see that – we're not very good at delivering services that are nuanced enough to recognise that people can hold both spaces, and that when we're talking to perpetrators of violence, unless we actually recognise that they're also the victims of violence, and the impact of that, how that shaped their perpetration of violence, that we're really not going to address or change the person and their behaviour. (Expert Interview D)*

*I think it's complex, too, for a mum in relation to where there has been an experience of family violence perpetrated by dad towards mum and to the young person, and then mum is now experiencing violence from the young person, so now that transitions to the young person and what does that mean in terms of her relationship with the young person, her identity of a mum and how does she reconcile that and say, 'Actually I need help for this young person because they are now a perpetrator' and the shame that would go along with that as a mum. And wanting to have support for the young person but how do you get that support when you would then have to identify your young person [as perpetrator]? (OpenFG-G)*

As is clear in the quotations above and as emerged across both the interviews and focus groups, uncertainty about the appropriate language and terminology to use was evident. Calling adolescents who use violence 'perpetrators' was identified by the participants as a difficult and potentially unhelpful move in seeking support and assistance. Service providers identified a clear reluctance on the part of many parents to talk about their children as abusive and violent. One service provider highlighted the need to set new definitions that facilitate both parents and adolescents being supported and held within service systems.

*I think you need to change the language. So it is around challenging but it's done in a really respectful, gentle way, because if we lose dad and we lose mum, we lose those children. So it's never about condoning because it's not, but we've got to form those relationships in order to get that support. In the work that we do where dad through disclosure is perpetrating, it's just a gentle drip, drip, drip to form that relationship and then go with dad to get that support. (OpenFG-G)*

*Probably the other thing I'd say is the media content demonise the adolescents and I just think it's really important not to demonise them. Their behaviours are wrong and unacceptable but they're young people and they're at a crucial developmental stage of adolescence and we need to support them in their development, not demonise them. (Expert Interview A)*

## 6.1. Recognising Intersecting Challenges and Needs

**Bianca** had experienced violence since childhood from her older brother, who was also abusive towards her mother and father in a range of ways. Bianca's father was also controlling and both verbally and physically abusive. The AFV impacted on Bianca's relationship with her family, making her want to spend little time at home. She is now aged in the range of 26–30 years, but the violence persists. She did not know about any available services, and did not report the violence to police for fear that her brother's son, who was living in the family home, would be taken away. Bianca said, 'There was a lot of shame in my family – no one spoke about it. My parents, especially my mother, never discussed things with anyone'.

**Nina**, aged in the range of 36–40 years, experienced violence from her 16-year-old partner when she was a teenage mother. She was beaten while pregnant and after her son was born, including when she was nursing her son. She says this was 'scary and confusing, as I thought a home was meant to be my safe haven'. Now her son is somewhat abusive towards her too, she says, and while this abuse is not as bad as his father's, Nina says she sees similarities and a pattern. The violence she has experienced throughout her life has destroyed her life and family. She says her family are 'so dysfunctional', and she falls from one abusive relationship to another. She says no amount of therapy or antidepressants seems to help. She says there were limited services available to her in Queensland due to funding, demand and the complexities of the system. In New South Wales, she was laughed at by police when she reported that she was raped by her ex-partner. She says the police do not take her seriously or believe her. She now reports having lost faith in the system.

Many of the service providers with whom we spoke identified histories of trauma and abuse that affected not only the adolescent using violence, but also other members of the family. The experience of AFV, therefore, was understood as a new trauma that frequently impacted on and intersected with the struggles that those involved already faced. These circumstances had a significant impact on the success of interventions and on what sorts of resources could be effectively used by families and, in the view of some providers, by parents in particular:

*There seems – the mothers, there seems to be a bit of a theme amongst the mothers of childhood abuse and childhood sexual abuse. So and I'm hoping I'm not sounding too harsh. But the parents seem an extremely traumatised bunch on top of everything else. Often the young person had been exposed to the family violence between the parents. So they're also highly traumatised and, you know, all the things that go along with that, developmental delays, learning issues, mental health issues, lack of engagement with education and community, social issues. So yeah. (Expert Interview C)*

One of the critical issues raised was how to balance recognition of the adolescent as still in need of care and support with the importance of responsibility and accountability on the part of the adolescent in changing patterns of violent behaviour:

*It's hard because everyone is talking about perpetrator accountability all the time. We struggle with that too because we want to have those consistent messages when we have our practice*

*with people and it's one thing to do it with adults who are at a certain developmental stage and there's no problems there but it's really hard to get that balance right with kids. (OpenFG-C)*

A key finding to emerge from our study participants was that the term 'perpetrator' was not useful in the context of AFV for a wide range of reasons. However, by extension, there emerged an uncertainty about what this implies in relation to recognition of parents, mothers in particular, as victims of AFV. The patterns of abuse from which AFV often emerges made this nexus a difficult one for all concerned.

## 7. Conclusion

**Cara** experiences AFV from her 10-year-old stepson, who is emotionally, physically and verbally abusive, destroys property and uses objects as weapons. Cara has accessed services but has not had positive experiences with them. She has faced a lack of communication from the services and her stepson is often put in the 'too hard basket'. In addition, she is constantly told by services that he is too young for individual work. This leaves her and her partner 'disheartened and without answers'. They reported one incident to the police, but the police did not attend. Cara emotively describes the impact of the AFV. She says she is walking on eggshells and has to decide between her safety, the safety of the other children in the house and the safety of the child using AFV. She struggles to find a way to address his behaviour that does not escalate matters, and says the AFV impacts everyone in the house, extended family, neighbours and work colleagues. Cara and her partner work well together, but are often exhausted and unsure of what to do. Cara says being a victim of AFV is 'difficult to explain, talk about and deal with. It is an isolating, emotionally damaging experience that leaves you numb, hollow and negatively fraught at all times'. Furthermore, she says, 'I am stuck as a victim in a cycle of violence, usually attributable to that of adult-perpetrated family violence. Align that with the guilt and self-doubt of being a parent who should be able to "fix" these things can often be an emotionally challenging roller coaster ride'.

**Phillipa** experienced physical and mental violence from her son, who is only nine years old. He would hit, throw objects, punch, kick, spit, and be verbally abusive and belittling. He would also damage property and items. She tried to break this cycle by sending him to live with his father for a time. She has developed severe anxiety and adjustment disorder as a result of the AFV and feels unable to work, while her partner has developed anxiety. Accessing a service was helpful, as was a higher dosage of medication for her son prescribed by a paediatrician. The family also managed to access other medical professionals. Phillipa found it was not beneficial to report to the police, except when her son ran away one time and the police found him and 'gave him a stern talking to'.

The accounts of those who have experienced AFV and participated in this study reveal long-term patterns of violence, a lack of readily available resources for familial assistance and/or programs for young people involved in the offending, and the depth of care and endeavour contributed by family members trying to maintain the safety and security of the young person concerned, and of other family members, especially siblings. These families experience extensive impacts that are emotional, economic and social, including; physical injury, property damage, loss of income, and social isolation. In their accounts, families describe walking every day on 'eggshells'. Importantly, in most cases these impacts were not alleviated through any help-seeking behaviour in either therapeutic or criminal justice service contexts.

Their accounts were supported by the insights of family services and family violence service providers, who concurred with familial assessments of a system that does not offer opportunities for early intervention or pathways for non-punitive rehabilitative responses to young people using violence against family members. Direct engagement with the criminal justice system was at

times necessary for these families, but it rarely offered long-term solutions or increased security for families or the young people themselves.

Following the Royal Commission into Family Violence, wholesale reform is underway in Victoria, and there is clear recognition that attention to forms of family violence beyond IPV is critical. This study sought to provide an opportunity to families to describe AFV in a context where stigma still works to suggest that 'failed' parenting is the cause of the behaviour of adolescents who use violence. Our findings suggest that further attention to AFV is warranted and overdue, and needs to be underpinned by:

- systematic and comprehensive data collection on AFV in a range of service contexts beyond criminal justice, including health, educational and family services
- the development of new and nuanced understandings of AFV, which attend to age and gendered patterns and ongoing relationships of care and dependency as they impact young people, their parents and family members
- effective links between service responses and early interventions that recognise the ongoing need for care for young people alongside the efforts and resilience of families.

## Appendix

### List of Participating Organisations and Programs

The organisations represented in interviews and focus groups were:

- Barwon Centre Against Sexual Assault & Minerva
- Barwon Child, Youth and Family
- Berry Street
- Centre for Youth AOD Practice Development, Youth Support and Service
- Child and Family Services Ballarat
- Child First
- Commission for Children and Young People
- Community Services
- Keeping Families Safe, Peninsula Health
- Kildonan Uniting Care
- Neighbourhood Justice Centre
- Safe Steps
- SHINE Mental Health, Family Life
- Step Up
- Victoria Legal Aid
- Youth Affairs Council Victoria
- Youthlaw.

*\*Individuals who participated in an interview and/or focus group provided views on their own professional experiences and were not representing the views of their organisation specifically.*

## References

- Bucci, N. 2015, 'Statistics reveal hundreds of children on family violence orders,' *The Age*, 13 January.
- Carrington, K. 2006, 'Does feminism spoil girls? Explanations for official rises in female delinquency,' *Australian & New Zealand Journal of Criminology*, vol. 39, no. 1, pp. 34-53.
- Carrington, K. 2013, 'Girls, crime and violence: toward a feminist theory of female violence,' *International Journal for Crime, Justice and Social Democracy*, vol. 2, no. 2, pp. 63-79.
- Condry, R. & Miles, C. 2014, 'Adolescent to parent violence: framing and mapping a hidden problem,' *Criminology & Criminal Justice*, vol. 14, no. 3, pp. 257-275.
- Condry, R. & Miles, M. 2016, 'Adolescent to parent violence and the challenge for youth justice,' in M. Bosworth, C. Hoyle & L. Zedner (eds), *Changing contours of criminal justice*, Oxford University Press, Oxford, pp. 257-269.
- Contreras, L. & Cano, C.M. 2016, 'Child-to-parent violence: the role of exposure to violence and its relationship to social-cognitive processing,' *The European Journal of Psychology Applied to Legal Context*, vol. 8, no. 2, pp. 43-50.
- Cottrell, B. & Monk, P. 2004, 'Adolescent-to-parent abuse: a qualitative overview of common themes,' *Journal of Family Issues*, vol. 25, no. 8, pp. 1072-1095.
- Crime Statistics Agency 2017, *Children's Court Data Tables*, Crime Statistics Agency.
- Daly, K. & Wade, D. 2016, 'Gender and adolescent-to-parent violence: a systematic analysis of typical and atypical cases,' in A. Holt (ed.), *Working with adolescent violence and abuse towards parents: approaches and contexts for intervention*, Routledge, Abingdon; New York, pp. 148-168.
- Department of Human Services (DHS) 2013, *Assessing children and young people experiencing family violence: practice guide for family violence practitioners*, State of Victoria.
- Department of Human Services (DHS) 2014, *Adolescent Family Violence Program Service Model*, State of Victoria.
- Domestic Violence Resource Centre Victoria (DVRCV) 2010, *A coordinated response to adolescent violence in the home*, Melbourne, Victoria.
- Elliott, K., McGowan, J., Benier, K., Maher, J. & Fitz-Gibbon, K. 2017, *Investigating adolescent family violence: background, research and directions*, Context Report, Focus Program on Gender and Family Violence: New Frameworks in Prevention, Monash University.
- Evans, D. & Warren-Sohlberg, L. 1998, 'A pattern analysis of adolescent abusive behaviour towards parents,' *Journal of Adolescent Research*, vol. 3, no. 2, pp. 210-216.
- Fitz-Gibbon, K. 2014, *Homicide law reform, gender and the provocation defence: a comparative perspective*, Hampshire, UK, Palgrave.
- Graycar, R. & Morgan, J. 2002, *The hidden gender of law*, Melbourne, The Federation Press.
- Holt, A. 2009, 'Parent abuse: some reflections on the adequacy of a youth justice response,' *Internet Journal of Criminology*, 1-9.

- Holt, A. 2012, 'Researching parent abuse: a critical review of the methods', *Social Policy and Society*, vol. 11, no. 2, pp. 289-298.
- Holt, A. 2016a, 'Introduction', in A. Holt (ed.), *Working with adolescent violence and abuse towards parents: approaches and contexts for intervention*, Routledge, Abingdon; New York.
- Holt, A. 2016b, 'Adolescent-to-parent abuse as a form of "domestic violence": a conceptual review,' *Trauma, Violence, & Abuse*, vol. 17, no. 5, pp. 490-499.
- Horder, J. & Fitz-Gibbon, K. 2015, 'When sexual infidelity triggers murder: examining the impact of homicide law reform on judicial attitudes in sentencing,' *Cambridge Law Journal*, vol. 74, no. 2, pp. 307-328.
- Howard, J. 2014, 'Addressing adolescent violence,' *DVRCV Advocate*, 24.
- Howard, J. 2015, *Adolescent violence in the home: how is it different to adult family violence?*, Australian Institute of Family Studies.
- Howard, J. & Abbott, L. 2013, *The last resort: pathways to justice – adolescent violence in the home*, Peninsula Health in partnership with Victoria Legal Aid and City of Greater Dandenong - Youth Services, Digital Reprographics, Melbourne, Australia.
- Howard, J. & Rottem, N. 2008, *It all starts at home: male adolescent violence to mothers – a research report*, Inner South Community Health Service Inc and Child Abuse Research Australia, Monash University, Melbourne, Australia.
- Ibabe, I. & Jaureguizar, J. 2010, 'Child-to-parent violence: profile of abusive adolescents and their families,' *Journal of Criminal Justice*, vol. 38, no. 4, pp. 616-24.
- Kaufman-Parks, A.M., DeMaris, A., Giordano, P.C., Manning, W.D. & Longmore, M.A., 2017, 'Familial effects on intimate partner violence perpetration across adolescence and young adulthood,' *Journal of Family Issues*, vol. 39, no. 7, pp. 1933-1961.
- Kelly, L. & Westmarland, N. 2016, 'Naming and defining "domestic violence": lessons from research with violent men,' *Feminist Review*, vol. 112, no. 1, pp. 113-127.
- Lemmon, M., Patterson, S.E. & Martin, M.A. 2018, 'Mothers' time and relationship with their adolescent children: the intersecting influence of family structure and maternal labor force participation,' *Journal of Family Issues*, vol. 39, no. 9, pp. 2709-2731.
- McCulloch, J., Maher, J., Fitz-Gibbon, K., Segrave, M. & Roffee, J. 2016, *Review of the Family Violence Risk Assessment and Risk Management Framework (CRAF)*. Prepared for the Department of Health and Human Services by the School of Social Sciences, Focus Program on Gender and Family Violence: New Frameworks in Prevention, Monash University.
- McKenna, M., O'Connor, R. & Verco, J. 2010, *Exposing the dark side of parenting: a report of parents' experiences of child and adolescent family violence*, The Regional Alliance Addressing Child and Adolescent Violence in the Home, South Australia.
- Miles, C. & Condry, R. 2015, 'Responding to adolescent to parent violence: challenges for policy and practice,' *British Journal of Criminology*, vol. 55, no. 6, pp. 1076-1095.
- Miles, C. & Condry, R. 2016, 'Adolescent to parent violence: the police response to parents reporting violence from their children,' *Policing and Society*, vol. 26, no. 7, pp. 804-823.

- Moulds, L., Day, A., Mayshak, R., Mildred, H. & Miller, P. 2018, 'Adolescent violence towards parents: prevalence and characteristics using Australian police data,' *Australian and New Zealand Journal of Criminology*, published online first, doi: 10.1177/0004865818781206.
- Nowakowski-Sims, E. & Mattern, K. 2014, 'An exploratory study of the characteristics that prevent youth from completing a family violence diversion program,' *Journal of Family Violence*, vol. 29, no. 2, pp. 143-149.
- Nowakowski-Sims, E. & Rowe, A. 2017. The Relationship Between Childhood Adversity, Attachment, and Internalizing Behaviors in a Diversion Program for Child-to-Mother Violence', *Conflict Abuse & Neglect*, vol. 72, pp. 266-275.
- O'Connor, R. 2007, *Who's in charge? A group for parents of violent or beyond control children*, Department of Legal Studies; Faculty of Education, Humanities, Law and Theology, Flinders University, Adelaide, South Australia.
- Omer, H. 2016, 'Helping abused parents by non-violent resistance,' in A. Holt (ed.), *Working with adolescent violence and abuse towards parents: approaches and contexts for intervention*, Routledge, Abingdon; New York, pp. 47-63.
- Pagani, L., Tremblay, R.E., Nagin, D., Zoccolillo, M., Vitaro, F. & McDuff, P. 2004, 'Risk factor models for adolescent verbal and physical aggression toward mothers,' *International Journal of Behavioural Development*, vol. 28, no. 6, pp. 528-537.
- Pagani, L., Tremblay, R.E., Nagin, D., Zoccolillo, M., Vitaro, F. & McDuff, P. 2009, 'Risk factor models for adolescent verbal and physical aggression toward fathers,' *Journal of Family Violence*, vol. 24, no. 3, pp. 173-82.
- Polk, K. 1994. *When men kill*, Cambridge University Press, Cambridge.
- Purcell, R., Baksheev, G.N. & Mullen, P.E. 2014, 'A descriptive study of juvenile family violence: data from intervention order applications in a children's court,' *International Journal of Law and Psychiatry*, vol. 37, no. 6, pp. 558-563.
- Routt, G. & Anderson, L. 2011, 'Adolescent violence towards parents,' *Journal of Aggression, Maltreatment & Trauma*, vol. 20, no. 1, pp. 1-19.
- Royal Commission into Family Violence (RCFV) 2016, *Report and Recommendations*, Royal Commission into Family Violence, Victoria.
- Segrave, M., Wilson, D. & Fitz-Gibbon, K. 2018, 'Policing intimate partner violence in Victoria (Australia): examining police attitudes and the potential of specialisation', *Australian and New Zealand Journal of Criminology*, vol. 51, no. 1, pp. 99-116.
- Sinclair, S. 2014, 'Adolescent violence in the home: implications for practice,' presentation by Victoria Legal Aid Family Violence Program Manager Leanne Sinclair at the Launch of The Last Resort: Pathways to Justice research report, website and animation, Australian Centre for the Moving Image, Melbourne (Victoria), 11 February.
- Strom, K.J., Warner, T., Tichavsky, L. & Zahn, M.A. 2014, 'Policing juveniles: domestic violence arrest policies, gender, and police response to child-parent violence,' *Crime & Delinquency*, vol. 60, no. 3, pp. 427-450.

- Tyson, D. 2013, *Sex, culpability and the defence of provocation*, London, Routledge.
- Ulbrick, M. 2018, *Research brief: economic abuse*, Monash Gender and Family Violence Research Briefs, Monash University.
- Victorian Law Reform Commission (VLRC) 2004, *Defences to homicide: final report*, Melbourne, Victorian Government.
- Walsh, T. & Douglas, H. 2018, *Adolescent family violence issues paper*, Brisbane, University of Queensland.



