



PO Box 2918,  
Fitzroy Victoria 3065

T (03) 8417 0500

F (03) 9417 0181

admin@caraniche.com.au

www.caraniche.com.au

ABN 33 059 959 456

## ***Caraniche submission to Royal Commission into Family Violence***

### **Scope of this submission.**

Caraniche is a Victorian-based psychological consulting firm that delivers a range of specialist services to the government, private and not-for-profit organisations. A key part of our activity is the provision of forensic drug, alcohol, violence prevention and rehabilitation services within adult prisons, juvenile justice and community corrections systems.

Caraniche employs over 70 clinical staff to provide evidence-based alcohol and other drug treatment services to over 6000 prisoners each year across 11 locations within the Victorian prison system, to offenders on community orders, and to young offenders on Youth Justice Orders. This submission draws on this experience to provide evidence and proposals in relation to the second of the Royal Commission's terms of reference:

***“investigate the means of having systemic responses to family violence, particularly in the legal system and by police, corrections, child protection, legal and family violence support services, including reducing reoffending and changing violent and controlling behaviours;”***

This submission is presented in three parts. Parts A and B present a summary of our perspective on family violence while the Appendix presents the more detailed discussion the summary is drawn from. Part A argues that the role and significance of family violence as a primary offending risk factor and as a correlate of other forms of criminogenic risk (especially drug and alcohol abuse) is often not recognised. Part B examines opportunities that exist in the justice system to better understand the forensic problem of family violence and to provide assessments and interventions that improve the safety of victims and children.

A fundamental problem in understanding family violence as a justice problem is that data quality on the prevalence of family violence in offender populations is relatively poor. There is little systematic study of the role of exposure to family violence in the development of offending, family violence as a component of offenders' criminal careers, and as a factor in the desistence of offending. The material presented here is supported by evidence from Caraniche clinicians and our analysis of the available data on the prevalence of family violence and its consequences in offender populations.

### **Part A: The forensic problem of family violence**

While it has long been recognised that family dysfunction is a common feature of offenders' life histories, comparatively little attention has been paid to the specific role of family violence (FV) as a

developmental factor in offending careers, and as a component of juvenile and adult offending patterns. The first part of this submission draws on Caraniche clinical experience to argue that FV represents a distinct but under-recognised forensic problem.

- **Family violence is a common issue in custodial (prisoner) populations.** A survey of 70 Caraniche clinicians, who primarily work in forensic drug and alcohol treatment, estimated that approximately two-thirds of clients had been exposed to family violence in childhood and around one-third of clients were estimated to be exposed to family violence as adults. It was estimated that over 40% of adult clients had engaged in family violence as a perpetrator and approximately 39% of juvenile offenders were reported to have perpetrated family violence, usually against their mothers. Estimates for females clients were substantially higher than for males in relation to exposure to family violence as a child and as an adult (over 70%) but the prevalence estimates for their involvement in family violence as a perpetrator were no different from that of male clients (around 40%). These estimates are generally consistent with the admittedly limited data on the prevalence of family violence in offender populations.
- **Family violence is an important developmental factor in violent offending by juveniles.** Exposure to family violence as a child or adolescent frequently serves as the basis for becoming a perpetrator of family violence as an adolescent and ultimately as an adult – the process of Inter-generational Transmission. The Caraniche clinician survey showed that juvenile clients were reported to be more likely to have been exposed to FV in childhood than adults (78% vs 64%), and 39% were reported to be perpetrators of family violence. Addressing the problem of family violence in adolescent offenders is a key requirement in violence prevention.
- **Family violence is a key factor in the high levels of trauma in women in custody.** Approximately 70% of women participating in prison alcohol and drug treatment programs report being the victim of family violence in their adult relationships. Psychometric testing using the Trauma Symptom Inventory shows high levels of trauma symptoms across all domains. Women in the 130-hour drug treatment program at Dame Phyllis Frost Centre show levels of trauma symptoms that exceed or are close to clinical benchmarks (a score of 65 or more) for the following sub-scales: Impaired Self-Reference (mean score = 65.1; Intrusive Experience = 65.7; Defensive Avoidance = 65.3; and Anxious Arousal = 63.4.) Exposure to trauma and violence and the related psychological distress and an important causal factor in substance abuse and drug and alcohol-related offending). Addressing the longstanding impact of violent relationships and the related trauma is a fundamental component in substance abuse treatment programs for women.
- **Family violence is strongly linked to other forms of violence.** Studies of convicted perpetrators of family violence consistently report that exposure to violence during childhood/adolescence is a common if not universal feature of both juvenile and adult violent offenders. In addition, persons who subsequently become perpetrators of family violence are often also involved in other forms of violence. The Caraniche clinicians reported that the majority of clients who reported being a perpetrator of family violence were also involved in other forms of violence, therefore in many cases family violence needs to be addressed alongside other forms rather than in isolation.

- ***Family violence is a significant co-occurring problem with alcohol and drug use and mental disorders.*** The connections between family violence and other, more widely recognized criminogenic factors are complex. It is known that alcohol and drug abuse increases the likelihood of family violence, and that persons with mental disorders are over-represented as both victims and perpetrators of family violence. The development of alcohol and drug problems and some forms of mental disorder are also associated with the trauma generated through repeated or severe family violence. Drug and alcohol and mental health treatment alone will not reduce family violence but should be assessed and addressed as a key risk factor in family violence treatment for perpetrators.
- ***The salience of family violence as a risk factor and treatment target in the justice system is increasing.*** The number of persons charged by police in relation to family violence incidents tripled between 2009/10 and 2013/14. Sentencing for breaches of family violence orders has also been increasingly punitive, especially in cases of repeated contravention of orders. The Sentencing Advisory Council has reported that for repeat FVIO contravention cases the proportion of immediate terms of imprisonment had increased by 34.0%, wholly suspended sentences of imprisonment increased by 68.5% and community correction orders had increased by 22.4%. While these trends are consistent with police and courts treating family violence as a serious crime, they need to be matched by a similarly increased focus on delivering violence prevention and safety enhancement interventions to offenders in the justice system.

## **Part B: Responding to family violence in the justice sector**

It is evident that family violence constitutes a serious but under-recognised problem in the justice system. With no sign of a levelling off in reporting rates of family violence incidents, and evidence of an increasing use of criminal penalties for family violence offences (including breaches of civil orders), it can be expected that there will be a growing demand for effective responses delivered within the criminal justice sector. To date, family violence has not been seen as a priority area for justice system responses to prevent future violence and enhance public safety in Victoria or any other Australian jurisdiction. While there are already some programs offered through Victorian prisons and community corrections, and we note that Corrections Victoria has recently launched a procurement process to increase the availability of Mens Behaviour Change Programs in Community Corrections, there are a number of areas where substantial further research or program development is required. Caraniche believes that the following responses are critical to developing an effective response to family violence:

- ***Interventions to address emerging patterns of family violence in adolescent offenders.*** A significant proportion of family violence involves adolescents as perpetrators of violence, primarily against their mothers and often as a part of a process of intergenerational transmission of violence. Family violence is a high prevalence problem in adolescents in custody, is often part of a more general pattern of violent behaviour, and is likely to lead to a pattern of serious family violence in adult life. However, while the importance of early intervention in adolescent sex offending is now widely recognised as a key element in prevention approaches and a variety of specialised treatment models are available,

there are few established treatment approaches for adolescent family violence. A review of services in Victoria conducted by Good Shepherd Youth and Family Services found that community based family violence prevention and support programs rarely have any capacity to respond to adolescent perpetrators and the problem is often regarded as one that parents are responsible for addressing (Horsburgh 2012).

- ***Interventions to address the trauma experienced by female offenders leading to their imprisonment, and to better prepare them to deal with the risks they face after release.*** In the case of female offenders, the problem of family violence needs to be addressed as a cause of other offending-related problems like alcohol and drug abuse and mental disorder, with trauma-informed care and support a critical part of any intervention with female offenders. However, it is also important to respond to the practical problems that women face on release from custody and to look for ways to provide protection and support as part of a systematic approach to release preparation and re-entry. Prison provides an opportunity to assist women to assess the nature and quality of their relationships and to develop linkages to community supports to ensure they have safety plans in place for release. Given that clinicians estimated that 40% of female offenders were also perpetrators of family violence, often against their children, acknowledging this and providing opportunities for treatment also provides an important opportunity to stop the cycle of abuse.
- ***Research and program development targeting men who are at high risk of serious future violence.*** It is likely that men imprisoned for family violence offences are drawn disproportionately from those who are the perpetrators of the most serious acts of family violence. While there are some programs that are available to men convicted of family violence offences, it is widely recognised that current program models are of limited effectiveness for high-risk men. There are two areas where substantial research is required in order to support the development of more effective interventions: assessment and program design. If high-risk prevention programs are to work effectively, it is vital that they have are supported by good quality assessment information about perpetrators. However, standard correctional risk assessment processes do not collect information relating to family violence, generally under-estimate risk and provide relatively poor prediction of the severity of future family violence. While there are specialised risk assessment instruments that focus on family violence (for example, the Ontario Domestic Assault Risk Assessment, and the Domestic Violence Risk Appraisal Guide) these have not been applied to Australian offenders and it is unclear how well they would perform in the Australian context. Field trials of these instruments would help to demonstrate their predictive power for Australian offender populations. The currently offered Men's Behaviour Change programs are widely regarded as ineffective for high risk men who are treatment-resistant and show high levels of non-compliance. This problem is further complicated by the linkages between high risk family violence with drug and alcohol abuse, mental illness or mental disorder, and a personal history of neglect and abuse. In the absence of program models of proven effectiveness with this cohort there is a need for an investment in basic research on program design, taking into account issues like treatment readiness, compliance management and motivating and maintaining

change. We note that the authors of the most comprehensive review of family violence programs (published by the Campbell Collaboration) concluded by proposing that rather than continuing to direct perpetrators into ineffective programs, “it would prove beneficial for the criminal justice system to begin looking at other types of interventions for addressing the problem of domestic violence”(p.18). More recently innovations like specialist supervision on probation or parole, electronic monitoring and the integration of substance abuse programs with domestic violence programs have been tried (Salter 2012).

- ***The use of offender risk assessments to inform multi-agency family violence prevention strategies.*** An important development in the prevention of the most serious outcomes of family violence is the implementation of multi-agency intervention approaches that target high risk cases. Programs like the UK Multi-Agency Risk Assessment Conferences (MARACs), and the Victorian Risk Assessment and Management Panels (RAMPs) are intended to identify and respond to high-risk situations of family violence. A critical part of these processes is the use of risk information that is shared across criminal justice agencies (police, courts and corrections), and statutory and non-government service agencies. Risk assessment in the justice system should therefore be used not only to inform decisions about interventions for the assessed offenders, but should also be available to support prevention strategies in the community.

## Supporting Appendix

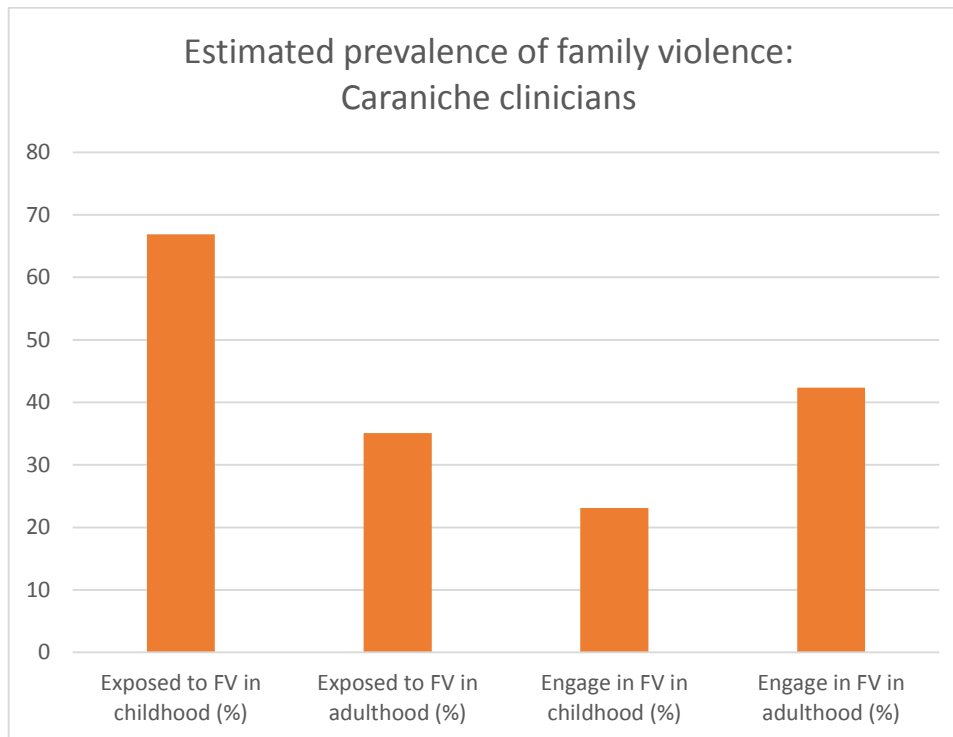
### **The role of family violence in adult and juvenile offending**

Despite the increasing attention to family violence as a form of serious violence that affects large numbers of people and is the cause of high levels of pain, suffering and mortality (Access Economics 2004), there has been comparatively little attention to the interaction between family violence and other forms of criminal violence. Family violence is typically viewed as a distinct form of gendered violent behaviour that is unrelated to other forms of violence. Historically, family violence was not viewed as criminal behaviour, and while there is increasing recognition that responding to family violence with criminal sanctions is an important component of an overall prevention strategy there has been little systematic consideration of the developmental and other links between family violence and other forms of offending. Offender assessment and intervention approaches rarely consider family violence as an important criminogenic risk (that is, it is not viewed as related to future recidivism) for offenders and therefore it is not part of standard offender assessment procedures.

In the absence of local data on the prevalence and role of family violence in Victorian offender populations, Caraniche conducted a survey of 70 clinical staff who work with adult and adolescent clients in the Victorian corrections and youth justice systems. The survey asked clinicians to report on their clients' exposure to family violence as a child and an adult, and their involvement in family violence and other forms of violence as a perpetrator. The estimates from this survey represent clinicians' perceptions based on their current caseload. Several responses noted that forensic clients are often reluctant to disclose experience with family violence (both as a victim and a perpetrator) and the results of this survey therefore probably represent conservative estimates of prevalence. Of the clinicians surveyed, more than half identified themselves as providing prison-based services, followed by youth justice services (17%), community forensics (9%), HiRoads (4%) and DAPS (3%). Ten per cent of respondents said they worked in more than one program area. Three quarters of respondents (74%) said they worked mainly with males, 7% said they worked mainly with females, and 19% said they worked with both males and females. In regard to the age group of clients, 77% said they worked mainly with adults, 17% with adolescents and 6% with both.

### ***Prevalence of family violence in adult offenders***

In the Caraniche clinicians' survey it was estimated that two-thirds of clients had been exposed to family violence in childhood. Around one-third of clients were estimated to be exposed to family violence as adults. Around one in five were estimated to have engaged in family violence as juveniles, although for juvenile clients this prevalence was much higher (39%). It was estimated that over 40% of adult clients were engaged in family violence as a perpetrator. Estimates for females clients were substantially higher than for males in relation to exposure to family violence as a child and as an adult (over 70%) but the prevalence estimates for their involvement in family violence as a perpetrator were no different from that of male clients (around 40%).



These estimates should be considered both in the context of the high rate of family violence in the general community (around one-third of women report a lifetime experience of physical violence, the majority of which is family violence) and the absence of reliable Australian data on the prevalence of family violence in offender populations from Australian and international sources. In the United States it is estimated that one-third of incarcerated male offenders have committed domestic violence (Hilton, Harris, Popham & Lang 2010), and intimate partner violence is reported to be extremely common when prisoners are released back into the community (Freeland Braun 2012). A literature review conducted for the Department of Social Security (Urbis 2013) was not able to identify *any* reliable Australian criminal justice data on the prevalence of family violence. Some sources have argued for high rates of family violence in specific offender groups, including juvenile offenders (see below), women and Indigenous offenders. Stathopolous (2012) notes that the majority of women in Australian prisons “have extensive victimisation histories, including childhood sexual abuse, intimate partner violence and violence from non-intimates and carers” (p.1). Exposure to, and involvement in family violence has also been identified as extremely high in Australian indigenous offenders (Wundersitz 2010) although the same report notes that “no state publishes data specific to Indigenous perpetrators of family violence” (p.96).

### ***Prevalence of family violence in juvenile offenders***

The Caraniche clinician survey showed that juvenile clients were reported to be more likely to have been exposed to FV in childhood than adults (78% vs 64%), and 40% were reported to be perpetrators of family violence. Estimating the prevalence of adolescent family violence is extremely problematic. It is generally held that the quality of data on adolescent family violence is even weaker than that on adult family violence (Bobic 2004) in part because of the social and familial

pressures against taking legal or other action against one's own children. Victorian data on family violence is derived from three primary sources: police family incident reports (L17A), court records and victims' services (VOCAT and VACP). These data are presented in a consolidated form in the report *Measuring Family Violence in Victoria: Victorian Family Violence Database Volume 5* (Victims Support Agency 2012) which covers agency data from 1999 to 2010. Some additional data is available from ABS collections, mainly the 2006 and 2012 Personal Safety Surveys, although this provides only limited information about the age of perpetrators.

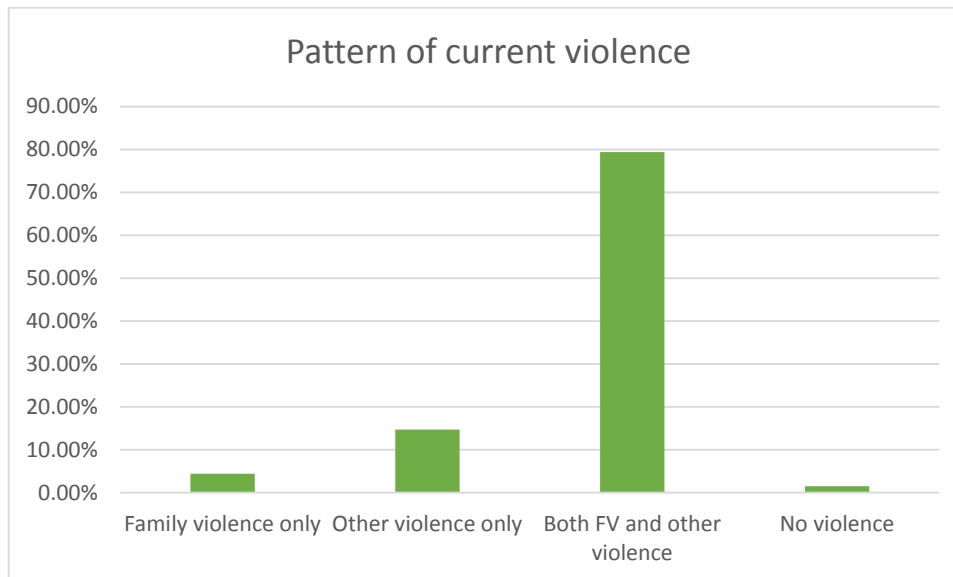
The Measuring Family Violence Report cites police data for 2009-10 showing that 15 per cent of the family violence incidents recorded by police involved incidents where a parent was the victim. Approximately 70 per cent of child/step-child defendants were aged 12 to 24, and approximately 30 per cent were aged 25 years or older. Rates for both groups have not varied more than two percentage points across the 11 years of data, showing neither an increase nor decrease (although note that the volume of incidents reported has grown greatly over this period). Court data shows that around seven per cent of family violence intervention orders involved an order by a parent/step-parent against a child or step-child, some of whom were adult children. Approximately half of the respondent children or step-children were aged 12-24 years; the other half were children or step-children aged 25 years and over. Again, these proportions have remained steady over the period from 2003 -04 through to 2009-10. Note that comparing the age distribution of perpetrators across these two sources indicates that family violence incidents involving younger perpetrators (12 to 24 years) are less likely to translate into intervention orders than those involving perpetrators aged 25 years or more.

The ABS Personal Safety Survey was conducted in 2005 and 2012. The 2012 survey (Australian Bureau of Statistics 2013) reported that 2.8% of respondents had experienced violence from a son or daughter since age 15. Women respondents were less likely overall to report a lifetime history of violence (40.8% versus 49% for men respondents) but were more likely to report violence by a son or daughter (3.5% versus 2.1% for men respondents). Violence by children accounts for about eight to ten per cent of all violence by "known persons". In the 2005 survey violence by the victim's children was reported in a general category of "family or friends" and it is therefore not possible to comment on whether there has been a change in prevalence.

### ***Relationship between family violence and other forms of violent and non-violent offending***

In estimating the prevalence of family violence in offender populations it is important to recognise that exposure to family violence and subsequently becoming a perpetrator of violence are closely linked. Studies of convicted perpetrators of family violence consistently report that exposure to violence during childhood and adolescence is a common if not universal feature of both juvenile and adult violent offenders. In addition, persons who subsequently become perpetrators of family violence are often also involved in other forms of violence. The Caraniche clinicians reported that the majority of clients who reported being a perpetrator of family violence were also involved in other forms of violence, and that family violence alone, and other violence alone were relatively uncommon. Thus the Caraniche estimates based on clients taking part in alcohol, drug and violence treatment programs partly reflect these linkages between exposure to family violence and subsequent involvement in family and other violence, and in non-violent forms of offending.





### **Family violence as a causal factor in offending**

The absence of family violence in analyses of criminal offending is striking given that disrupted, dysfunctional or “broken” families are an established predictive factor in cohort or panel studies of criminal career development (Benson 2013; Farrington, Piquero & Jennings 2013). More recently panel studies have considered the role of developmental factors as predictors of adult family violence. In a study based on the Cambridge Study of Delinquent Development cohort, Theobald and Farrington (2012) reported that the likelihood of adult (age 32-48) male intimate partner violence (IPV) is predicted by a number of childhood and adolescent factors including: having a criminal father, a disrupted family, poor parental supervision and relationship problems with parents. Similarly, Lee et al (2013) report that two-thirds of a sample of men charged with IPV themselves report a childhood history of maltreatment or witnessing IPV. They argue for greater attention to primary prevention with this group.

Several explanatory models have been proposed to account for the apparent relationship between exposure to family violence as a victim or witness, and subsequent offending including violent offending. A full exploration of all these explanatory models is beyond the scope of this submission, and we have focused on two models of most direct relevance to the development and delivery of family violence interventions to offenders. In addition, the relationship between family violence and re-offending and post-release failure are briefly examined.

### ***Intergenerational transmission of family violence***

Intergenerational transmission (IGT) refers to the process whereby children or adolescents who witness or are victims of family violence are more likely to become perpetrators of violence later in life. IGT is generally assumed to operate via a social learning process when children learn to model aggression as the basis for intimate relationships and fail to learn alternative strategies such as negotiation, effective communication and conflict resolution (Black, Sussman & Unger 2010). While the problem of IGT of family violence is widely recognized as a public health problem (Truscott

1992), there has been comparatively little research on this issue (Condry & Miles, 2007: p261). Research has shown direct links between the level of childhood exposure to violence and the frequency and severity of subsequent violent offences and psychopathology (Murrell, Christoff & Henning, 2007). The consequences of IGT extend beyond the transmission of family violence and are associated with adolescent disruptive behaviour and conduct disorders (leading to poor school performance), emerging adult substance abuse disorders, as well as depression and general aggression and hostile reactivity (Ehrensaft & Cohen 2012; Ehrensaft et al, 2003). Fox et al (2015) have argued that exposure to family violence and associated forms of childhood trauma is a key risk factor in the development of serious, violent and chronic juvenile offending.

### ***Family violence as a source of trauma***

Being a victim of, or witness to, family violence also causes psychological trauma that can lead to continuing cognitive, affective and behavioural effects, including post-traumatic stress disorder (PTSD) (Margolin & Vickerman 2011). While trauma may involve temporary emotional responses, where trauma is serious or repeated it can generate long-term or permanent changes in neural activity and brain structures, resulting in persisting or permanent changes in behaviour and thinking. The traumatic effects of family violence are most serious when the violence is experienced over a long period, where it involves actual or threatened serious violence, and where a person is exposed to multiple forms of violence (Hickman et al 2013). Trauma is now viewed as one of the most important impacts of family violence and the cause of many of the long-term effects like anxiety, depression and substance abuse that are observed in victims (Kezelman 2013). In addition, trauma is also seen as a key factor in the development of serious violent offending in juveniles who are exposed to family violence (Fox et al, 2015).

It is clear that women offenders exhibit high levels of trauma. The Australian Centre for the Study of Sexual Assault argues that women offenders experience trauma as a result of sexual assault and violent victimisation (where family violence is a major factor) and that this is exacerbated by secondary trauma associated with imprisonment (Stathopoulos 2012). Caraniche data confirms that women participating in prison alcohol and drug treatment programs show high levels of trauma symptoms. Women in the 130-hour drug treatment program at Dame Phyllis Frost Centre are administered the Trauma Symptom Inventory (TSI) at the commencement and conclusion of this program. Commencement scores show levels of trauma symptoms that exceed or are close to clinical benchmarks (a score of 65 or more) for the following sub-scales: Impaired Self-Reference (mean score = 65.1; Intrusive Experience = 65.7; Defensive Avoidance = 65.3; and Anxious Arousal = 63.4.) Their scores on all other scales are also elevated above the levels expected for a non-trauma effected population.

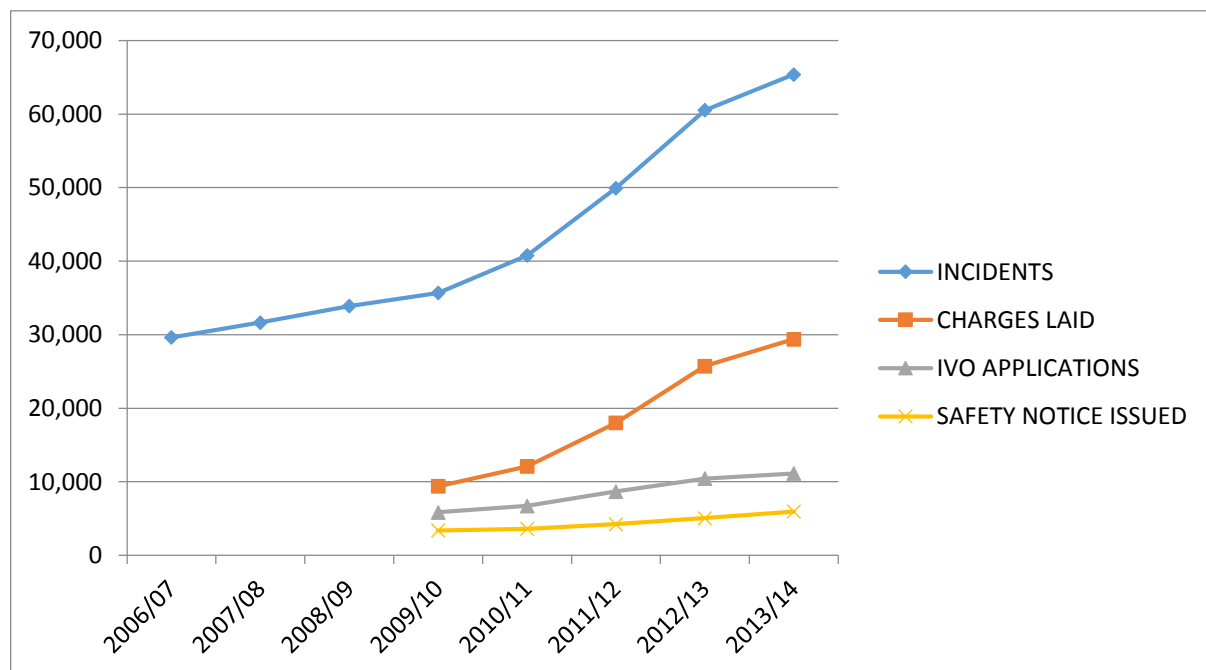
### ***Family violence and recidivism***

Family violence also appears to have a significant influence on offenders' re-offending behaviour. It is generally accepted that family violence offenders show high rates of recidivism at all stages of their involvement in the justice system, and that these rates are highest for those men who pose the greatest risk of serious future violence (Salter 2012). A study by the New Zealand Department of

Corrections showed that prisoners convicted of family violence offences had the highest rate of recidivism of any group of violent offenders (Nadesu 2007). The failure (reimprisonment) rate after three years for this group was 58%, a rate that was only exceeded by high rate property offenders where rates were 62-65%. This high post-prison failure rate may be partly explained by the role that family violence plays in impeding post-release reintegration. Offenders with a history of family violence may find their families are unwilling to offer post-release support. In addition, the transition from prison to the community is recognized as a time when family violence is more likely to occur (Oliver and Hairston 2008), and one of the consequences of this is that perpetrators may find themselves cut off from sources of social, emotional and material support (Freeland Braun 2012).

### Family violence offenders are an increasingly important group in the justice system

Any consideration of the significance of family violence in the justice system must begin with the sustained growth in family violence incidents reported to police and processed through the courts. The number of incidents reported to police in Victoria has more than doubled in the seven years from 2006/07 to 2013/14. While Australian jurisdictions have not adopted the mandatory arrest and “no-drop” prosecution policies that have been applied in some US jurisdictions, local responses to family violence have included an increased emphasis on charging perpetrators. The use of structured incident-based decision making procedures like the Victoria Police Code of Practice “options model” together with improvements in evidence-gathering at incidents has led to a significant increase in the number of perpetrators charged with family violence offences (Sentencing Council 2013). The number of family violence incidents where charges were laid has increased from 5,481 (representing 18.7% of incidents) in 2004-05 to 17,528 (representing 34.7% of incidents) in 2011-12. In parallel with this the courts have adopted more explicit guidelines for family violence offences and increasingly punitive sentencing responses (including contravention of court order offences).



In its review of sentencing for contravention of Family Violence Intervention Orders (FVIOs) and Family Violence safety Notices (FVSNs), the Victorian Sentencing Advisory Council (SAC) found that in the period after 2009, courts increasingly used custodial sanctions in cases involving repeated contraventions of FVIOs (Sentencing Advisory Council 2013). The Council's analysis found, when comparing the period July 2004 to June 2007 with the period July 2009 to June 2012, there had been no significant change in the proportion of sentences of imprisonment imposed for FVIO or FVSN contraventions but that for repeat FVIO contravention cases immediate terms of imprisonment had increased by 34.0%, wholly suspended sentences of imprisonment increased by 68.5% and community correction orders had increased by 22.4%. However, note that both these trends took place against a background of very large increases in the overall volume of FVIO and FVSN applications, so that the volume of persons sentenced to imprisonment increased greatly over this period. Note also that suspended sentences of imprisonment were abolished after 2012. The SAC specifically noted in its report that stakeholders consulted in its review "consistently remarked on the cultural shift in the response to family violence among key criminal justice institutions, particularly the courts and police" (p.44).

### **Research on interventions for men at high risk of serious family violence**

While family violence prevention programs have been available for at least two decades, there is little convincing evidence for their effectiveness especially in relation to men who commit serious, repeated violence. A Campbell Collaboration review of experimental or rigorous quasi-experimental evaluations of court-mandated "batterer intervention programs" reported that while there were small positive effects using official reports of domestic violence, when victim reported outcomes were considered there were no positive effects (Feder, Wilson & Austin 2008). The review noted that where studies did report positive effects these could generally be attributed to selection bias (that is, the tendency for recidivist offenders to drop out of treatment). A consistent theme in assessment of prevention programs is that the men who pose the highest risk of serious future violence are also the most resistant to engagement with treatment interventions. The authors of the Campbell review concluded by proposing that rather than continuing to direct perpetrators into ineffective programs, "it would prove beneficial for the criminal justice system to begin looking at other types of interventions for addressing the problem of domestic violence (p.18). More recently innovations like specialist supervision on probation or parole, electronic monitoring and the integration of substance abuse programs with domestic violence programs have been tried (Salter 2012).

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