

**Focus Program on Gender and Family Violence
Monash University**

Context Report

Investigating Adolescent Family Violence: Background, Research and Directions

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Table of Contents

1. Introduction.....	1
3. Definitions.....	1
3.1 Family Violence.....	1
3.2 Adolescent Family Violence.....	2
3.3 Adolescent.....	2
4. State of Knowledge.....	3
4.1 Research into Adolescent Family Violence.....	3
4.2 Policing, Justice and Community Service Sectors and Lack of Public Awareness.....	4
5. What we Know.....	5
5.1 Prevalence.....	5
5.2 Gender and Age.....	5
5.3 Diverse Communities.....	7
5.4 Complex Needs.....	7
5.5 Histories of Violence.....	8
5.6 The Impact of AFV.....	9
5.6 Availability of Services.....	10
5.7 Shame and Barriers to Reporting.....	11
5.8 Police and the Justice System.....	12
6. Research Methodologies.....	12
6.1 Criminal Justice Data.....	13
6.2 Epidemiological Surveys.....	14
6.3 Interview Data from Intervention Groups.....	14
6.4 Clinical Approaches: Case Studies and Typological Analyses.....	15
6.5 Reconsidering Research Methods.....	15
7. Recommendations and the Way Forward.....	16
7.1 Understanding and Treating AFV.....	16
7.2 Policy and Service Responses.....	17
7.3 Histories of Violence and Intergenerational Violence.....	19
7.4 Responses from the Police and Justice System.....	19
7.5 Therapeutic Responses and Maintaining Connections.....	20
8. Parricide.....	21
8.1 Research into Parricide in Australia.....	22
8.2 International Evidence.....	22
8.3 Need for further research into parricide.....	23
9. Conclusion.....	23
10. References.....	24

1. Introduction

Adolescent Family Violence (AFV) is increasingly being recognised as an area of concern in Australia and the Global North. AFV refers to the use of 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, O'Connor & Verco 2010; Royal Commission into Family Violence 2016, vol. IV, chapter 23, 149). AFV has been recognised as a problem by those working in family violence intervention, and the problem is increasingly being recognised in research. Yet AFV remains to be comprehensively studied and researched. There is a need for knowledge to be expanded and methodological tools for studying AFV to be enhanced and aligned. Furthermore, there are limited guidelines or information surrounding AFV in policy, youth services, family services, the justice sectors and family violence services in Australia and abroad (Royal Commission into Family Violence 2016 (hereafter RCFV); Condry & Miles 2014).

This context report surveys the field of AFV, providing definitions of AFV and related concepts, then giving overviews of research, the state of knowledge, policies and practice regarding AFV, what we know about AFV, and methodologies used to research it. The report includes recommendations and suggestions for moving forward and ends with a consideration of “parricide”, that is, the murder of a parent by a child. This report furthermore highlights key researchers and work conducted in the space of AFV.

The most recent Australian assessment of AFV is the dedicated chapter in the final report of the RCFV (2016, vol. IV, chapter 23 ‘Adolescents Who Use Family Violence’). Key recommendations addressed awareness, research and specialised policy responses (see section 7 of this report ‘*Recommendations and the Way Forward*’); the RCFV’s work is drawn on extensively throughout this report. The context report seeks to outline the current state of knowledge about AFV, particularly in the Australian context.

3. Definitions

3.1 Family Violence

Family violence is defined in the *Family Violence Protection Act 2008* (Vic) as:

- (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 the 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).

Family violence is a complex and serious issue. Family violence is the term most often used to describe domestic and family violence in Australia.

3.2 Adolescent Family Violence

Adolescent family violence is similar in certain ways to family violence, but is still relatively hidden and unexplored (McKenna et al. 2010). As stated, Adolescent Family Violence (AFV) describes the use of 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 (AVITH), adolescent-to-parent abuse (APA) (Holt 2016b), ‘child-to-parent violence, child-to-mother violence, adolescent violence to parents or parent abuse’ (Kildonan Uniting Care, n.d., n.p.; McKenna et al. 2010, 1).

AFV is a form of family violence where young people engage in behaviours ‘designed to dominate, threaten or coerce parents, other family members or pets (McKenna et al. 2010, 1). McKenna and colleagues (2010, 1) write:

While it is generally accepted that there will be occasional conflict between people who live together within a family, including between parents and their children, this conflict becomes abusive when one person uses threats, force or manipulation to gain power over the other.

3.3 Adolescent

One of the key limitations of empirical research into adolescent family violence is the lack of consistency surrounding the definition of an “adolescent”. The RCFV notes these limitations. They write:

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 (RCFV 2016, 150).

Analyses of adolescent family violence are complicated by different counting rules and definitions used in datasets (RCFV 2016). It is, however, generally accepted that the definition of adolescent includes youths aged from approximately 10 years to 18 years (Department of Human Services 2013).

4. State of Knowledge

4.1 Research into Adolescent Family Violence

The first article concerning “parent abuse” was published in 1979 (Harbin and Madden’s *Battered Parents: A New Syndrome*). Other key studies investigating AFV include Edenborough, Wilkes & Jackson (2011); Elliott et al. (2011); and Paterson et al. (2002). However, research on this issue was described by Holt (2012, 289) in 2012 as ‘still in its infancy’ and by 2016 as a phenomenon that is ‘becoming recognized as a significant social problem’ across the western world (Holt 2016b, 490). Despite growing academic, therapeutic and social service awareness, Holt (2012, 289) argues that ‘research findings regarding its extent and characteristics are widely disputed’. O’Hara, Duchschere, Beck and Lawrence (2017) provide a current narrative review of literature on AFV, while Moulds, Day, Mildred, Miller and Casey (2016) present a review of knowledge of AFV targeted to practitioners working with families.

The issue has received increased attention in Australia, with the commissioning of key reports (Howard & Rottem 2008; Haw 2010; McKenna et al. 2010; McKenna & O’Connor 2012; Howard & Abbott 2013; Broadhead & Francis 2015). However, two recent major Australian reports on family violence, the *COAG Advisory Panel on Reducing Violence against Women and their Children* (2016) and *Not now, Not ever: Putting an end to Domestic and Family Violence in Queensland* (2015), do not refer to adolescent family violence.

As stated above, the RCFV’s dedicated chapter (vol. IV, chapter 23) on AFV is likely the most significant assessment in the Australian context. The RCFV (2016, 157) states that ‘[a] consistent theme raised in submissions before the Commission and in relevant literature, is that the family violence, youth services, family services and justice sectors generally have limited understanding of adolescent family violence and are ill-equipped to address it’. This report outlines the shame and stigma around adolescent family violence and assumptions that are often made about a parent. It acknowledges the necessity of more thoroughly embedding AFV into Victoria’s risk assessment framework.

This task was part of the Monash University *Review of the Family Violence Risk Assessment and Risk Management Framework* (McCulloch et al. 2016). The Monash team are currently conducting a multidisciplinary pilot study *Investigating Adolescent Family Violence* to explore AFV. The project ‘aims to contribute to urgently needed knowledge about adolescent family violence’s nature, extent and impacts’ (Fitz-Gibbon, Maher & McCulloch 2017).

In 2012, a themed issue of *Social Policy and Society* was a critical intervention in AFV, especially in the UK. It includes Amanda Holt’s (2012) comprehensive overview of methodological approaches to AFV (see section 6 ‘*Research Methodologies*’). The articles in this issue call for AFV to be clearly defined and for ‘the development of appropriate responses’ (Condry & Miles 2012, 241); caution that ‘the criminal justice system is not suited

to tackling the issue' (Hunter & Piper 2012, 217); provide a qualitative analysis of the current practice of youth justice, domestic violence and child protection workers to the problem (Nixon 2012, 229); provide quantitative data on the predictors of parent abuse (Biehal 2012, 251); interrogate the potentially problematic use of "cycle of violence" theory in the construction of teenage boys as perpetrators (Baker 2012, 265); and, conversely, the ways in which 'the desire to challenge "cycle of violence" models may unwittingly have contributed to the failure to address parent abuse in the domestic violence field' (Wilcox 2012, 277). The issue includes a comprehensive AFV bibliography and resource list.

In the UK, Rachel Condry's three-year (2010-13) ESRC-funded project *Investigating Adolescent Violence towards Parents* was completed in 2013. This was 'the first UK analysis of cases of adolescent to parent violence reported to the police' (Condry 2014, 5). The study analysed 1,892 cases reported to the police in 2009-2010 for victim, offender and incident characteristics. Condry and Miles (2014) echo the concerns of Holt (2012) regarding the scarcity of research and the limitations of research methods and available data. They point out that 'there are only a few books worldwide specifically on adolescent to parent violence, and these books are often therapeutic in origin (e.g. Cottrell, 2004; Price, 1999)' (Condry & Miles 2014, 260).

4.2 Policing, Justice and Community Service Sectors and Lack of Public Awareness

The lack of a coherent body of research data impedes dedicated policy responses in the legal, policing and community service sectors. Condry and Miles (2016) found that all the youth justice practitioners they spoke to regularly encountered AFV in their work. However, they write '[a]dolescent to parent violence is virtually absent from policing, youth justice and domestic violence policy, despite being widely recognized by practitioners in those fields. It is under-researched and rarely appears in criminological discussions of family or youth violence' (Condry & Miles 2014, 257). This has been noted in the Australian context too. Victoria Legal Aid submitted to the RCFV that 'the policy and legal response has not yet accommodated the different considerations that arise in this context' (RCFV 2016, 157).

One of the key contributing factors to this gap is the lack of public awareness. Holt (2016a, 2) comments that '[i]t is always difficult to research family violence because great efforts tend to be made by family members to hide the problem' and that 'abuse is often not recognised as such within families – it can become so normalised that it is "just the way things are"'. One effect of the silence/shame nexus is a "policy silence", which results in 'a lack of training or guidance for practitioners on how to respond to and adequately support families with often complex needs' (Condry 2014, 5). Condry (2014, 5) noted that '[d]uring the period of our research, the problem has started to slowly emerge onto the public agenda. Police, domestic violence and youth justice services are all beginning to think through how they might respond to APV'. However, Condry and Miles (2016) identify factors responsible for keeping AFV off the policy agenda in the UK, including underreporting, lack of recognition of the problem, lack of academic research and evidence, lack of interest from lobbying groups, and the exclusion of AFV from the definition of domestic violence in the UK.

The RCFV (2016, 149) were ‘told that 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, are obstacles for victims who need support’. Lack of awareness and the need for more research and the development of specialised policy responses have similarly been noted in Western Australia (Haw 2010) and South Australia (McKenna et al. 2010).

5. What we Know

5.1 Prevalence

According to Cottrell and Monk (2004), nine to 14 percent of parents have been physically assaulted by adolescent children. The RCFV (2016, 31) notes that reporting of AFV in Victoria ‘has increased in recent years’ at a rate consistent with the reporting of adult family violence. In 2010, rates showed that one in ten family violence call-outs were for adolescent violence in the home (Domestic Violence Resource Centre Victoria 2010, hereafter DVRCV). In the 2011-12 year, police in Victoria responded to 2,344 family violence incidents against parents or carers where the alleged offender was less than 18 years of age, and in 57 percent of these incidents, the alleged offender was under 15 years (Department of Human Services 2014). A younger sibling was present in 66 percent of these incidents (Department of Human Services 2014). Victoria Police records indicate that within the last 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). This increase in reported incidents ‘is commensurate with the wider growth of family violence reporting over the last five years’, and represents in total ‘around one in 10 family violence incidents reported to police’ (RCFV 2016, 150).

Amanda Holt (2016b, 490) notes that:

studies from the United States, Canada, Europe, and Australia have produced relatively consistent findings. Large-scale self-report studies using community samples have identified that between 6.5% and 10.8% of young people have hit their parent(s) at least once in the previous 1–3 years (e.g., Agnew & Huguley, 1989; Peek, Fischer, & Kidwell, 1985). A Canadian survey, which triangulated parents’ and young people’s reports, found prevalence rates of 12% of physical aggression and 60% of verbal aggression toward parents within the last 6 months (Pagani et al., 2004, 2009).

5.2 Gender and Age

In addition to statistics on the prevalence of AFV, more specific data pertaining to the age and gender of adolescent perpetrators as well as co-occurring or “risk factors” has been amassed. Amanda Holt’s (2016a) recent book provides the most up to date summary of reliable findings on AFV. This work is drawn on below.

There is a broad consensus that AFV is a gendered phenomenon (Condry & Miles 2014, 261; Holt 2016a; Holt 2016b, 3; Howard 2015). Condry and Miles (2014, 5) found that ‘87% of suspects were male and 77% of victims were female’. The RCFV (2016, 149) reports that:

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.

Current data also suggests that male adolescents are the main instigators of parent abuse, a statistic that is again ‘particularly pronounced within criminal justice and service user data where the more ‘entrenched’ cases are likely to be found’ (Holt 2016a, 3; O’Connor 2007; Strom et al. 2014; Purcell et al. 2014). Similarly, the RCFV (2016, 149) reports ‘that young males are more likely to use physical aggression than young females’.

All current methods - ‘self-report surveys, police data ... and service user data’ find ‘a disproportionate number of mothers as victims of the abuse’, a trend that Holt notes ‘is particularly pronounced when examining criminal justice and service-user data, where the ratio is as high as 8:2’ (Holt 2016b, 490-1; Holt 2016a, 3; Evans & Warren-Sohlberg 1988; Ibabe & Jaureguizar 2010; Routt & Anderson 2011; McKenna et al. 2010). Data from Victoria in 2006-2007 showed that of the 1,160 parents and step-parents who sought intervention orders against adolescent children, 73 percent of applicants were female (Department of Justice 2009, cited in DVRCV 2010).

Studies into adolescent and family violence show that young people using violence were generally aged between 12 and 17 years, and 65 percent were males while 35 percent were females (McKenna et al. 2010). 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 or a more sudden appearance ‘often at the onset of adolescence (i.e. around 12 years)’ (Holt 2016a, 4; Nowakowski & Mattern 2014; Strom et al. 2014).

However, McKenna et al. (2010) highlight gender differences in offending behaviours. 50 percent of females behaving violently were from single parent families and 50 percent from two parent families. 41 percent of males were from single parent families, with 59 percent from two parent families. Further, there are gender differences in the severity of violence (RCFV 2016). The severity of incidents committed by sons increased incrementally between 10 to 17 years of age, while for daughters, violence increased between 10 to 13 years of age and then declined with age (RCFV 2016). Routt and Anderson (2014, 70) state that violent young girls direct their violence “almost exclusively” towards their mothers.

Though social attitudes towards women may go some way to explaining male perpetration and female victimisation, ‘such explanations are not sufficient’ since ‘daughters do instigate abuse and fathers are also victimised’ (Holt 2016a, 3; Howard 2015, n.p.; Daly & Wade 2016). Siblings or other relatives may also be victims of AFV and research suggests that these presentations are not gendered (Holt 2016a; Howard 2015).

5.3 Diverse Communities

In relation to other sociodemographic factors ‘such as ethnicity, religion and social class’ research has not uncovered any ‘consistent findings’ (Holt 2016b, 490-1). A ‘disproportionate number of parents’ seeking services come ‘from single-parent households’, these households are typically female headed and, moreover, tend to ‘experience a disproportionate amount of poverty’ (Holt 2016a, 4; Condry & Miles 2014; Contreras & Cano 2014). Incidents of adolescent family violence are higher in indigenous communities as a result of the breakdown of kinship networks, inherited grief and trauma, economic exclusion, entrenched poverty, and alcohol and drug abuse (Department of Human Services 2014). Similarly, ‘consideration should ... be given to issues of unresolved trauma, grief and loss in refugee and migrant families who may have fled from war or oppression (Department of Human Services 2014, 10).

5.4 Complex Needs

While the reasons a young person is acting violently may be difficult to determine, ‘possible explanations vary from those based in stresses experienced by the young person within the family or community, to peer influence, to parenting style, to health and behavioural problems’ (McKenna et al. 2010). Some ‘at risk’ factors have been identified, including: exposure to domestic violence within the household; a sense of self entitlement; health, behavioural or learning difficulties; unstable family circumstance; substance abuse; socio-economic disadvantage; exposure to previous trauma; temperament; and negative peer influences (McKenna et al. 2010, 5). Contreras and Cano (2016a, 115) found that adolescents who had been violent towards a parent and been charged ‘showed lower levels of emotional intelligence, more antisocial and less prosocial attitudes than non-offender adolescents, as well as higher scores in hedonism and power values’. Moulds and Day (2017, 195) concluded that adolescents who carry out AFV ‘typically experience high levels of comorbid mental health concerns, drug and alcohol use, anger difficulties and trauma’.

Research into substance abuse suggests it is indirectly linked to AFV. Adolescent use of substances is antagonistic to familial relationships in and of itself, rather than necessarily precipitative of abuse incidents (Holt 2016a, 5; Pagani et al. 2004, 2009; Pelletier & Coutu 1992). Holt (2016a, 4) outlines research on the prevalence of ‘autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD)’ diagnoses ‘within clinical populations where there is child-to-parent aggression’ (Laurent & Derry 1999; Perera 2006; González-Álvarez et al. 2010). There are issues related to diagnostic definitions as well as conceptual questions whether case studies such as these can be considered within an “abuse”

or “violence” framework at all, given ‘issues of *control* or *intentionality* are so much more complicated’ (Holt 2016a, 5). Mental health problems such as ‘post-traumatic stress disorder (PTSD), depression, anxiety problems and suicide ideation and/or suicide attempts’ appear consistently as co-occurring factors across studies from different countries (Holt 2016a; Kennedy et al. 2010; Routt and Anderson 2011; Ibabe et al. 2014).

5.5 Histories of Violence

Daly and Wade (2016) 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 or stepfather, or mother’s partner. In a study of juveniles in Spain, Contreras and Cano (2016b, 43) discovered 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 cases.

Nowakowski-Sims and Rowe (2017) found high rates of childhood adversity among young people who were violent towards their mothers. These are important factors to note when developing interventions to reduce the occurrence of adolescent family violence. Although there is little empirical evidence to show whether or not violent adolescents go on to commit intimate partner violence, ‘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’ (DVRC 2010).

Research suggests there are a number of “pathways” to AFV. Howard (2015, n.p.) writes that ‘[v]iolent adolescents may have experienced family violence as children’ and ‘[s]ome may be struggling with issues such as problematic substance use, mental health issues and school disengagement’. Holt (2016a, 5) confirms that ‘[f]amily violence pathways are ... common’, writing:

Some surveys have identified links between abuse towards parents and parental aggression towards children (e.g. Brezina, 1999; Margolin and Baucom, 2014). Other studies have identified histories of intimate partner violence (IPV) in families where there is current adolescent abuse towards parents (Ullman and Straus, 2003; Boxer et al., 2009). There are a number of explanations for these patterns, including learning and imitating behaviour from the abusive parent; the impact of trauma that growing up in such households can produce; and – in cases where the parents are now separated – anger towards the resident parent (usually the mother) for instigating the parental separation. Certainly, research that has gathered accounts from mothers who are experiencing abuse from their children has found that many mothers frame their child’s abusive behaviour towards them within these explanatory frameworks (see Holt, 2013: 73– 74).

One of the more controversial areas of “pathway” research is that related to parenting practice. Holt (2016a, 5, original emphasis) notes that this topic has been studied ‘perhaps more extensively than any other pathway’, due to the ‘dominance of *parental determinism* –

an explanatory framework that is frequently invoked to explain all problematic teenage behaviour in terms of poor parenting practices'. Holt (2016a, 6) continues, stating that '[r]esearch has identified links between adolescent abuse towards parents and "permissive parenting", "inconsistent parenting" and a lack of positive reinforcement from parents'. Ibabe and Bentler (2016, 259) suggest that 'affectivity and quality of family relationships are the most important aspects for preventing violent behaviors' when it comes to AFV.

5.6 The Impact of AFV

Adolescent family violence has a detrimental effect on the health and well-being of families and often on a parent's relationship with their child. Parents report that they are depressed, stressed and have feelings of shame, sadness, powerless, isolation, frustration and anger (Daly & Wade 2016; RCFV 2016). In one study, 44 percent of parents reported physical and/or mental health problems, including heart problems, exhaustion, high blood pressure, stress, migraines and depression (RCFV 2016). Parents noted that existing conditions had been exacerbated by the stress of the young person's behaviour, and 24 percent noted an inability to sleep (McKenna et al. 2010). Some parents reported being blamed for the violent behaviour (McKenna et al. 2010), and several experienced guilt and difficulty expressing their frustration due to 'cultural expectations of unconditional parental love' (RCFV 2016, 152).

Clarke, Holt, Norris and Nel (2017, 4) found three superordinate themes in their small group study with parents who had experienced AFV: tensions (e.g. 'wanting to unconditionally love their child but feeling unable to'); ambiguities and uncertainties around the violence, its uses and its causes; and a range of strategies for coping with or managing the consequences of the AFV. A study by Williams, Tuffin and Niland (2017) similarly found conflicting feelings towards adolescents and a sense of guilt or self-blame amongst their group of six mothers and two grandmothers who had experienced AFV. They found participants blamed a lack of a positive male role model for the adolescent's violence (Williams et al. 2017).

Stress from AFV is likely to cause financial pressure, with 24 percent of parents stating that AFV was a strain on their financial situation (McKenna et al. 2010). In some cases, severe stress meant that parents were unable to work, or found it difficult to maintain a job when they had to take time off work because of injuries caused by their child such as broken bones or extreme bruising, or had to leave work during the day to defuse situations at home (RCFV 2016). Some parents reported the adolescent destroying property or possessions, which needed to be repaired or replaced.

Parents may also be fearful for their own or their family members' safety (McKenna et al. 2010). In a majority of cases, parents felt that their child's behaviour and actions had impacted on their relationship with their partner or made it difficult to find a new partner (McKenna et al. 2010). Parents furthermore noted tensions with the adolescent and other family members such as grandparents and siblings; in some cases the parents were concerned that younger siblings were beginning to mirror the adolescent's behaviour. It was reported

that younger siblings were likely to show signs of anger, frustration, fear or sadness at the young person's behaviour, or that they attempted to play the role of peace keeper between the young person and their parents.

5.6 Availability of Services

There are few Australian programs that address adolescent family violence, despite considerable work put into preventing and responding to adult family violence (DVRCV 2010). Support is currently provided through the parents, but they are not always able to provide the guidance needed, and require support themselves. McKenna et al. (2010, 2) state:

Parents overwhelmingly reported a lack of available support with significant gaps in services provided by both government and non-government agencies. Parents also reported little understanding or awareness of this issue in the community.

Sporer and Radatz (2017, 689) found three themes surrounding barriers in the United States to mothers of violent children with mental illness accessing help: '(1) denial of mental illness and severity of violence by treatment providers, extended family, and non-family members; (2) limited access to quality treatment and supports; and (3) a recurring cycle from optimism to hopelessness'. Integrated service responses for vulnerable children and young people are required in Australia (Department of Human Services 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' (Department of Human Services 2014, 3).

In one report, 94 percent of parents of violent young people had sought help from 'various professionals in the welfare, medical, judicial and education systems, including both government and non-government support services' (McKenna et al. 2010). Yet of these parents, only 25 percent rated the interactions as being helpful (RCFV 2016). Parents identified a lack of acknowledgement from community agencies that dismiss the behaviour and its effect on the parents and other family members (RCFV 2016). Non-government family support services and emergency police intervention were considered the most helpful, while government agencies, medical and allied health professionals and police who did not treat the violence seriously were considered least helpful (McKenna et al. 2010). Parents considered non-judgemental and understanding responses, listening, timely support and useful strategy suggestions to be the most helpful, while lack of resources, lack of understanding, high counselling fees, long waiting lists, and parent blaming were the least helpful (McKenna et al. 2010).

The Victorian *Department of Health and Human Services* has a dedicated Adolescent Family Violence Services page. A short explanation and service listings can be seen on this page. The Commission (RCFV 2016, 150) notes that the 'Victorian Government is currently trialling Adolescent Family Violence Programs in three locations', Geelong, Ballarat and Frankston. These programs provide cognitive and behavioural and skill development strategies, involving adolescent group work, parent group work, and multi-family group work

(RCFV 2016). The Adolescent Family Violence Programs are the only intervention to have a 'specific focus on adolescent family violence, and whole-of-family and integrated service delivery model using Victoria Police as the primary referral source (RCFV 2016, 163).

Priority entrance in the program is given to families with a sole female parent or carer, Indigenous families, and families in which the young person has younger siblings. 'Based broadly on the United States Step-Up program, the initial evaluation findings are positive' (RCFV 2016, 150). Outcomes demonstrate that adolescents have an improved understanding of the triggers and the consequences of their behaviour, and parents have increased confidence in managing the young person's behaviour (RCFV 2016). One study of the US Step-Up program found that participants who had attended Step-Up 'expressed largely positive effects of participating ... including decreased violent behaviour by their adolescents and improved parent-child relationships' (Correll, Walker & Edwards 2017). It is recommended that 'if the final evaluation demonstrates success in improving victim safety and changing behaviour, this program should be expanded across the state' (RCFV 2016, 150).

5.7 Shame and Barriers to Reporting

Parents and carers are characteristically reluctant to report AFV, and by the time they do (if they do) the abuse has typically reached a 'crisis point' (Holt 2016a, 3). There are a host of reasons that deter parents from reporting AFV, but key are feelings of disbelief and shame as well as the stigma that attends the implication of 'poor parenting' (Howard & Rottem 2008, 16). AFV is often committed in an attempt to gain and maintain power and control, with the perpetrators coercing, threatening, intimidating, destroying property and possessions, and/or physically assaulting their parents (Howard 2015). Parents of violent adolescents report a sense of shame, as parents struggle to understand how their child can be violent towards them and actions are often misunderstood or minimised because of the child's age. Yet parents are unable to leave, as they may in a situation of intimate partner violence, because the child is still dependent on them and they are responsible for the care of their child while they are under 18 years of age (McKenna, O'Connor & Verco 2010).

Another factor impeding parents' abilities to access protection and help from external sources is the degree to which the problem is perceived, by both the broader community and parents alike, to be a personal rather than social issue:

One explanation as to why mothers found it so hard to locate either Protective power or more Co-operative forms of power to help them deal with parent abuse lies in the way in which this form of family violence tends to be reconfigured by external agencies as an individual problem arising as a result of poor parenting or delinquency. Despite mothers' attempts to seek help in resolving the problem, all too often the institutional silence around parent abuse, and the failure of agencies operating within either the youth justice system or family care to recognise this complex form of extreme family conflict, served to reinforce a sense of powerlessness. When the very existence of parent abuse is either ignored and/or constructed

as a problem of parenting, the forms of resistance available to parents are acutely curtailed (Tew and Nixon 2010, 588).

It can be said that the lack of public awareness around AFV enters into a mutually reinforcing relationship with parental feelings of shame, a vicious cycle in which each element exacerbates the other:

[T]he public silence surrounding the problem not only adds to the shame and stigma felt by parents on the receiving end of violence from their children, meaning that many cases are not identified but also impedes the ability of public services to secure funding to provide support to families who disclose this type of violence (Miles & Condry 2015, 1082).

5.8 Police and the Justice System

There are a number of reasons that parents are hesitant to involve the police in cases of AFV, including feelings of self-blame, shame, denial, and social isolation (Holt 2009). They do not want criminal justice system involvement for their child, and some may be fearful of the way a violent child may react when learning of the report (Cottrell & Monk 2004; RCFV 2016). Parents often do not want to involve their child in the criminal justice system or for their child to have a criminal record, or to risk estrangement from their child (DVRCV 2010). Therefore, calling the police will usually be a last resort when the young person's violence hits a crisis point. Leading Australian AFV researcher Jo Howard (2014, 26) wrote:

[t]he most significant barrier identified by parents in seeking police assistance was concern over the possible long-term consequences if their child received a criminal conviction. Some 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.

Howard (2014, 26) further identifies that '[a] majority of parents reported that police and court involvement had a negative impact on their relationship with their adolescent', suggesting that some of these misgivings may be founded (see also Howard & Abbott 2013). It should be noted, however, that this is not always the case in regard to reporting, with many parents and adolescents confirming positive outcomes from reporting and accessing services (Howard & Abbott 2013, 6; RCFV 2016, 158).

6. Research Methodologies

Condry and Miles (2014, 260) state that:

Most studies that specifically focus on adolescent to parent violence are small-scale and qualitative and based upon interviews or focus groups with parents (e.g. Bobic, 2004; Cottrell and Monk, 2004; Gallagher, 2004; Howard & Rottem, 2008). Although these provide interesting and often rich data, it can be problematic to generalize from smaller localized studies which often draw upon samples derived from clinical settings. There are some broader self-report surveys of adolescent youth that provide data on adolescent to parent violence (e.g.

Agnew & Huguley, 1989; Kratcoski, 1985; Pagani et al., 2004; Peek et al., 1985) and make attempts to estimate the proportion of families that experience it. However, estimates vary depending upon the definition and research methods, ranging from 7 to 18 per cent of two parent families and 29 per cent of single parent families (Kennair and Mellor, 2007).

Holt's (2012) review identified four main methods that, at that time, dominated the production of knowledge about AFV and outlines the potentially skewed data these methods extract. Holt (2012, 289) argues for methods that are more 'coherent and contextual' and have the capacity to do 'justice to the complexities of the topic'.

Holt (2012, 289) claims that research on parent abuse has adopted 'diverse and discrete methodological approaches which have produced somewhat inconsistent findings':

estimates as to its prevalence vary from 7 per cent to 29 per cent. Some researchers find it more prevalent in middleclass households (e.g. Paulson et al., 1990), while others do not (e.g. Kethinani, 2004). Some suggest mothers are more at risk (e.g. Evans and Warren-Sohlberg, 1988), while others suggest not (e.g. Peek et al., 1985). Some suggest sons are more at risk (e.g. Boxer et al., 2009), while others suggest not (e.g. Agnew and Huguley, 1989)' (Holt 2012, 289).

Holt (2012, 289) points to the 'hidden nature' of AFV as a key challenge for researchers, asking 'how can we find out about something that we have trouble even naming?' She offers the following descriptions of AFV research methodologies:

(a) secondary analysis of criminal justice data, (b) large-scale epidemiological surveys (c) interview data elicited from intervention groups and (d) case studies and typological analyses derived from clinical samples' (Holt 2012, 289).

6.1 Criminal Justice Data

On criminal justice data, Holt (2012, 290) notes that those who 'come through the criminal justice system as a result of their abusive behaviour [are] likely to be a very distinct group, as are the families who report them and the forms of abusive behaviour which are reported'. This is because - as one Australian study succinctly captured in its title - reporting AFV to the police and following through with an intervention order is for most families *The Last Resort* (Howard & Abbott 2013). It is for this reason that these datasets 'are likely to represent the "thin end" of the wedge; that is, those whose behaviour lies at the severest end of the violence spectrum' (Holt 2012, 290).

Other drawbacks with this method include limited insight beyond youth and criminal justice processes, an over-representation of Black and ethnic minority groups, economically disadvantaged populations as well as any families who may have withdrawn from the 'justice process' (Holt 2012). Criminal justice data tells us the 'who and the what' of AFV but not the 'how and the why', writes Holt (2012, 290-291). She concludes that it is 'problematic to make general conclusions' when using these methods (Holt 2012, 290, original emphasis).

6.2 Epidemiological Surveys

Holt (2012, 291) suggests that epidemiological surveys have a tendency to ‘correlate parent abuse only with those psychosocial characteristics that are reducible to quantified “variables” (e.g. “quality of attachment”, “parenting style”, etc.)’. The majority of these kinds of surveys have been conducted in schools and universities and are often a part of a broader survey (Holt 2012). Critically, such surveys are frequently ‘cross-sectional’ as opposed to longitudinal (she cites the work of Brezina (1999) and Pagani et al. (2004) as exceptions to this) and consequently provide only a ‘static “snapshot” of parent abuse’ conveying ‘little about process or context’ (Holt 2012, 291; see also Agnew & Hugley 1989; Peek et al. 1985; Brezina 2000; Pagani et al. 2009; Elliott et al. 2011; Pagelow 1989; Edenborough et al. 2008).

6.3 Interview Data from Intervention Groups

Holt’s (2012, 292) third identified method, interview data from intervention groups, describes the collection of data from individuals involved in intervention. This research is characteristically ‘small scale and qualitative’ involving interviews and observations, largely with parents but in some cases with adolescents and practitioners (Holt 2012, 292). While typically analyses that proceed from this method focus on ‘experiences and effects of parent abuse’, Holt (2012, 292) writes that work in this domain has resulted in the development of ‘innovative techniques’. In particular, she cites the work of Cottrell and Monk (2004), who drew on three different studies - with adolescents, parents and counsellors - to ‘identify factors [that] may be involved in the production of parent abuse’; Eckstein (2004), whose analysis with parents of a single incident of abuse enabled ‘an exploration of ... communication patterns’; and Howard & Rottem’s (2008) use of ‘genograms to map out the family relationship context’ (Holt 2012, 292). This approach has also been used to evaluate intervention programs.

In Australia, Holt (2012, 292) cites Paterson et al. (2002) and Daly and Nancarrow (2009), in Canada, Doran (2007), and in the U.S., she cites Routt and Anderson’s (2011) interviews and observations of 268 families participating in the Step-Up program and their combination of this material ‘with court records, observations and interviews with programme staff’. Ultimately, however, Holt finds this methodology comparable with criminal justice data insofar as the data is drawn from a distinct population that is often self-referring and may also have access to the program because they are considered to be “in need”, such as ‘lone parents, mothers and those experiencing financial difficulties’ (Holt 2012, 292). On the limitations of ‘self-referral’ Holt adds that the same can be said for participation in research interviews. Holt cites her own research (2011) of ‘anonymous postings on online parenting support message board[s]’ to make a case that such data represents the “thick end” of the wedge’, that is, ‘that majority of parents who do not seek help’ (Holt 2012, 293).

6.4 Clinical Approaches: Case Studies and Typological Analyses

Finally, on clinical approaches: case studies and typological analyses, Holt (2012, 293) notes that a minority of practitioners draw exclusively on their ‘own case notes and clinical observations’ to conceptualise the origins of parent abuse (she cites Micucci (1995); Sheehan (1997) and in Australia Gallagher (2004a, 2004b)). However, it is more often the case that clinical studies take a “typological approach”, in which practitioners attempt to ‘distinguish individual and family characteristics (e.g. “lower frustration tolerance”, “parental stress”) specific to this population’ (Holt 2012, 293). Holt cites Nock and Kazdin (2002); Laurent and Derry (1999); Boxer et al. (2009); DeLange and Olivier, (2004) and Ghanizadeh and Jafari, (2010). Typically, the aims of the clinical approach are the production of ‘screening instruments to enable identification of “parent abuse”’ (Holt 2012, 293). For Holt (2012), the validity of screening tools is questionable, as they rely on both context and the ability of participants to accurately recall past incidents.

6.5 Reconsidering Research Methods

Holt suggests that methodological approaches to the study of AFV should be reconsidered. Her first suggestion - ‘[l]engthening the scope of research: relating proximal factors to distal factors’ recommends the consideration of ‘cultural and political forces which shape the acceptability of violence in terms of respect given to elders or the extent to which violence is tolerated in media representations of the young, for example’ (Holt 2012, 294). Her second recommendation - ‘[w]idening the scope of research: contextualising parent abuse within family abuse’ - draws on already established evidence that ‘parent abuse takes place within a wider backdrop of family violence’ (Holt 2012, 294; see also Ullman & Strauss 2003; McCloskey & Lichter 2003; Brezina 1999; Boxer et al. 2009).

While it is important to remain cognisant of the unique aspects of AFV, Holt (2012, 294) suggests that a more contextualising dynamic approach can aid in the development of prevention strategies by identifying ‘trajectories from one form of victimisation to another’ and potentially ameliorating ‘the risk of intergenerational transmission’. Holt’s (2012, 295) final recommendation - ‘[t]ransforming the scope of research: towards transdisciplinarity’ - calls for greater dialogue between sociological, social work, psychological and criminological disciplines, since ‘positioning ‘parent abuse’ within any one particular discipline can limit the possibilities for both theoretical development and practical intervention’. She argues that the current multidisciplinary approach to AFV is the cause of ‘disparate and incoherent’ findings and suggests we might aim for ‘the development of a new trans-disciplinary approach which establishes an entirely new way of theorising and researching parent abuse’ (Holt 2012, 295).

In her introduction in *Working with Adolescent Violence and Abuse Towards Parents*, Holt (2016a) reiterates the continuing limitations of current data collection methods. The use of criminal *justice* data (a method that captures ‘extreme cases where families have reached crisis point’) and service user data (a method that produces descriptive and insightful data about the dynamics of AFV), continue to dominate AFV research (Holt 2016a, 3). Such

methods cannot reveal true ‘prevalence rates’ writes Holt (2016a, 3), ‘since we do not know what the “dark figure” is – that is, the number of families who are suffering in silence’. In the absence of methodological adaptation and new studies that attempt to straddle the multidisciplinary approach that has dominated this field, research findings should ‘be interpreted in terms of these ... limitations’ (Holt 2016a, 3).

7. Recommendations and the Way Forward

7.1 Understanding and Treating AFV

In its report, the Commission (RCFV 2016, 79-80) provides six recommendations for improved understanding and treatment of adolescent family violence. These are to:

1. Extend the Adolescent Family Violence Program across Victoria within 2 years, subject to successful evaluations.
2. Develop additional crisis and longer-term supported accommodation options for adolescents who use violence in the home.
3. Develop the Victoria Police baseline model for family violence teams, and appoint dedicated youth resource officers to support the young person and family after an incident.
4. Children’s Court develop family violence applicant and responder workers.
5. Establish a statutory youth diversion scheme, subject to evaluation of the Youth Diversion Program pilot.
6. Trial and evaluate linking Youth Justice Group Conferencing with an Adolescent Family Violence Program to provide an individual and family therapeutic intervention for young people who are using violence in the home and are at risk of entering the Youth Justice system.

Recommendations arising from the study *The Last Resort: Pathways to Justice* by Howard and Abbott (2013, 9) include:

- ‘AVITH must be better recognised as a form of family violence by the justice sector (police and courts)
- wherever possible, actions should be taken to reduce the likelihood an adolescent will have a criminal record as a result of their violence
- responses to AVITH by the justice sector need to be clearly articulated in legislation and policy—they must aim at reducing further offending, enhancing the safety of family members and improving outcomes for the adolescents and broader community
- consideration should be given to mandating adolescents to participate in community-based behavioural change programs, rather than offering voluntary participation; outcomes for voluntary and mandated responses should be measured and compared
- a Common Risk Assessment Framework, similar to that used in adult family violence, must be developed for use with AVITH

- programs that support adolescent behavioural change and parenting must be geographically accessible, and age, culture and gender appropriate
- programs for offending adolescents must work with co-occurring issues including mental health and substance use issues
- resources for those experiencing and perpetrating AVITH should be developed for dissemination across the community and criminal justice sectors training on working with families where AVITH occurs should be developed and implemented across the criminal justice sector’ (cited in Howard 2014, 26).

The CRAF review authors make two recommendations in regard to AFV (McCulloch et al. 2016). The first (Recommendation 26) is that the redevelopment of the CRAF should ‘[a]dopt a partnership approach to building a service paradigm/s and responses for adolescent family violence with those working with adolescents and adolescent family violence’; and that targeted AFV programs ‘should be supported and evaluated as potential models for addressing adolescent family violence’ (McCulloch et al. 2016, 113). The second recommendation (Recommendation 27) is that the redevelopment of the CRAF ‘should be undertaken in partnership with the diverse organisations and professional groups that are relied upon to identify, assess and manage family violence risk across Victoria’ (McCulloch et al. 2016, 113).

7.2 Policy and Service Responses

The RCFV (2016, 165) notes that AFV perpetrators frequently have ‘complex problems’ that demand ‘coordinated response[s] [from] family violence services, police, courts, schools and health services’. The Commission further acknowledges that ‘[t]o achieve this, a much more comprehensive approach compared to the current patchwork of supports is required’ (RCFV 2016, 165). The Commission offers the following principles to guide ‘Victoria’s approach to addressing adolescent violence in the home’:

- There is a need to raise awareness about adolescent violence in the community, along with easy to find information about the options and services available to address adolescent violence.
- Adolescent violence in the home should be recognised by the family violence system as different from adult-perpetrated family violence.
- Involvement with the criminal justice system for adolescents who use violence in the home should be a last resort—therapeutic responses should be adopted. Priority should be given to specialist therapeutic responses that work with the young person and their families as early as possible. The underlying causes of the violence should be addressed to prevent any further violence and involvement in the criminal justice system.
- Responses should be flexible and tailored to the particular circumstances of each family. For example, the intensity of any intervention should be appropriate to the level of risk posed to family members.

- There is a need for an immediate response to adolescent violence in the home so that young people understand the consequences of their actions and family members can be protected.
- Removal of the young person from the family home should be avoided as much as possible. Where there is no other option but for the young person to leave the home, appropriate supported accommodation should be provided to them.
- Improvements need to be made to our justice system so that greater use can be made of diversionary and restorative options when the family wants this (RCFV 2016, 166).

Echoing the majority of work in this field, the Commission identifies the lack of public awareness as a key contributing factor to the stigmatisation that attends reporting of AFV and further, that continued silence risks ‘re-victimising parents by minimising the violence, and [failing] to address the young person’s needs’ (RCFV 2016, 166). The Commission further finds that current services’ ‘limited understanding’ of AFV can be attributed in part to the ‘lack of practice frameworks to guide family violence workers’ (RCFV 2016, 167). As already mentioned, the Commission called for a reassessment of this in a larger review of the CRAF, work that was subsequently undertaken by the CRAF review team at Monash University in 2016.

A consistent theme in work related to and reporting on AFV (perhaps more predominantly in Australia and the UK) is the lack of dedicated policy responses, tailored services and assistance for affected families (Condry & Miles 2012, 2015; Miles & Condry 2015; RCFV 2016). The RCFV (2016, 165) reports that presently ‘the family violence system struggles with how best to juggle the competing needs of protecting the best interests of young people and the safety of their family, when an adolescent is using violence in the home’. Given the undisputed recognition by those who work ‘on the ground’ of family violence intervention, that AFV is a problem, many scholars have wondered how it is that there is such a lack of official recognition (Condry & Miles 2012, 246).

One reason is the ‘lack of acknowledgement that adolescent to parent violence is a form of family violence in its own right’ and the ‘exclusion [of AFV] from the official definition of domestic violence’ (Condry & Miles 2012, 246). As Condry and Miles (2012, 246) write, there is a challenge in locating AFV ‘within existing policy and legal frameworks’ of family violence because of ‘the ways in which these frameworks construct the child, parents, victims and perpetrators’. They explain:

we would argue that there is a fundamental dissonance between the ways in which young offenders and their parents are constructed in youth justice and understanding parents to be victims of their own children’s violence. Adolescents are understood as potential offenders in the public sphere, but not within the home, and it is assumed that parents (and mothers in particular) are able to assert power and control over their children, all of which does not allow for a conceptualisation of mothers or fathers as victims who might be controlled or abused by their children (Condry & Miles 2012, 246).

7.3 Histories of Violence and Intergenerational Violence

One of the key challenges for service providers is that ‘young people can be both victims and users of violence in the home, sometimes at the same time’ (RCFV 2016, 165; Condry & Miles 2014, 270). While those working and writing on AFV agree that it is different from adult family violence, they do see parallels that mean it should be understood as a form of family violence (Condry & Miles 2012, 2014; Holt 2016a; Miles & Condry 2016; Wilcox 2012). Wilcox draws on qualitative research to highlight ‘how closely descriptions of parent abuse chime with descriptions of DV’. As she writes:

both entail a constellation of abusive behaviours embedded in the family relationship. In both cases, the majority of victims/survivors are females/mothers. Both involve a continuing process of social harm (rather than ‘one-off’ events) requiring day-to-day management ... As with domestic violence, parent abuse involves everyday stresses which shape a parent’s ability to ‘parent effectively’ ... These stresses in both cases frequently entail the physical withdrawal and psychological isolation from other family members (Wilcox 2012, 282).

Recent changes in the UK (effective 2013) expanded the definition of AFV to incorporate any abuse directed toward a parent by an adolescent where the young person in question was 16 or 17. The new definition has been described as ‘wide ranging’ and includes ‘coercive control’ (Condry & Miles 2014, 258). Prior to this, violence perpetrated by an adolescent toward a parent was not recognised as AFV if the child was under 18. Presently if the perpetrator is under 16 the abuse is not recognised as domestic violence (Condry & Miles 2014). In Australia the RCFV (2016, 157) reports that the ‘[u]se of violence in the home by adolescents does not fall within the conventional definitions of family violence and services are often not alert to its prevalence’ and further, ‘family violence prevention and support services are oriented towards adult-partner violence and rarely have capacity to respond to adolescents who use violence in the home’.

7.4 Responses from the Police and Justice System

In terms of the police response to AFV within Australia, the Commission reports that current practice reflects ‘the legal status of children and young people as minors’ (RCFV 2016, 158). Victorian police are bound by a code of practice when it comes to the investigation of family violence and are encouraged to recognise and 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).

Under the Family Violence Protection Act 2008 (Vic), police may only issue a family violence safety notice where they have reasonable grounds for suspecting that the respondent is an adult (18 years or older). Similarly, police can only exercise their holding powers under the Act if the respondent is an adult (RCFV 2016, 158).

The Commission lists the options available to police when determining a response to AFV as follows:

- 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 (RCFV 2016, 158).

While most agree that AFV should be understood as a form of family violence, there is consensus that AFV has ‘unique characteristics [that require] different responses’ (RCFV 2016, 165; Howard 2015; Miles & Condry 2016, 809). Perpetrators of AFV are minors, so their ‘culpability’ should be considered in a fundamentally different way to that of an adult abuser (Miles & Condry 2016, 809).

[T]he overwhelming theme across the interviews we conducted with police, practitioners and parents was that while parents do want their victimization 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 (Miles & Condry 2015, 1086).

[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 (Condry & Miles 2016, 264-265).

The emphasis on long-term solutions and the avoidance, wherever possible, of interaction with the criminal justice system is echoed in the established and emerging literature on best practice when dealing with AFV. Howard (2015, n.p.) neatly summarises the key differences between adult family violence and AFV, writing:

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.

7.5 Therapeutic Responses and Maintaining Connections

Howard (2015) argues for a therapeutic approach focussing on familial connections:

Most responses to adult family violence do not focus on maintaining relationships and connections, as the safety of women and children is the priority. Violent adolescents are at a crucial developmental stage, where family relationships and connection make a vital difference to their outcomes ... Effective interventions therefore need to focus on maintaining family connections and on adolescent wellbeing and safety, within a context of family safety (Howard 2015, n.p.).

Miles and Condry (2016, 809) similarly assert that the '[f]uture prospects' of child and adolescent offenders 'are potentially brighter' than those of an adult perpetrator as 'a child is more likely to grow out of violent behaviour'. The RCFV (2016, 167) also favours a 'therapeutic response', writing that:

Adolescence is a key life stage and early interventions for adolescents using violence in the home are crucial to prevent further violence and the risk of intergenerational violence. Rather than a criminal justice approach, a therapeutic approach is required. Research shows that young people who are diverted from the justice system are less likely to reoffend than those who go through the court system.

The recommendations of the RCFV are largely in step not only with the policy direction in the UK but with that of North America and Canada:

In Canada and the United States, current best practice includes diversionary, pre-sentencing and courtmandated interventions that engage and work with parents and adolescents. These interventions are influenced by the concept of therapeutic jurisprudence and recognise the influence of court processes on wellbeing and offender rehabilitation (Howard 2010, n.p.).

8. Parricide

In some extreme cases, AFV can escalate into parricide. Parricide, or a child killing their parent(s), includes either the killing of the perpetrator's father (patricide) or mother (matricide) (Heide 2012). Parricide accounts for approximately four percent of homicides in Australia annually; it is the third highest form of family homicide (Zander 2015). While adolescents may be responsible for these acts, many of the children who perpetrate parricide are over 18 years of age, and therefore legally adults (Heide 2012). Many live in the same house as the victim (Dantas et al. 2014). Holt and Schon (2016) point out that research on parricide rarely draws on research surrounding non-fatal violence towards parents and vice versa. They suggest the need to: 'Remove age parameters from research examining violence against parents' (9); 'Examine the developmental pathways into (and out of) violence against parents' (10); 'Examine the sources of conflict through a gendered generational framework' (11); 'Develop ways of theorizing gender in family violence more broadly' (12) (Holt & Schon 2016, 9-12).

Statistically, the most common parricide offences in Australia involve patricide by adult sons, while matricide by sons is less frequent. Female perpetration is also less common in Australia compared to other Western countries (Zander 2015). In many cases of parricide, the incident occurs in the victim's home and is often spontaneous rather than premediated – often the incident is either the result of untreated mental illness, or an attempt to stop ongoing family violence against the child, their siblings or the child's mother (Dantas et al. 2014; Heide 2012; Zander 2015). Parricides committed by juveniles and adults have distinct characteristics (Cooke 2001), as juveniles are more likely to commit impulsive acts of retaliation against abuse, while the actions of adults are more likely to be a result of mental illness (Baxter et al. 2001). Indeed, there is a high correlation between schizophrenia and

parricide (West & Feldsher 2010). There is some debate in the literature as to whether parricide offenders are more likely than others to remain at the scene after the incident, with studies reporting conflicting results (Dantas et al. 2014; Weisman & Sharma 1997).

8.1 Research into Parricide in Australia

In Australia, National Homicide Monitoring Report data shows that between 2002-3 and 2011-12 there were 128 parricide incidents (Cussen & Bryant 2015). These incidents involved 134 victims (constituting 12 percent of all domestic violence victims) and 132 offenders (Cussen & Bryant 2015). 88 percent of these incidents occurred in the victim's home, with 36 percent occurring between the hours of 6pm to midnight (Cussen & Bryant 2015). The apparent cause of death in these parricide offences was most likely to be a stab wound (54 percent; Cussen & Bryant 2015).

While the prevalence of parricide incidents is known, little is understood about the context and antecedents of these homicides. State and federal governments are increasingly focused on addressing issues of family violence, but focus primarily on intimate partner violence, as this is the most prevalent form of family violence (McCulloch et al. 2016). Recent reports such as the RCFV (2016), Queensland's *Not Now, Not Ever: Putting an end to Domestic and Family Violence in Queensland* (2015) report and the *COAG Advisory Panel on Reducing Violence against Women and their Children* (2016) do not make reference to parricide as a form of family violence.

8.2 International Evidence

Studies highlight that the act of parricide is 'one of the least understood and most under-researched acts of family violence' (Walsh, Krienert & Crowder 2008, 1). Research into parricide primarily examines descriptive characteristics of the perpetrators and victims. There are few studies that consider data beyond these demographics; due to the low frequency of these events, empirical research often has problems with small sample sizes, non-representative populations, and a lack of comparison groups (Baxter et al. 2001). The majority of studies are quantitative in nature. While such studies provide a wide overview of the statistics surrounding parricide incidents, they do not reveal important nuances in the context surrounding a parricide event.

Studies from the United States show that parricide is primarily an intraracial white crime, with African Americans significantly underrepresented in the statistics (Walsh, Krienert & Crowder 2008). Patterns of offenders' demographic information are otherwise similar to those noted in Australia, with the most frequent offences involving male perpetrators and male victims in both the US and UK (Baxter et al. 2001; Cooke 2001).

8.3 Need for further research into parricide

Further research is required to address the gaps in our understanding of parricide offences in Australia. While the Australian Institute of Criminology's National Homicide Monitoring Program provides data on the demographic characteristics of the perpetrator and the victim, and classifies their relationship into several categories, little is understood about the broader context within which parricide offences occur. The context of homicide incidents will have substantial differences in the motives of offenders, precipitating events and personal characteristics of the victims and offenders (Cussen & Bryant 2015). In particular, there is a need for qualitative data to capture the nuances of how parricide may differ from other types of family violence.

9. Conclusion

Violence and abuse committed by young people has a significant impact on the health and wellbeing of parents and on adolescents themselves. While any form of family violence is a serious issue, the context and precursors of adolescent family violence are not yet well understood. Families seeking support do not obtain the assistance they require from professionals, and many report that they are ignored when they seek help, or are blamed for not being able to adequately parent their child. In extreme instances, children may commit parricide, although this is more likely to be committed by adult children over the age of adolescence.

This report has explored the state of research, policy, service responses and public knowledge on AFV, highlighting strengths in the response to AFV and areas for improvement. Further research into AFV is required, as is the development of more appropriate methodological tools with which to conduct this research. As this review highlights, it is critical to acknowledge the gendered dimension of AFV in research, policy, and intervention work. While female adolescents do commit violence, the main perpetrators of AFV are male adolescents, and the primary victims are their mothers.

Nevertheless, different responses are required for adolescents who commit violence compared to adult male perpetrators of intimate partner violence. In particular, the issue of AFV calls for therapeutic approaches rather than a criminal justice system response. As Miles and Condry (2016) suggest, adolescents who use violence may potentially be more likely through therapeutic responses to eliminate violent behaviour than adults. Tackling AFV is an important task for researchers, policy makers and those working in intervention in order to better understand the perpetuation of histories of intergenerational family violence, and enhance the safety and well-being of parents, siblings and adolescents.

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Legislation

Family Violence Protection Act 2008 (Vic)