

# Forum Summary:

## Inter-agency reflections on system responses to Adolescent Violence in the Home (AVITH)

drummond street services, Carlton

23<sup>rd</sup> July 2019

Encore Events, Hoppers Crossing

25<sup>th</sup> July

A division of



### Acknowledgements

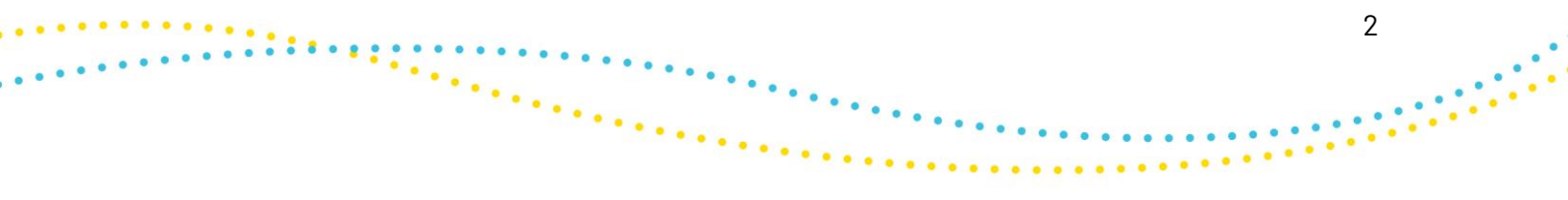
The authors of this document respectfully acknowledge the Traditional Owners of the land within which we deliver our services. We acknowledge Aboriginal and Torres Strait Islanders as the first people of Australia. Sovereignty was never ceded, and they remain strong in their connection to land, culture and in resisting colonisation.

**The Centre for Family Research and Evaluation (CFRE)** is a division of drummond street services, Melbourne. Staff from CFRE transcribed participants' reflections from the forum. Data was synthesised and summarised by Karalyn Davies.

**Collaborators who contributed significant time towards editing these proceedings:** Tamara White, Tania Buck, Madeline Gibson, Leeora Rabinowitz, Bernadette Durkan, Rebecca Goodwin.

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# Introduction

## About CFRE

The Centre for Family Research and Evaluation (CFRE) is a collaborative applied research centre located within Drummond Street Services, an innovative community services organisation in Melbourne. Research consultants are experienced in designing and implementing programs, conducting research and evaluation, and training and mentoring others to generate and use evidence in their work. CFRE works with different levels of government and not-for-profit agencies across Australia to improve policy and programs that impact health and wellbeing of children, families and communities. By helping service delivery agencies and policy makers to use evidence, empower their communities and improve their services and programs, we believe that the outcomes for children, families and communities across Australia will improve.

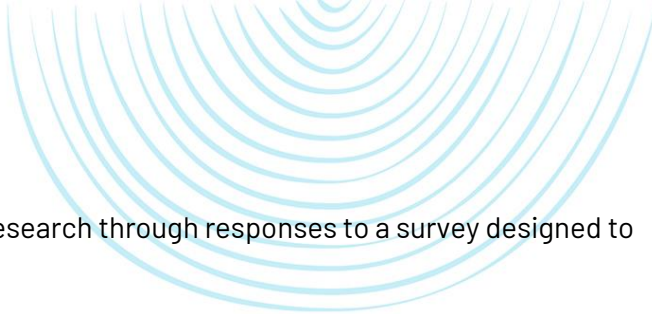
## About the project

CFRE was requested by the Department of Social Services (DSS) Community Grants Hub to build the capacity of workers in specialist and mainstream services to ensure the right processes are in place for effective early intervention of family violence. CFRE has engaged in a partnership with the research team led by Professor Cathy Humphries at the School of Social Work at Melbourne University to deliver this work. This project has engaged specific services from across Australia that focus on the breadth and intersectionality of family violence services or require family violence screening and referral. As part of this project, Drummond Street sought to incorporate sector consultation to investigate current approaches and gaps in AVITH service responses. The purpose of this summary document is to share the learnings from the forums.

## Overview of the AVITH forum

Service agencies were invited to take part in a half-day forum, which encouraged participants to share their practice-based knowledge and experience in relation to AVITH. The forums were attended by 32 participants in Yarra and 16 participants in Wyndham. Participants represented various sectors of the community, including: community and family service organisations, youth justice, legal centres, Victoria Police, Child Protection and local government. Attendees included practitioners, team leaders, and supervisors from specialist family violence or generalist services, managers, directors, researchers and policy-makers from the northern and western regions of Melbourne.

Elena Campbell - Associate Director of the Centre for Innovative Justice - shared a brief overview and preliminary findings from the Positive Interventions for Perpetrators of Adolescent violence in the home (PIPA) study. Notes from the keynote presentation by Elena Campbell have been included in this document. Participants then worked in small groups to discuss an allocated case study. These case studies are attached in Appendix 1. Transcribed notes from group discussions and survey responses were used to draw high-level findings about current trends and agency concerns regarding service delivery. Concluding the forum,



participants were asked to complete research through responses to a survey designed to capture and synthesise key learnings.

## Data collection and reporting

After the Forum, scribes sent transcripts of their notes to CFRE. These responses were coded using NVivo software. It is hoped that this document will provide some scaffolding or framework upon which to reflect and further develop our understandings of Victorian system responses to adolescent violence in the home.

## Findings from PIPA Study

The forum began with a presentation about the PIPA Project: Positive Intervention for Perpetrator of Adolescent violence in the home. Ms Elena Campbell - Associate Director at the [Centre for Innovative Justice](#), RMIT University – described findings from the study, which is soon to be published through [ANROWS](#). The PIPA Study aims to improve evidence on the prevalence of adolescent violence in the home (AVITH) as it presents in different justice and service contexts; its co-occurrence with other issues and juvenile offending; and current responses and gaps in service delivery.

Current police data reveals that around 10% of Victorian police family violence callouts and protection order applications are regarding adolescents. However, because much of the existing research on AVITH draws from community service data rather than from legal samples, it does not properly reflect the lives and stories of those who report. Consequently, much of the existing prevalence research does not show us the full picture. Furthermore, these statistics are sometimes conflated into media stories about youth justice and are used to fuel anxieties about young people at the extreme end of the violence spectrum. The PIPA study analysed over 300 client service records with over 150 practitioners across Victoria, Tasmania and Western Australia. This methodology included a review of case files to explore the stories behind the cases, how the legal service responds, and what impact this has for families. Practitioner consultations were used to test the findings and public forums were held to lay the groundwork for action. In reviewing case files, the study has highlighted a different narrative to that told by the raw figures.

The study found that approximately 50% of adolescent respondents were living with some form of disability, and that around a quarter had been diagnosed with Autistic Spectrum Disorder (ASD). Our evolving understanding of neuroscience shows us traumatic events and past experiences of violence in the home can shape a child's capacity to learn, understand, regulate emotion and comprehend legal consequences. Social learning theory suggests that children will respond in the way they have learned and seen role-modelled. When an adult perpetrator of violence is out of the picture, a young person may assume that role of using violence and control within the family. Distinguishing between symptoms of ASD and severe manifestations of trauma is therefore not a straight forward task.

Regardless of the cause of the behaviours, children and young people using violence easily fall through the service gaps: the mental health system is not designed to respond to this issue, and a punitive justice response isn't working either. Child Protection also has no framework for



responding to AVITH; a statutory response to remove any siblings at risk from harm may only serve to dissuade parents from reporting. For Indigenous families in particular, who may already distrust the system for fear of child removal, asking Police for help is not an option.

In some cases, the use of intervention orders within families was a form of currency that is used to perpetuate violence and control. Parents threatening to take out an IVO can be a tactical form of emotional abuse. The Children's Court is sometimes put in a difficult position when a child instructs their lawyer not to tell anyone about their parents' manipulation of an intervention order. Without this information, the justice system inadvertently facilitates further abuse. Meanwhile, the consequences of a young person breaching their order is further criminal justice involvement. Unlike the criminal court, the civil court does not require detailed assessments of risk, or of the young person's capacity or risk. Options for Police are limited, as their responses are mandated by their Code of Practice.

In WA and Tasmania, the situation is markedly different and the issue of AVITH is all but 'invisible to the system'. With different definitions of family violence, there is no imperative for police in these states to drive a response (unlike in Victoria). Youth justice data in WA revealed consistent patterns of criminal public offences (e.g. burglary), and youth crisis accommodation in Tasmania is full of children out of home on general intervention orders. However, when digging deeper into the case files, family violence was found to be the underlying story, and there was a complete absence of services for these young people.

The PIPA project has highlighted large service gaps for adolescents using violence in the home. The current response designed to address intimate partner violence between adults is not adequate for young people. We are imposing a response that is focused on compliance, instead of developing trust, using discretion and working at the pace of the young person. Results from this study indicate the need for youth-specific services that recognise the complexity of this issue and the vulnerability of these young people.



## Case study discussions


Three case studies were selected as focal points for small group discussions. Copies of these case studies are provided in [Appendix 1](#). Each fictional case represents a typical presentation of AVITH in the Victorian context. The fictional narratives of Dylan, Kelly and Abdullahi prompted reflection on the inherent complexity of cases involving adolescent violence, and led to useful insight into how the service system is currently responding to this issue. A summary of these discussions has been presented according to the categories: what works, service gaps, and next steps.

### What works

In attempting to identify what worked in the case studies, participants largely relied on pointing out the individual protective factors of the young person and their family, rather than identifying positive experiences that arose through their interaction with services. For example, having established family and cultural support networks, the young person's continued involvement in school, and the family's willingness to engage with services were all seen as positives. Conversely, cases where these components were absent increased the difficulty of working with the family. Where case studies indicated the families had a history of involvement with services and the capacity for help-seeking behaviour, participants viewed this as conducive to being able to provide ongoing support. Where parents and family members are linked in to their own supports for issues affecting them individually (e.g. mental health, AOD support) this was also seen as a strength. Cases where the young person was able to demonstrate insight into their behaviours were viewed favourably by forum participants, stating that the young person would be more likely to show willingness to seek support and remain engaged with workers. Participants also commented that when a young person has a known diagnosis, it makes access to relevant supports easier.

Participants also discussed the advantages in cases such as Abdullahi's where the young person's actions do not immediately lead to criminal charges. One participant was able to highlight in Dylan's case the ways in which having a police response that is sensitive to the issue can lead to a more positive outcome. They commented, "the family had a sense of trust because the Police response had come from "how can we help?" rather than a statutory response... they've spent some time with the family to de-escalate the situation - [they] have taken the time. Police had a conversation instead of charging him. Police were familiar with the family." However, this observation led participants to describe the tension they often encounter in real-life situations: it is beneficial to the young person when Police have flexibility in the way they respond, yet Police in Victoria are tasked with enacting the Code of Practice when responding to callouts.

In discussing the complexity of these families' cases, there were some positive comments about the existence of relevant services that could accommodate specific needs (for example, Dylan is linked to mental health support and his brother is linked to NDIS services.) However, respondents felt although service agencies are each responding in the best way they know how, the responses were inconsistent, and differed depending on which region the incident occurred. There was also a sense that sometimes workers need to 'push' for access to these



services. When participants discussed services that were available in their regions, they highlighted a number of family violence services, but stated that these services didn't have the adolescent focus that they felt was required to be effective. There were many comments highlighting the need for more child and adolescent focused services, as opposed to parent led services. For example, one participant suggested that in cases of intimate partner violence, "the perpetrator can't refuse referral to family violence services. But family violence... murkies the waters". They are referring to the fact that in cases like Kelly's, the parents are able to prevent adolescents from accessing services. A council-based youth worker in one region spoke about the ability of being able to assess young people as young as 11 to be mature minors, which allows young people to give their own consent to access services. These programs have agreements with schools to run confidential sessions, which they feel is a strength, and unique to that region. Participants from this catchment described having less of a "gate-keeping" culture between organisations, which allows cross-service discussions and cooperation with referrals.

## Service Gaps and challenges

The case study discussions highlighted some clear messages about the challenges and gaps in service responses to adolescent violence in the home. These included:


- Need for cross-sector framework
- Need for better service coordination and communication
- Need for AVITH-sensitive police response
- Need for youth-specific interventions
- Need for family-focused work
- Need for more accessible services

### ***Need for cross-sector awareness of AVITH***

Many of the case studies left participants questioning how the adolescent's use of violence had gone unchecked for so long. Despite a multitude of services being involved, a lot of time can pass without any notifications being made, which participants felt is indicative of the system is failing to properly apply a trauma-informed, family violence lens to their assessments. With many programs reportedly working in isolation to each other, multiple agencies and multiple funding sources are operating under their own organisational philosophies. It was suggested that many organisational approaches and lenses can be very limited, and that we need cross-sector approaches that are consistent despite the practice or service type. This would suggest we need common understandings of AVITH across multiple sectors including health, justice, education, and anyone working with young people or families. It also speaks to the need to address cultural attitudes toward young people who are using violent behaviour.

"When do the red flags get picked up?"

One participant observed, "When do the red flags get identified? Are *schools* picking up on this?" There were various comments suggesting that services need to increase workforce capacity of professionals to better identify adolescent use of violence. The lack of outreach



service models is also a gap: when a family's capacity and resources are stretched thin, attending appointments is not a priority. Sporadic engagement with a service means it takes a long time for a worker to get the full picture. Another participant suggested that a weakness is not just professionals not recognising the symptoms, it's also being too easily led by what the parent is suggesting: when a parent displays power and control over their adolescent child, yet continues to seek mental health treatment to resolve issues regarding violent behaviour, it's too easy for professionals to follow this request and ignore the child's experience of family violence. Participants also commented on the medicalised approach to working with adolescents in the case studies, particularly with the young person in Case Study 2. "Kelly was so easily prescribed medication... I thought with a 13-year-old and with their brain development you should avoid that. It smacks of a poor assessment. But... you can imagine a GP recognising a young person presenting with anxiety and not recognising the root cause."

### ***Need for better service coordination and communication***

When discussing service responses in the case studies, participants spoke about services not "talking to each other". Participants suggested that in the case studies it was unclear whether the full history of family violence had been reported to police. The sharing of information between services also seemed unclear, suggesting that services were working in an isolated manner. One participant suggested that the shift from CRAF to MARAM might bring to light the more complex dynamics of violence, and increased likelihood that professionals will pass that information on. They suggested that the rest of the service system needs to be 'more literate' to that.

Participants also described that these case studies highlighted there are multiple entry points to "the system" but no real coordination or synchronicity between how these services are provided to the family. "You don't always know who is working with the family when you have all these services."

On further reflection, some participants suggested coordinated care teams only exist once Child Protection or Youth Justice become involved, and that even then there is a lack of resources to be able to properly coordinate


complex cases. One participant commented on the difficulty of trying to organise care team meetings, saying that staff being busy should not be an excuse and these meetings need to be more highly prioritised. There were various comments calling for a "bigger picture approach" and the "need to step back and strategise the best way to collaborate". There was discussion about the dilemma of who takes the lead in service provision – "would it be the person who is working the closest to the family (e.g. Integrated Family Services Co-ordinator?)"

“  
...[we] need to step back  
and strategise the best  
way to collaborate... ”

### ***Need for AVITH-sensitive police response***

Discussions highlighted police responses across the three case studies were inconsistent. In one case, the police had attended several times and chosen not to charge, which caused participants to consider what supports police can bring in to prevent escalation of the issue. There was a strong understanding that police have limited options and are mandated to adhere to the Code of Practice in responding to incidents of adolescents using violence. However, participants felt that this response doesn't acknowledge that the young person is also a victim:





the young person is being made to be responsible – an assessment isn't always done to reveal the family violence background that the behaviour is indicating. One participant noted that in case study 1, a safety plan involving calling 000 will likely see the young person going “into the system”. Comments included “he’s ended up being remanded, which is a tragedy” and “if he breaches the I.O. he will be back in court – all his wellbeing will be filtered through the criminal system which is the last place he wants to go”. Another participant suggested that “there’s a massive gap between police responding but not any diversionary things – it seems like zero from one hundred”.


### ***Need for youth-specific interventions***

The case study discussions across both regions highlighted that there was no definite “best way” to intervene for adolescents using violence. They stated that the available services aimed at adults were not appropriate for children and young people. One participant described, “We don’t have an adolescent model, only an adult one”. Participants stated that there was a general

“Men’s behaviour change programs are not appropriate [for young people].”

lack of services to deal effectively with adolescent use of violence, and reflected that there is a lack of understanding about what is developmentally appropriate. “Men’s behaviour change programs are not appropriate [for young people]. Despite the recommendations and a whole chapter dedicated to AFV, we still have these gaps.” Participants also reflected that funding models don’t allow programs the time for building trust and understanding the need of how to engage with young

people; there is a rigidity to intervention models that doesn’t take into account young people’s lives and their needs (e.g. why they miss an appointment). Participants identified a complete service gap for children aged 8-12 years, stating that many services will not work with children regarding use of violence. Participants also reflected on the gap for dual definition of a young person being someone who has experienced and someone who uses violence. Other participants also questioned why there was no apparent involvement from DHHS child protection. “It seems like Kelly’s a scapegoat in all of this. She’s copping the blame, she’s a symptom, not the problem. And now Kelly’s disengaging and lost trust, and that will likely follow her into adulthood.”



## ***Need for family-focused work***

The case studies highlighted a need for greater focus on adopting a whole-of-family approach to properly address the issue of AVITH. Many of the responses only looked at the current situation, without considering the entrenched trauma and intergenerational impacts of violence. For example, one participant commented on Dylan's case study where his mother had experienced violence from her father, and then from her son: "What an isolating experience for her to have family violence from so many different people in her life". Participants suggested there was a lack of support for parents to know how to deal with this or where to go to for support. Comments also strongly suggested that this issue is being picked up too late, and that further attention needs to be paid to catching this earlier through more prevention and early intervention work with families. To this end, some participants raised questions about whether parenting strategies or family services had ever been discussed with the family?

“ ...maybe a worker needs to provide strategies for them all working together and communicating... It's about giving them the tools. ”

Regarding case study one, a participant stated, "mum has a psychologist, but maybe a worker needs to provide strategies for them all working together and communicating. The difficulty comes from when the family doesn't know what response to give, "Why can't I do this? All these other things don't work? I don't know how to do this? I can't do what i know how to do?" It's about giving them the tools".


## ***Need for LGBTIQ-sensitive services***

Prompted by the narrative in Case Study two, with the adolescent (Kelly) not being believed, participants suggested it may be that there is a lack of acknowledgement of family violence in same-sex relationships. One participant commented, "I've seen this type of case before, where a female has perpetrated violence - it's easier to dismiss because how could a woman possibly cause harm?" Participants also reflected on the fact that some family violence services may not be LGBTIQ-sensitive. For example, "how is the family perceived?" and "is there stigma by services because they're same sex couple?"

## ***Need for more accessible services***

A number of participants commented on the difficulties of young people and families in accessing appropriate services. On a logistical note, lack of transport infrastructure makes it difficult for clients to seek help when there is no outreach service. Hours of operation are also problematic if parents are struggling to fit appointments in with their own working hours. One participant commented that for families from refugee and migrant backgrounds, accessing support can be made more complex when there are language barriers.

Some participants mentioned the need to 'remove eligibility red tape'. For example, someone explained that in their area, "Local council youth services have lost programs for families on NDIS. They are no longer eligible if they have a package and there is a lack of programs. Programs that do exist have limited availability, with strict criteria and huge waiting lists. Generalist services exist but can't provide individual or specific services for disability. Another



issue was not knowing which service would or should engage the family in earlier preventative work. As one participant commented, “if the family [already] has mental health supports such as a psychologist etc, then early intervention is unlikely to be able to provide supports”.

### ***Need for more culturally appropriate services***

Participants spoke about there being a cultural mismatch between norms within the home, and norms outside of the home. For example, in Abdullahi’s case, there were issues of peer pressures as a young Somali man wanting to integrate himself in Australian culture and develop peer groups. His father had difficulties adjusting to this new context, and the responses he received were not necessarily culturally appropriate. This led some groups to reflect on the diverse range of service approaches, with some being more culturally sensitive than others. People discuss that this is an important aspect of program delivery that largely determines how successful the service response will be.

“ I think it’s important not to come as an expert in cultural communities about right and wrong in parenting, but about working collaboratively. CALD response workers within our own agencies is important. I think we can be better at it. It’s about humbling ourselves....”  
- Children’s Court Diversion Services

## Survey data

Survey data was collected from 11 participants at the conclusion of the Wyndham forum, and from 24 participants at the Yarra forum. Participants were asked to what extent the forum had changed their thinking. Results are listed in Table 1 below. Figures show that the majority of people responded by selecting 3 or higher, meaning they felt their thinking had changed moderately to a lot. rated their answers 3 and up.

Table 1: Extent that forum changed thinking (n=35)

To what extent has this forum changed your thinking regarding AVITH...	1 A little	2	3	4	5 A lot
... in general?	9%	11%	43%	26%	11%
... regarding knowledge of AVITH (nature, prevalence etc)?	9%	17%	26%	34%	14%
... regarding the relationship between cognitive/mental health issues and family violence?	6%	23%	23%	40%	9%
... regarding different responses to AVITH from/different systems/sectors?	-	14%	29%	43%	14%

Respondents were then asked to add further comments about how the forum had changed their thinking. Twelve respondents provided the following feedback:

- informative – reflects work and processes we are already thinking about implementing. Generally useful and good to have as a priority.
- consideration of how to best support young people who have dual experiences as both victim/survivor and respondent.
- interesting to see the research that reinforces what we are seeing anecdotally
- something to be delivered to Children’s Court prosecutors
- inspiring further work to develop a youth specific response to family violence because the 'adult' response to FV does not work: So often the YP is a victim and an offender at the same time but our resources across the sector do not have capacity to address this.
- triggering a sense of hopelessness at one particular group discussion. “There is no 'leader' in the area, should this be drummond street? Do we need more training to identify AVITH?”
- helpful to hear from other services regarding difficult approaches to working with AVITH services
- helpful to share data about AVITH
- not reflecting enough content about First Nations people – Aboriginal children are overrepresented in Justice and Child Protection.
- thought-provoking content
- great to have a diverse group of people discussing family violence from different lenses

- bringing together relevant people across the sector who provided an AVITH response in this local area, which can hopefully lead to increased and more effective referral pathways for young people and families.

When asked if this forum would be likely to lead practitioners to change their practice, 18 participants answered yes. The two who answered no, further elaborated that as police officers, their actions are governed by a code of practice.

Respondents were asked to comment on implications relating to policy, service systems, and practice. Respondents could make multiple suggestions, and these have been collated below.

### ***Implications for policy (n=20)***

- Need for adolescent-specific responses to AVITH (7)
- Review of systems (code of practice, use of L17s, guidelines for diversion) (3)
- Framework for more coordinated responses (3)
- Trauma-informed responses (3)
- Clarity (of policies highlighting the need for support for adolescents who have experienced and used violence) (2)
- Including experiential/adventure-based therapies (2)

Other comments included wanting to see support for the young person in court (1), evidence-informed responses (1), better advocacy (1), crisis housing (1), support for carers (1), and a focus on screening/referral processes & procedures for AVITH (1).

### ***Implications for service systems (n=21)***

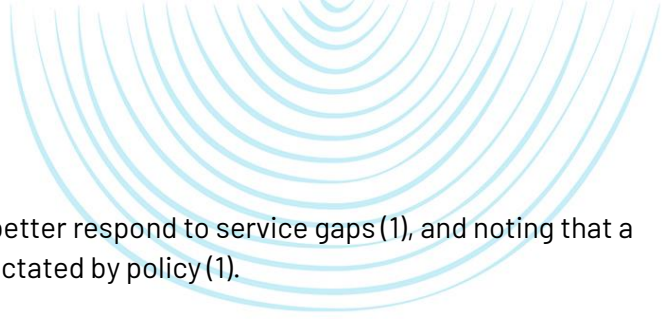
- Need for coordinated services, communication, integrated services (14)
- Youth-specific family violence services (4)
- Early intervention (4)
- Increased workforce capacity (3)

Other comments included suggestions for more intensive support (1), more resources (1), wraparound support (1), culturally responsive practice (1), diverse opportunities (1), crisis placements for adolescents (1), group programs (1) and for police and youth workers to “team up” (1).

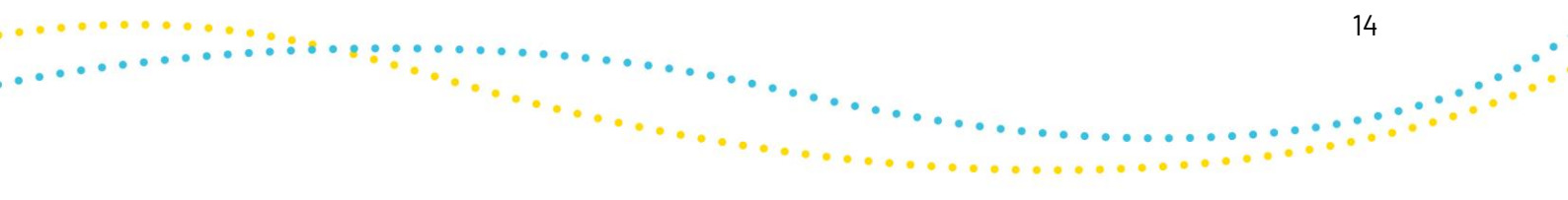
### ***Implications for practice (n=19)***

- Coordinated, collaborative service delivery (7)
- Shared knowledge/literacy of AVITH (4)
- Awareness of referral options (3)
- Developmental lens/disability/culturally sensitive (3)
- Trauma-informed practice (2)
- Increased workforce capacity/ further training (2)
- Greater understanding of the complexity of the issue (2)
- More guidelines/frameworks for practice (2)

Other comments included using a whole-of-family approach (1), experiential/adventure-based learning (1), better intake processes (1), support for adolescent from first response (1), more



resourcing for workers (1), needing to better respond to service gaps (1), and noting that a barrier is sometimes that practice is dictated by policy (1).





## Summary and next steps

The case study discussions of Dylan, Kelly, and Abdullahi highlighted some clear messages about the challenges and gaps in service responses to adolescent violence in the home. These included:

- *Need for cross-sector awareness of AVITH:* We need a shared understanding of adolescent use of violence across all sectors of health, education, justice and community services.
- *Need for better service coordination and communication:* There are multiple entry points to “the system” but no real coordination or synchronicity between how these services are provided to the family.
- *Need for AVITH-sensitive police response:* Participants expressed that current response by police (as mandated in Code of Practice) doesn’t acknowledge the vulnerabilities and any previous family violence experienced by the young person.
- *Need for youth-specific interventions:* Current service models targeted for adults are not suitable for young people.
- *Need for family-focused work:* Need to do more preventative work earlier on with families, recognising past histories of violence and trauma.
- *Need for LGBTIQ-sensitive services:* A lack of awareness that violence exists within same-sex parented households may prevent services from picking up on warning signs.
- *Need for more accessible services:* Many services are difficult for families to access due to limited operating hours, lack of outreach, and parents acting as gatekeepers by not allowing young people to access services.

Survey data collected from participants revealed that they found the forum useful in changing their thinking about the issue of adolescent violence in the home, and was likely to lead to changes in practice. Participants suggested the most significant implications for policy, service systems and practice were the identified need for adolescent-specific responses to AVITH, and more integrated service models, using improved inter-agency communication. At the time of the forum, participants spoke about the usefulness of making time to come together and have these discussions to share ideas.

## Appendix 1: Case Studies

### Case Study 1: Dylan

Angela and Steven were married for 15 years and have two sons, 13 y/o Dylan and 16 y/o Isaac. They separated 3 years ago and Steven does not see the boys. During their marriage, Steven used significant physical and verbal abuse towards her and the boys. As a young child, Dylan used to stand in front of his mum and try to protect her from his Dad.


Dylan has been diagnosed with Autism and ADHD. Two years ago, Dylan was sexually abused by a 13-year-old family friend. Isaac has also been diagnosed with autism, and an intellectual disability. He is mildly verbal and not able to use the toilet independently, requiring Angela to care for him. He also has significant health issues requiring regular hospital check-ups.

In mid-2018, Angela and Dylan presented at the Melbourne Children's Court as Police had applied for an Intervention Order on behalf of Angela, with Dylan as the respondent. This was in response to an incident where Dylan had punched Angela forcefully on the arm several times as she was trying to get him to go to school. Prior to this, Dylan had been violent towards his mother, brother, extended family and teachers on multiple occasions. He had been verbally abusive to his mother, threatened her with a knife, caused injuries to her using his fists, feet and objects. He punched his brother in response to him using his video games. Dylan punched two of his teachers and threatened and hit extended family members who Angela relies on for support, smashing their possessions when he didn't get his way. The only person Dylan feels safe around is his Aunty, because she is able to reassure him, however, she becomes scared of him sometimes too.

Police have attended the home several times, called by either Angela or Dylan himself. On those occasions, the police from the local station, who are familiar with the family, didn't charge Dylan but assisted him to calm down and talked with him about the impact of his behaviour and consequences if it continues. Dylan shows remorse and has some insight into his behaviour and its triggers, telling the Police that he feels angry about things that other people do. Despite this, and the police presence, his behaviour has escalated and he repeatedly threatens his mother and brother if they don't do things for him, such as bringing him water while he lies on the couch, or he'll get angry and lose it. Dylan has grown in size and strength over the past 12 months, making his behaviour more threatening and harmful. Angela's safety plan involves locking herself with Isaac in her room and calling 000.

Angela experienced violence from her father throughout her childhood, but their relationship has improved, and she will call him to help when Dylan's behaviour escalates. Angela's mother and sister are supportive of her and live close by. The family are linked to Integrated Family Services who mostly work with Angela. She has been seeing a psychologist for ten years and is linked to a psychiatrist. Both are treating her for depression and anxiety. Angela was in hospital as an inpatient for 4 weeks last year to receive mental health treatment. Her sister and mother cared for the boys at this time.





Dylan is linked with several professionals. He sees a Psychiatrist to manage his medication but not for therapy. Following an earlier incident of violence, his Psychiatrist gave him diazepam to calm down and sent him home. He sees a psychologist, however they have reduced the length and frequency of the sessions as he has become increasingly withdrawn.

Isaac is linked to the NDIS and GP to support treatment for his conditions.

Recently, Dylan expressed fears that he is going to be removed from the home and his mother.



## Case Study 2: Kelly

Lucy and Tara have two daughters, aged 13 and 17. Over the last few years, Lucy began to display controlling and aggressive behaviour which was reflected in her parenting, particularly when the children pushed the boundaries. Lucy's controlling behaviour was predominantly focused on Kelly, the youngest daughter. Their relationship became increasingly volatile, including Lucy having screaming fights with Kelly, locking her out of the house, pushing and shoving her, and grabbing her which left bruises. On several occasions, Lucy used so much force that Kelly thought Lucy was going to cause serious physical harm. Kelly began to fight back, showing little respect for Lucy and becoming hysterical if she came near her, throwing things at her.

Lucy believed that there was something wrong with Kelly and wanted to have her assessed. Her partner Tara didn't agree with this as Kelly's behaviour, social skills and academic performance at school were positive. Home was the only place she acted out and Tara believed that this was in response to the violence that was occurring in the home.

On many occasions Tara and Kelly disclosed what was happening at home to professionals, including GP's and counsellors, but notifications were never made to Police or Child Protection. When things continued to escalate, Tara and Lucy separated, and the children spent time between the two homes.

Over the next year, the family were seen by numerous services, including family law professionals, paediatricians, GP's and family counsellors. A notification was made to Child Protection and was substantiated, but the recommendations were not enforceable. Lucy continued to request that Kelly be assessed, denying that there had been violence and refusing to give her consent for any family violence services to be involved. Eventually, Kelly was assessed in a generalist health service and diagnosed with anxiety. While the professionals involved acknowledged that there was a history of family violence, they did not regard it as significant and recommended medication for Kelly so that she could manage her anxiety. Kelly refused the medication and now has very little trust in professionals. She feels that Lucy is trying to blame her for the violence and that her experience has been discounted.

### Case study 3: Abdullahi

Abdullahi is a 16 year old boy who lives with his mother, father and 4 siblings in a 3 bedroom flat in Collingwood. His parent's came to Australia in 1998 from Somalia under humanitarian entrant visas. Abdullahi was born here and is the second eldest. While his family have been adapting well to Australian systems and custom, they follow Somali culture in terms of family structure. Abdullahi's father, Aaden, is the head of the family and has the final say on matters. According to Abdullahi's mother, Sahra, Aaden has made this very clear to Abdullahi a number of times. Aaden is well respected in his community, telling family he wants Abdullahi to be a "good boy", to attend school, to do something with his life.

Three months ago, Police attended an incident at the family home following reports from a neighbour about a fight. Aaden stated to Police that Abdullahi hasn't been listening to him, not going to school and spending time with other children who are a bad influence and going nowhere. When Police informed Child Protection of the incident, Child Protection advised that they have had previous contact with the family. Six months prior, they investigated a report of safety concerns for the younger children (10 y/o boy and 12 y/o girl) following disclosures the 10 y/o made to his teacher at school about scary fighting and breaking things in the family home. Child Protection investigated and identified that there had been frequent arguments between Abdullahi and his father over the past 6 months, which have at times escalated to physical altercations, including Abdullahi punching Aaden. On that occasion, Child Protection closed the case following investigation, having identified that there was an intensive support youth worker involved with Abdullahi and a family support worker engaged with Sahra and the younger children. A welfare worker from Abdullahi's school was also supporting him with a modified program designed to sustain his engagement in education. Nonetheless, Child Protection expressed significant concern to Abdullahi about his behaviour, encouraging him to work closely with his supports to change his aggressive behaviours.

Abdullahi is in good health, eats well, goes to the gym regularly and plays soccer. He has generally attended school over his early high school years but this year his attendance has become problematic since he changed social groups. His youth worker has talked with him about his mental health, but he said he doesn't need a mental health worker. Sahra has heard from community members that Abdullahi is spending time with young people who have been in trouble with Police for drug use and she is concerned that he may also be involved. When Aaden confronted him and accused him of using drugs, he denied any involvement.

Recently Police attended a further incident at the family home. On this occasion Aaden accused Abdullahi of assaulting him. Police issued an interim intervention order, with Aaden as the Affected Family Member and Abdullahi as the Respondent. Abdullahi was remanded to Parkville Youth Justice centre for 21 days for 'unlawful assault' against his father.

In working with Abdullahi, it has come to light that his father's discipline has been both verbal and physical.