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# Adolescents using Family Violence (AFV)

# MARAM Practice Guidance Project 2022

## Review of the Evidence Base

RMIT UNIVERSITY | Centre for Innovative Justice

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# Contents

# Acknowledgements

The Centre for Innovative Justice (CIJ) at RMIT University acknowledges the people of the Woi wurrung and Boon wurrung language groups of the Eastern Kulin Nation on whose unceded lands we conduct the business of the University. We acknowledge their Elders past, present and future, as well as the ongoing strength of the world's oldest continuing and living culture. Always was, always will be.

The CIJ acknowledges the ongoing impacts of colonisation, impacts which contribute to intergenerational trauma and associated rates of family violence experienced by Aboriginal communities. We recognise the structural discrimination and systemic racism which sees Aboriginal children removed from their families at disproportionate rates and Aboriginal communities disproportionately policed and incarcerated. These structural and systemic factors contribute significantly to the extent to which use of harmful behaviours of young people in Aboriginal communities is reported, where communities understandably fear punitive, rather than therapeutic, responses.

Finally, the CIJ also acknowledges the significant harm that has so often been experienced by young people who use the behaviours described in this review, as well as the significant harm, distress and ongoing fear that their family members experience when young people start to respond with use of harm themselves. The CIJ also acknowledges that too many young people with disabilities are caught up in legal system responses to harmful behaviour when they should instead receive support. In fact, protective family members and young people alike have too often been let down by the service and legal system when they simply want safety and support.

# Acronyms

| Term | Definition |
| --- | --- |
| ADHD | Attention Deficit Hyperactivity Disorder |
| AFV | Adolescent Family Violence |
| AIM | Assessment/Intervention/Moving On |
| ASD | Autism Spectrum Disorder |
| AVITH | Adolescent Violence in the Home |
| APVA | Adolescent to Parent Violence and Abuse Risk Screening Tool |
| BOCSAR | Bureau of Crime Statistics and Research |
| CADRI | Conflict in Adolescent Dating Relationship Inventory |
| CDV | Cyber Dating Violence |
| CIJ | Centre for Innovative Justice |
| CFRE | Centre for Family Research and Evaluation |
| CPV-Q | Child-to-Parent Violence Questionnaire |
| CPVR | Child to Parent Violence Risk |
| DASH-13 | Desistance for Adolescents who Sexually Harm |
| EARL | Early Assessment Risk List |
| ERASOR | Estimate of Risk of Adolescent Sexual Offence Recidivism |
| FASD | Foetal Alcohol Spectrum Disorder |
| FV | Family Violence |
| HSB | Harmful Sexual Behaviour |
| IPV | Intimate Partner Violence |
| J-RAT | Juvenile Risk Assessment Tool |
| J-SOAP II | Juvenile Sex Offender Assessment Protocol |

| Term | Definition |
| --- | --- |
| JSORRAT II | Juvenile Sexual Offence Recidivism Risk Assessment Tool II |
| LGBTIQ+ | Lesbian, Gay, Bisexual, Trans, Intersex & Queer + |
| MARAM | Multi-Agency Risk Assessment and Management |
| MARSHA | Measure of Adolescent Relationship Harassment and Abuse |
| PIPA project | Positive Interventions for Perpetrators of Adolescent violence in the home project |
| PTSD | Post-Traumatic Stress Disorder |
| RCFV | Royal Commission into Family Violence |
| RNR | Risk Needs Responsivity |
| SAPROF | Structured Assessment of Protective Factors for Violence Risk |
| SAVRY | Structured Assessment of Violence Risk in Youth |
| SPJ | Structured Professional Judgment |
| TDV | Teen Dating Violence |
| VADRI | Violence in Adolescent Dating Relationship Inventory |
| WRAP Around Families | Whole of family Responses to Adolescent violence in the home Programming (WRAP) Around Families |
| YLS/CMI | Youth Level of Service/Case Management Inventory |

# 1 Introduction

## 1.1 Project background

In 2022, the Centre for Innovative Justice (CIJ) at RMIT University was contracted by Family Safety Victoria to contribute to the development of a MARAM Practice Guidance regarding Adolescents Using Family Violence.

In the context of this project, the term 'Adolescents Using Family Violence' (AFV) was scoped to incorporate young people using violence or harm across a range of personal relationships, both within their family of origin, wider family networks and intimate relationships. Similarly, the term was also scoped to include harmful sexual behaviour, which is otherwise generally addressed as a standalone issue within the literature, given that it requires a particularly specialised response.

As part of this project, the CIJ was asked to conduct a review of the applicable evidence base. The relevant evidence base is necessarily broad, given the spectrum of behaviour and relationship contexts contemplated within the project's focus.

In particular, the review of the evidence-base was required to give specific consideration to:

(a) assessment tools used in Australia and international jurisdictions by universal and community services to identify and assess risk posed by young people using family violence, as well as an analysis of their evidence base

(b) practice considerations for assessing risk, needs and wellbeing for young people using family violence, including any areas or indicators associated with risk and/or compounding risk

(c) prevalence and types of behaviour used (where known) across relationship types and age/developmental stage/gender of the adolescent using violence/person experiencing violence

(d) observable behaviours of concern and signs and narratives indicating use of risk behaviours.

With a scope as broad as the behaviours contemplated, this review attempts to provide an accessible discussion and, in doing so, to shape a useful foundation for a Practice Guidance which can inform nuanced risk assessment and management in this complex area of work.

Important to note, this review generally uses the term 'young people' throughout, while recognising that the term 'adolescent' or 'child' are more commonly used across the evidence base.

## 1.2  Definitions and concepts

Given the spectrum of behaviours and relationship contexts which this review (and the wider project) aims to address, the breadth and variation of conceptualisation across (and within) this spectrum can impact any analysis of the available evidence. Equally, this variation can hamper appropriate service responses, particularly where practitioners may not necessarily recognise the nature or scale of risk to family members or intimate partners[1] or, conversely, where practitioners respond to it as they would the use of violence by adults – and without contemplation of the vulnerability of the young person involved.

### 1.2.1  Use of violence against family members – 'adolescent violence in the home'

In terms of young people's use of violence and harm against family members, it is important to note the variation in descriptions across the evidence base. First appearing in the literature in 1979 as "parent battering" and initially focusing predominantly on physical aggression,[2] international literature generally frames this violence in the context of specific relationships, such as "child-to-parent violence" or "adolescent-to-parent violence".[3],[4] By contrast, Victoria's Royal Commission into Family Violence (RCFV) used the term "adolescent family violence" as a purposeful attempt to bring the behaviour within the remit of a broader policy focus on family violence (FV) and thereby highlight the need for associated attention.[5]

This was despite the weight of Australian literature's use of the term "adolescent violence in the home" (AVITH),[6] noting the preference for this term by specific researchers who argue that the behaviour used by young people does not always meet the Victorian legislative definition of FV or is a manifestation of dysregulation due to an experience of trauma; an act of resistance to current experience of victimisation; or behaviour directly related to disability.[7]

In an interesting return to a focus on relevant relationships, a distinct body of literature (both Australian and international) is also emerging which calls for the use of "child-to-mother abuse"[8] as a term which captures the gendered way in which mothers are disproportionately impacted.[9]

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[1] Holt, A & Retford, S. (2013) 'Practitioner accounts of responding to parent abuse – a case study in ad hoc delivery, perverse outcomes and a policy silence' 18 *Child and Family Social Work* 365.

[2] Harbin, H. & Madden, D. (1979) 'Battered parents: A new syndrome' 136(10) *The American Journal of Psychiatry* 1288, 1288.

[3] Moulds, L & Day, A. (2017) 'Characteristics of adolescent violence towards parents – a Rapid Evidence Assessment' 9(3) *Journal of Aggression, Conflict and Peace Research*, 195; Simmons, M, McEwan, T., Purcell, R. & Ogloff, J. (2018), 'Sixty years of child-to-parent abuse research: What we know and where to go' 38 *Aggression and Violent Behaviour* 31.

[4] Moulds & Day, above n 3. Simmons et al, above n 3.

[5] *Royal Commission into Family Violence: Report and Recommendations* (Report, March 2016) vol IV, pp. 156-157.

[6] Howard, J. (2015) 'Adolescent violence in the home: How is it different to adult family violence?', *Australian Institute of Family Studies* < https://aifs.gov.au/cfca/2015/12/08/adolescent-violence-home-how-it-different-adult-family-violence> .

[7] Campbell, E., Richter, J., Howard, J. & Cockburn, H.(2020) 'The PIPA project: Positive interventions for perpetrators of adolescent violence in the home (AVITH)' (Research Report, ANROWS);. Campbell, E., Ellard, R., Hew, E., Simpson, M. Meyer, S. & McCann, B (forthcoming) 'WRAP Around Families Experiencing AVITH: Towards a Collaborative Service Response' (Research Report, ANROWS) 1.

[8] Edenborough, M, Jackson, D., Mannix & Wilkes, L. (2008) 'Living in the red zone: the experience of child-to-mother violence' 13 *Child and Family Social Work* 464

[9] Peck, A., Hutchinson, M. & Provost, S. (2020) 'Young Person-to-Mother Violence: An Integrative Review of Evidence from Australia and New Zealand' *Australian Social Work* 1; Burck, D., Walsh, D., & Lynch, D. (2019). Silenced mothers: Exploring definitions of adolescent-to-parent violence and implications for practice. Advances in Social Work and Welfare Education, 21(1), 7–18.

## 1.2.2  Use of harm in intimate relationships – 'adolescent dating violence'

These definitions do not generally capture wider use of violence by young people in the context of intimate relationships, although some interventions acknowledge that AVITH may extend to intimate partner violence (IPV) and direct programs at both intimate and family relationships as a result.[10]

Generally, literature addressing young people's use of IPV is commonly referred to as "dating violence",[11] "teen dating violence" (TDV)[12] or "adolescent dating violence" (ADV).[13] This literature has developed as a distinct evidence base and is the focus of considerable attention, particularly in the United Kingdom (UK) and United States (US) contexts, given consistent prevalence rates which will be discussed later in this review. An emerging body of literature also examines the specific issue of "Cyber Dating Violence" (CDV)[14] within the wider phenomenon.

Literature examining ADV acknowledges that this behaviour may be learned from adults but does not necessarily recognise that the behaviour has potentially been used against family members first.[15] More broadly, some studies make the crucial point that 'dating' may be an unhelpful term in the context of contemporary relationships/interactions between young people, given the wide variation in how contemporary young people have intimate experiences.[16]

## 1.2.3  Harmful sexual behaviours (HSB)

Finally, while most legislative definitions of FV across Australia include sexual assault,[17] arguably these definitions are not designed to capture the use of HSB by young people.

The use of HSB by young people is a distinct and substantial field of inquiry. Variably referred to as "sexually abusive behaviour",[18] "problematic sexual behaviour"[19] or "harmful sexual behaviour" (HSB)[20] relevant literature recognises ongoing debate about appropriate terminology.[21]

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[10] Moulds, L. G., Malvaso, C., Hackett, L., & Francis, L. (2019). "The KIND program for adolescent family and dating violence". *Australian and New Zealand Journal of Family Therapy.* Advance online publication. https://doi-org.ezproxy.lib.rmit.edu.au/10.1002/anzf.1364

[11] Bandyopadhyay, A., Deokar, A. & Omar, H. (2014), 'Dating violence in adolescence' *Pediatrics Faculty Publications,* 135-154, Bonomi, A., Anderson, M. Nemeth, J. Rivara, F. & Buettner, C. (2013) 'History of dating violence and the association with late adolescent health' *BMC Public Health* 13:821; Rothmann, E., Campbell, J. Hoch, A., Bair-Merritt, M., Cuevas, C., Taylor, B. and Mumford, E. (2022) 'Assessing the validity of a three-item dating abuse victimization screening tool in a 11 – 21 year old sample' *BMC Pediatrics* 22:337.

[12] Offenhauer, P. & Buchalter, A. (2011) 'Teen Dating Violence: A Literature Review and Annotated Bibliography' Library of Congress – Federal Research Division; National Center for Injury Prevention and Control (2022) 'Preventing Teen Dating Violence' Division of Violence Prevention.

[13] Smith, J., Mulford, C., Latzman, N. E., Tetan Tharp, A., Holditch Niolan, P. & Blachman Demner, D. (2015) 'Taking stock of behavioral measures of Adolescent Dating Violence' *J Aggress. Maltreat Trauma* 24(5) 674-692

[14] Martinez-Soto, A. & Ibabe, I. (2022) 'Recommended Instruments for Analyzing Cyber Dating Violence: A Systematic Review' *The Spanish Journal of Psychology*, 25. e4.

[15] Smith et al, above n 13

[16] Bandyopadhyay, above n 11, 144.

[17] *Family Violence Act 2004* (Tas) *Family Violence Protection Act 2008* (Vic); *Restraining Orders Act 1997 5A* (WA)

[18] El-Murr, A. (2017). *Problem sexual behaviours and sexually abusive behaviours in Australian children and young people: A review of available literature* (CFCA paper no. 46). Melbourne: Australian Institute of Family Studies; Blackley, R. & Bartels, L. (2018). Sentencing and treatment of juvenile sex offenders in Australia. *Trends & issues in crime and criminal justice, No. 555*. Retrieved from https://aic.gov.au/publications/tandi/tandi555

[19] Ibid.

[20] The final report of the Royal Commission into Institutional Responses to Child Sexual Abuse (Commonwealth of Australia, 2017) used the terminology "harmful sexual behaviour" and included discussion of the characteristics of children who engage in HSB, though the context for this discussion was not FV. Commonwealth of Australia. (2017c). *Royal Commission into Institutional Responses to Child Sexual Abuse* (Final report: Volume 10, Children with harmful sexual behaviours). Canberra: Commonwealth of Australia.

[21] O'Brien, W. (2010). Australia's response to sexualised or sexually abusive behaviours in children and young people. Canberra: Australian Crime Commission. Shlonsky, A., Albers, B., Tolliday, D., Wilson, S.J., Norvell, J. & Kissinger, L. (2017). Rapid evidence assessment: Current best evidence in the therapeutic treatment of children with problem or harmful sexual behaviours, and children who have sexually offended. Sydney: Royal Commission into Institutional Responses to Child Sexual Abuse

Considerable attention has been applied to development of appropriate assessment and intervention for young people using this type of harm.[22] The relevant evidence base has also predominantly derived from clinical and forensic settings, rather than from the community-based and political foundation that informs responses to FV, providing further contrast.

Given that sibling sexual abuse or sexual assault against other family members may occur in the context of AVITH,[23] and sexual assault may occur in the context of ADV, arguably there is overlap in the behaviour of young people in these contexts. Particularly relevant, however, current evidence indicates that children exhibiting HSB are likely to have experienced FV or other forms of harm from adult perpetrators,[24] while child sexual abuse frequently occurs in a context of broader FV perpetration.[25] This highlights the overlap in relation to the young people within the remit of this evidence review, being a shared experience of victimisation, rather than particular commonalities across their use of different types of harm.

Acknowledging these variations and overlaps, the term 'AVITH' is used in this review to distinguish young people's use of violence against family members from young people's use of adolescent dating violence 'ADV' and HSB. Where all forms of behaviour within the scope of this review are referred to collectively, the overarching term 'adolescents using family violence' (AFV) is used.

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[22] Porter, M., & Nuntavisit, L. (2016). An evaluation of multisystemic therapy with Australian families. *Australian and New Zealand Journal of Family Therapy, 37*(4), 443–462. https://doi.org/10.1002/anzf.1182

[23] State of Victoria. (2016a). *Royal Commission into Family Violence: Summary and recommendations*. Retrieved from http://www.rcfv.com.au/MediaLibraries/RCFamilyViolence/Reports/Final/RCFV-Summary.pdf

State of Victoria. (2016b). *Royal Commission into Family Violence: Report and recommendations, Vol I.* (No 132 Session (2014–16)). Retrieved from http://www.rcfv.com.au/MediaLibraries/RCFamilyViolence/Reports/Final/RCFV-Vol-I.pdf

[24] Blackley & Bartels, above n 18; Rich, P. (2011). *Understanding, assessing and rehabilitating juvenile sexual offenders* (2nd ed.). New York: John Wiley and Sons Ltd, pp 73 - 89

[25] Jouriles, E., Smith, A. McDonald, R. & Garrido, E.F. (2008) 'Child Abuse in the Context of Domestic Violence: Prevalence, Explanations and Practice Implications' *Violence and Victims*

# 2 Identifying AFV and assessing risk

Section 2 discusses the publicly available evidence concerning tools used to assess the broad spectrum of behaviours which are contemplated by this evidence review. Important to recognise, the tools discussed in the evidence are variously used to screen for the presence of different forms of violence; to assess the nature of future risk; and, just as importantly, to assist agencies in determining how to respond.

This means that the available evidence includes a substantial number of tools which are primarily focused on understanding 'violence recidivism' at a cohort level, thereby contributing to greater understanding about prevalence, as well as risk and protective factors which can inform effective interventions. It also includes more pragmatic 'toolkits' which are designed to support identification and multi-agency responses at a local or regional service level. Accordingly, parallels with Victoria's MARAM Framework are sometimes limited, particularly as many tools appear to be designed with a clinical or forensic lens or, conversely, without a specific aim for a consistent understanding of risk at a practice level.

With this caveat in mind, this section attempts to identify the context for the use of different tools in terms of the relationships in which a young person may be using violence; the behaviours that they are designed to assess; the sources of information, such as client narrative used; the workforces applying the tool; as well as any relevant comparisons with Victoria's MARAM.

## 2.1 Tools assessing risk of general or violent offending by young people

To provide context for the behaviour-specific tools, the following brief sub-section highlights examples of tools developed to assess *wider* use of violence and the way in which these have been adapted from models designed to assess the behaviour of adults.

In particular, the Risk Needs Responsivity (RNR) framework developed by Andrews and Bonta[26] informed the development of the Youth Level of Service/Case Management Inventory (YLS/CMI) tool which uses a 42 item checklist of eight subscales ('Offense History, Family Circumstances/ Parenting, Education, Peer Relations, Substance Abuse, Leisure/Recreation, Personality/Behavior, and Attitudes/ Orientation') and is considered reliable in predicting risk of violent offending by young people aged 12 to 18.[27]

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[26] Andrews, D.A., Bonta, J. and RD Hoge (1990) 'Classification for Effective Rehabilitation: Rediscovering psychology' *Criminal Justice and Behaviour* 17(1) 19-52.

[27] Welsh, J.L, Schmidt, F., McKinnon, L., Chattha, H.K. & Meyers, J.R. (2008) 'A Comparative Study of Adolescent Risk Assessment Instruments' *Assessment* 104-115; Hoge, R.D. (2017) 'The Youth Level of Service/Case Management Inventory', Douglas, K.S. and Otto, R.K. (eds) *Handbook of violence risk assessment* Taylor & Frances Group.

The Psychopathy Checklist (Youth Version) (PCL/YV) is a more controversial tool which was not developed specifically for risk assessment but has sometimes been used in that context.[28] The Child and Adolescent Risk of Violence (CARV) tool, meanwhile, provides for assessment of a young person against a sample of young people assessed at low, medium or high risk for "acting out or assaultive behaviour".[29]

Of particular focus in the evidence, the more recently developed Structured Assessment of Violence Risk in Youth (SAVRY) assesses against 24 risk items grouped into three domains (Historical, Social/Contextual and Individual/Clinical) and has been translated into 15 languages.[30] Recent studies suggest strong predictive validity, as well as strong reliability between different assessors (interrater reliability).[31] This is an important measure in tools using Structured Professional Judgement (SPJ), which the evidence base indicates is particularly valuable in areas such as use of interpersonal violence.[32]

Important to acknowledge, the SAVRY assesses for general, violent and sexual offending by young people, but does not specifically assess for risk of FV. While it would assess past physical assaults or property damage, therefore, it would not directly assess for risk of other forms of abusive behaviour, such as coercive control or emotional, psychological or financial abuse. It may capture flags of these behaviours indirectly, however, through more general measures by assessing for risk factors such as 'stress and poor coping' or 'anger management issues' which could inform a practitioner's wider SPJ.

As well as risk factors, the SAVRY separately assesses for a sample of protective factors.[33] Some studies have found that the inclusion of these protective factors does not necessarily impact the SAVRY's predictive value,[34] particularly in relationship to prediction of sexual offending.[35] Nonetheless, literature suggests that this specific focus not only distinguishes the SAVRY from other tools, but makes it vital in the context of assessments for young people, where deficit-based approaches and stigma are crucial to avoid and where desistance from offending and anti-social behaviour is more likely.[36]

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[28] Ibid

[29] Seifert, K. Phillips, S. & Parker, S. (2001) 'Child and Adolescent Risk for Violence (CARV): A Tool to Assess Juvenile Risk' *J. Psychiatry & L.* 329, 29.

[30] Borum, R., Lodewijks, H., Bartel, P. & Forth, A. (2017) Douglas, K. S., & Otto, R. K. (Eds.). (2017). Handbook of violence risk assessment. Taylor & Francis Group.

[31] Ibid

[32] de Bortoli, L., Ogloff, J., Coles, J. and Dolan, M. (2017) 'Towards best practice: combining evidence-based research, structured assessment and professional judgement' *Child and Family Social Work* 22, 660-669

[33] Borum et al, above n 30.

[34] Viljoen, J.L., Bhanwer, A.K., Shaffer, C.S. & Douglas, K.S. (2020) *Assessment* Vol. 27(5) 959–975

[35] Zeng, G., Meng Chu, C. & Lee, Y. (2015) 'Assessing Protective Factors of Youth Who Sexually Offended in Singapore: Preliminary Evidence on the Utility of the DASH-13 and SAPROF' *Sexual Abuse: A Journal of Research and Treatment* 2015, Vol. 27(1) 91–108 citing Schmidt, F., Campbell, M. A., & Houlding, C. (2011). Comparative analyses of the YLS/CMI, SAVRY, and PCL:YV in adolescent offenders: A 10-year follow-up into adulthood. *Youth Violence and Juvenile Justice*, 9, 23-42. doi:10.1177/1541204010371793

[36] de Vries Robbé, M., de Vogel, V. & Veldhuizen, A. (2017) 'Structured Assessment of Protective Factors for Violence Risk' in Douglas, K. S., & Otto, R. K. (Eds.). (2017). Handbook of violence risk assessment. Taylor & Francis Group, 410-437.

Zeng and colleagues explain that it is important to understand that some protective factors can be direct – ie having a positive impact regardless of the risk factors present – while others have a "buffering" effect in relationship to the risk factors. The latter means that the effect is dependent upon how these factors are co-occurring, as well as the strength or "dose" of the protective factors in individual young people's lives.[37]

To note, despite the specific inclusion of protective factors in the SAVRY, some studies have found that the SAVRY and YLS/CMI are nonetheless relatively interchangeable in terms of their capacity to assess for future violent recidivism.[38]

In addition to the above tools, the Early Assessment Risk List for Boys and Girls respectively are validated and gender-specific SPJ tools developed to assess risk of future offending or 'anti-social' behaviour in pre-adolescent children.[39] Noting the importance of early intervention to prevent trajectories into further damaging behaviours, the EARL tools assess for factors in the domains of Family, Child and Responsivity.

Of specific interest, the latest iteration has changed the 'Responsivity' domain to 'Barriers to Treatment' in recognition of the structural barriers, including systemic racism, that so many families with complex needs encounter.[40] In particular, the iteration in development includes an additional item in this category "which focuses on responsivity at a community level and addresses some of the prejudice and discrimination experienced by minority populations".[41]

## 2.2  Tools/studies assessing risk in young people's use of AVITH

By contrast to the relatively broad application of validated tools which predominantly contemplate violent behaviour outside family relationships, equivalent tools specific to the area of AVITH are generally used in more confined jurisdictional settings.

While tools are relatively scarce in the Australian context,[42] it is useful to note that the Royal Australian College of General Practitioners has recently included a chapter on 'Adolescent to Parent Violence' in the 'White Book',[43] a resource developed to support general practitioners (GPs) in the process of identifying and responding to different forms of violence being used or experienced across their patient cohorts.

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[37] Zeng et al, above n 35, 93.

[38] Shepherd, S.M., Luebbers, S. & Ogloff, J. (2014) 'Are youth violence risk instruments interchangeable? Evaluating instrument convergence in a sample of incarcerated adolescent offenders'*Journal of Forensic Psychology Practice* 14(4) 317-341

[39] Augimeri, L.K., Walsh M., Enebrink, P., Jiang, D., Blackman, A. & Smaragdi, A. (2017) 'The Early Assessment Risk Lists for Boys (EARL 20B) and Girls (21G) Douglas, K. S., & Otto, R. K. (Eds.). (2017). Handbook of violence risk assessment. Taylor & Francis Group, 227-252

[40] Ibid.

[41] Ibid, p 230.

[42] 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.

[43] Abuse and violence: working with our patients in general practice, 5th edition (the White Book).

The 5th edition of the White Book (2022) was informed by advice and contributions from the WEAVERS, a group of Lived Experience Advocates supported by researchers at the University of Melbourne.[44] The new edition also includes a chapter on ADV, including cyber dating violence.

In particular, the White Book encourages GPs to adopt a "youth-friendly, developmentally appropriate and trauma-informed approach"[45] and to use the HEEADSSS "psychosocial interview for adolescents", a broader primary health tool focused on adolescence which includes questions around 'Home', 'Education and Employment,' 'Eating and Exercise', 'Activities', 'Drugs and Alcohol' 'Sexuality and Gender' 'Suicide, Depression and Self-harm' and 'Safety'.[46]

While the above is an example of a FV approach being incorporated into wider screening processes in a primary health contact, of note, the Child-to-Mother Violence Scale[47] is a tool designed by primarily Australian-based researchers specifically to capture the prevalence, experience and nature of child-to-mother violence, as well as to provide a basis for nursing and primary health practitioners to identify child-to-mother violence in their patients.

The tool involves separate scales, the first assessing for patients' experiences of certain behaviours, ranging from physical, psychological and financial abuse, and measured on a Likert scale of four responses for each item. The second scale assesses for triggers of violent/threatening behaviour with four optional responses to each item; while a further set of questions asks about actions that have been taken and any support networks available. While preliminary discussion of this tool and current steps to validate it sound promising, further evidence of its application does not appear to be publicly available.

Meanwhile, a very concrete example of a non-validated, practice-based tool directly focused on AVITH is the Adolescent to Parent Violence and Abuse Risk Screening Tool (APVA). The AVPA was developed in the UK as part of the wider concerted emphasis on improved multi-agency risk assessment and management practices in that jurisdiction, including through Multi-Agency Risk Assessment Conferences. Comprising 26 questions requiring direct 'yes/no' answers, as well as opportunities for inclusion of narrative data, the tool is intended to function as a guide for practitioners in the family services and specialist FV field. Important to note, the tool was specifically designed to be completed with a parent/carer, rather than with a young person.[48]

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[44] https://www.saferfamilies.org.au/weavers

[45] Ibid, 190.

[46] https://www.rch.org.au/clinicalguide/guideline_index/Engaging_with_and_assessing_the_adolescent_patient/
See also Smith,G. & McGuinness, TM (2017) 'Adolescent Psychosocial Assessment: The HEEADSSS' *J Psychosoc Nurs Ment Health Serv* 55(5) 24-27

[47] Edenborough, M., Wilkes, L., Jackson, D. & Mannix, J. (2011) 'Development and Validation of the Child to Mother Violence Scale' NURSERESEARCHER 18, 2, 63.

[48]*Adolescent to Parent Violence and Abuse Risk Screening Tool*
*https://www.proceduresonline.com/nesubregion/files/apva_ric_screening_tool.docx*

While the majority of questions in this tool relate to a young person's behaviour, needs or current situation, a small number of questions also relate to the presenting needs of the relevant parent/carer, including those which might function as a barrier to engagement.[49] The tool is accessible and appears to be easy to use from a practitioner perspective. Also available is a Guidance produced by the UK Home Office which summarises the relevant evidence and explains how agencies should respond to 'adolescent to parent violence and abuse'.[50]

Further afield, a number of tools have been developed in Spain, a jurisdiction with a significant focus on this particular area of interpersonal harm. Examples of self-report questionnaires include the Intra-family Violence Scale,[51] which has nine items designed to assess the presence of violence "toward parents, parent-to-child violence and between parent violence" and the Child-to-Parent Aggression Questionnaire[52] a tool involving 20 questions inviting self-reports by young people of violence against mothers and fathers respectively, as well as reasons for the aggression.

The Child to Parent Violence Risk (CPVR) assessment tool was also developed in Spain. In the process of being validated, the tool is comprised of 24 possible risk factors which are ordered into four categories (type of violence; psychological characteristics of the 'perpetrator'; adaptation of the 'perpetrator'; and family factors).[53] The tool also features six protective factors. Studies applying the CPVR have found it useful in classifying typologies of young people using violence against parents and thereby identifying the most appropriate interventions. These studies have also found it useful in predicting the case trajectories, including likely injuries to mothers.[54] Four variables have been found to be particularly predictive, being "narcissism, attitudes, violence between parents and personal problems of parents".[55]

Arguably the most detailed tool in the Spanish context, the Child-to-Parent Violence Questionnaire (CPV-Q),[56] was developed as a comprehensive approach focused on type and prevalence of behaviours. Involving multiple layers, the CPV-Q asks young people to indicate the frequency of their use of certain behaviours against either parent, doing so along a Likert Scale (for example 1=never, 5=always). Further tools within the model are used to assess Social and Cognitive Strategies and Social Information Processing.

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[49] Ibid.

[50] Home Office *Information Guide: Adolescent to Parent Violence and Abuse.*

[51] Ibabe, I. & Jauregizre, J. (2013) 'Risk factors for Child-to-Parent Violence' J Fam Viol (2013) 28:523–534

[52] Calvete E, Orue I, Gámez-Guadix M (2013) 'Child to Parent Violence: Emotional and Behavioural Predictors' *Journal of Interpersonal Violence* 28(4) 755-772; Del Hoyo Bilbao, J, Gámez-Guadix, M., Orue, I. and Calvete, E. (2018) Psychometric Properties of the Child-to-Parent Aggression Questionnaire in a Clinical Sample of Adolescents Who Abuse Their Parents: Prevalence and Gender Differences, *Violence and Victims* 33(2)

[53] Loinaz, I. & Ma de Sousab, A. (2020) 'Assessing Risk and Protective Factors in Clinical and Judicial Child-to-Parent Violence Cases' The European Journal of Psychology Applied to Legal Context (2020) 12(1) 43-51   Note here that the authors of the current evidence review generally opt to avoid use of the term 'perpetrator' in relation to young people.

[54] Ibid.

[55] Ibid.

[56] Contreras, L., Bustos-Navarrete, C. & Cano-Lozano, M. (2019) 'Child-to-parent Violence Questionnaire (CPV-Q): Validation among Spanish adolescents' *International Journal of Clinical and Health Psychology* 19, 67-74.

A recent study of the CPV-Q found that it was a "valid instrument for briefly and easily assessing a wider variety of child-to-parent violence behaviour according to the current conceptualisation" of this phenomenon.[57] Important to note, this tool appears most relevant to contributing to consistent understandings of AVITH/child-to-parent violence and thereby assessing prevalence, rather than necessarily assessing future risk at an individual level.

*Table 1: Descriptive statistics of the 28 items of the Child-to-parent Violence Questionnaire (CPV-Q).*

| | Father | | | | Mother | | | |
|---|---|---|---|---|---|---|---|---|
| Item | *M* | *SD* | Skew | kurtosis | *M* | *SD* | Skew | kurtosis |
| 1. I have shouted at my parents. * | 1.33 | 1.13 | 0.63 | -0.35 | 1.65 | 1.19 | 0.30 | -0.85 |
| 2. I have run away from home (one or more days) or spent the night out from home without warning my parents. * | 0.09 | 0.43 | 5.56 | 33.52 | 0.10 | 0.43 | 5.13 | 29.46 |
| 3. I have intentionally broken things in my house or my parents' belongings. * | 0.16 | 0.48 | 3.62 | 15.10 | 0.16 | 0.49 | 3.53 | 14.23 |
| 4. I have told my parents, ''I hate you!'' ''I wish you were dead''. | 0.30 | 0.69 | 2.81 | 8.68 | 0.32 | 0.72 | 2.60 | 6.98 |
| 5. I have insulted my parents. | 0.50 | 0.82 | 1.81 | 3.06 | 0.56 | 0.86 | 1.65 | 2.40 |
| 6. I have told my parents that if I want something, they have the duty to provide it for me. * | 0.18 | 0.51 | 3.09 | 9.92 | 0.23 | 0.57 | 2.67 | 7.08 |
| 7. I have deliberately not told my parents where I was or what I was doing. * | 1.09 | 1.25 | 0.87 | -0.39 | 1.17 | 1.28 | 0.79 | -0.57 |
| 8. I have made negative, offensive and/or degrading comments to my parents. | 0.48 | 0.80 | 1.81 | 3.23 | 0.51 | 0.83 | 1.76 | 2.98 |
| 9. I have threatened my parents (with hurting them, with hurting myself, with running away from home). | 0.15 | 0.53 | 4.25 | 20.04 | 0.21 | 0.63 | 3.62 | 13.99 |
| 10. At home, we watch what I want on TV. | 0.44 | 0.87 | 2.34 | 5.43 | 0.50 | 0.91 | 2.08 | 4.06 |
| 11. I have demanded my parents to buy me things even knowing they cannot afford it. | 0.19 | 0.55 | 3.67 | 15.72 | 0.24 | 0.62 | 3.13 | 10.79 |
| 12. I have acquired debts that my parents have had to pay. | 0.06 | 0.29 | 5.88 | 37.99 | 0.05 | 0.30 | 6.35 | 44.78 |
| 13. I have thrown things at my parents. | 0.06 | 0.35 | 6.78 | 53.11 | 0.08 | 0.35 | 5.87 | 42.77 |
| 14. When I argue with my parents, I have the last word | 0.68 | 1.04 | 1.54 | 1.60 | 0.83 | 1.10 | 1.23 | 0.62 |
| 15. I have hit my parents with something that could hurt them. | 0.03 | 0.23 | 12.00 | 169.14 | 0.02 | 0.19 | 15.27 | 289.67 |
| 16. I have spit on my parents. * | 0.01 | 0.15 | 15.50 | 265.31 | 0.01 | 0.17 | 18.77 | 404.90 |
| 17. I have taken my parents' belongings without their permission. * | 0.75 | 0.92 | 1.19 | 0.93 | 0.88 | 1.02 | 0.98 | 0.10 |
| 18. I have sold my parents' belongings without their permission. * | 0.01 | 0.11 | 13.82 | 211.26 | 0.02 | 0.20 | 10.46 | 117.70 |
| 19. I have kicked, slapped, and/or punched my parents | 0.04 | 0.26 | 8.73 | 85.33 | 0.03 | 0.24 | 9.89 | 111.53 |
| 20. I have stolen money from my parents. | 0.36 | 0.74 | 2.39 | 6.02 | 0.46 | 0.86 | 2.10 | 4.29 |
| 21. I have pushed my parents. * | 0.11 | 0.43 | 5.22 | 32.70 | 0.14 | 0.45 | 4.15 | 22.09 |
| 22. I have told my parents that at home they have to do what I want | 0.07 | 0.35 | 5.87 | 37.60 | 0.10 | 0.38 | 4.52 | 22.65 |
| 23. I laughed or scoffed in my parents' face to make them feel bad. * | 0.16 | 0.53 | 4.20 | 20.80 | 0.22 | 0.62 | 3.31 | 11.96 |
| 24. I have rejected my parents' affection with the intention of punishing them. * | 0.44 | 0.84 | 2.10 | 4.13 | 0.49 | 0.87 | 1.97 | 3.58 |
| 25. I have done or said things to my parents to make them feel afraid. * | 0.06 | 0.33 | 6.54 | 52.52 | 0.08 | 0.38 | 6.43 | 51.36 |
| 26. I have demanded my parents to stop what they are doing to pay attention to me. | 0.50 | 0.81 | 1.82 | 3.38 | 0.62 | 0.88 | 1.44 | 1.61 |
| 27. I have lied to my parents. * | 1.65 | 1.14 | 0.34 | -0.60 | 1.76 | 1.15 | 0.25 | -0.68 |
| 28. I have hurt my parents during an argument. * | 0.15 | 0.51 | 4.14 | 19.50 | 0.19 | 0.57 | 3.80 | 16.57 |

*Note.* * Items deleted after the Exploratory Analysis.

Source: Contreras, L., Bustos-Navarrete, C. & Cano-Lozano, M. (2019) 'Child-to-parent Violence Questionnaire (CPV-Q): Validation among Spanish adolescents' *International Journal of Clinical and Health Psychology* 19, 67-74, p 1

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[57] Ibid, p 73.

Spanish researchers have also developed "multivariate models" of assessment to predict future risk, applying a range of different tests across individual, family, social and environmental levels.[58] While impressively comprehensive, the highly involved nature of this approach would not be transferrable to a practice context and is more useful in terms of understanding the phenomenon of AVITH from the perspective of studying large samples in an academic context.

Important to remember, numerous studies provide strong indications that a high proportion of young people who use AVITH are at risk of committing further harm or having future contact with the criminal justice system as a result of their use of violence.[59] This makes the case for identification of risk and management through appropriate intervention a crucial practice priority, as well as an interesting academic exercise.

## 2.3 Tools assessing risk of IPV or "adolescent dating violence"

By contrast to the relatively confined jurisdictional application of tools assessing risk of AVITH, a number of tools have been developed either to identify the presence of, or screen for, young people's use of ADV or to inform consistent responses to this particular type of harm.

One wide ranging literature review identified 48 different measures which are used in different contexts to screen for and measure levels of ADV.[60] The reviewers described broad variation across these measures, noting the limitations on assessing prevalence, as well as levels of intervention when there is such inconsistency across the measures used.[61]

This variation includes the extent to which tools measure perpetration as well as victimisation; the breadth of behaviours measured; whether certain behaviours require their own measures; as well as the extent to which gender is deemed relevant (ie whether the tool is gender-specific or gender-neutral).[62]

Some of these tools identified by the reviewers involve the application of wider tools that have been used to screen for the presence of IPV in adult relationships, such as the historically contentious Conflict Tactics Scale.[63]  Here the authors of this particular wide ranging review noted that the adaptation of tools designed for adults is not likely to be appropriate when considering developmental stage in young people and their different capacities for abstract thought or life experience, as well as their rapid developmental changes.[64]

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[58] Bilbao et al, above n 52.

[59] Boxall, H. & Morgan, A. (2020). Repeat domestic and family violence among young people. Trends & issues in crime and criminal justice no. 591. Canberra: Australian Institute of Criminology; Douglas, H. & Walsh, T. (2022) 'Adolescent Family and Dating Violence and the Criminal Law Response' *Journal of Family Violence*; Thulin, E. J., M.S., Heinze, J. E., & Zimmerman, M. (2021). "Adolescent adverse childhood experiences and risk of adult intimate partner violence". *American Journal of Preventive Medicine*, 60(1), 80.

[60] Smith et al above n 13;

[61] Ibid p 7.

[62] Ibid.

[63] Straus M.A. (1979) Measuring intrafamily conflict and violence: The Conflict Tactics Scales. *Journal of Marriage and the Family*. 41:75–88; Straus M.A. Hamby, S.L, Boney-McCoy S, Sugarman D.B. (1996) The Revised Conflict Tactics Scales (CTS2): Development and preliminary psychometric data. *Journal of Family Issues*.17:283–316.

[64] Smith et al, above n 13, p 9, citing Pfeifer JH, Blakemore SJ (2012) Adolescent social cognitive and affective neuroscience: Past, present and future. *Social Cognitive and Affective Neuroscience*; 7:1–10. DOI: 10.1093/scan/nsr099

Other tools take a more specific approach in contemplation of issues directly relevant to, and experienced by, young people, though are primarily based on self-reports.[65]  The bulk of tools developed specifically in this context appear to be focused primarily on identification of the presence of ADV and therefore contemplate prevalence. Levels of severity and typology assessed then inform assessment of risk and appropriate levels of intervention to differing extents.[66] Examples include:

- the Lifetime Trauma and Victimisation History Youth Version which measures a wide variety of adolescent dating violence behaviours but only measures victimisation;[67]

- the Dating Violence Perpetration Acts Scale which similarly captures the gamut of dating violence but is limited to victimisation; [68]

- the Safe Dates Psychological and Physical Dating Abuse Scale (Safe Dates), which measures victimisation and perpetration but has limited items in relation to some measures, such as sexual violence.[69]

- the Conflict in Adolescent Dating Relationship Inventory (CADRI),[70] which is validated in English and Spanish and gathers information in five fields, being: threatening behaviours, relational abuse, physical abuse, sexual abuse and verbal and emotional abuse;[71]

- the Dating Violence Questionnaire-R (CUVINO)[72] which has been validated in Spanish, English and Italian and measures indicators in eight domains, being detachment, humiliation, sexual, coercion, physical, gender-based, instrumental and emotional-punishment based on a set of 42 items.[73] While this tool has been validated as reliable, its developers recognised its prohibitive length in terms of application by practitioners when trying to assess the presence of dating violence in a short space of time. As a result, the tool was reduced (DVQ-R) to 20 items within five domains (humiliation, physical, sexual, detachment and coercion) for screening and assessment in educational and community contexts.[74]

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[65] Ibid

[66] Ibid

[67] Ibid;

[68] Ibid;

[69] Ibid; Foshee V.A., Linder, G., Bauman, K.E, Langwick, S.A, Arriaga, X.B, Heath, J.L., Bangdiwala, S (1996) The Safe Dates Project: Theoretical basis, evaluation design, and selected baseline findings. *American Journal of Preventive Medicine*. 12:39–47.

[70] Wolfe, D.A, Scott, K., Reitzel-Jaffe, D., Wekerle, C., Grasley, C., Straatman, A.L. (2001) Development and validation of the conflict in adolescent dating relationships inventory. *Psychological Assessment*. 2001; 13:277–293. DOI: 10.1037/1040-3590.13.2.277 [PubMed: 11433803]

[71] Rodríguez-Díaz, F.J., Herreroa, J., Rodríguez-Franco, L. Bringas-Molledac, C., Paíno-Quesada, S.G., & Pérez, B. (2017) 'Validation of Dating Violence Questionnarie-R (DVQ-R)' *International Journal of Clinical and Health Psychology* 17, 77-84

[72] Ibid.

[73] Ibid.

[74] Ibid

Of these tools, a 2015 review by Smith and colleagues noted that the most commonly used were the Conflict Tactics Scale-2, Safe Dates and the CADRI.[75] These reviewers also observed that the biggest limitations in the tools reviewed were the extent to which they measured stalking, noting that the advent of online stalking was a more recent phenomenon and should be measured not only in terms of frequency, but the way in which it was interpreted by the victim survivor.[76]

The reviewers further noted the limited extent to which sexual violence was measured and that, when sexual violence was included, only victimisation was likely to be measured. The reviewers hypothesised that, because the majority of measures were developed and tested in school contexts, "school administrators are uncomfortable allowing researchers to ask questions about sexual behavi[o]rs. This critical omission … hampers our understanding of both the prevalence and etiology of sexual perpetration in dating relationships, as well as understanding program effects".[77]

Further limitations to these tools include critiques that the CADRI is heteronormative and does not account for LGBTIQ+ relationships.[78] More broadly, Bandyopadhyay and colleagues note that screening is often limited to identifying incidents of forced sex, rather than wider forms of sexually abusive or coercive behaviour.[79]

More recently, literature indicates that the Violence in Adolescent Dating Relationship Inventory (VADRI) (updated version known as the VADRI-MX[80]) is the measure which captures the broadest range of behaviours contemplated in the Center for Disease Control and Prevention's conceptualisation of IPV, an important consideration in the context of the US and Latin America. This is because it includes measures related to physical, psychological and sexual violence, as well as violence perpetrated via technology.[81] The VADRI's creators also suggest that it is the only tool created using cross-cultural and qualitative measures.[82]

The VADRI tool involves 19 items scored on a 10-point Likert scale (1=never and 10= always) and assesses for victimisation and perpetration of a wide range of behaviours, including sexual coercion, as well as psychological and verbally controlling behaviours. Indicators fall into three broad categories, being "direct and severe" (6 items) "subtle psychological – controlling" (8 items) and "overt psychological – verbal" (5 items).

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[75] Smith et al, above n 13 p 5.

[76] Ibid, p 9

[77] Ibid, p 9.

[78] Emelianchik-Key, K.M. (2010) The Initial De The Initial Development and Validation of the Teen Screen for Dating Violence Doctor of Philosophy (PhD), Dissertation, Counseling & Human Services, Old Dominion University, DOI: 10.25777/bxmx-rd83, 128.

[79] Bandyopadhyay, above n 11, 144.

[80] Aizpitarte, A., Alonso-Arbiol, I., Van de Vijver, F. J., Perdomo, M. C., Galvez-Sobral, J. A., & Garcia Lopez, E. (2017). Development of a dating violence countries: The violence in adolescents' dating relationships inventory (vadri). *Journal of Interpersonal Violence*, 32 (17), 2626–2646; Aizpitarte, A. & Rojas-Solís, J.L. (2019) Factor Structure of the Violence in Adolescents' Dating Relationships Inventory for Mexican Youth *International Journal of Psychological Research* doi: 10.21500/ 20112084.4222

[81] Ibid.

[82] Ibid.

The authors explain that the distinction between subtle and overt psychological is deliberately made because subtle or controlling tactics are often misunderstood as a normal part of intimate relationships by young people who may have no other experience by which to measure it.[83] By contrast, literature highlights the way in which "overt" tactics, such as humiliation – which are more public and have the specific aim of discrediting the victim survivor – are particularly meaningful to a victim survivor in the context of adolescent peer relationships and peer identity.[84]

The developers of the VADRI also note that some of the more overt or direct types of violence may be more easily perceived as violent by young people but that the presence of one is likely to indicate the presence of others (ie a young person experiencing sexual coercion may also be experiencing physical violence and social humiliation simultaneously.)[85] Researchers therefore encourage psychological factors to be "taken into special consideration for detecting the subtlest forms of dating violence".[86]

The authors of this study propose that, in contexts such as school settings, the VADRI-MX is useful for identifying the need for primary interventions (where early signs of dating violence are beginning to emerge) or, alternatively, tertiary interventions (where cohorts appear to be at high risk given the existence of more direct and overt behaviours). That said, the authors note that the tool does not consider the use of violence in the context of self-defence or resistance, which is an important consideration where young women in heterosexual intimate relationships or partners in LGBTIQ+ relationships may be misidentified as the predominant aggressor.

The authors also encourage the future application of the tool with qualitative measures that can complement the self-report basis of the questionnaire.[87]

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[83] Ibid; Ayala, M., Molleda, C. B., Rodríguez-Franco, L., Galaz, T., M. F.and Ramiro-Sánchez, & Díaz, F. (2014). Unperceived dating violence among Mexican students. International Journal of Clinical and Health Psychology, 14 (1), 39–47. https://doi.org/10.1016/S1697-2600(14)70035-3

[84] Aizpitarte et al, (2019) above n 80; Marshall, L. L. (1999). Effects of men's subtle and overt psychological abuse on low-income women. Violence and Victims, 14 (1), 69–88.

[85] Ibid

[86] Ibid, 34

[87] Ibid.

*Table 2: Summary of the principal component analysis (N = 426)*

| N° VADRI-MX | Item | Direct/severe (6 item) | Subtle psychological /controlling (8 item) | Overt Psychological /Verbal (5 item) |
|---|---|---|---|---|
| 13 | I tell my partner that if he/she does not want to have sexual relations with me, I might go out with someone else. | .911 | .019 | .029 |
| 15 | I continue touching my partner's intimate parts although he/she tells me to stop. | .844 | .041 | .013 |
| 12 | I shout at my partner in front of others. | .828 | .001 | .127 |
| 7 | I slap my partner in the face. | .790 | .072 | .065 |
| 8 | I ask my partner to be quiet in front of people. | .668 | .004 | .280 |
| 3 | I force my partner to have sexual relations with me. | .601 | .220 | .015 |
| 19 | I ask my partner not to go out partying with his/her friends. | .047 | .889 | .030 |
| 17 | I tell my partner that I do not like him/her going out with his/her friends. | .108 | .863 | .092 |
| 10 | I forbid my partner from going out partying with his/her friends. | .154 | .813 | .060 |
| 11 | I insist that my partner show me the messages that he/she received in his/her e-mail, social networks or mobile phone. | .057 | .780 | .010 |
| 9 | I insist that my partner does not go out with his/her friends because in my view they are not right for him/her. | .072 | .762 | .045 |
| 4* | I insist that my partner not talk or send messages to others through the cell phone, computer, or other electronic devices. | .109 | .742 | .028 |
| 14* | I forbid my partner to talk or send messages to someone through the cell phone, computer, or other electronic devices. | .331 | .731 | .090 |
| 2 | I read the private messages of my boyfriend/girlfriend (mobile phone, social networks, etc.). | .194 | .693 | .042 |
| 1 | I talk badly about my partner to others. | .143 | .015 | .799 |
| 5 | I say negative things about my partner to others. | .228 | .043 | .718 |
| 16* | I tell others intimate things about our relationship (things that had been told or happened in a private context and he/she does not want others to know them). | .253 | .074 | .500 |
| 18 | I threaten my partner with breaking up when we argue. | .272 | .109 | .442 |
| 6 | I tell my partner things that hurt his/her feelings. | .229 | .148 | .416 |

*Note:* The asterisk (*) refers to the items modified for the VADRI-MX version for purposes of clarity and specificity for the target population

*Source: Aizpitarte, A. & Rojas-Solís, J.L. (2019) Factor Structure of the Violence in Adolescents' Dating Relationships Inventory for Mexican Youth International Journal of Psychological Research doi: 10.21500/ 20112084.4222, p 32*

Further tools have been developed in recent years to address the challenge of what authors have labelled "cyber dating violence" (CDV).[88] Authors note the inconsistencies in definitions and understanding of this phenomenon, including debate over whether it should be assessed as a separate issue to "dating violence" or simply as a component within this wider form of behaviour.[89]

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[88] Martínez Soto, A., & Ibabe, I. (2022) Recommended instruments for analyzing cyber dating violence: A systematic review. *The Spanish Journal of Psychology*, 25. e4. Doi:10.1017/SJP.2021.50
[89] Ibid, 2.

A recent review identified tools useful for assessing "CDV". In particular, the Cyber Dating Abuse Questionnaire (CDAQ-B)[90] measures 20 items related to 'Cyber psychological aggression', 'Cyber control' and 'Public Harassment'. The review noted that its limitations are that cyber sexual and exclusion (blocking on social networks, a form of control particularly applicable in young people's peer relationships) were not included.[91]

*Table 3: Terms, Definitions and Examples of Behaviours of Each Dimension of Cyber Dating Violence*

| Term of each dimension | Definitions | Examples |
|---|---|---|
| A. *Cyber psychological aggression* | Behaviors that are intended to cause harm to the partner, directly insulting or saying unpleasant things or threatening to hurt in a private sphere using technology of information. | • Sending insulting and/or demeaning messages.<br>• Using capital letters to shout. |
| B. *Cyber control* | Use of electronic means to control the partner/ex-partner, including behaviors related to surveillance or the invasion of privacy of the partner. | • Checking where and with whom the partner is.<br>• Reading messages without permission.<br>• Excessive control behaviors on social networks. |
| C. *Public harassment* | Publishing threatening, insulting, or harmful messages through social networks, spreading rumors about the partner, showing private or embarrassing photos/videos to humiliate or embarrass victim. | • Publishing inappropriate photos of the partner without permission.<br>• Dissemination compromising information. |
| D. *Exclusion* | Removing, excluding, or blocking on social networks or friend lists. | • Block on a Web site such as Facebook.<br>• Remove from WhatsApp list.<br>• Exclude from top friend list. |
| E. *Cyber sexual aggression* | Pressuring and threatening partners to have sex with him/her or do sexual things in person or virtual when he/she knew the partner did not want to. | • Threaten to distribute sexual images to have sex.<br>• Unwanted sexual things online. |

*Source: Martínez Soto, A., & Ibabe, I. (2022) Recommended instruments for analyzing cyber dating violence: A systematic review. The Spanish Journal of Psychology, 25. e4. Doi:10.1017/SJP.2021.50, p 3*

In addition, the Technology Facilitated Abuse in Relationships Scale (TAR) was developed by researchers in Australia and contains 30 items assessed across four domains, including cyber sexual abuse.[92]

Finally, of particular note in the ADV context is the tool developed by Rothman and colleagues[93] to identify victimisation in adolescent intimate relationships. The Measure of Adolescent Relationship Harassment and Abuse (MARSHA) is a comprehensive screening tool for victimisation, with 34 items measuring the presence of physical, sexual, psychological, CDV, social control and invasion of privacy over the past year, which are then evaluated on a four-point Likert scale.

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[90] Borrajo, E., Gámez-Guadix, M., Pereda N., & Calvete, E. (2015). The development and validation of the cyber dating abuse questionnaire among young couples. *Computers in Human Behavior,* 48, 358–365. https://doi.org/10.1016/

[91] Martínez Soto and Ibabe, above n 88, 12.

[92] Brown, C., Sanci, L., & Hegarty, K. (2021). Technology facilitated abuse in relationships: Victimisation patterns and impact in young people. *Computers in Human Behaviour*, 124, Article 106897. https://doi.org/10.1016/j.chb.2021.106897

[93] Rothmann, et al, above n 11.

From this comprehensive screening tool, a shorter tool was then developed for application in clinical settings. The MARSHA-C uses 3 items based on those items most frequently endorsed in the more detailed tool, including:

- They yelled, screamed or swore at me;
- They asked or pressured me for a nude or almost nude photo or video of me when I didn't want to give them one; and
- They made me feel like I could not break up with them or get out of the relationship.[94]

Researchers note that the item "They stopped talking to me and I felt punished, hurt or scared" (arguably equivalent to the 'exclusion' measure discussed above) was not included in the MARSHA-C, despite being endorsed by 38% in the sample of the full MARSHA. This was because the researchers felt that, in some cases, this may be a healthy behaviour or safer result in terms of the overall safety of the victim survivor.[95] The authors of this study noted that, for any respondent who answered 'yes' to more than one of the questions, there was a 91% chance that they had experienced dating violence in the past year and that they were nine times more likely to be experiencing it than somebody who answered 'no' to all three.[96]

Noting the limitations of the tool – given that it was administered via an online survey and needs to be tested with demographic subgroups – the authors nevertheless emphasised the importance of having a reliable tool to administer in the healthcare context as this is a primary pathway to interventions. As Bandyopadhyay and colleagues note, assessing for risk in a healthcare context is particularly important in many US states, where a person under 18 is often not allowed to apply for a protection order without an adult's consent. This makes the healthcare pathway the only doorway to support in many cases.[97]

## 2.4 Tools assessing risk of harmful sexual behaviours (HSB)

Given the clinical and therapeutic focus of interventions with young people using HSB, it is unsurprising that there is widespread use of validated assessment and risk management tools across national and international contexts. As in the contexts discussed above, tools range from those designed for assessments for academic purposes to 'Traffic Light' toolkits designed for use in multi-agency assessment and response systems.

Researchers emphasise the importance of ensuring that young people are not assessed using tools designed for adults.[98] They also note that assessments should be valid for no more than one year, with re-assessments required when significant changes occur in a young person's life.[99]

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94 Ibid, 4.

95 Ibid, 6.

96 Ibid, 7.

97 Bandyopadhyay, above n 11, 143.

98 Silovsky, J.F., & Letourneau, E.J. (2008). Introduction to special issue on children with sexual behavior problems: *Child Maltreatment*, 13, 107 – 109; Gotch, K. & Hanson, K. (2016) 'Risk Assessment for Males Who Have Engaged in Harmful or Illegal Behaviour' Association for the Treatment of Sexual Abusers

99 Ibid.

Important to note, tools discussed in this sub-section are those designed for application with children 12 years old and above, noting that the field of problematic sexual behaviours in young children (under 12) is considered a distinct and separate field in itself.

In particular, the ERASOR tool – Estimate of Risk of Adolescent Sexual Offence Recidivism – appears widely in the literature[100] and is regularly used in Canada, the US and Australia.[101] This is an empirically guided SPJ tool for children aged 12 – 18. It incorporates 26 items, 16 dynamic and 9 static risk factors, which are grouped into five domains:

(a) Sexual Interests, Attitudes and Behaviours

(b) Historical Sexual Assaults

(c) Psycho-social functioning

(d) Family/Environment functioning

(e) Treatment.

Although the ERASOR is widely used, some studies suggest that the DASH-13 tool, Desistance for Adolescents who Sexually Harm[102] – which was developed by the same lead author of the ERASOR – contains a higher number of protective factors in the sexual domain and seems to be particularly valuable in predicting non-sexual offence desistance. This is important to acknowledge because research suggests that the majority of young people using HSB who go on to re-offend in any way commit *non*-sexual, rather than sexual, offences.[103]

More recently, the developer of the ERASOR has also developed a companion tool, the PROFESOR (Protective + Risk Observations For Eliminating Recidivism)[104] to assist with planning interventions, rather than to predict risk.

Further examples of a researcher developing multiple tools include those developed by the same lead author and include the Juvenile Risk Assessment Tool (J-RAT), the (Intellectual Disability) Juvenile Risk Assessment Tool (ID/J-RAT) and the Latency Age Sexual Adjustment and Assessment Tool (L-SAAT).[105] The J-RAT contains 97 elements across 12 domains; the ID/J-RAT has 118 elements across 15 domains and the L-SAAT has 123 elements across 16 domains. These tools also have companion re-assessment tools and are publicly available, which is not always the case.

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[100] Worling, J. R., & Curwen, T. (2000).  Adolescent sexual offender recidivism: Success of specialized treatment and implications for risk prediction. *Child Abuse & Neglect, 24,* 965-982.
[101] CEASE (undated) 'Risk Assessment of Youth Who Engage in Sexually Abusive Behaviours: An Overview. https://casa.org.au/assets/Documents/G8-Risk-assessment-an-overview-v3.pdf
[102] Worling, J. R. (2013). What were we thinking?: Five erroneous assumptions that have fuelled specialized interventions for adolescents who have sexually offended. *International Journal of Behavioral Consultation and Therapy, 8(3-4),* 88-96.; Worling, J. R. (2013). Desistence for adolescents who sexually harm; Retrieved from http://www.erasor.org/new-protective-factors.html cited in Zeng, above n 36.
[103] Zeng et al, above n 36, 103.
[104] CEASE, above n 101; See also Profesor (drjamesworling.com)
[105] http://www.philrich.net/risk-assessment-instruments.html

Meanwhile, the Structured Assessment of Protective Factors for Violence Risk (SAPROF) – a 17 item SPJ tool originally designed to assess risk of general and violent offending but recently used to assess sexual offending[106] – has been assessed as reliable for predicting sexual and non-sexual offending.[107]

Beyond this, the Association for the Treatment of Sexual Abusers identifies five risk assessment tools for adolescents that use HSB. These include three already identified in this review, the SAVRY and YLS/CMI, ERASOR as well as two further tools called the Juvenile Sex Offender Assessment Protocol (J-SOAP II)[108] and the Juvenile Sexual Offence Recidivism Risk Assessment Tool II (JSORRAT II).[109]

The J-SOAP II has 23 items across the domains of 'Sexual drive/preoccupation, impulsive/antisocial [behavior] interventions, community stability/adjustment'; and the JSORRAT has 12 items across more specified domains, including 'Number of sexual offen[s]es, number of victims, length of sexual offending history, under supervision at time of sexual crime, location of sexual crimes, grooming behavo[o]r, treatment status, history of sexual/physical victimi[z]ation, special education, placement, school disciplinary issues, non-sexual criminal offen[s]es'.[110]

Further, the UK National Institute for Health and Care Excellence (NICE) has released Guidelines for the assessment of HSB in children and young people in the UK context.[111] These Guidelines include discussion of a review by the NICE Committee assessing the evidence regarding the tools primarily used in the UK and broader European and US context. This review assessed the number of studies conducted in relation to each tool, their quality and their conclusions.

The NICE Committee noted, in particular, that the J-SOAP II, ERASOR, and AIM tools (discussed below) were all promising and that, internationally, the two tools with the highest degree of empirical support were ERASOR and J-SOAP II. The Committee simultaneously noted that most UK agencies were using largely under-tested models to underpin their assessments of risk and need, particularly because the sample sizes in relevant studies were too small to validate the tools effectively.[112]

The Committee further noted that assessment of young people using HSB is especially challenging because of the changes that young people undergo and the fact that, as noted above, evidence indicates that many young people using HSB desist as they mature, although this cohort have higher than average rates of non-sexual re-offending.[113]

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[106] de Vogel, V., de Ruiter, C., Bouman, Y., & de Vries Robbé, M. (2012). SAPROF. Guidelines for the assessment of protective factors for violence risk (2nd ed.). Utrecht, NL: Van der Hoeven Stichting.

[107] Ibid. Important to note, this tool is only validated with adults.

[108] Prentky, R.A. & Righthand, S. (2003). Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II): Manual. Washington, DC: U.S. Department of Justice.

[109] Epperson, D. L., Kaul, J. D., Huot, S., Goldman, R., Hesselton, D., & Alexander, W. (2005). Minnesota Sex Offender Screening Tool-Revised (MnSOST-R) scoring guidelines—updated.

[110] Gotch, & Hanson, above n 96.

[111] NICE (2021) Harmful sexual behaviour among children and young people; https://www.nice.org.uk/guidance/ng55

[112] Ibid

[113] Ibid.

Finally, the Assessment/Intervention/Moving On (AIM) tool, referred to above, is a non-actuarial tool designed as part of a suite of wider supports, training and interventions under the auspices of The AIM Project, a UK charitable organisation dedicated to addressing HSB in children and young people.[114]

First developed in 2000, the AIM is now in its third iteration and has 25 items organised into five domains, being: 'sexual behaviours; non-sexual behaviours; developmental factors; environmental/family influences; and self-regulation'.[115] AIM3 also looks at the impact of historical factors on the individual's current presentation and functioning, considering their relevance to the individual at that particular time. This tool is designed to be used primarily with adolescent males aged 12 – 18 who have been known to use HSB, including technology facilitated HSB, but its authors suggest that application to adolescent females should be approached with caution.[116] The AIM3 Tool is only approved for use and made available to practitioners after comprehensive training with the AIM Project is conducted.[117]

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[114] The AIM Project – The AIM Project
[115] Leonard, M. & Hackett, S. (2019) AIM3 Assessment Model: Assessment of Adolescents and Harmful Sexual Behaviour, cited in Resource Tool https://www.rma.scot/wp-content/uploads/2019/09/RATED_AIM3_August-2019_Hyperlink-Version.pdf
[116] Ibid.
[117] Ibid.

# 3  Practice considerations: Risk, needs and wellbeing

This section of the evidence review explores practice considerations that can inform risk assessment, as well as safety and intervention planning. It draws on the broad evidence base across studies of AVITH, ADV and HSB to confirm parallels which run through the experiences of young people who use these different kinds of interpersonal harm. Where contrasts exist, these are also highlighted. Just as importantly, a brief discussion of protective factors is also included.

## 3.1  Assessing for experiences of FV and wider adult perpetrated harm

Across this evidence review, prior experiences of adult perpetrated harm was the most common theme and presenting need. The extent to which this was a risk factor varied, however, depending on the nature of young people's experiences and the point in their lives at which these experiences had occurred.

A significant body of evidence describes prior experience of adult perpetrated FV, both indirectly and directly, as a significant risk factor for a young person's use of AVITH.[118]  For example, the PIPA project found trauma to be the biggest theme to emerge from focus groups across three Australian jurisdictions, with participating practitioners describing flow-on impacts for the young person's ability to regulate emotions and behaviour, learn, communicate and to understand and comply with relevant legal orders.[119]

The presence of victimisation features in studies across different settings, with exposure to adult-perpetrated FV among young people who use AVITH found to be higher than in comparable cohorts of young people.[120] Studies conducted with community samples,[121] as well as clinical and forensic samples,[122] similarly confirm a positive correlation between trauma and use of AVITH. Explanations for the link between prior experience of adult-perpetrated FV and AVITH point to theories of intergenerational transmission of violence[123] and "social learning", whereby young people observe behaviours used by central adults in their lives and replicate them.[124]

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[118] Armstrong, G, Cain, C., Wylie, L., Muftic, L. & Bouffard, L. (2018) 'Risk factor profile of youth incarcerated for child to parent violence: A nationally representative sample' 58 *Journal of Criminal Justice* 1; Beckmann, L., Bergmann, M,. Fischer, F. & Mößle, T. (2021) 'Risk and Protective Factors of Child-to-Parent Violence: A Comparison Between Physical and Verbal Aggression' 36(3-4) *Journal of Interpersonal Violence* 1309; Ibabe, I,. Jaureguizar, J. & Bentler, P. (2013) 'Risk factors for Child-to-Parent Violence' 28 *Journal of Family Violence* 523; Elliot et al, above n 42, 8; Holt, A. (ed) (2015) *Working with adolescent violence and abuse towards parents: Approaches and contexts for intervention* (Taylor & Francis Group, London) 5; Holt & Redford, above n 1; Downey, L. (1997) 'Adolescent violence: a system and feminist perspective' 18(2) *Australian and New Zealand Journal of Family Therapy*, 70. Contreras, L. & del Carmen Cano, M. (2016) 'Child-to-parent violence: The role of exposure to violence and its relationship to social-cognitive processing' 8(2) *The European Journal of Psychology Applied to Legal Context* 43; Pagani, L., Tremblay, R., Nagin, D., Zoccolillo, M. Vitaro, F & McDuff, P (2004) 'Risk factor models for adolescent verbal and physical aggression toward mothers' 28(6) *International Journal of Behavioural Development* 528; Routt G & Anderson L. (2011) 'Adolescent Violence towards Parents' 20(1) *Journal of Aggression, Maltreatment & Trauma*, 1; Boxer, P., Gullan, R. & Mahoney, A. (2009) 'Adolescents' Physical Aggression Towards Parents in a Clinic-Referred Sample' 38 *Journal of Clinical Child & Adolescent Psychology* 106.

[119] Campbell et al, above n 7.

[120] Contreras & del Carmen Cano, above n 56.

[121] Pagani et al, above n 118; Routt & Anderson, above n 118;

[122] Boxer et al, above n 118.

[123] Kwong, M., Bartholomew, K., Henderson, A. & Trinke, S. (2003) 'The Intergenerational Transmission of Relationship Violence' 17(3) *Journal of Family Psychology* 288.

[124] Margolin, G. & Baucom, B. (2014) 'Adolescents' Aggression to Parents: Longitudinal Links with Parents' Physical Aggression' 55(5) *Journal of Adolescent Health* 645.

This can include discovering that the use of FV is a form of power[125] or disrespect,[126] as well as adolescents learning that aggression is a means of resolving conflict or controlling the behaviour of another to achieve a particular end.[127]

Other explanations include retribution-based violence (i.e., acting out towards a perpetrator) or protection-based violence (i.e., trying to protect an abused parent).[128] Importantly, researchers note that social learning can also occur through observation and replaying behaviours used by elder siblings.[129]

Practitioners participating in the PIPA project also described the survival instinct of children who found ways to cope by identifying with, or siding with, an adult perpetrator. They similarly noted the significant violence to which children using AVITH may have been subjected, replicating the violence of a perpetrator father as soon as he was out of the picture because that was simply what they had always known.[130]

Rather than being deterministic, researchers caution that the high prevalence of exposure to FV among adolescents using AVITH should direct practitioners to maintain this issue as a central consideration across all aspects of practice.[131] This is particularly so where young people may feel frustrated or resentful about being labelled as a person using harm, when they are a victim survivor themselves.[132]

While a young person's behaviour can be understood as the consequence of a *past* experience of adult-perpetrated FV, recent literature has begun to focus on the presence of *current* adult perpetration as well.[133] Campbell and colleagues highlight this as key, with a forthcoming ANROWS funded study finding that current adult perpetration had a range of direct implications for young person identified as using AVITH.

These implications include impacts on the young person's eligibility for many relevant interventions, as well as undermining the capacity of services to develop a sufficient understanding of the risk posed by an adult perpetrator. This may be particularly the case in the context of separated families where a young person is moving between their primary place of residence and their residence with a separated parent, usually a father.[134]

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[125] Stewart, M., Wilkes, L., Jackson, D. & Mannix, J. (2006) 'Child-to-mother violence: a pilot study' 21(2) *Contemporary Nurse* 297.

[126] Hong, J., Kral, M., Espelage, D. & Allen-Meares, P. (2012) 'The Social Ecology of Adolescent-Initiated Parent Abuse: A Review of the Literature' 43 *Child Psychiatry & Human Development* 431; Simmons et al, above n 3.

[127] O'Hara, K., Duchschere, J., Beck, C. & Lawrence, E. (2017) 'Adolescent-to-Parent Violence: Translating Research into Effective Practice' 2 *Adolescent Research Review* 181, 186.

[128] Ibid

[129] Campbell et al (2020) above n 7. 106.

[130] Campbell et al, above n 7.

[131] Loinaz, & de Sousa, above n 53.

[132] Campbell et al (forthcoming), above n 7.

[133] Ibid.

[134] Ibid, 36.

As stated by Howard and Holt, assessment for AVITH should therefore always include screening for the possibility of adult-perpetrated FV to inform how the intervention should proceed, including necessary assurances that safety and risk are taken fully into account.[135] Failure to address the drivers of the full range of violence that is occurring in the home will result in young people falling through the cracks;[136] inadequate safety planning; and a compromised ability to prioritise need and generate strategies for the wider family structure.[137] Crucial is a flexible response that focuses on ensuring referral to appropriate agencies and the creation of safe contexts needed to enable family systems and trauma-based approaches.[138]

Similarly to the AVITH field, studies examined highlight experience of adult-perpetrated violence as a strong risk factor for male perpetration of dating violence, as well as female victimisation.[139] One study identifies adverse childhood experiences (including adult FV), ineffective conflict resolution and entitlement as the three main factors associated with male perpetration of dating violence.[140]

Unsurprisingly, trauma experienced at the hands of adult family members is also a strong theme through the HSB evidence base. A 2013 British study of 700 children and young people using HSB found that, of the sample, two thirds had experienced some kind of abuse or trauma, including physical abuse, emotional abuse, sexual abuse, severe neglect, parental rejection, family breakdown, domestic violence and parental drug and alcohol use. Around half had experienced sexual abuse.[141]

A further study indicated that girls who use HSB are particularly likely to have experienced sexual abuse themselves, as well as other forms of trauma, and to have come from especially chaotic backgrounds.[142]

Another descriptive study in the UK based on a review of 280 case files found prior "family difficulties", present for all participants. Of the full sample, 76 per cent of the young people had been removed from home at the average age of 9.5 years, which also corresponded to the average age of onset of HSBs. In addition, 92 per cent of the sample witnessed domestic abuse; experienced neglect; or directly experienced some sort of other abuse from adults.[143]

In particular, this study found that the "early onset group" (ie the children who had begun to use HSB prior to the age of 10) had experienced much more significant psychosocial adversity than the late onset group and were more likely to abuse male children, as well as multiple types of victims.

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[135] Howard, J. & Holt, A. (2015) 'Special Considerations when Working with Adolescent Family Violence' in Amanda Holt (ed) *Working with Adolescent Violence and Abuse Towards Parents: Approaches and Contexts for Intervention* (Taylor & Francis Group, London) 169.

[136] Kehoe, M, Ott, N. & Hopkins, L. (2020) 'Responding to Adolescent Violence in the Home – A Community Mental Health Approach' 41 *Australian and New Zealand Journal of Family Therapy* 342.

[137] Howard & Holt, above n 135.

[138] Ibid.

[139] Bandyopadhyay, above n 11.

[140] Malhi, N.K., Oliffe, J., Bungay, V. & Kelly, M. (2020) *American Journal of Men's Health* Sept-Oct 1-15

[141] Hackett, S. Phillips, J., Masson, H. and Balfe, M. (2013) "Individual, family and abuse characteristics of 700 British child and adolescent sexual abusers", *Child Abuse Review* 22(4): 232-245

[142] Masson, H., Hackett, S.,Philips, J. & Balfe, M. (2015) 'Developmental markers of risk or vulnerability?: young females who sexually abuse – characteristics, backgrounds, behaviours and outcomes.' *Child & Family Social Work,* 20(1) 19-29

[143] Vizard, E., Hickey, N., Mccrory E. J. & French, L. (2007) 'Children and adolescents who present with sexually abusive behaviour: A UK Descriptive Study' *Journal of Forensic Psychiatry and Psychology* 18(1) 59-73.

The late onset group were more likely to abuse females exclusively, as well as younger children; to use verbal coercion; and to have high risk substance use issues.[144]

A subsequent study confirmed these findings, with 100 out of a retrospective sample of 237 cases identified as "early onset". Of these, 89 per cent had experienced sexual abuse, 81 per cent physical abuse, 87 per cent emotional abuse and 74 per cent neglect. This group were more likely to display multiple forms of aggression and physical cruelty to animals, while the later onset group were again more likely to abuse females and younger children primarily.[145] A separate 2010 study found that children who were sexually abused at a younger age; were abused by a family member; or whose abuse involved penetration were at greater risk of developing HSB.[146]

A considerable portion of the relevant literature focuses on sexual abuse victimisation as a specific risk factor for the use of HSB by young people. Erooga and Mason, for example, assess that between 30 to 50 per cent of children who experience sexual abuse go on to use HSB.[147] Friedrich and colleagues, however, assert that exposure to adult perpetrated FV and other parental adversities have a stronger association with HSB perpetration than childhood sexual abuse.[148]

A 2003 longitudinal study by Salter and colleagues also found that, of a sample of 224 participants who had experienced sexual abuse in childhood, a smaller proportion of 12 per cent went on to use HSB. This sub-group had witnessed intense adult perpetrated FV more often than their non-offending counterparts, almost always perpetrated by their mother's male partner, and had also experienced significant neglect.[149]

Important to note, although a significant number of children exhibiting HSB have a childhood history of sexual abuse, researchers in this field emphasise that most children who have been sexually abused do not go on to develop problem sexual behaviour.[150]

Bentovim found that the most significant factors predicting HSB were experiences of intra-familial violence and care rejection. Specifically, this included discontinuity of care and living with various caregivers, which contributed to feelings of rejection and undermined healthy attachment relationships. A further contributing factor to HSB was the exposure to physical violence and neglect, particularly when a maternal figure had been victimising or had been extensively victimised.[151]

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[144] Ibid.

[145] Mccrory, E. J., Hickey, N., Farmer, E. & Vizard, E. (2008) 'Early onset sexually harmful behaviour in childhood: A marker for life-course persistent anti-social behaviour?' *Journal of Forensic Psychiatry and Psychology* 19:3 382-395

[146] Kellogg, N. (2010) 'Sexual Behaviors in Children: Evaluation and Management' *Am Fam Physician I82(10): 1233-1238 Physician.*

[147] Erooga. M. & Masson, H. (2006) Children and Young People Who Sexually Abuse Others: Current developments and practice responses: 2nd edition, Routledge, Taylor & Francis Group.

[148] Friedrich, W.N., Davies, W. H., Feher, E. & Wright, J. (2003) 'Sexual Behaviour Problems in Preteen Children' *Sexually Coercive Behaviour: Understanding and Management* 989(1) 95-104

[149] Salter, D., McMillan, D., Richards, M. Talbot, T., Hodges, J. Bentavim, A. Hastings, R. Stevenson, J. & Skuse, D. (2003) 'Development of sexually abusive behaviour in sexually victimised males' *The Lancet*, 361:9356, 471-476

[150] Kellogg, above n 146.

[151] Bentovim, A. (2002). Preventing sexually abused young people from becoming abusers, and treating the victimization experiences of young people who offend sexually. *Child Abuse and Neglect*, 26, 661-678.

Flowing from this, a US National Survey of current and former foster parents found that sexually aggressive behaviours were a common reason for the failure of foster care placements,[152] perpetuating the cycle of rejection that young people experience.

Finally, an increasing number of studies have also tracked the relationship of parenting style and wider family patterns of interaction on young people's use of AVITH[153] and ADV,[154] including social and emotional competencies in parents[155] and the use of harsh disciplinary approaches.[156]

One review highlighted that punitive parenting was seen to be a particular risk factor for perpetration of ADV by boys, while experiencing sexual abuse was a particular risk factor for perpetration of ADV by girls.[157] The association of punitive parenting perpetration of ADV by boys is echoed by O'Keefe, who highlights the variability across the research about the impact of exposure to or experience of adult-perpetrated FV, which this author says appears to be moderated by attitudes and beliefs, as well as the presence of corporal punishment.[158]

## 3.2  Assessing for wider adverse experiences

In addition to direct experiences of trauma from adult-perpetrated FV, sexual abuse and neglect, it is important to recognise the role of wider adverse experiences and their relationship to risk for young people using the gamut of harmful behaviours contemplated by the current evidence review.

Certainly, a broader evidence base establishes a significant link between adverse childhood experiences and a range of behavioural or developmental problems in adolescence;[159] with studies indicating the need to stem the escalation of violence as early as possible.[160] For example, studies have recognised the role of wider trauma and childhood adversity as contributing to the use of AVITH in young people.[161]

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[152] US Department of Health and Human Services (1993) National Survey of Current and Former Foster Parents Washington DC: National Clearinghouse on Child Abuse and Neglect Information

[153] Beckmann et al, above n 118. Glatz, T., Lippold, M., Jensen, T., Fosco, G., & Feinberg, M. (2020). Hostile Interactions in the Family: Patterns and Links to Youth Externalizing Problems. *The Journal of Early Adolescence*, 40(1), 56–82; Beckmann, L. (2020) Family Relationships as Risks and Buffers in the Link between Parent-to-Child Physical Violence and Adolescent-to-Parent Physical Violence 35 *Journal of Family Violence* 131-141; Ibabe, I. (2019). "Adolescent-to-Parent Violence and Family Environment: The Perceptions of Same Reality?" *Int. J. Environ. Res. Public Health* 16, no. 12: 2215. https://doi.org/10.3390/ijerph16122215

[154] Bandyopadhyay, above n 11.

[155] Espejo-Siles, R., Zych, I., Farrington, D.P & Vicente L.J. (2020) "Moral Disengagement, Victimization, Empathy, Social and Emotional Competencies as Predictors of Violence in Children and Adolescents." *Children and Youth Services Review* 118 105337.

[156] Hoyo-Bilbao, J. D., Orue, I., Gámez-Guadix, M., & Calvete, E. (2020). Multivariate Models of Child-to-Mother Violence and Child-to-Father Violence among Adolescents. The European Journal of Psychology Applied to Legal Context, 12(1), 11–21.

[157] Bandyopadhyay, above n 11.

[158] O'Keefe, M. (2005) 'Teen Dating Violence: A Review of Risk Factors and Prevention Efforts' National Online Resource Center on Violence Against Women, 4.

[159]  Malvaso, C. G., Delfabbro, P. H., & Day, A. (2019). "Adverse childhood experiences in a South Australian sample of young people in detention". *The Australian and New Zealand Journal of Criminology*, 52(3), 411–431; Docherty, M. et al. (2018) "Early Maltreatment Is Associated with Greater Risk of Conduct Problems and Lack of Guilt in Adolescence." *Child Abuse & Neglect* 79 (2018): 173–182.

[160] Calvete, E., Orue, I., Fernández-González, L., Chang, R. Little, T D. (2020) "Longitudinal Trajectories of Child-to-Parent Violence through Adolescence." *Journal of Family Violence* 35.2: 107-16. Web; Rutter, N. (2020). "I'm meant to be his comfort blanket, not a punching bag" – Ethnomimesis as an exploration of maternal child to parent violence in pre-adolescents. Qualitative Social Work: QSW: Research and Practice, 147332502094077–. https://doi.org/10.1177/1473325020940774

[161] Campbell et al, (2020) above n 7; Tucker, C. J., Finkelhor, D., & Turner, H. (2020). Family Predictors of Sibling Versus Peer Victimization. *Journal of Family Psychology*, 34(2), 186–195; Nowakowski-Sims, E. (2019). "An exploratory study of childhood adversity and delinquency among youth in the context of child-to-parent and sibling-to-sibling violence". *Journal of Family Social Work*, 22(2), 126–145.

Adverse childhood experiences can include traumatic refugee experiences which shape children's neurodevelopment and associated hyper vigilant behaviours.[162] They can also include structural barriers and systemic racism which may mean that other adverse childhood experiences are not as well mitigated by protective factors in a child's life as they may be for other children,[163] or where police may take a differential response.[164]

While some studies indicate that prevalence of AVITH appears to be higher in Anglo populations,[165] others indicate that there could be a complex range of ways in which structural disadvantage or marginalisation interacts with AVITH to reduce recognition of particular behaviours or a readiness to report,[166] a consideration particularly relevant to over-policed cohorts, such as Aboriginal and Torres Strait Islander communities.

Further, participants in the PIPA project spoke about the double barriers facing women from refugee backgrounds who may be experiencing violence from their adult partner and son but wish to prioritise escaping the adult-perpetrated violence, hoping that this will mean that their child's behaviour improves.[167]

Importantly, studies have also shown the relationship of bullying perpetration and, less well recognised, *victimisation* on young people's use of violence at home.[168] Emerging research also points to experiences of grief across a family ecosystem as contributors to the use of harm by young people, as well as to barriers to parental capacity to manage behaviours.[169] This grief may be a result of a death in the family or parental loss from separation, regardless of whether there was adult-perpetrated FV.[170]

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[162] Campbell et al, (2020) above n 7; Lamb, C. (2018). "Breaking the cycle of violence for child refugees who display aggressive behaviour". *Educating Young Children: Learning and Teaching in the Early Childhood Years*, 24(3), 21–23;

[163] Fagan, A. (2020) "Child Maltreatment and Aggressive Behaviors in Early Adolescence: Evidence of Moderation by Parent/Child Relationship Quality." *Child maltreatment* 25.2: 182–191. Web.

[164] Armstrong, G. S., Muftic, L. R., & Bouffard, L. A. (2021). Factors influencing law enforcement responses to child to parent violence. Journal of Interpersonal Violence, 36(9-10)

[165] Agnew, R., & Huguley, S. (1989). Adolescent violence towards parents. *Journal of Marriage and Family, 51*(3), 699–711. Walsh, J. A., & Krienert, J. L. (2007). Child-to-parent violence: An empirical analysis of offender, victim, and event characteristics in a national sample of reported incidents. *Journal of Family Violence*, *22*(7), 563–574.

[166] Moulds & Day, above n 3.

[167] Campbell et al, (2020) above n 7.

[168] Espejo-Siles et al, above n 155. Ingram, K. M., Espelage, D. L., Davis, J. P., & Merrin, G. J. (2020). "Family Violence, Sibling, and Peer Aggression During Adolescence: Associations With Behavioral Health Outcomes". *Frontiers in Psychiatry*, 11, 26–26; Campbell et al (forthcoming) above n 7

[169] Campbell et al (forthcoming) above n 7.

[170] Ibid; McGrath, K. (2010) Understanding and Managing Sexualised Behaviour in Children and Adolescents, CARI Foundation, 11.

Researchers have therefore called for a greater focus on intersectionality and experiences over the life cycle,[171] rather than a focus primarily on adolescence. Emerging studies have also begun to highlight the relationship between intergenerational trauma and the significant impacts of AVITH in the context of kinship care placements,[172] as well as the relationship of pre-existing trauma and child removal to the prevalence of AVITH in adoptive families.[173]

Wider adverse experiences have also been highlighted as relevant to the perpetration of ADV. Offenhauer explains that low socioeconomic status is thought to be a risk factor, although it is unclear the extent to which it is a direct risk factor, or whether it just has an influence on others.[174] Offenhauer also notes the association between marginalised status and risk, including local environmental factors, such as community level violence, that can exacerbate the impacts of violence at home and in peer networks.[175]

Bandyopadhyay and colleagues note that peer networks can increase risk for perpetration, meaning that having friends in violent relationships increases risk for perpetration and victimisation.[176] These authors note that some studies suggest that having friends in violent relationships is *more* predictive for risk of ADV perpetration than experiencing adult-perpetrated violence at home.[177]

Even more significant, these authors highlight evidence that beliefs about gender roles in dating relationships are a bigger predictor than exposure to violence at home and are the *most* significant factor for perpetration of ADV by males, although similar beliefs modelled in a home environment can be drivers of adult intimate partner violence.[178] O'Keefe further notes that wider community violence and relational aggression (ie violence in peer networks), as well as prior experience of dating violence, are strong risk factors for ADV.[179] In particular, O'Keefe notes that beliefs and attitudes around gender roles are a particularly strong risk factor for boys.[180] Malhi and colleagues note that other risk factors for ADV are bullying, masculinity and gender roles, parenting styles, conflict resolution skills, emotional dysregulation and substance use.[181]

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[171] Holt, A. and Shon, P. C. (2018), 'Exploring fatal and non-fatal violence against parents: Challenging the orthodoxy of abused adolescent perpetrators', *Journal of Offender Therapy and Comparative Criminology*, 62(4): 915-934.

[172] Holt, A., & Birchall, J. (2020). *Investigating Experiences of Violence towards Grandparents in a Kinship Care Context: Project Summary*. Gair, S., Zuchowski, I., Thorpe, R., Henderson, D. & Munns, L. (2019) "'In the Firing Line': Grandparent Carers at Risk of Family Violence." *Journal of Family Violence* 34.4: 321-29.; Breman, R., MacRae, A., & Vicary, D. (2018). Child-perpetrated family violence in kinship care in Victoria. CHILDREN AUSTRALIA, Vol. 43, No. 3, 2018: 192-197.

[173] Selwyn, J., and Meakings, S. "Adolescent-to-parent violence in adoptive families". 2016 46(5) *British Journal of Social Work*. 1224-1240.

[174] Offenhauer & Buchalter, above n 12, 13.

[175] Ibid, 15.

[176] Bandyopadhyay, above n 11.

[177] Ibid; O'Keefe, above n 158.

[178] Bandyopadhyay, above n 11.

[179] O'Keefe, above n 158, 4.

[180] Ibid, 5.

[181] Malhi et al, above n 140.

## 3.3  Assessing for complex needs

A wide range of complex needs are apparent across the literature concerning young people's use of AVITH, ADV and HSB which can contribute to and compound the effects of this behaviour.

### *Adverse health outcomes*

Across the evidence base in relation to AVITH, this includes severe mental health issues, such as acute psychological distress, suicidal ideation and self-harming behaviours[182] as well as low levels of "family and social self-concept".[183]

Some evidence also points to links with substance misuse,[184] although practitioners working with young people have urged caution about interpreting substance misuse as a contributor to AVITH, rather than as a symptom of underlying trauma and "self-soothing" behaviour.[185]

Similarly, O'Keefe found that low self-esteem was associated with victimisation of ADV in girls and perpetration in boys, with depression associated with victimisation in both.[186] Poor conflict resolution skills were also a co-occurring need for ADV.[187]

O'Keefe also noted an association with other risk-taking behaviours which, for young girls, can combine with sexist attitudes to make girls more vulnerable to ADV. These include alcohol use or sexually risky behaviours being used to blame the victim survivor.[188]

Rothmann and colleagues, who developed the MARSHA-C tool described in Section 2, recommend that clinicians screen for 'red flags' that include STIs, pregnancy, depression, frequent cancellation of appointments or somatic complaints that do not otherwise fit the patient's medical history.[189]

Bonomi and colleagues conducted a study of young adults who had experienced dating violence between age 13 to 19.[190] This study found that young women who had experience physical and sexual dating violence had particularly adverse health outcomes in late adolescence/young adulthood, including smoking, depressive symptoms, eating disorders and high-risk sexual behaviour. Young women who had experienced non-physical or sexual dating violence (ie emotional abuse and other forms of IPV) experienced similar outcomes, but these were less pronounced.

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[182] Kehoe et al, above n 136; Martínez-Ferrer, B., Romero-Abrio, A., León-Moreno, C., Villarreal-González, M., & Musitu-Ferrer, D. (2020). "Suicidal Ideation, Psychological Distress and Child-To-Parent Violence: A Gender Analysis". *Frontiers in Psychology*, 11, 575388–575388. https://doi.org/10.3389/fpsyg.2020.575388

[183] Martinez-Ferrer et al, above n 182.

[184] Hoyo-Bilbao et al, above n 156.

[185] Campbell et al, (2020) above n 7.

[186] O'Keefe, above n 158, 5.

[187] Ibid, 6.

[188] Ibid, 6.

[189] Rothmann et al, above n 11.

[190] Bonomi et al, above n 11.

Males who had experienced physical/sexual dating violence did not appear to experience adverse health outcomes differently from males who had not experienced dating violence, but males who had experienced non-physical dating violence were at higher risk of smoking and eating disorders.[191]

Foshee and colleagues found similarly adverse life outcomes for young adults who had experienced ADV, including wider offending and anti-social behaviours, as well as suicidal ideation.[192]

Unsurprisingly, evidence indicates that young people using HSB also have poor self-regulation and coping skills; experience social anxiety and a sense of social inadequacy; have poorly internalised rules for social behaviour; possess a poorly developed morality; lack secure and confident attachments to others; exercise limited self-control; have little insight into the feelings and needs of others; and have deficits in social skills and in social competence overall.[193]

In a clinical sample of children six to twelve years of age exhibiting HSB, the most common co-morbid diagnoses were Conduct Disorder (76 per cent), followed by Attention-Deficit/Hyperactivity Disorder (40 per cent) and Oppositional Defiant Disorder (27 per cent).[194]

### *School disengagement*

A further strong theme across the literature in relation to AVITH, in particular, is the issue of school disengagement, something that the PIPA project found functioned as both a signal of AVITH, as well as a contributing and compounding factor.[195]

Practitioners participating in the PIPA project described school disengagement as being both a risk marker and multiplier,[196] indicating the possibility that a young person may be using violence at home, but also that they may be *experiencing* adult-perpetrated FV, with some practitioners describing failure to attend school as a consistent occurrence in the days immediately following a police callout.

Practitioners also noted that school disengagement is often linked to young people wanting to be home to protect their mother or siblings[197] and that children's experience of violence, lack of attachment and consequent difficulties with trust could impact on their behaviour at school, entrenching trajectories into harmful behaviour.[198]

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[191] Ibid.

[192] Foshee, V.A, McNaughton Reyes, H.L, Gottfredson, N.C, Chang, L.Y, Ennett, S.T. (2013). A longitudinal examination of psychological, behavioral, academic, and relationship; consequences of dating abuse victimization among a primarily rural sample of adolescents. *Journal of Adolescent Health*; 53(6):723-729.

[193] Rich, above n 24.

[194] Kellogg, above n 146.

[195] Campbell et al, above n 7.

[196] Ibid.

[197] Ibid.

[198] Ibid.

Other research notes that school disengagement can also prevent the effectiveness of wider interventions.[199] Kehoe and colleagues similarly observe that school disengagement is just one of multiple presenting needs that can mean that young people using AVITH and their families were perceived as "complex" and fell through service gaps as a result.[200]

### *Disability*

Further signifying the complexity of risk assessment and management is the issue of disability. Although a recent conceptual review identified a profound lack of literature in the direct nexus between disability and use of violence at home by young people,[201]the prevalence of disability as a risk factor in young people using AVITH has been highlighted across the evidence base.[202]  Links between AVITH and developmental issues, such as impulsiveness, have also been identified.[203]

In particular, the PIPA project found that over 50 per cent of young people across the study had some form of disability, including psychosocial disability, with the most frequently seen diagnoses being depression and anxiety, autism spectrum disorder (ASD). attention deficit hyperactivity disorder (ADHD) and post-traumatic stress disorder (PTSD). The sample also included assessments of intellectual disability, reactive attachment disorder and foetal alcohol spectrum disorder (FASD).[204]

In particular, however, nearly 25 per cent in a sample of Victorian Children's Court files had been diagnosed with ASD, with several having a dual diagnosis of ADHD as well.[205] The authors noted a comparison with a general youth crime sample, being 6 per cent, observing that young people with cognitive impairment were likely to be diverted away from the criminal justice response in a way that did not occur in the civil protection order system.[206]

These figures compare with an Australian population level prevalence of 0.7 per cent of people with cognitive impairment overall, 2.8 per cent for those aged 10 - 14 years and 1.8 per cent for those aged 15-19 years.[207]

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[199] Nowakowski, E., & Mattern, K. (2014). "An Exploratory Study of the Characteristics that Prevent Youth from Completing a Family Violence Diversion Program". *Journal of Family Violence*, 29(2), 143–149; Ravulo, J (2019) 'The role of holistic approaches in reducing recidivism for young offenders' 14 *The Judicial Review* 125 – 145, 132

[200] Kehoe et al, above n 136, 348.

[201] Sutherland, G., Rangi, M., King, T., Llewellyn, G., Kavenagh, A. & Vaughn, C. (2022) Toward a socio-ecological understanding of adolescent violence in the home by young people with a disability, ANROWS Research Report, Issue 8.

[202] Fitz-Gibbon, K., Elliott, K., & Maher, J. (2018). *Investigating Adolescent Family Violence in Victoria: Understanding Experiences and Practitioner Perspectives.* Monash Gender and Family Violence Research Program, Monash University. Douglas, H., & Walsh, T. (2018). Adolescent family violence: What is the role for legal responses? The Sydney Law Review, 40(4), 499–526. https://data-informit-org.ezproxy.lib.rmit.edu.au/doi/10.3316/informit.082195741036507; Pereira, R., Loinaz, I., del Hoyo-Bilbao, J., Arrospide, J., Bertino, L., Calvo, A., … Gutiérrez, M. M. (2017). Proposal for a definition of filio-parental violence: Consensus of the Spanish Society for the Study of Filio-Parental Violence (SEVIFIP). *Psychological Papers*, *38*(3), 216–223. https://doi.org/10.23923/pap.psicol2017.2839

[203] Rico, E., Rosado, J., & Cantón-Cortés, D. (2017). Impulsiveness and Child-to-Parent Violence: The Role of Aggressor's Sex. The Spanish Journal of Psychology, 20, E15–E15. https://doi.org/10.1017/sjp.2017.15

[204] Campbell et al, (2020) above n 7

[205] Campbell et al, (2020) above n 7.

[206] Ibid.

[207] Australian Institute of Health and Welfare. (2017). *Autism in Australia* (Cat. no WEB 187). Canberra: AIHW; Australian Bureau of Statistics. (2015). *Disability, ageing and carers, Australia: Summary of findings, 2015* (cat. no. 4430.0)*.* Retrieved from https://www.abs.gov.au/ausstats/abs@.nsf/mf/4430.0

The PIPA authors cautioned that this high percentage of young people in sampled cases was not synonymous with a conclusion that children with disability use violence at home to a disproportionate extent. Rather, the findings indicated that nearly a quarter of those children being brought before courts and, in many cases, issued with Family Violence Intervention Orders (FVIOs), had an ASD diagnosis.

In highlighting these findings, it is crucial not to promote the notion of a causal link between any form of disability and use of violence. This is especially important when so much abuse towards people with disabilities has occurred in the context of medicalised notions of the "dangerousness" of people with disabilities.[208]

It is also crucial to remember that people with disabilities – particularly women and children – are disproportionately affected by interpersonal violence[209] and are also over-represented in youth and other justice systems.[210] Compounding this, legal systems tend to read disability as a barrier to engaging in programs and services that are relevant to rehabilitation and risk of further offending.[211]

Given this backdrop, it is unsurprising that families who are subjected to violence used by a child with a disability are especially reluctant to contact police or otherwise seek support. The PIPA project found that this could mean that, while violence used by younger children at home would often be discussed with practitioners, families would stop reporting violence once their child reached adolescence.[212] This means that, by the time that violence is reported to police, it is likely to be at a serious level,[213] with parents very concerned for their own safety, as well as that of younger children.[214]

Important to recognise, a growing body of literature calls for a broader view that recognises ways in which the child's experiences and environment contribute to the behaviours that they exhibit and which may have led to a particular diagnosis. This literature explores the relationship of trauma to the presentation of symptoms that arguably mirror many of those present in cognitive disabilities and, in some cases, can actually contribute to observable differences in brain function – but which could otherwise be attributable to adverse childhood experiences and, specifically, developmental trauma disorder.[215]

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[208] Human Rights Watch. (2018). *I needed help, instead I was punished: Abuse and neglect of prisoners with disabilities in Australia.* Retrieved from https://www.hrw.org/report/2018/02/06/i-needed-help-instead-i-was-punished/abuse-and-neglect-prisoners-disabilities## Spivakovsky, C. (2014). Making risk and dangerousness intelligible in intellectual disability. *Griffith Law Review, 23*(3), 389–404. https://doi.org/10.1080/10383441.2014.979463

[209] Australian Human Rights Commission. (2018). *A future without violence: Quality, safeguarding and oversight to prevent and address violence against people with disability in institutional settings.* Sydney: AHRC.

[210] Hughes, N. (2015). *Neurodisability in the youth justice system: Recognising and responding to the criminalisation of neurodevelopmental impairment.*

[211] Weller, P. (2014). Reconsidering legal capacity: Radical critiques, governmentality and dividing practice. *Griffith Law Review, 23*(3), 498–518.

[212] Campbell et al (2020) above n 7.

[213] Fitz-Gibbon et al, above n 202.

[214] Ibid; Douglas and Walsh, 202.

[215] Bremness, A., & Polzin, W. (2014). Commentary: Developmental trauma disorder—A missed opportunity in DSM V. *Journal of the Canadian Academy of Child and Adolescent Psychiatry, 23*(2), 142–145. Teicher, M. H. (2000). Wounds that time won't heal: The

This means that a person's impaired cognitive function is very real but may have been misdiagnosed in terms of the impairment's cause and therefore how this experience consequently impacts on their life.

Just as important to acknowledge, of course, is that many diagnoses are *not* rooted in trauma. The PIPA project heard from practitioners that many disabilities may go *un*diagnosed where families simply lacked the resources to have expensive assessments done or where they feared being stigmatised as having caused trauma or otherwise exposed their children to harm.[216] The PIPA project therefore highlighted the need for diagnoses to be a pathway to support – and to support that is appropriate for the communication, cognition and social interaction needs of each individual young person.[217]

More broadly, emerging evidence regarding the impact of poverty and trauma on language development, as well as presentations of symptoms similar to that in diagnoses of cognitive disability,[218] points to the way in which distinctions between experience of trauma and presentations of disability in children who have been exposed to trauma can be somewhat artificial. In many cases, the reality of children's lives is that living with disability and living with trauma are far from mutually exclusive.

Understanding a child's experience is therefore not only important in assessing future risk but also the most appropriate type of intervention to provide in order to manage it. This is highlighted in the literature regarding HSB, where Kellogg argues that disability is crucial to take into account for the purposes of developmentally appropriate assessment.[219]

Echoing some of the findings from the AVITH research, Erooga and Masson highlight studies that point to an overrepresentation of young people using HSB who appear to have learning disabilities, but where this has not necessarily been identified.[220] A comprehensive review of literature and policies in the UK setting by Hackett identified that – despite studies that suggested that around a third of young people using HSB had intellectual disabilities or learning behaviours – specific policy responses and interventions were relatively scarce.[221] Hackett also discussed research that indicated that young people were particularly "visible" in the context of young people identified as

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neurobiology of child abuse. *Cerebrum*, *2*(4), 50–67; Timimi, S., Moncrieff, J., Jureidini, J., Leo, J., Cohen, D., Whitfield, C., … 33 Coendorsers. (2004). A critique of the international consensus statement on ADHD. *Clinical Child and Family Psychology Review*, *7*(1), 59–63. van der Kolk, B., Pynoos, R., Cicchetti, D., Cloitre, M., D'Andrea, W., Ford, J., & Teicher, M. (2009). *Proposal to include a developmental trauma disorder diagnosis for children and adolescents in DSM-V* (Official submission from the National Child Traumatic Stress Network Developmental Trauma Disorder Taskforce to the American Psychiatric).

[216] Campbell et al (2020), above n 7

[217] Ibid.

[218] Snow, P. C., & Powell, M. B. (2011). Oral language competence in incarcerated young offenders: Links with offending severity. *International Journal of Speech-Language Pathology, 13*(6), 480–489*.* Sylvestre, A. & Mérette, C. (2010). Language delay in severely neglected children: A cumulative or specific effect of risk factors? *Child Abuse & Neglect, 34*(6), 414–428.

[219] Kellogg, above n 146.

[220] Erooga and Masson, above n 147; 3. Hackett, S., Phillips, J., Masson, H., and Balfe, M. (2013). Individual, family and abuse characteristics of 700 British child and adolescent sexual abusers. Child Abuse Review, 22(4), 232–245.

[221] Hackett, S. (2014) Children and young people with harmful sexual behaviours: Research Review: Dartington, Research in Practice, 53-54

HSB offenders, but that these young people generally had particularly extensive experiences of all forms of adult-perpetrated abuse and more social skills deficits.[222]

Important to acknowledge, while the use of violence may be directly related to a child's impairment or disability, this does not diminish the way in which families experience this violence or the stigma that they feel when seeking the support of the service system.[223]

### *Parental trauma*

Finally, when reflecting on the complex needs of young people, it is important to take into account the impacts that prior experiences of parental trauma, as well as current shame and stigma, will be having within that family ecosystem. In particular, evidence points to the impacts of intimate partner violence on mothers' capacity to parent in the way that they would want,[224] as well as their experiences of psychological distress when responding to their children's own experiences of harm.[225]

This includes significant evidence which points to the way in which perpetrators of adult intimate partner violence deliberately undermine relationships between mothers and children.[226] This includes findings in the PIPA and WRAP Around Families projects which highlight the way in which separated fathers can continue to undermine the mother-child bond post separation. Examples of this involve systems abuse through the family law process or using children directly as a vehicle for inflicting further abuse by "coaching" them in verbally or physically abuse tactics from the sidelines.[227]

Reflected at the outset of this evidence review in discussion regarding variation across definitions, an emerging body of work therefore seeks to make the role of gender in the context of AVITH far more visible[228] and, accordingly, emphasise the need to support women's recovery from violence.[229]

## 3.4  Barriers to service engagement – stigma and silence

Accordingly, it is vital to remember that risk factors for young people using any form of AFV include the stigma, isolation and shame that their families may feel and which may prevent them from engaging with service support.[230] Widespread across the literature, for example, are articulations of the ways in which mothers experience guilt, shame and stigma attached to their experiences of

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[222] Ibid.

[223] Fitz-Gibbon et al, above n 202.

[224] Hernández, A., Martín, A., Hess-Medler, S., & García-García, J. (2020). What Goes on in This House Does Not Stay in This House: Family Variables Related to Adolescent-to-Parent Offenses. Frontiers in Psychology, 11, 581761–581761; Jensen, M. Smid, S & Bøe, T. (2020) 'Characteristics of adolescent boys who have displayed harmful sexual behaviour (HSB) against children of younger or equal age' BMC Psychology

[225] Jouriles et al, above n 25.

[226] Burck, D. (2021) "Adolescent-to-Parent Violence and the Promise of Attachment Based Interventions" in Fitz-Gibbon, K., Douglas, H. & Maher, J (eds) *Young People Using Family Violence: International Perspectives on Research, Responses and Reforms*, Springer; Burck et al, above n 9.

[227] Campbell et al (2020), above n 7; Campbell et al (forthcoming), above n 7.

[228] Armstrong et al, above n 164; Burck et al, above n 9.

[229] Paterson, R., Luntz, H., Perlesz,. A. & Cotton, S. (2002) 'Adolescent Violence towards Parents: Maintaining Family Connections When the Going Gets Tough' 23 *Australian and New Zealand Journal of Family Therapy*, 90; Burck, above n 226.

[230] Fitz-Gibbon et al, above n 202, Burck, above n 226; Douglas, H. (2021) "Mothers and Step-Mothers Engaging with Law in Their Response to Adolescent Family Violence" in Fitz-Gibbon, K., Maher, J. & Elliott, K. *Young People Using Family Violence: International Perspectives on Research, Responses and Reforms*, Springer

AVITH, resulting in reduced help-seeking behaviours and disclosures of harm occurring only as a last resort.[231]

As a result, parents may isolate themselves from family, friends, services and the justice system.[232] Burck and colleagues therefore urge practitioners working on the front-line of AVITH service delivery to challenge discourses that entrench maternal guilt and cause parental reticence to engage services, in order to ensure that effective interventions can be maximised.[233]

This is crucial, given that a study by Edenborough and colleagues reported mothers describing their experiences being met with disbelief or subject to minimisation by services.[234] A study by Williams and colleagues similarly describes the psychological trauma associated with FV experienced among maternal victim survivors of AVITH, leading to intense shame, judgement and blame associated with their parenting skills being perceived by others as sub-standard.[235] Crucially, siblings of young people using violence may also be "drawn into a web of shame and silence".[236]

Condry and colleagues note that parents often blame themselves for the violence and seek to hide it, while young people also feel guilt and embarrassment.[237] Where families impacted have not experienced respectful responses from relevant services,[238] this can often compound this sense of shame or blame. Evidence also suggests that adoptive families may feel a particular sense of parenting failure.[239]

Finally, evidence also indicates that young people and family members impacted by AVITH rarely have the opportunity to tell their story.[240] This is particularly the case with young people who – often having experienced FV as well – can feel that their own experience is not valued, either by police or by services which are not designed to work with or respond to the multiple co-occurring issues that they are facing.[241]

Also relevant is that young people may feel that they shoulder the blame for the consequences of their adverse experiences and sense of emotional rejection from parents.[242] Further, studies suggest that young people may also feel guilt and embarrassment, which can actually contribute to risk when the young person acts out in response to their experience of shame.[243] Paterson and colleagues describe some mothers feeling worried that making their child's behaviour public would

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[231] Edenborough et al, above n 8.

[232] Bobic, N. (2004) 'Adolescent Violence Towards Parents', Topic Paper, Australian Domestic and Family Violence Clearinghouse 10.

[233] Burck et al, above n 9, 12.

[234] Edenborough et al, above n 8.

[235] Williams, M., Tuffin, K. & Niland, P. (2017) '"It's like he just goes off, BOOM!": mothers and grandmothers make sense of child-to-parent violence' 22 *Child & Family Social Work* 597.

[236] Fitz-Gibbon et al, above n 202, 27.

[237] Condry R. & Miles, C. (2021) 'Children Who Perpetrate Family Violence Are Still Children: Understanding and Responding to Adolescent to Parent Violence' in Fitz-Gibbon et al (ed*) Young People Using Family Violence: International Perspectives on Research, Responses and Reforms* (Springer Singapore Pte Limited); Burck, above n 226.

[238] Ibid

[239] Selwyn & Meakings, above n 173.

[240] Condry, R., Miles, C., Brunton-Douglas, T., & Oladapo, A. (2020). *Experiences of Child and Adolescent to Parent Violence in the Covid-19 Pandemic*, University of Oxford; Campbell et al, (2020), above n 7.

[241] Ibid.

[242] Papamichail, A, and Bates, E A. (2020) ""I Want My Mum to Know That I Am a Good Guy …": A Thematic Analysis of the Accounts of Adolescents Who Exhibit Child-to-Parent Violence in the United Kingdom." *Journal of Interpersonal Violence* 88626052092631-86260520926317. Web.

[243] Condry & Miles, above n 237.

impact their self-esteem,[244] further highlighting the dual role of mothers functioning simultaneously as victim survivor and protector.[245]

These themes are obviously not limited to the evidence concerning AVITH. Literature describes significant parental denial, minimisation, stigma embarrassment and guilt associated with young people's use of HSB,[246] which can in turn act as a barrier to effective intervention and management of future risk. Literature in this field describes the presence of parental experiences of sexual abuse,[247] as well as significant parental health issues which can co-occur with young people's use of HSB.[248]

Finally, important to highlight is the particular shame and stigma experienced upon disclosure of violence which may be perceived or construed by particular communities as a victim's "failure" to maintain the family's wellbeing. In particular, research notes the way in which women may often assume blame for exposing the family unit to community scrutiny and ridicule in certain contexts.[249]

Many people in newly arrived and refugee communities may also face a range of challenges that they identify as more pressing than an adolescent's violent behaviour. These include housing and financial support, education, health issues and the impacts of trauma experienced in their countries of origin, as noted above in relation to young people's wider adverse experiences.[250]

## 3.5  Barriers to service engagement – system and structures

Experiencing multiple, co-occurring issues can mean that the experience of young people and families often do not fit within the remit of any single service or that, instead, they fall through the gaps. For example, because of the way in which services are designed and funded, disability or mental health services may struggle to respond to FV, while specialist FV services – designed to work with victim survivors – struggle to support young people who are experiencing, but also using violence.[251]

As a result, families are often passed from one service to another without this resulting in positive outcomes.[252] Having moved between multiple referrals, these families and young people often drop out of service engagement and have little reason to engage with any newly introduced service or practitioner.[253]

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[244] Paterson et al, 229.

[245] Edenborough et al, above n 8.

[246] Campbell, F. Booth A, Hackett S, Sutton A. (2020) Young People Who Display Harmful Sexual Behaviors and Their Families: A Qualitative Systematic Review of Their Experiences of Professional Interventions. Trauma, Violence, & Abuse. 2020;21(3):456-469.

[247] Grant, J., Indermaur, D., Thornton, J., Stevens, G., Chamarette, C. & Halse, A. (2009) 'Intrafamilial adolescent sex offenders: psychological profile and treatment' *Trends and Issues in crime and criminal justice*, Australian Institute of Criminology

[248] Campbell et al, above n 246.

[249] InTouch Multicultural Centre Against Family Violence. (2010). *'I lived in fear because I knew nothing': Barriers to the justice system faced by CALD women experiencing family violence*. Melbourne: InTouch Multicultural Centre Against Family Violence; Vaughan, C., Davis, E., Murdolo, A., Chen, J., Murray, L., Quiazon, R., … Warr, D. (2016). *Promoting community-led responses to violence against immigrant and refugee women in metropolitan and regional Australia: The ASPIRE Project: Research report*. Sydney: Australia's National Research Organisation for Women's Safety.

[250] Sawrikar, P., & Katz, I. (2008). *Enhancing family and relationship service accessibility and delivery to culturally and linguistically diverse families in Australia* (AFRC Issues No. 3). Melbourne: Australian Institute of Family Studies.

[251] Campbell et al, (2020), above n 7.

[252] Fitz-Gibbon, K. Maher, J & Elliott, K (2021), "Barriers to Help Seeking for Women Victims of Adolescent Family Violence: A Victorian (Australian) Case Study" in Fitz-Gibbon, K. Douglas, H. & Maher, J. (Eds) Young People Using Family Violence: International Perspectives on Research, Responses and Reforms, Springer; Burck, above n 199; Campbell et al (2020) above n 7.

[253] Campbell et al (2020), above n 7.

Existing AVITH research has shown that many families who have a young person using harm at home were under-serviced[254] because they had only sought support or reported their experiences as a last resort.[255] The PIPA project found that families were either under-serviced or *over*-serviced, a finding confirmed by the forthcoming WRAP Around Families research, which indicates that families experiencing AVITH, as well as young people using this behaviour, are often the focus of a great deal of system activity without this activity necessarily being effective.[256]

Along with persistently limited conceptualisations around AVITH, the WRAP Around Families research found that the extensive involvement of services in families' lives – including from when their children were quite young – was not always having the desired effect, with families experiencing this service involvement as punitive, rather than supportive, reinforcing a lack of trust and engagement.[257] Further, the WRAP research makes specific findings about the impact of care teams, highlighting the way in which their composition and purpose could determine whether or not their impact was positive, with a lack of coordination often failing to realise their promise.[258]

More broadly, the evidence base concerning responses to AVITH identified significant limitations of the Child Protection and legal systems in terms of increasing safety and improving family support. For example, the PIPA project highlighted the way in which fear of Child Protection intervention – which included removal of younger children, rather than support for adolescents using violence at home – can act as a barrier to seeking help in relation to the young person's behaviour.[259] Fear of child removal, unsurprisingly, was identified as a particular barrier for Aboriginal and Torres Strait Islander families. [260]

Further, the PIPA project highlighted that Child Protection authorities had often been involved in the family's life prior to the young person being identified as using harm, as a result of concerns about adult use of violence or neglect. Yet concerted engagement and facilitation of appropriate supports came *following,* rather than prior to, child removal – failing to prevent traumatic disruptions to the family.[261]

Additionally invisible were the needs of families who were raising children without any welfare supports for fear of child removal, or alternatively for fear of losing children to other family members who may not be able to care for the children or provide sufficient safety.[262]

Just as significant – and the focus of increasing research attention – is fear of legal system intervention. Wider research indicates that families are reluctant to contact police because of concerns that their young person will be criminalised by the legal system's intervention.[263]

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[254] Fitz-Gibbon et al, above 252

[255] Howard, J., & Abbott, L. (2013). *The last resort: Pathways to justice*. Melbourne: Digital Reprographics.

[256] Campbell et al (forthcoming) above n 7.

[257] Ibid.

[258] Ibid.

[259] Campbell et al (2020), above n 7.

[260] Ibid.

[261] Ibid.

[262] Ibid.

[263] Howard, above n 6; Fitz-Gibbon et al, above n 202; Fitz-Gibbon et al, above n 252; Condry & Miles, above n 237.

This is particularly the case for families from communities that are already over-policed, such as Aboriginal and Torres Strait Islander families and families from certain newly arrived or refugee communities, as noted earlier.[264]

Despite this fear, recent Victorian research also found that families, young people and even police significantly *under*estimated the impacts of the civil process which is used as the predominant first response in the Victorian context.[265] Alternatively, young people and families struggled to understand the process or comply with it, leading fairly swiftly to breaches where orders were put in place.[266]

The PIPA and WRAP Around Families research indicated that it was common for young people to be construed as the primary target for legal system intervention, despite the existence of harmful behaviours that were "laid upon them every day" in the wider family structure. This included the violence used by an adult in the family, or what the PIPA project termed "the original perpetrator".[267]

Noted in previous research,[268] practitioners in the PIPA and WRAP Around Families research also reported that they saw parents using legal responses to punish or discipline their child in a context where violence was used as the predominant way of resolving conflict.[269] This was, in practitioners' views, a reflection of the legal system's binary design, whereby protection orders are only taken out against one family member and the young person becomes the target of intervention needing to be "fixed".[270]

Further, the PIPA project found that, in a small but concerning number of the legal and court cases reviewed for the research, adult family members were deploying the legal system as a means of controlling the young person and perpetuating pre-existing emotional and psychological abuse.[271] The research concluded that, where this occurred, this meant that the legal system was inadvertently colluding in adult-perpetrated violence against children.

This form of systems abuse – as well as broader concerns on the part of young people that they will not be believed or that they will experience retribution for disclosing victimisation – is a major barrier to system engagement that must be acknowledged. Victorian research has highlighted how contact with the legal system can often by the first opportunity that a young person has to disclose their experiences, with young people only making disclosures to lawyers once they realise that the lawyer has their interests front of mind and cannot relay any information to their parents or anyone else, including in court, without the young person's instructions.[272]

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[264] Campbell et al (2020), above n 7.

[265] Campbell et al (2020), above n 7; Campbell et al (forthcoming), above n 7; Centre for Innovative Justice (2022) Evaluation of Youthlaw's Pre-Court Engagement Program

[266] Campbell et al, (2020), above n 7; Boxall et al, above n 59.

[267] Campbell et al (2020), above n 7.

[268] Howard, above n 6.

[269] Campbell et al (2020) above n 7; Campbell et al (forthcoming) above n 7.

[270] Ibid.

[271] Campbell et al (2020), above n 7.

[272] Ibid; Centre for Innovative Justice, above n 265.

Further service system challenges noted in the PIPA and WRAP Around Families research was that the binary nature of the specialist FV response could mean that young people who were both using and experiencing violence may be completely excluded from service responses, such as FV refuges,[273] or receive an unhelpful response from intake points such as The Orange Door,[274] being the local intake point for FV referrals in an increasing number of regions in Victoria. This means that the fundamental design of the system response was not equipped to respond usefully to young people using harm and functioned as a barrier to effective risk assessment and management.

## 3.6 Protective factors

In addition to the absence of risk factors – including the systemic barriers to disclosure and service engagement that must be acknowledged as part of any effective risk assessment and management response – identification of the presence of protective factors in a young person's life is key.

Unsurprisingly, studies increasingly suggest that positive relationships within a family offer a significant protective factor against AVITH and that a focus on rewarding desirable and positive behaviour improves results, as compared with trying to punish, eliminate or minimise negative or abusive behaviour.[275] The existence of certain factors, such as parental warmth, have been shown to serve a particular protective function in preventing the use of AVITH by young girls.[276] Other research suggests that specific cultural expectations around parenting style and "filial piety" can also play a role.

The importance of protective factors and resources in a young person's wider environment, such as through strong attachments with teachers or peers, has also been highlighted,[277] as has school engagement generally, as well as school attainment in parents.[278] In particular, evidence points to addressing external risk factors – such as reducing bullying victimisation at school – as well as supporting the development of pro-social skills in parents, as significant protective factors in reducing AVITH.[279]

Factors such as these are well understood by services providing interventions in AVITH, which frequently highlight the value of working with parents to support the development of coping skills and positive ways of interacting with their child. This includes seeing past the trauma of their child's use of violence to see the strengths and positives in their child, rather than just a replica of a former partner using violence.

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[273] Campbell et al (2020), above n 7

[274] Campbell et al (forthcoming), above n 7.

[275] Kehoe et al, above n 136; Elliott et al, above n 42; Beckmann, above n 153. 1

[276] Beckmann et al, above n 153; Zhang, L., Cai, C., Wang, Z., Tao, M., Liu, X., Craig, W. (2019) 'Adolescent-to-Mother Psychological Aggression: The Role of Father Violence and Maternal Parenting Style' *Child Abuse and Neglect* 98, 104299.

[277] Beckmann, L. (2020). Exposure to family violence and adolescent aggression in multiple social contexts: Classroom social resources as moderators. Journal of Family Violence, 35(5), 471-484; Boyoung Nam, Jae Yop Kim, Charlotte Lyn Bright & Daeyeon Jang. (2020) Exposure to Family Violence, Peer Attachment, and Adolescent-to-parent Violence, *Journal of Interpersonal Violence* 1-22

[278] Ravulo, above n 199, noting that this study was in relation to young people in contact with the justice system more generally.

[279] Espejo et al, above n 155.

Because of the central position of peer relationships and self-esteem in adolescence, evidence indicates that a strong sense of self-esteem and identity is a protective factor for girls in relation to ADV.[280] Other studies have shown that high quality friendships with peers can act as a protective factor for both girls and boys, as can positive and attentive parental monitoring[281] and a structured home environment.[282] The limited evidence available regarding effective prevention programs shows that consistent and long term interventions are necessary and ideally should start at primary school age, while one-off or *ad hoc* programs can actually have a backlash effect amongst boys' attitudes, with post-testing showing *increased* support for dating violence norms.[283]

A review of relevant interventions found that factors which are effective in addressing HSB and preventing further harm include understanding behaviour within a wider context and environment, as well as positive involvement of parents and carers, noting the importance of support for parents as they navigate their response to their child's behaviour.[284] A strong, continuous therapeutic relationships with a trusted practitioner which involves frank and open communication and the opportunity for skills development has also been identified as valuable.[285] The importance of this practitioner being there specifically for the young person, rather than for the parents as well, is also highlighted.[286]

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[280] Howard, D, Beck, K., Hallmark Kerr, M. and Shattuck, T. (2005). 'Psychosocial Correlates of Dating Violence Victimization among Latino Youth.' *Adolescence* 40, no. 158 (Summer): 319–31

[281] Leadbeater, B., Banister, E., Ellis, W. & Yeung, R. (2008). "Victimization and Relational Aggression in Adolescent Romantic Relationships: The Influence of Parental and Peer Behaviors, and Individual Adjustment." *Journal of Youth and Adolescence* 37:3 359–72.

[282] Schnurr, M. (2009) Precursors to Adolescents' Dating Violence Perpetration and Healthy Romantic Relationships, PhD Dissertation, Iowa State University.

[283] O'Keefe, above n 158.

[284] Campbell et al, above n 248, 12.

[285] Ibid, 9.

[286] Ibid, 10.

# 4 Prevalence, demographics and behaviours

## 4.1 AVITH

The varying conceptualisations and definitions of AVITH noted at the outset of this evidence review make assessing prevalence a challenge, with researchers continuing to highlight the importance of establishing consistency in understanding.[287] For example, different jurisdictions, services and studies adopt varying ranges of age in relevant assessments, generally starting at 10 or 12 and ranging up to 17 or 25, depending on whether the context is legal, clinical or community based.[288]

Studies have also highlighted the importance of maintaining visibility on the behaviour of pre-adolescent children as a predictor of behaviour in adolescence[289] while a recent Australian study found that, of a sample of 435 university students aged 18 to 25, 1 in 7 had abused their parents in the past 12 months.[290]

In terms of the type of behaviour considered within most conceptualisations (remembering the differing terminology used across the evidence base cited at the outset of this review), AVITH is often understood as a specific form of family violence, with a number of distinct features.

A frequently cited definition by Cottrell defines AVITH as an abuse of power perpetrated by adolescents against their parents, carers and/or other relatives including siblings, which "occurs when an adolescent attempts to physically or psychologically dominate, coerce and control others in their family",[291] while Holt more recently specifies requirement for a "*pattern of behaviour*",[292] rather than an isolated incident.

A more recently developed definition by Pereira and colleagues builds on this and signals an emerging consensus as to the circumstances and behaviours that ought to be *excluded*, as well as included:

> Repeated [behavior] of physical, psychological (verbal or nonverbal) or economic violence, directed toward the parents or the people who occupy their place. Excluded are one-off aggressions that occur in a state of diminished consciousness which disappear when upon recovery (intoxications, withdrawal syndromes, delirious states or hallucinations), those caused by (transient or stable) psychological disorders (autism and severe mental deficiency) and parricide without history of previous aggressions.[293]

The above definition is crucial to bear in mind when considering prevalence, given that young people with disability are currently captured within the rates of AVITH reported in Victoria because of the operation of the *Family Violence Protection Act*.[294]

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[287] Peck et al, above n 9.
[288] Campbell et al (2020), above n 7.
[289] Rutter, above n 160.
[290] Simmons, M., McEwan, T. E., & Purcell, R. (2020). A Social-Cognitive Investigation of Young Adults Who Abuse Their Parents. *Journal of Interpersonal Violence*, 886260520915553–886260520915553.
[291] Cottrell, B. (2001) *Parent abuse: The abuse of parents by their teenage children* National Clearinghouse on Family Violence, Ottawa: Health Canada, Population and Public Health Branch, 3.
[292] Holt, A. (2013) *Adolescent-to-parent abuse: Current understandings in research, policy and practice* Policy Press, Bristol, England.
[293] Pereira et al, above n 202.
[294] Campbell et al (2020), above n 7.

Unsurprisingly, however, estimates of prevalence are impacted by differences in policy contexts and policing practices.[295] For example, studies indicate that young people identified as using AVITH in legal settings appear to have more entrenched behaviour and histories of adverse childhood experiences, in contrast to young people whose parents have the resources to opt for clinical responses.[296]

Recent Australian research further confirms that young people in contact with criminal justice systems for use of AVITH and ADV alike had backgrounds of particularly entrenched disadvantage, including young parenthood, histories of child removal, mental ill health and disability, with young people from Aboriginal and Torres Strait Islander backgrounds disproportionately represented in the data.[297]

As legal system samples are the most commonly used measure, however, useful to note is one study of police data across four Australian states indicating that between 1 to 7 per cent of FV matters reported to police involved AVITH.[298] Similarly, an examination of justice data for understanding the prevalence of AVITH in Victoria for the RCFV reported that 10 per cent of FV police reports involved AVITH.[299] Between July 2019 and June 2020, around 10 per cent of individuals recorded by Victoria Police as respondents in FV incidents were between the ages of 10 and 19.[300] A further study by the Australian Institute of Criminology estimated that between 7 – 13 per cent of Australian families experience AVITH.[301]

That said, the variation contained in the legal and court files reviewed by Campbell and colleagues for the PIPA project suggested that the number of young people recorded as respondents in matters reported to police or in FVIO applications were not useful measures. This was because the PIPA project found that young people were sometimes being identified as respondents for behaviour that did not meet the legislative definition of FV; had been diagnosed with significant cognitive impairments; or were the victim survivor of current adult perpetrated violence instead.[302]

This meant that the PIPA findings complicated, rather than clarified, questions about prevalence of AVITH, at least in the Victorian context.

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[295] Kehoe et al, above n 136; Shanholtz, C. E., O'Hara, K. L., Duchschere, J. E., Beck, C. J., & Lawrence, E. (2020). "Understanding the perception of stakeholders in reducing adolescent-to-parent violence/aggression", *Journal of Adolescence, 80*, 264-274. https://doi.org/10.1016/j.adolescence.2020.02.015

[296] Loinaz et al, above n 53.

[297] Douglas, H. & Walsh, T. (2022) Adolescent Family and Dating Violence and the Criminal Law Response. *J Fam Viol*  https://doi.org/10.1007/s10896-022-00373-x

[298] Moulds, L, Day, A, Mayshak, R, Mildred, H. & Miller, P. (2019) "Adolescent Violence towards Parents - Prevalence and Characteristics Using Australian Police Data." *Australian & New Zealand Journal of Criminology* 52.2: 231-49. Web.

[299] State of Victoria (2016b) above n 23.

[300] Crime Statistics Agency (Victoria). (2020). Victoria Police July 2015 – June 2020. Retrieved 5 May, 2021, from: https://www.crimestatistics.vic.gov.au/family-violence-data-portal/download-data-tables

[301] Boxall, H., & Sabol, B. (2021). Adolescent family violence: Findings from a group-based analysis. *Journal of Family Violence., 36*, 787–797. https://doi.org/10.1007/s10896-021-00247-8

[302] Campbell et al (2020), above n 7.

Further complicating things, whether or not some of the behaviour being captured within the legal response meets the definition of AVITH, not all behaviour conceptualised as AVITH is reported to police. In fact, AVITH is described in a range of studies as one of the most significantly underreported forms of family violence.[303]

Kehoe and colleagues state that this underreporting is the result of "a lack of community acknowledgement and understanding", as well as "parental guilt, denial, self-blame, stigma and shame, and the minimisation of the abuse as being 'typical' adolescent behaviour".[304]

Given this underreporting, an accurate measure of the prevalence of AVITH is difficult to obtain. Some international studies indicate, however, that it is a growing phenomenon[305] which has in turn resulted in investment in the development of some of the assessment instruments discussed in this evidence review.[306]

### *Gender*

While an accurate understanding of prevalence may be difficult to establish, further complexities arise when trying to identify the demographics of those using this behaviour. The existing evidence base suggests that the use of AVITH is gendered, but not as gendered as adult perpetrated violence, with about two thirds to three quarters of those using violence at home being male.[307]

The PIPA project data sets reflected this, being service data from Victoria Legal Aid which showed a male perpetration/respondent rate of approximately 62 per cent, while the case file sample involved a rate of 76 per cent males as those using violence at home. Both sets of figures confirmed that a consistent proportion of young girls did experience a legal response as a result of being identified by the system as using FV.[308]

That said, studies in international contexts have suggested that the recognised gender disparity in the use of AVITH may be skewed by the likelihood that parents are more inclined to call police. Police in turn may then be more likely to attend and apply for an order/lay charges, where a male adolescent is involved because of a greater perceived risk of physical violence and associated harm.[309]

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[303] Kehoe et al, above n 136; Campbell et al (2020), above n 7; Fitz-Gibbon et al, above n 202; State of Victoria (2016b), above n 23.

[304] Kehoe et al, above n 136, 343.

[305] Contreras et al, above n 56; Schut, R. A., Sorenson, S. B., & Gelles, R. J. (2020). Police response to violence and conflict between parents and their minor children. Journal of Family Violence, 35(2), 117-129.

[306] Ibabe, I. (2020). "A Systematic Review of Youth-to-Parent Aggression: Conceptualization, Typologies, and Instruments". *Frontiers in Psychology*, 11, 577757–577757; Simmons, M. L., McEwan, T. E., Purcell, R., & Huynh, M. (2019a). "The abusive behaviour by children-indices (ABC-I): A measure to discriminate between normative and abusive child behaviour". *Journal of Family Violence*, 34(7), 663-676; Simmons, M. L., McEwan, T. E., & Purcell, R. (2019b). "But all kids yell at their parents, Don't they?": Social norms about child-to-parent abuse in Australia. *Journal of Family Issues*, 40(11), 1486-1508.

[307] Condry, R., & Miles, C. (2014). Adolescent to parent violence: Framing and mapping a hidden problem. *Criminology & Criminal Justice*, *14*(3), 257–275. http://doi.org/10.1177/1748895813500155; Walsh, J. A., & Krienert, J. L. (2007). Child-to-parent violence: An empirical analysis of offender, victim, and event characteristics in a national sample of reported incidents. *Journal of Family Violence*, *22*(7), 563–574. https://doi.org/10.1007/s10896-007-9108-9; Routt & Anderson, above n 118

[308] Campbell et al (2020), above n 7.

[309] Armstrong et al, above n 164; Miles, C. & Condry, R. 'Adolescent to parent violence: the police response to parents reporting violence from their children' (2016) 26(7) *Policing and Society* 804

By contrast, the PIPA project hypothesised that, where young women use violence, this is viewed particularly punitively by parents and authorities, while a certain level of violence and 'acting out' by young men may be more likely to be tolerated as a societal norm.[310] The project also noted that the majority of girls identified as using AVITH have particularly substantial risk factors, involving histories of multiple types of victimisation.[311]

Moulds and colleagues[312] found that, in Victoria and NSW police data sets, incidents of female use of AVITH seemed to "plateau" at age 15 and hypothesised that the use of harm may be more age-related for females (who might "grow out of it") than for males, for whom rates of violence tend to increase over time. They alternatively suggested a potential hypothesis that girls may be more responsive to law enforcement intervention, hence the plateau in rates following police contact.[313]

Perhaps more important than the gender of who is using violence is the gender of who is *experiencing it*. The prevalence of AVITH in sole parent homes is well recognised, as discussed elsewhere in this evidence review, with sole parent mothers who may themselves have experienced intimate partner violence overwhelmingly the most common victim survivors of AVITH.[314] One study suggests that AVITH occurs in 20 per cent of sole parent homes.[315]

Requiring greater visibility, however, is the experience of children and young people subjected to violence from their siblings.[316] Researchers increasingly note the paucity of focus on sibling violence,[317] despite suggestions by some studies that it is the most common form of intrafamilial abuse.[318] Studies involving qualitative data from children and young people experiencing violence from their siblings describe severe physical, psychological and emotional violence, as well as the distress of lost sibling relationships.

Studies also describe sibling violence being minimised or disbelieved by the adults in their lives[319] where "parents have been found to dismiss and ignore violence directed from one sibling toward another".[320]

Also important is visibility of violence towards grandparents and other caregivers, with emerging evidence pointing to the prevalence of AVITH in kinship placements[321] and in adoptive families.[322]

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[310] Campbell et al, (2020), above n 7.

[311] Ibid.

[312] Moulds et al, above n 298.

[313] Ibid.

[314] Fitz-Gibbon et al, above n 202; Arias Rivera, SJ & Hidalgo García, MH (2020). Theoretical framework and explanatory factors for child-to-parent violence. A scoping review. Anales de Psicología, 36(2), 220

[315] Armstrong et al, above n 118

[316] Kettrey, H. H., & Emery, B. C. (2006). "The Discourse of Sibling Violence". *Journal of Family Violence*, 21(6), 407–416.

[317] Perkins, N. & Grossman, S (2020). Sibling Violence. *Advances in Social Work*, 19(1), 138–156.

[318] Button, D. M., & Gealt, R. (2010). High Risk Behaviors Among Victims of Sibling Violence. *Journal of Family Violence*, 25(2), 131–140.

[319] Elliott, K, Fitz-Gibbon, K, and Maher, J .(2020) "Sibling Violence: Understanding Experiences, Impacts, and the Need for Nuanced Responses." *The British Journal of Sociology* 71.1 (2020): 168-82. Web.

[320] Perkins, N. H., Rai, A., & Grossman, S. F. (2021). "Physical and emotional sibling violence in the time of COVID-19". *Journal of Family Violence*, 1–8, 2.

[321] Holt, & Birchall, above n 172; Gair, et al, above n 172 Breman et al, above n 172.

[322] Selwyn & Meakings, above n 173.

### Cultural background

Further, international studies have highlighted that a notable majority of males who are identified in justice settings as using AVITH are white, while a greater proportion of females identified in these settings for the same behaviour are women of colour.[323] That said, the PIPA project highlighted the importance of considering context when drawing conclusions around the profile of young people using violence at home.

This study intentionally refrained from drawing conclusions around the rates of young people in its data sets who were from a culturally and linguistically diverse background given the wide variation within this category as recorded on legal files. In particular, it noted the vast difference between the experiences of young people from migrant families who had been settled in Australia for some time, over the experiences of young people from refugee families who had experienced significant migration trauma and may be subject to over-policing or racial profiling.[324]

### Geographic location

Some evidence points to locational variation between regional/rural and metropolitan areas.[325] For example, a 2015 report found that 66 per cent of reported domestic and family violence related offences committed by young people in Western Australia between 2009 and 2014 occurred in metropolitan areas.[326] This contrasts with more recent Bureau of Crime Statistics and Research (BOCSAR) data which indicated that the relative rate of AVITH in NSW was greater in regional/rural locations.[327]

A recent Victorian study similarly suggested that rates of interpersonal violence by adolescents (including intimate partner violence) were twice as high in rural and regional areas.[328] This same paper noted an increase in police recorded interpersonal violence by adolescents (either against family members or intimate partners) of 11.8 per cent over the previous five years.[329]

Findings from 2018 research with frontline workers who had supported court-involved young people in regional areas also included anecdotal reports of increases in youth perpetrated inter-personal violence within families, in out-of-home settings and amongst peers (meaning broader than AVITH) and suggested a correlation with individual, familial and social experiences of disadvantage and disconnection.[330] The PIPA project similarly suggested that prevalence of AVITH – at least to the extent that it becomes reported – may be more about access to services and supports which can mitigate behaviour and serve as a protective function in people's lives than it is about correlations with demographic characteristics.[331]

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[323] Armstrong et al, above n 118.

[324] Campbell et al (2020), above n 7

[325] Blakemore, T., Rak, L., Agllias, K., Mallett, X. & McCarthy S. (2018) 'Understandings of youth perpetrated interpersonal violence among service providers in regional Australia' *Journal of Applied Youth Studies* 2(5) 53 – 69.

[326] Broadhead, S. & Francis, R. (2015) *The Making of Good Men and Women Working Group Summary Report: Responding to youth violence in the home and its harmful impacts on families and communities in Western Australia* Women's Health and Family Services.

[327] Freeman, K. (2018). *Domestic and family violence by juvenile offenders: Offender, victim and incident characteristics* (Issue paper no. 136). Sydney: NSW Bureau of Crime Statistics and Research.

[328] Phillips, B., & McGuinness, C. (2020). Police reported adolescent family violence in Victoria: data snapshot. Melbourne, Vic.: Crime Statistics Agency, 2020. 28 Pp. https://data-informit-org.ezproxy.lib.rmit.edu.au/doi/10.3316/family.a159966

[329] Ibid.

[330] Blakemore et al, above n 300.

[331] Campbell et al (2020), above n 7.

## *Wider community crises – COVID-19*

Important to note is evidence regarding the prevalence of AVITH during COVID-19. A study conducted over the initial lockdown period in the UK between April and June 2020 revealed a significant increase in the incidence of AVITH, with 70 per cent of parents reporting more frequent violent incidents and similar numbers of practitioners reporting an increase in referrals, accompanied by a rise in the severity of the violence.[332] The study surveyed 104 parents of young people using AVITH, along with 47 practitioners.[333]

Explanations cited for the increase in violence included spatial confinement and forced proximity within homes, with no escape or respite; dramatic changes in structure and routine leading to disruption; increased opportunities for adolescents to use power and control and cross boundaries; and general heightened fear and anxiety related to wider uncertainty regarding the pandemic.[334]

Participants echoed findings from previous literature that a lack of support experienced before lockdown had only increased, given a higher level of needs, combined with more restrictions on the types of support which could be provided.[335] The study found that, for many families, violent behaviour from adolescents will have become more entrenched and further damaged relationships, indicating the likelihood of an increased need for additional support from services, or a "safeguarding surge", as lockdowns lifted.[336]

Concurrently, a UK review of wider youth offending services during the pandemic also identified challenges in contacting children held in custody, as well as a digital divide and lack of access to information technology for many families. This review also highlighted that, while some justice-involved children complied with restrictions, a majority had struggled, with the pandemic functioning as an additional trauma which compounded children and young people's existing experiences of harm.[337]

A study from the US examined the impact of the COVID-19 pandemic on sibling violence specifically[338] and highlighted the effect of spending unsupervised and concentrated time on the potential for an increase in sibling violence. The study also noted that increased stress and potential trauma within families, as well as child abuse and neglect, is generally associated with an increase in sibling violence and will have been compounded during the pandemic.[339]

In the Australian context, police data suggested a tangible increase in AVITH during COVID-19 lockdowns.[340] In particular, Victoria Police data suggested a 20 per cent increase in reported FV incidents involving young people between October 2019 to September 2020, during which Victoria was in lockdown for an extended period of time.[341]

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[332] Condry et al, above n 240.

[333] Ibid.

[334] Ibid, 21 – 27.

[335] Ibid

[336] Ibid, 54.

[337] Her Majesty's Inspectorate of Probation (2020) A thematic review of the work of youth offending services during the COVID-19 pandemic A review by HM Inspectorate of Probation

[338] Perkins et al, above n 319.

[339] Ibid.

[340] Kehoe et al, above n 136; Dexter, R, Statistics show spike in child-to-parent violence during lockdown. The Age (online) March 14, 2021 https://www.theage.com.au/national/victoria/statistics-show-spike-in-children-attacking-parents-during-lockdown-20210311-p579zp.html

[341] Ibid; Crime Statistics Agency, above n 291.

An Issues Paper prepared by the Centre for Innovative Justice and the Centre for Family Research and Evaluation (CFRE) at Drummond Street Services responded to similar reports from practitioners that AVITH was increasing during Victoria's extended restrictions.[342] The paper drew on consultations with service and legal practitioners who described a "net-widening" in terms of young people experiencing a legal response because of behaviour which had developed or had escalated during lockdowns; an escalation in mental health issues prompting crisis responses; and parents invoking a police response because of concerns for family safety which in turn ruptured family relationships over the longer term.[343]

Practitioners also reported that the lack of service responses was impacting legal outcomes for young people, as was the difficulty in engaging young people in online or telephone interactions, particularly where young people had cognitive disabilities or learning delays.[344] In particular, practitioners consulted for the paper reported concerns for the safety of young people where they may not have a safe or private space to have conversations or make disclosures while confined within their home.[345]

Although involving small numbers, one regional integrated service network consulted for the paper also reported a particularly concerning increase in sibling violence, including episodes of very severe physical assault.[346]

In addition, the paper drew on analysis of service data from Drummond Street Services to map the changing needs of their clients and communities and how the organisation's different services had been able to respond.[347] Analysis of the data found that there had been a spike in AVITH across the organisation's services and that the increased risk had been coupled with a reduced capacity for adolescents to manage that risk, given restrictions, isolation, inability to engage in previously available stress-alleviating activities and limited available supports.[348]

Families experiencing AVITH were also isolated from external supports and required to spend more time at home together with increasing stress and conflict and no space to de-escalate, particularly for large families living in public housing.[349] Previous "circuit breakers", such as attendance at school, extracurricular activities or staying with other family members and friends, had also been unavailable to families experiencing AVITH.[350]

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[342] Campbell, E. and McCann, B. (2020) *Behind closed doors: Adolescent Violence in the Home (AVITH) during COVID & challenges to come,* Centre for Innovative Justice, RMIT University and Centre for Family Research & Evaluation, Drummond Street Services, Melbourne

[343] Ibid.

[344] Ibid.

[345] Ibid.

[346] Ibid.

[347] Centre for Family Research & Evaluation (2020a). *Evaluating the Impacts of COVID-19 and drummond street's Response* (COVID-19 Response Edition 1). Drummond Street Services, https://ds.org.au/wp-content/uploads/2020/10/COVID-19-Staff-report-Edition-1-public.pdf; Centre for Family Research & Evaluation. (2020b). *Assessing the Impact of COVID-19 on Client Needs and drummond street's Response* (COVID-19 Response Edition 2). Drummond Street Services https://ds.org.au/wp-content/uploads/2020/09/COVID-19-Staff-report-Edition-2.pdf

[348] Centre for Family Research & Evaluation (2020a), above n 336.

[349] Ibid.

[350] Centre for Family Research and Evaluation (2020b) 13 – 14.

Practitioners consulted for the CIJ and CFRE Issues Paper also identified increased difficulty in working with complex cases and more severe needs in this context, while being limited to remote supports such as using online video conferencing technology.[351] Difficulties included lack of privacy and inability to guarantee confidentiality and safety, such as adolescents entering the room where other family members were engaged in a session; parents listening in on sessions with a young person; or families simply being unable to engage in sessions as a result of not having the required space and privacy. This was particularly the case for large families living in public housing who had been subject to "hard lockdown" during July.[352]

Findings from this Issues Paper and the wider UK research therefore point as much to relevant risk and protective factors as they do to spikes in prevalence – recognising the role that school and wider community engagement play in acting as a buffer to stressful home environments and relationships, where young people seek to keep themselves and their family members safe by spending time outside the home.

## 4.2  ADV

Considerable efforts have gone into establishing an understanding of the prevalence of ADV. Ongoing prevalence studies in the US, in particular, have been driven by growing awareness of the phenomenon, including US Senate Resolutions seeking to raise awareness and contribute to prevention.[353]

Studies suggest that one in three girls experiences ADV,[354] with another noting that girls and young women between the ages of 16 and 24 experience the highest rate of intimate partner violence, at almost triple the national average.[355] Specific to adolescence, another US study indicates that one in ten high school students report being slapped, hit or physically hurt by a boyfriend or girlfriend.[356]

That said, researchers reviewing the evidence base have noted a wide variation in perpetration and victimisation rates, in part dependent upon the type of violence and ages contemplated.[357] O'Keefe, for example, notes the lack of a standard definition, with sexual violence often excluded; a lack of clarity around whether measures are capturing violence in one relationship or across multiple relationships; a mingling of victimisation and perpetration rates in studies, as compared with a focus on only measuring victimisation; and a reliance of self-reports.[358]

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[351] Campbell & McCann, above n 331.

[352] Ibid.

[353] Offenhauer & Buchalter, above n 12, p 5.

[354] Davis, A. (2008). Interpersonal and Physical Dating Violence among Teens. The National Council on Crime and Delinquency Focus. Available at http://www.nccd-crc.org/nccd/pubs/2008_focus_teen_dating_violence.pdf .

[355] Bureau of Justice and Statistics, (2006) *Intimate Partner Violence in the United States, 1993-2004*. Department of Justice

[356] Grunbaum JA, Kann L, Kinchen S, et al. 2004. Youth Risk Behavior Surveillance—United States, 2003. *Morbidity and Mortality Weekly Report*. 53(SS02); 1-96.
Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5302a1.htm

[357] Piolanti, A. & Foran, H. (2022) "Efficacy of Interventions to Prevent Physical and Sexual Dating Violence Among Adolescents: A Systematic Review and Meta-Analysis, JAMA Pediatratics.;176(2):142-149. doi:10.1001; Malhi, above n 140; Bandyopadhyay et al, above n 11;

[358] O'Keefe, above n 158.

Overall, however, recent surveys in the US continue to estimate that around one in ten young people experience violence in dating relationships.[359] In the Australian context, meanwhile, a recent Australian survey of 5,000 young people found that one in three boys and girls in an intimate relationship had experienced some kind of violence.[360]

### *Gender*

Although some studies report that one in six girls in the US having experienced ADV, as opposed to one in 12 boys,[361] the broader evidence emphasises gender parity within perpetration and victimisation of ADV. A range of studies report boys and girls reporting experiences of victimisation at equal rates,[362] while the National Youth Risk Behaviour Surveillance Survey administered regularly in the US and cited above reports only a slightly higher experience of ADV by girls than boys.[363] Some studies suggest that between 66 – 86 per cent of heterosexual teen dating couples report reciprocal violence.[364]

Crucial to highlight, however, researchers point to differentiation in the types of violence in heterosexual dating relationships, with girls likely to experience much more severe violence (physical and sexual, as well as psychological) while boys tend to experience psychological and mild to moderate physical violence.[365] Studies also highlight that girls report greater levels of fear[366] and that males may tend to under-report use of violence, while girls exhibit a noticeable tendency to over-report and accept blame.[367]

Correlating with critiques in relation to the types of violence included in prevalence studies and assessment tools, when sexual violence is included in definitions of ADV, evidence suggests that the gender parity tips dramatically.[368] Authors also note that many of the tools used to measure prevalence of ADV, such as the Conflict Tactics Scale, are not capable of capturing the context of the violence. This includes the use of self-defence or resistance, as may be the case with use of harm by young girls.[369]

O'Keefe also notes that girls and boys report anger as their biggest motivation for use of violence but that girls report the use of violence in the context of self-defence, while boys report the need to control.[370] This means that any conclusion about ADV as involving gender parity should be approached with considerable caution.

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[359] Center for Disease Control and Prevention, "Youth Risk Surveillance Behavior—United States 2007," Morbidity and Mortality Weekly Report 57, no. SS–4 (June 6, 2008): 7, http://www.cdc.gov/mmwr/pdf/ss/ss5704.pdf

[360] Flood, M. & Fergus, L. (2008) *An assault on our future: The impact of violence on young people and their relationships.* White Ribbon. https://apo.org.au/sites/default/files/resource-files/2008-11/apo-nid3678.pdf.

[361] Rothmann et al, above n 11.

[362] O'Keefe, above n 158.

[363] Center for Disease Control and Prevention, above n 353.

[364] O'Leary, D., Smith Slep, A., Avery-Leaf, S. & Cascardi, M. (2008) 'Gender Differences in Dating Aggression among Multiethnic High School Students." *Journal of Adolescent Health* 42: 473–79.

[365] Arriaga, X. B., and Foshee, V.A.. "Adolescent Dating Violence: Do Adolescents Follow Their Friends' or Their Parents' Footsteps?' *Journal of Interpersonal Violence* 19, 2: 162–84.

[366] Foshee, V A., Bauman, K.A. Linder, F. Rice, J. and Wilcher, R. (2007) "Typologies of Adolescent Dating Violence: Identifying Typologies of Adolescent Dating Violence Perpetration." *Journal of Interpersonal Violence* 22: 5: 498–519.

[367] O'Keefe, above n 158, 2, citing Jackson, S. M. (1999). Issues in the dating violence research: A review of the literature. *Aggression and Violent Behavior*, 4(2), 233-247.

[368] O'Keefe, above n 158, 2.

[369] Ibid.

[370] Ibid, 3.

Also important to note is an observable scarcity of research in relation to the use of violence in the context of relationships between young people identifying as LGBTIQ+. The evidence that does exist suggests that ADV in LGBTIQ+ relationships occurs at comparable rates with heterosexual relationships,[371] although one study indicates that rates of ADV are higher in these relationships, with young people in 'covert' relationships at highest risk, including from 'outing' by their partner or peers.[372]

This latter point about outing of sexuality or gender identity is compounded by the importance of peer relationships in young people's lives. Studies note that, in addition to physical, sexual, psychological, emotional and cyber violence and abuse, a specific type of harm especially relevant in the context of ADV is the use of 'relational aggression'.[373]

Referred to above in connection with the type of risk factors to be assessed, behaviour such as spreading rumours and damaging a dating partner's reputation amongst their peers can be a mechanism of control that is particularly damaging for young people in intimate relationships, with the role of technology playing a powerful part in this.[374]

### *Cultural background*

The evidence base in relation to the prevalence of ADV in particular cultural or linguistic communities is described by researchers as inconclusive. Some studies in the US context suggest that prevalence of ADV may be higher in minority cultural communities,[375] but others suggest that it is not possible to determine whether minority status is as relevant as wider marginalisation and socioeconomic disadvantage.[376] Some US studies also suggest that the use of ADV is higher in urban areas compared with rural or regional areas, particularly in areas of low socioeconomic disadvantage.

Overall, however, it must be remembered that ADV is significantly underreported, with studies highlighting that many young people in dating relationships simply do not recognise that what they are experiencing is violence and therefore do not report it. This is because they have no prior experience of intimate relationships and may see controlling or jealous behaviours as evidence of devotion,[377] or mirroring ideas of romantic attachment fuelled by popular culture or social media.

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[371] Halpern, C., Oslak, S., Young, M. Martin, S. & Kupper, L. (2001) "Partner Violence among Adolescents in Opposite-Sex Romantic Relationships: Findings from the National Longitudinal Study of Adolescent Health." *American Journal of Public Health* 91:10 : 1679–1685.

[372] Freedner, N., Freed, L., Yang, W.Y., Austin, S.B. (2002). "Dating Violence Among Gay, Lesbian, and Bisexual Adolescents: Results From a Community Survey." *Journal of Adolescent Health*, 31: 6, 469–74.

[373] Leadbeater et al, above n 281.

[374] Draucker, C. & Martsolf, D (2020) "The Role of Electronic Communication Technology in Adolescent Dating Violence." *Journal of Child and Adolescent Psychiatric Nursing* 23 133–42

[375] Howard, Donna E., and Min Qi Wang (2003) "Psychosocial Factors Associated with Adolescent Boys' Reports of Dating Violence." Adolescence 38:151, 519–33.

[376] Ackard, D., Neumark-Sztainer, D & Hannan, P. (2003). "Dating Violence among a Nationally Representative Sample of Adolescent Girls and Boys: Associations with Behavioral and Mental Health." *Journal of Gender-Specific Medicine* 6: 39–48.

[377] O'Keefe, above n 158; Foshee et al, above n 366.

## 4.3 HSB

The stigma and shame of experiencing HSB contributes to significant underreporting,[378] while authors also emphasise that HSB is often underrepresented in criminal justice statistics when it is recorded as 'assault' or pled down to other minor offences.[379] As is the case with AVITH and ADV, therefore, understandings of prevalence are impacted by the types of behaviour included; the sources of the sample (ie legal or clinical); the way that the behaviour is recorded; or the age range that is included. Nonetheless, US studies estimate that approximately 25 per cent of all incidents of child sexual abuse are perpetrated by children or adolescents,[380] while UK studies suggest that between a fifth and a third of child sexual abuse is committed by children and young people.[381]

In the Australian context, studies suggest that between 30 – 60 per cent of all sexual abuse against children is committed against other children and young people[382] while research conducted for the Royal Commission into Institutional Responses to Child Sexual Abuse suggested that 'minors' were a 'person of interest' in between 32 to 93 per cent of cases of child sexual abuse.[383]

### *Demographic considerations*

Studies note that children in residential care are at particularly high risk of experiencing HSB,[384] The vulnerability of Aboriginal and Torres Strait Islander children is also a particular concern reflected in the evidence base, especially because of ongoing community distrust in the system and the impacts that this has in terms of engaging with necessary treatment services.[385]

Studies note that children and young people with intellectual disabilities are more likely to use and experience HSB.[386] As noted elsewhere in this evidence review, people with disabilities experience disproportionate rates of violence[387] but may also use HSB where impulse control is a challenge and where they are less likely to be successfully redirected in their behaviour.[388] This makes considerations about developmental stage, as well as age, additionally important in assessment.

Highlighted already in this evidence review, children whose behaviour is defined as "early onset" had experienced much more significant psychosocial adversity than late onset groups. Young people exhibiting "early onset" HSB were more likely to abuse children across genders, as well as multiple types of victims at different ages. The late onset group were more likely to abuse females exclusively, as well as younger children; to use verbal coercion; and to have high risk substance use issues.[389] A Norwegian study found that young males who offended against younger children, rather than peers, had more frequently experienced significant trauma in their first five years and more frequently offended against multiple victims.[390]

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[378] Hackett, above n 141; Erooga & Mason, above n 147.

[379] Rawdah, N. (undated) Children Who Display Harmfully Sexual Behaviours, Pacific Centre Family Services Association and Mary Manning Centre.

[380] Erooga & Mason, above n 147.

[381] Hackett et al, above n 221.

[382] El-Murr, above n 18

[383] Bromfield, L., Hirte, C., Octoman, O., Katz, I. (2017). Child Sexual Abuse in Australian Institutional Contexts 2008–13: Findings from Administrative Data. Sydney: Royal Commission into Institutional Responses to Child Sexual Abuse

[384] O'Brien, above n 21.

[385] Ibid.

[386] Evertsz, J. & Miller, R., (2012) Children with Problem Sexual Behaviour and Their Families: Best Interest Case Practice Model – Specialist Practice Resource, Health Department, Victoria.

[387] Australian Human Rights Commission, above n 209.

[388] Murphy N. & Elias, E. (2006) Sexuality of children and adolescents with developmental disabilities. *Pediatrics*.118(1):398-403.

[389] Vizard et al, above n 143. See also Jensen et al, above n 224.

[390] Jensen et al, above n 224, 9.

# 5  Considerations for referral and collaborative responses

## 5.1  Consistent understanding and appropriate referrals

Despite a greater community awareness of FV overall, research highlights persistent confusion around the behaviours that constitute young people's use of AFV as it is scoped by the broad parameters of this particular review. Accompanying this confusion is uncertainty around the considerations that are required to assess or manage risk as a result.[391] Practitioners suggest that this is in part because most FV systems are designed to function primarily within an adult victim survivor/perpetrator dichotomy and cannot easily adapt to a situation when a young person has experienced – but is also using – harm.[392]

Research also indicates that families may struggle to distinguish between behaviours that are deemed to be part of normal adolescent development,[393] with young people similarly having difficulty identifying where they may be experiencing controlling behaviour from an intimate partner, rather than romantic commitment or devotion.[394] Some researchers also argue that 'dating' may be an unhelpful term in the context of contemporary relationships or intimate interactions between young people.[395] Similarly, a focus on wider forms of "relational aggression" – such as shaming or public humiliation, including via social media – has been highlighted as an important consideration, as noted elsewhere in this evidence review.[396]

Uncertainty about the type of behaviours with which young people or families are presenting can impact referrals into appropriate support, as can a lack of services available to respond to associated needs – resulting in young people and families "hitting wrong doors all the time".[397] As well as the significant capacity and capability building across workforces required to identify different types of behaviours and the experiences which sit behind them, this means that intake and referral points need to be capable of recognising families with different service needs and experiences.[398] Evidence also points to the need for sufficient information to be captured so as to ensure that referrals through to services can glean meaningful results and so that the whole of the young person, as well as their family's experiences, can be kept in view.[399]

## 5.2  Whole-of-family 'wrap around' responses

This means that emphasis is increasingly given to service design which is collaborative, recognising that one agency or service type is not likely to be capable of addressing a family's multiple and intersecting needs on their own.

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[391] Campbell, et al (forthcoming), above n 7.

[392] Ibid.

[393] Fitz-Gibbon, et al, above n 202.

[394] O'Keefe, above n 158. Foshee et al, above n 366.

[395] Bandyopadhyay et al, above n 11,144.

[396] Leadbeater et al, above n 281.

[397] Campbell et al, (forthcoming) above n 7.

[398] Ibid.

[399] Ibid.

Evidence therefore points to the need for 'wrap around' responses that can assess and respond to needs and risk across whole-of-family structures.[400] To this end, practitioners have recently described the limitations that they experience when they are only funded to work with young people rather than "look at what's going on in the whole family system."[401]

This includes a capacity to maintain a lens on risk posed by adults, especially given that it is often not until well into engagement with a young person that the presence of adult perpetrated violence may become apparent if a young person has developed sufficient trust to disclose.[402] Just as importantly, it also includes a recognition that young people usually do not have the capacity to influence change over their own circumstances without the support or facilitation of trusted adults in their lives.[403]

Additionally important to recognise is that working with a young person in isolation – that is, without acknowledging or understanding their role in their specific community or family – is particularly unrealistic in the context of young people from across different sectors of the population.[404]

Crucial to understand, a focus on 'whole-of-family' responses does not necessarily mean working with every member of the family directly, particularly where this is not appropriate or safe.[405] Rather, effective responses in this context often take a relational approach, where practitioners work with an individual or some members of a family, while maintaining a focus on the family system as a whole.[406]

Where responses are not able to account for harm experienced across the family – including past or current adult perpetrated violence – or are not able to work with participants' wider needs, such as mental health issues, or substance misuse,[407] research and program evaluations demonstrate that this limits their capacity as an effective intervention and risk management tool. This includes where these co-occurring issues, such as school disengagement, may prevent the effectiveness of interventions.[408]

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[400] Ibid.

[401] Ibid.

[402] Ibid.

[403] Ibid.

[404] Ibid.

[405] Ibid.

[406] Coogan, D. (2018). *Child to parent violence and abuse: Family interventions with non-violent resistance*. Jessica Kingsley Publishers.

[407] Gilman, A. B., & Walker, S. C. (2020). Evaluating the effects of an adolescent family violence intervention program on recidivism among court-involved youth. *Journal of Family Violence*, *35*(2), 95-106. Boxall, H., Morgan, A., Voce, I., & Coughlan, M. (2020). *Responding to adolescent family violence: Findings from an impact evaluation* (Trends and Issues in Crime and Criminal Justice 601). Australian Institute of Criminology. https://www.aic.gov.au/sites/default/files/2020-09/ti601_responding_to_adolescent_family_violence.pdf; Moulds, et al, above n 10; Centre for Justice Innovation. (2021). Break4Change. Retrieved 9 June, 2021, from: https://justiceinnovation.org/project/break4change

[408] Nowakowski & Mattern, above n 199; Ravulo, above n 199, 132; Kehoe et al, above n 136.

## 5.3  Tailored, flexible and needs-based

When considering young people's use of violence at home, evidence indicates that the breadth and complexity of issues with which families often present demand a flexible, holistic and joined-up approach, with services provided in parallel across agencies.[409] As part of this, effective risk management includes ensuring that barriers to engagement are addressed and that development of basic skills is supported to improve overall family functioning and intervention readiness.[410]

Recent Victorian research highlights how services should collaborate to ensure that families or young people who otherwise present as "complex" do not fall through service gaps by allowing their range of therapeutic needs to determine the nature and scope of the response.[411]

Evidence also increasingly points to the importance of trauma-informed and culturally responsive approaches which can respond to and address intergenerational trauma;[412] take account of the interconnected nature of violence across family structures, including where sibling violence may be present[413] or where grandparents may be caring for children;[414] or where relationships across generations impact on a young person's use of violence.[415]

As suggested above, the context of young people's role within families is also crucial to consider – recognising that young people's broader identity and experiences can interact with relevant risk and protective factors.[416] Evidence points, for example, to the strong connection between individual and collective experiences of disadvantage, with external experiences of marginalisation mitigating familial protective factors, particularly in relation to young people's use of dating violence.[417] This in turn requires a multisystemic response which can take account of this context in ways which are sufficiently creative, collaborative and culturally-inclusive to be effective.[418]

Recent research points to some crucial ingredients for responses to be sufficiently tailored and needs-based. In particular, one of the PIPA project's key recommendations was for services to develop capacity to build trust and engagement over longer-term periods of at least 6 to 12 months, given previous experiences of trauma or wider complexity.[419]

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[409] McGeeney, E. Barakat, F. Langeland, G. & Williams, S. (2015) The *Yuva* Young People's Service: A Holistic Approach to Addressing Child-to-parent Violence in London in Holt, A. (ed) *Working with Adolescent Violence and Abuse Towards Parents: Approaches and Context for Intervention,* Routledge

[410] Shanholtz et al, above n 295.

[411] Kehoe et al, above n 18, 136.

[412] Kickett, G., Chandran, S., & Mitchell, J. (2019). Woon-yah Ngullah Goorlanggass - caring for our children: A culturally strong, therapeutic kinship care for Aboriginal children, young people and their families. *Developing Practice: The Child, Youth and Family Work Journal*, (52), 25–39.

[413] Perkins et al, above n 320.

[414] Holt, & Birchall, above n 172; Gair et al, above n 172; Breman et al, above n 172..

[415] Shannahan, B. (2017). We don't give up: Developing family and community responses to adolescent-to-parent violence. International Journal of Narrative Therapy and Community Work, 2, 13–27.

[416] Fagan, above n 163.

[417] Offenhauer & Buchalter, above n 12.

[418] Blakemore, et al, above n 325.

[419] Campbell et al (2020), above n 7.)

This recommendation was echoed and emphasised by practitioners participating in subsequent Victorian research which specifically focused on service interventions.[420] Amongst its findings, this research noted that the potential for short-term engagements can impact referral pathways when agencies do not wish to refer because they know that the engagement will not last.[421]

Across the evidence base, therefore, capacity for flexible and client-centred approaches are emphasised as crucial, with outreach models flagged as particularly important to improve engagement with treatment and to build trust.[422] Without outreach, services can remain partially blind to the circumstances in a young person's home or wider peer network and therefore the real nature of risk.[423] Here the importance of shared activities between the practitioner and young person have been highlighted as preferable over "talk therapy" in eliciting effective engagement.[424]

Rather than a 'one-size-fits-all' approach, tailoring responses can also include using brokerage or other resources to address immediate needs, such as respite to spend time apart; to purchase equipment, such as exercise equipment, which provides a constructive outlet or focus; to fund NDIS assessments; or even to provide specific supports for other children in the family.[425]

In particular, recent research highlights the importance of helping families who have often lived as if they were :walking on eggshells" for a long time,[426] to experience shared interactions which enable them to see their family unit in a different light and signal the possibility for further change.[427] As referred to above, wider evidence increasingly confirms that positive relationships within a family, including positive involvement from parents in any supports that a young person is receiving, can be a significant protective factor against young people's use of various forms of interpersonal harm.[428]

## 5.4  Identifying and addressing barriers to service engagement

Experiencing multiple, co-occurring issues can mean that the experience of young people and families often do not fit within the remit of any single service or that, instead, they fall through the gaps, as noted above. For example, disability or mental health services may struggle to respond to family violence, while specialist FV services – designed to respond to victim survivors – may struggle to support young people who are experiencing, but also using, violence.[429]

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[420] Campbell et al (forthcoming), above n 7.

[421] Ibid

[422] Ibid; Campbell et al (2020), above n 7.

[423] Ibid.

[424] Ibid; Campbell et al (2020) above n 7.

[425] Ibid.

[426] McKenna, M., & O'Connor, R. (2012). *Walking on eggshells: Child and adolescent violence in the family* (A South Australian Advice Booklet for Parents and Carers). South Australia: Relationships Australia (SA), Flinders University and Southern Junction Community Services.

[427] Campbell et al (forthcoming) above n 7.

[428] Kehoe et al, above n 136; Beckmann, L. (2020) Family Relationships as Risks and Buffers in the Link between Parent-to-Child Physical Violence and Adolescent-to-Parent Physical Violence 35 Journal of Family Violence 131-141; Zhang et al, above n 276; Leadbeater et al, above n 281; Campbell et al, above n 246.

[429] Campbell et al (forthcoming) above n 7.

As a result, families can often be passed from one service to another without this resulting in constructive outcomes.[430] Having moved between multiple referrals, families and young people often drop out of engagement and have little reason to engage with any newly introduced practitioner.[431]

Further, recent research indicates that many families experiencing a young person using harm at home are either under-serviced[432] – having received no service support at all in the past, including because they have been reluctant to disclose or felt that they could manage circumstances themselves – or *over*-serviced, with families and young people often the focus of a great deal of system activity without this activity necessarily being effective.[433]

The WRAP Around Families study cited above found that the extensive involvement of services in families' lives – including from when children are quite young – was not always having the desired effect, with an "assess and refer on" model passing families or young people from one service to another in a linear "relay" without any capacity to refer back the other way when a referral was not considered effective.[434] This could result in families experiencing service involvement as ineffective at best and punitive at worst, reinforcing a lack of trust and engagement. As practitioners in this research described, "system fatigue is really big for our kids".[435]

While families and young people can be involved with services at a relatively early point, a lack of coordination or effective interaction by services can often fail to realise the potential of this opportunity to manage or address risk.[436] This can include young people feeling that service engagement is simply a further form of control; and parents being compelled to repeat their stories to multiple practitioners and feeling that they are being disciplined, rather than supported.[437]

At the same time, potential for service saturation and overwhelming caseloads can mean that services can "close" and withdraw support prematurely, rather than remaining engaged and collaborating effectively with other services. Practitioners have therefore described effective collaborations as often being about "trying to undo a lot of the harmful responses that have occurred."[438]

Some of this harm can also include families and young people not having experienced *respectful* responses. Widespread across the evidence, as noted elsewhere in this evidence review, are articulations of the ways in which mothers experience guilt, shame and stigma attached to their experiences of violence from their child, resulting in reduced help-seeking behaviours and disclosures of harm occurring only as a last resort.[439]

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[430] Ibid; Fitz-Gibbon et al, above n 252.

[431] Campbell et al (forthcoming) above n 7.

[432] Fitz-Gibbon et al, above n 252.

[433] Campbell et al, (forthcoming) above n 7.

[434] Ibid.

[435] Ibid.

[436] Ibid.

[437] Ibid.

[438] Ibid.

[439] Edenborough et al, above n 8, 4

Researchers therefore urge practitioners to challenge discourses that entrench guilt and cause parental reticence to engage services,[440] with siblings of young people using violence also "drawn into a web of shame and silence".[441] This is equally relevant to evidence regarding young people's use of HSB, which describes significant parental denial, minimisation, stigma, embarrassment and guilt,[442] with this in turn acting as a barrier to effective intervention and management of future risk. Evidence also suggests that young people may feel guilt and embarrassment, which can actually contribute to risk when they act out in response to their experience of shame.[443]

## 5.5  Purpose and composition of collaborative work

The use of care teams – mechanisms in which practitioners from multiple services involved meet in an interdisciplinary setting to discuss and address individual or family support needs – has become a well-established feature of the human service system landscape. Recent research in relation to service interventions with young people using AVITH, however, identified challenges that require addressing if care team responses are to be fully effective in this context.[444]

This includes ensuring that the care team's purpose is clear and that the imperatives of its interdisciplinary structure do not operate in tension with one another. The research found that this involves taking a 'both/and' approach, through which a young person receives developmentally and trauma-informed support to improve their wellbeing, as well as to address their behaviour.[445]

In particular, the composition of the care team should incorporate services with a lens on adult perpetrated violence – not only to increase understanding of risk but also to improve understanding of young people's development needs and build service capability within these specialist workforces.

The above research also highlighted the need for adequate time and support for participation in care teams – identifying fatigue which can translate into transactional decisions and further compound structural harm. Where they are not adequately supported or are grappling with significant caseloads, practitioners working in care teams may have little visibility of issues impacting a young person and little interaction with the young person themselves.[446] Practitioners have therefore highlighted the importance of system accountability to families and young people, rather than just a focus on the accountability of young people who have little voice or agency over the own lives.[447]

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[440] Burck, et al, above n 9.

[441] Fitz-Gibbon et al, above n 202, 27.

[442] Campbell et al (2020), above n 7.

[443] Condry, & Miles, above n 243.

[444] Campbell et al (forthcoming), above n 7.

[445] Ibid.

[446] Ibid.

[447] Ibid.

## 5.6  Coordinated risk approach and service accountability

Flexible approaches and clear identification of the responsibility for coordination is key in these circumstances. Evidence indicates that it is particularly important that agencies do not 'close' simply because another agency has started to 'hold the risk'. Further, it is imperative that agencies do not unilaterally exercise decision-making power purely because they have a form of statutory authority and can compel engagement.[448] Where responsibility for coordination is not clearly identified, however, this burden can often fall back on a protective parent who is also most likely to be the victim survivor of any harm being used.

Identifying where trust and rapport has already been established is crucial, which may involve leveraging different services in different contexts. In some cases, this may involve practitioners with a specialisation in working with the young person functioning in a 'secondary consult' role where another service – such as a mental health service or even private psychologist – has established effective engagement.[449] In other cases, it can involve providing much needed coordination, a function which the WRAP Around Families research suggests appears to be more well developed and supported in other settings than it does in the context of young people using family violence.[450]

Just as importantly, evidence indicates that reflective approaches are key – taking a critical approach to why behaviours are occurring; what service interaction is effective; and taking an analytical view of multi-service involvement.[451] This involves taking a strengths-based and whole of family approach, leaving room to identify what incremental steps a young person may be achieving – including recognising that service engagement may be a significant achievement in itself for many young people or families who have experienced interpersonal and systemic harm.[452]

Continuous capability and capacity building to promote this reflective and person-centred practice is therefore crucial – including to ensure that any gains in knowledge across different service sectors are not lost to workforce turnover – and so that services or practitioners endeavouring to respond to young people's use of interpersonal harm are not repeatedly compelled to explain themselves.[453]

Regular opportunities for clinical supervision and to share practice knowledge are vital, as is articulation of service responses in detailed Practice Guidance and service manuals. Given that work with young people using interpersonal violence such as AVITH is a "specialisation upon specialisation" – one which involves understanding family violence, young people, trauma, neurodevelopment, disability and mental health, amongst many other things[454]– development of specialised training is also key.

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[448] Ibid

[449] Ibid.

[450] Ibid.

[451] Ibid.

[452] Ibid

[453] Ibid.

[454] Ibid

# 6 Discussion and Findings

Across the evidence considered for this review, consistent themes emerged that should be considered in the development of any identification and assessment tools in the Victorian context.

## 6.1 Adult perpetrated violence

A predominant theme was that histories and current experiences of trauma must remain a central consideration in any risk assessment of adolescents using FV as scoped in this review. The evidence base examined for this review clearly demonstrates that experience of adult perpetrated violence is arguably the most significant risk factor overall for young people's use of interpersonal harm, whether this be AVITH, ADV or HSB.

Evidence regarding AVITH, in particular, demonstrates the way in which prior experience of adult perpetrated violence – usually by a father against a mother and children – can shape a young person's language and neurodevelopment, impacting their emotional and behavioural regulation as a result of the trauma that has informed their early years. Just as importantly, it can undermine the protective mother-child bond, often as a result of intentional tactics by an adult perpetrator.

This means that, when young people reach an age where their trauma responses represent a higher risk, a mother's own trauma can be triggered by her child's behaviour because it may directly replicate that of her former partner. Further, the harm caused to the mother-child relationship by the adult using violence can mean that a foundation for identifying constructive ways to manage the young person's behaviour may not have been developed.

Crucially, the evidence base in relation to AVITH highlights that simply assessing for past experiences of adult perpetrated violence is insufficient. Rather, evidence strongly points to the presence of *current and ongoing* adult perpetrated violence in the lives of young people who are first identified by the system as using AVITH. Identifying the presence of an 'original' adult perpetrator can not only support an accurate assessment of the source and nature of risk across the family but can also support considerations around risk management and intervention.

This is particularly relevant given that ongoing family law related systems abuse and 'coaching' from the sidelines can undermine young people's service engagement, as well as potentially impact pragmatic considerations, such as the provision of consent for referral. The presence of current adult perpetrated harm may also impact eligibility for relevant service interventions and referral pathways.

As with the evidence in relation to AVITH, evidence also indicates that experiences of adult perpetrated violence are significant risk factors for the use of ADV by young people. This can interact with gendered beliefs about relationship roles and experiences of punitive parenting for perpetration of ADV by boys and experiences of sexual abuse for perpetration of ADV by girls. Particularly important to note, the presence of ADV in peer networks is a particularly strong risk factor for use of ADV by boys and girls alike, as well as for victimisation.

While identification and assessment of HSB is a particularly complex area and well progressed in its own right, evidence points to adult perpetrated violence and care rejection as especially important risk factors for use of HSB, as noted earlier in this evidence review. Some researchers argue that these are potentially even greater risk factors for use of HSB than experiences of child sexual abuse.

As with all experiences of trauma, evidence suggests that experiences of adult perpetrated harm at a young age are particularly significant. For example, one study suggested that experiences of child removal and care rejection appear to coincide with the onset of HSB, while another indicated that experiences of adult perpetrated harm at a very early age may contribute to particularly severe sexual offending, including use of HSB against multiple victims, younger victims and victims across genders, with the more severe the adult perpetrated harm, the higher the risk of using HSB.

## 6.2  Wider experiences of harm and complex needs

Similarly important to identify and assess when young people are identified as using harm are experiences of wider trauma. This may include migration trauma or intra-familial grief but may also include experiences or perpetration of bullying behaviours. Experiences of bullying victimisation, in particular, are beginning to emerge from the literature as an under-examined theme.

The importance of identifying and assessing for disability in young people using interpersonal harm cannot be understated. This is in part because of the direct relationship of children's experiences of trauma to the presence of learning and language delays, as well as emotional and behavioural dysregulation, in terms of their use of wider violence at home or use of HSB.

Just as importantly, identifying disability, considering developmental stage and understanding its relationship to a young person's interaction with the wider world is particularly relevant to use of behaviour that may currently be identified as AVITH in the Victorian context. This is because the relevant legislative regime does not require police or courts to take account of a respondent's capacity to understand or comply when seeking or imposing a FVIO. This means that young people with disability – or with learning and language delays that result from experiences of trauma – are being pushed into contact with the FV system at a disproportionate rate in ways which do not occur in other Australian jurisdictions, simply because of the manner in which the legislative and policy regime operates.

Poor mental health is also highlighted in the evidence base as contributing to use of harmful behaviour at home. This should arguably be assessed as a response to possible wider experiences of trauma and/or as a signal of unmet needs, rather than as the 'source' of the problem. Substance misuse – a theme in the literature and a common concern of family members – should also be considered in this light. Low self-esteem is also highlighted in the evidence base as contributing to use of ADV, in particular, with well-developed sense of self and identity conversely indicated as a protective factor across the evidence base in relation to ADV. As highlighted above, protective factors are especially crucial to consider in the context of assessing and managing risk posed by young people, given the greater potential for young people to desist from their use of harm as they continue to develop and mature.

## 6.3 Whole of family, wider environment

Just as crucial to consider as risk factors are prior experiences of trauma in parents. This includes involvement with Child Protection systems in their own childhood, violence in families of origin and adult intimate partner violence, as well as intergenerational trauma in Aboriginal and Torres Strait Islander families or migration trauma in families from refugee or newly arrived communities. These experiences can potentially impact the development of pro-social skills in parents; discourage positive service engagement; and damage support networks – in turn contributing to isolation and an increase in risk across the family as a whole.

Similarly important to keep in view are the experiences of siblings. As the evidence indicates, violence against siblings can be the form of violence most frequently used by young people yet is often minimised or dismissed by parents or service systems as part of 'normal' sibling dynamics. Even where siblings are not the direct target of a young person's use of harm, they may be living in an environment where the family is "walking on eggshells" to avoid the young person's outbursts; or where the young person using harm is taking all the available (and already compromised) parental attention.

This can result in siblings feeling isolated and developing severe mental health or behavioural issues as well, including beginning to replicate the violence of an older sibling over time. Fears of child removal – particularly understandable in communities where the spectre of Child Protection looms large and the impact of the Stolen Generations continues to be felt – can also be a particular factor for parents *and* children. This includes parents fearful of younger children being removed as a result of them seeking help for their young person's behaviour, while children are fearful of child removal because the potential has regularly been discussed in their family environment.

Important to prioritise, the evidence shows that school disengagement is also a particular risk factor for the use of AVITH, with evidence indicating the compounding impact of a lack of school engagement or wider community outlets during the COVID-19 related restrictions of 2020 and 2021. This is particularly concerning when engagement with school, including positive relationships with other trusted adults whose role is specifically to work with the young person, are recognised as protective factors in the evidence base concerning young people's use of harm, as is parental warmth. In particular, high quality and positive parental involvement in a young person's life is indicated in the evidence as a protective factor against use of ADV.

The significance of positive parental relationships is echoed by findings in recent Victorian research that facilitation of positive shared experiences for a family is a valuable intervention and risk management tool. This is because families with shared experiences of trauma can often form their collective identity and relationship dynamics around that history – perceiving each other through that lens, or through what practitioners have described as 'co-dysregulation'. Facilitation of shared positive activities can help to shift that identity – creating new ways of perceiving each other and the family's collective identity, while also gradually shifting the balance of collective experiences.

Positive family functioning and parental involvement are important to consider as protective factors given that external experiences, such as bullying and isolation at school, can be risk factors for use of AVITH, while marginalised social status, community level violence and, most significantly, the presence of ADV across a peer network, are also indicated in the evidence as particular risk factors for use of ADV. Overall, the evidence suggests that the weight given to peer networks and the forming of an independent identity outside the family means that a young person's relationships and networks outside the home should be given substantial focus in the context of risk assessment and management of AFV in the context of this review.

## 6.4 Barriers to service engagement

Understanding a young person and family's experiences and wider environment includes understanding their barriers to service engagement. The evidence considered for this review indicated the significant role that shame, stigma and experiences of structural harm play in preventing disclosure and effective service engagement, thereby hampering meaningful risk assessment and management.

This includes prior negative experiences of service engagement, as well as structural barriers such as ableism, systemic racism and the involvement of statutory authorities in young people's and families' lives that can prevent them from seeking help. This is particularly relevant for young people and families from marginalised communities, including Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities.

Arguably, another experience of systemic harm is 'overservicing'. 'Overservicing' occurs when multiple services have been involved in a young person and family's lives but this is experienced as onerous and almost punitive, rather than as supportive – thereby discouraging engagement. Also important is recognition that families and young people may have different priorities than those identified as important by services, meaning that the goals and preferences of young people and families must be centred for risk management and intervention to be effective.

Experiences of adult perpetrated harm, in addition to negative service interactions, can mean that a young person has no reason to trust another adult when presented with a new practitioner. Young people who have experienced harm may have never had an opportunity to disclose it; may have been disbelieved; or may have had their experiences minimised when they do. The evidence base considered for this review therefore highlights the protective function served by a trusted practitioner whose role is exclusively or specifically about the young person and, as a result, can help to create safe environments for disclosures and thereby to identify, assess and manage risk.

Finally, despite histories of prior service system involvement contributing to distrust, the evidence indicates that care should nonetheless be taken to avoid assumptions when a history of service system involvement is not apparent. Many families experiencing AVITH and HSB have refrained from reporting until the behaviour becomes extremely high risk. This is because they do not want to risk Child Protection involvement or to criminalise the young person in their care. That does not mean, however, that their experiences are not severe.

Meanwhile, recent evidence also indicates that particular care should be taken where use of AVITH is indicated in well-resourced families which may not have had prior service system involvement – including where a young person's use of harmful behaviour appears to arise in isolation as a problem inextricably linked with adolescence and needing to be 'fixed'. Care should be taken not to miss adult perpetrated violence that may have avoided prior service detection, including where systems abuse may be beginning to play a role or has been doing so for quite some time.

## 6.5  Further considerations for effective identification and assessment

As well as the above considerations around risk and protective factors, any identification and assessment tools should take account of considerations around what effective engagement looks like in the context of interactions with young people. For example, evidence strongly indicates that flexible engagement over the long term is critical when working with young people, as is outreach so that a practitioner can engage with a young person on the young person's own terms.

Engagement with young people should include consideration of a young person's age and developmental stage, with potential for desistance also kept central given that evidence establishes the way in which use of harmful behaviour can change over time. Conversations with young people should also consider stigma and shame. In particular, they should take into account that terminology around 'family violence' may be something with which young people are familiar, having experienced it from an adult and in turn making this label particularly confronting when directed towards them.

Evidence indicates that a relational approach is particularly important to adopt – exploring and understanding how a young person perceives and experiences their position across relationships in the family and within wider peer networks. This is because young people are forming their identity as individuals independent from their family, meaning that it can be particularly damaging for them to form their identity around the label of someone using harm.

Also crucial to consider is how a young person's emerging sexuality and gender identity may play a role in this relational framework – whether they are experiencing support from their family and peers; whether intimate relationships are hidden or whether there is a risk of being outed. Just as relevant is a young person's role in a family from a culturally diverse background, where structural or cultural factors may mean that a young person is 'parentified' and has certain responsibilities within the family which can escalate the risk of harm.

Similarly important to consider is the capacity of parents to engage and provide support, including whether parental-child relationships may have been undermined but can now be strengthened. As indicated above, evidence indicates that opportunities for shared positive experiences should be explored, as well as opportunities for parents to understand that they are not isolated in their experiences.

Overall, capacity for inclusion of narrative reflections is essential in any assessment of young people's use of family violence, given the nuance and complexity involved in their experiences. This includes the fact that, despite initial identification of young people's use of violence, they may still be experiencing adult perpetrated violence or abuse at the same time, with their own use of violence a form of resistance or response to where the real source of risk lies.

Given that young people may not disclose their own experiences of harm for some time, however, identification and assessment should ideally occur over multiple interactions through which trust and rapport are developed and through which reports from young people *and* family members, or from adolescent intimate partners where safe and appropriate, can be captured. While measures to address safety must be put in place, this means that the associated system response should not be accelerated unnecessarily until an accurate understanding of the source of risk has been established.

Finally, behaviours which are particularly relevant to young people's experiences must be explored. For example, in the context of ADV, this includes not only forced sex but broader sexually coercive behaviours and stalking, including via the use of social media. Behaviours relevant to the weight given to peer networks, such as relational aggression, are also crucial. This can include public shaming and humiliation, or "overt psychological" tactics such as those articulated in the VADRI-MX, identified above. Additionally important to recognise is that young people may not recognise that what they are experiencing is abusive given a previous lack of exposure to personal relationships. Beliefs about roles in relationships also need to be explored, while identifying the source of these beliefs from adults in the young person's life.

## 6.6 "Adolescent family violence" – a useful overarching conceptualisation?

Throughout this evidence review, similarities across the evidence base regarding different types of AFV – being AVITH, ADV and HSB – have been highlighted. As outlined at the outset, however, similarities across these different types of behaviour may relate more to shared experiences of adult perpetrated harm and therefore the risk factors which underpin these behaviours, rather than similarities in the behaviours themselves.

The comprehensive approach adopted in the development of specific risk identification and assessment tools related to these various behaviours internationally points to the need to use considerable caution where any combined assessment is being contemplated.  This is particularly the case regarding young people's use of HSB, an area which has been the focus of significant attention over many years and which is a substantial and highly specialist field of inquiry in itself.

This evidence review did not uncover any tools which could be applicable to the identification and assessment of the three types of behaviour contemplated within the scope of this review. That said, some tools designed to assess for risk of generalised offending in young people have been used to assess broader sexual offending; while tools developed to identify and assess certain behaviours in adults have been applied with varying degrees of success in adolescent contexts.

When considering the development of identification and assessment tools that align with the Victorian Multi Agency Risk Assessment and Management Framework in relation to adolescents using harm, therefore, this evidence review strongly suggests a focus primarily on young people's use of violence at home, potentially with scope to assess for young people's use of harm in intimate relationships. While common experiences of trauma and care rejection may be applicable to HSB, a Practice Guidance which flags some commonalities in histories of victimisation in young people is a first step in centring a response to young people as children first and people using violence second.

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