



**Submission by Anglicare Victoria
to the
Royal Commission into Family Violence
(Victoria) .**

May 2015

WHO WE ARE

Anglicare Victoria was formed through an act of Parliament - the Anglican Welfare Agency Act 1997 - which joined together three of Victoria's long established Anglican child and family welfare agencies: the Mission of St. James and St. John, St. John's Homes for Boys and Girls and the Mission to the Streets and Lanes.

Today, Anglicare Victoria is a leading social services organisation, with a total expenditure of over approximately \$95 million. The majority of this expenditure is on Department of Health and Human Services (DHHS) funded family services and out-of-home care services. The agency also provides a great many other community programs funded by the Victorian and Commonwealth Governments, and the agency's own resources.

Anglicare Victoria is the largest provider of Integrated Family Services and Placement Prevention and Reunification Services in Victoria. In any given week, these programs work with over 1000 families throughout Metropolitan Melbourne, Gippsland and in the Loddon Mallee region. In 2014, family violence was a presenting issue in close to half of the families we worked with through these services, with it either currently occurring, or having occurred in the past. Our data for these services going back several years indicates that this is consistently the case, though we consider that family violence is likely under-reported by our clients.

In addition to providing Integrated Family Services and Placement Prevention and Reunification Services, Anglicare Victoria provides specialised family violence services including men's behavioural change groups, family counselling which targets adolescent/child-perpetrated family violence, and a child-focused-counselling-and-support program which provides counselling to mothers and children who have survived family violence.

This submission presents Anglicare Victoria's experiences and perspectives as a provider of extensive services that deal with family violence and its effects, every day. Informed by this significant experience, we make a number of recommendations to the Commission about steps the Victorian Government could take to improve the service system's capacity for preventative early intervention, as well as tertiary intervention for perpetrators and victims of family violence.

It should be noted that we have decided not to provide the Commission with an analysis of why family violence between adult partners occurs, as the Commission's own issues paper as well as submissions which we know other organisations will be providing cover the issue in depth. We do, however, offer some analysis as to why adolescent/child-perpetrated family violence occurs, as this is a less studied and less well understood form of family violence about which we hold significant expertise.

INTRODUCTION

Family violence, and impact on children

When children and young people are exposed to violence within their families, this compromises their wellbeing and healthy development. In the absence of adequate protective factors to buffer against this harmful impact, and/or in the presence of additional risk factors operating at biological, psychological and social levels (such as disability, or poverty), this damage can be profound.

Violence within families is abusive to children. This is the case whether children witness violent incidents or not.

When children witness violent incidents – whether they see these or are even directly involved with them, or perhaps hear them from another room or become aware of them in other ways - this can be highly traumatising. The experience of such trauma is well established as a significant predictor of children and young people experiencing a range of developmental, behavioural and psychiatric problems (there is extended evidentiary support for this notion, and in regard to the impact of trauma on the developing brain. For examples, see Kitzmann, Gaylord, Holt and Kenny (2003), and Margolin and Vickerman (2007)).

However, there is strong evidence that such adverse outcomes for children are more likely when they simply reside in a violent household – when they are exposed to family violence and its after-effects and consequences (Wolfe, Crooks, Lee, McIntyre-Smith & Jaffe, 2003; Holt, Buckley & Whelan, 2008; Evans, Davies & DiLillo, 2008). Living in such an environment day after day – long term - has a cumulatively harmful impact on children.

For instance, it is well established that women who are victims of family violence are much more likely to develop depression and to become suicidal (Devries, Mak, Bacchus, Child, Falder, Petzold, Astbury & Watts, 2013) and or to develop clinically significant anxiety disorders, including post-traumatic stress disorder (Golding, 1999; Pico-Alfonso, Garcia-Lianres, Celda-Navarro, Blasco-Ros, Echeburua & Martinez, 2006). This can greatly impact on their ability to be emotionally present for their children and to care for and nurture them. Additionally, many women who are victims of family violence understandably turn to alcohol and other drugs to cope with the psychological turmoil that violence has inflicted upon them (Devries, Child, Bacchus, Mak, Falder, Graham, Watts & Heise, 2014; Smith, Homish, Leonard & Cornelius, 2012).

It is important to note that fathers who perpetrate family violence are also more likely to have substance problems than members of the general population (Smith, Homish, Leonard & Cornelius, 2012), and that such men are more likely to experience a host of other mental health problems as well (Oram, Trevillion, Khalifeh, Feder & Howard, 2014). When this is the case, their parenting capacity and ability is impeded, too.

Not family violence, but family violences?

Although we have used it in this submission, the umbrella term “family violence” does not in full describe the pattern or impact of violence between family members. This is because family violence currently encapsulates several different kinds of violence that share some features and underpinning factors, but which are also qualitatively different, and require different State responses. These violences include intimate partner violence within heterosexual relationships (or by ex-partners of such relationships) – including sexual violence, intimate partner violence within same sex couples (or by ex-partners of such relationships) – including sexual violence, child/adolescent violence against parents, child/adolescent violence against siblings, elder abuse within families and violence occurring between extended family members.

Different types of intra-familial violence dynamics have different causes, characteristics and extents to which responsibility for violence – and for changing behaviours and addressing issues that cause violence – could reasonably be placed on the perpetrator. Moreover, these different violences present different challenges, opportunities and requirements for services and the State in efforts to prevent their occurrence/recurrence, protect those affected by them and promote the psychosocial wellbeing and resilience of all involved.

Accordingly, we will primarily describe the impact of two types of violence with which our services have a great deal of experience:

1. intimate partner violence – which, given Anglicare Victoria's service-focus and focus in this submission on children and families, and;
2. child/adolescent-perpetrated violence against family members.

The Royal Commission presents an opportunity for Victorian society to debate and discuss the issue of child abuse and inform Government policy accordingly.

ANGLICARE VICTORIA'S FAMILY VIOLENCE SERVICES

Anglicare Victoria programs which target adolescent/child perpetrated violence

Anglicare Victoria runs two services which have a dedicated focus on addressing family violence perpetrated by adolescents and children against their parents and/or siblings. These are the Meridian Program – which provides family counselling to families experiencing adolescent/child-perpetrated family violence (A/CFV)¹ in Melbourne's Metropolitan East - and the Breaking the Cycle (BTC) groupwork program for parents experiencing A/CFV, which is provided more widely across Anglicare Victoria's service locations.

We note that very few programs like Meridian and BTC are available in Victoria. This is a substantial service gap given the significant rates of A/CFV that occur through the state. According to Victoria police, over 6000 reports were made to them in 2014 in regard to A/CFV. Teenagers aged between 15-19 years were most likely to be the perpetrator during such incidents, although Victoria Police included perpetrators aged up to 24 years in this data, and much younger adolescents – as well as children – were included in this data as well (Bucci, 2015a; Bucci 2015b).

We consider such wide definitional parameters concerning “child”-to-parent and “child”-to-sibling violence to be problematic. Adult perpetrators of violence against their parents and other family members should not be lumped in with child or adolescent perpetrators, as these cohorts differ in terms of the level of responsibility to which they can be reasonably held for their actions, as well as the level of responsibility their parent-victims have for working to help change their children's behaviour.

Nonetheless, A/CFV is clearly a major problem within Victorian communities; almost certainly to a much greater extent than police data indicates. This is because, in our experience as a service provider, parents tend to be extremely reluctant to call the police – even more so than are victims of VBP - for fear of the consequences that a criminal record might have for

¹ Note: we have purposefully chosen to use the term “adolescent/child-perpetrated family violence (A/CFV)” rather than the conventional “adolescent violence in the home (AVITH)” in recognition of the fact that not all such violence is perpetrated by adolescents (some is perpetrated by children) and not all violent episodes occur within the home.

their children's future, not to mention the shame and embarrassment they feel at being victimised by their own children.

We have observed that a majority of our clients who engage with these programs report that their abusive child, usually a son, has been exposed to VBP prior to their commencement of abusive behaviours.

This would seem quite telling. Our perspective is that when children who later go on to perpetrate A/CFV are exposed to violence perpetrated by their fathers or step-fathers against their mothers, this appears to render a number of damaging impacts which underlie their own abusive behaviour later on.

This tendency to engage in such abusive behaviours is no doubt acquired to a great extent through social learning; whereby fathers model to their children that it is an acceptable behaviour to use abuse against a family member to get their own way. In doing so, fathers simultaneously model that the place of females is to obey males, and that male privilege can be enforced through violence.

As we have observed – throughout a number of our services – when fathers perpetrate VBP, some co-opt their children into this abuse by encouraging them to behave abusively towards their mothers as well. This further imparts a lesson to children about the power of violence to control others' behaviour, but in a much more powerful and relationship-specific way; by directly shaping the relational dynamics between mother and child with regard to how children resolve conflict in this relationship.

Moreover, children who have been exposed to VBP may blame their mothers for any negative consequences or experiences they have had which are related to this family violence. Such feelings of blame may then trigger conflicts which the young people resolve by violence, due to having learned to do so in the ways just described.

When parents separate following violence, many children blame the victimised parent for the family break-up (frequently, this is actively encouraged by the perpetrating parent who tells his children "it's all your mother's fault"). It is important to note that even though perpetrators of VBP certainly inflict terror upon their families, many such perpetrators have relationships with their children that are good in at least some respects. As such, children who have been exposed to VBP may genuinely miss their fathers, and blame their mothers for their fathers' absence in their lives. Children may also blame their mothers for some other consequences of family break-up, such as economic and material deprivation.

Additionally – and in contrast to the dynamic of children blaming their mothers for family break-up – some children may blame their mothers for "not leaving sooner"; which, as they see it, prolonged their experiences of terror.

These dynamics of social learning and blame are central to understanding why children and young people come to perpetrate A/CFV. However, it is important to note that whilst gendered and social learning dynamics go a long way to explaining why A/CFV occurs, these do not provide a complete account. This is evident in several ways.

The first of these is the fact that whilst a great many children and young people who engage in A/CFV have been exposed to VBP themselves, not all of them have. Furthermore, police data suggests that at least a quarter of A/CFV incidents are perpetrated by girls (Bucci, 2015a; Bucci 2015b), which diminishes – a little - the explanatory power of gendered accounts of A/CFV. Moreover, it is abundantly clear from multiple studies and our own experiences in service provision that whether they are girls or boys, only a minority of children and young people exposed to VBP go on to perpetrate A/CFV. This is true even when such children are both exposed to VBP and directly abused themselves, which nonetheless does

have a “double whammy” effect on increasing the likelihood of externalising, as well as internalising behaviour problems (Moylan, Herrenkohl, Sousa, Tajima, Herrenkohl & Russo, 2010).

Whatever the reasons that children and young people come to behave abusively within their families, it is important that they and their families are provided with a specialised service response that can work to address this very specific issue.

We are confident, and have robust evidence, that our dedicated services – Meridian and BTC - are effective in this respect.

By using a family-therapy-based counselling approach that is informed about the causes and dynamics of A/CFV, Meridian has worked effectively with many families over nearly two decades. This work has enabled a great many adolescents to cease their use of violence against their family members, and helped families repair relationships between parents and children, and children and siblings. In the history of Anglicare Victoria's provision of this counselling service, though, we quickly came to understand that A/CFV presents particular challenges for intervention that are in many ways best met via a groupwork model that can either be run in parallel with family counselling for individual families, or even as an alternative to it.

These challenges are that:

- Adolescents will very rarely agree to attend family counselling (or any sort of intervention) aimed at addressing their behaviour, and the lack of parental authority that typically characterises A/CFV situations means that parents usually cannot compel their children to attend intervention.
- When parents are the victims of violence perpetrated by their children, it is still reasonable to consider that these victims of violence have a role to play in working to change perpetrators' behaviour, because the perpetrators in this respect are their children – whom they have a responsibility to raise.
- A/CFV is usually a humiliating thing for parents to admit to, and many feel very isolated and alone with respect to experiencing this form of family violence.

In consideration of these factors, Meridian developed the BTC groupwork model. This model involves group intervention sessions with parents who are victims of A/CFV. Bringing these parents together to learn about the causes of A/CFV and strategies for preventing and safely responding to it, as well as for promoting the psychosocial resilience of all family members, is a powerfully effective service approach. This is evidenced by the formal evaluation of this program and client stories that we have attached to this submission for the information of the Commission.

The documents demonstrate BTC's positive impacts on the incidence of adolescent-to-parent violence, on parenting outcomes and on parents' insights, skills and readiness for change.

The approach of BTC directly anticipates and embraces the challenges mentioned above, which is why it is so effective. Working directly with parents in a group format – over eight weeks - is responsive to the fact that attempting to engage adolescents directly is usually unsuccessful, and that it is not only possible but indeed *advisable* to work to change adolescents' behaviour through the proxy of their parents, who hold responsibility for raising them. Moreover, bringing parents together in a group format breaks down their feelings of isolation and shame, and allows them to support each other emotionally and with practical advice as they traverse down a pathway of addressing A/CFV simultaneously.

In consideration of the proven effectiveness of this program, and the state's demonstrated need for more programs of this nature, we recommend to the Victorian Government that it invest in rolling out BTC much more widely across the state. As with DPKF, this is a program for which Anglicare Victoria has developed both a service manual and facilitators' training, so we are ready as an organisation to support such efforts.

Services for child and adult survivors of family violence

Although, as we have stated, there are certainly service gaps with regard to the availability and capacity of MBCPs and the availability of services targeting A/CFV, Anglicare Victoria commends the Victorian and Commonwealth Governments for funding a comparatively greater number of services that provide individual counselling and groupwork interventions for survivors of family violence. There is certainly a case for expanding the availability of these services, however – particularly those which seek to repair mother-child relationships for women and children who have survived family violence.

Within Anglicare Victoria's own suite of services, we provide some programs dedicated to this purpose. In Melbourne's Metropolitan North, we provide a Child Focused Counselling and Support Team. The counsellors in this program work with mothers and children who have survived family violence and are now safe (however this was brought about). Counselling focuses on strengthening the parent-child bond, which is often undermined by violence and its effects, as previously discussed in this submission. Counselling also focuses on helping children develop strategies to manage anxiety and other issues related to their trauma, and helping mothers to understand the impact of such traumatic experiences on their children, and steps they can take to ameliorate this impact.

In addition to this program, Anglicare Victoria provides a groupwork intervention called Beyond the Violence (BTV). This program pursues the same outcomes as the Child Focused Counselling and Support Team, however, these are sought via group intervention sessions. The BTV program provides training and education to professionals from other social services that work with these women and children so that they have a better understanding of their clients' specific needs related to their experiences of family violence, and how to best meet these needs.

This is an excellent program which has produced measurable, positive change for many families, as evidenced by formal evaluation of the BTV model. A promotional booklet outlining the results of this evaluation and the structure of the model is attached to this submission for the information of the Commission.

In short however, feedback from participants indicates that the program has provided significant improvements in parent-child relationships, children's emotional and social skills, and parents' ability to respond effectively to children's behaviour. Of the families who participated in this evaluation:

- 100% reported that it had an impact on their behaviour.
- 87% reported that it improved their parenting.
- 87% reported increased confidence.
- 80% (of parents) reported that they were more confident in responding to children's behaviour.
- 80% (of parents) reported improved relationships with their children.

We recommend that the Victorian Government invest in increasing the rollout of programs like BTV which have a specific focus on improving mother-child relationships in the aftermath of family violence. The significant waitlists that Anglicare Victoria has kept at times for our own programs that have this focus suggest that there is not enough "supply" to meet "demand" with regard to these service types.

Men's Behavioural Change Programs

Men's behavioural change programs (MBCPs) are an important part of the service response to family violence. However, these programs need to be accessible, and need to be facilitated in a way that cultivates in men a true motivation to change. They also need to be integrated with other services that can address issues for men which have an impact on the frequency and severity of their violent behaviour – in addition to challenging the gendered beliefs underpinning it.

As various studies have highlighted, a motivational interviewing approach within MBCPs appears to make them more effective (see Eckhardt, Murphy, Whitaker, Sprunger, Dykstra and Woodard (2013)).

As a provider of three MBCPs in Melbourne Metropolitan East, we can verify the importance of working to cultivate men's motivation to cease violent and controlling behaviours. As we have found, it is frequently the case that the best way to do this is to educate them about the effects that exposure to family violence has on their children. We consider that this is because the vast majority of fathers want the best for their children, and whilst cultural constructions of masculinity may endorse men "having a temper" or other euphemisms for violent tendencies, constructions of masculinity generally do not endorse men causing harm to befall their children.

Additional research evidence indicates the importance of services addressing mental health problems (including substance use problems) in order to more effectively assist men to avoid resumption of violent behaviours (see Arias, Arce and Vilarino (2013)).

As we work with men in our MBCPs, the focus always remains on holding them accountable for their actions, on influencing them to acquire the perspective that they do not have the right to control their partners/ex-partners, and - as stated - on teaching them about the effects that exposure to family violence has on children. Our group facilitators explicitly do not condone men using their difficult childhood experiences or current experiences of mental illness as excuses for violence.

As studies indicate, however, the combination of inequitable beliefs and attitudes about gender and male privilege with the presence of psychiatric issues - particularly those related to personality disorder and concurrent substance abuse problems (especially regarding alcohol) – appears to be key to understanding why some men perpetrate family violence (Berger-Jackson, 2003; Jackson, Sippel, Mota, Whalen & Schumacher, 2015; Else, Wonderlich, Beatty, Christie & Saton, 1993; Holtzworth-Munroe & Meehan, 2004; Fals-Steward, Leonard & Birchler, 2005; Oram, Trevillion, Khalifeh, Feder & Howard, 2014).

As such, Arias and colleagues' findings in their research that the treatment of such psychopathological issues is required in order to better assist men to cease violent behaviours is unsurprising.

Unfortunately, at present, there is not sufficient integration of mental health and alcohol and other drug counselling services with MBCPs so as to drive effective treatment of mental health, personality disorder and substance issues in men as they simultaneously undergo behaviour change intervention. Such service integration is necessary if we are to intervene effectively with men where these factors are relevant so as to break intergenerational cycles of violence.

We urge a review of the unit costing of MBCPs, and that the Victorian Government invest sufficiently in these services so that they can be run in accordance with standards of best practice, and are immediately accessible to men who wish to engage with them.

The unit costing of MBCPs has not been properly reviewed in nearly a decade. At present, unit costing is inadequate to fund MBCPs to run groups in accordance with the current minimum standards for practice set out by MBCPs' peak body, No To Violence. Among these minimum standards, one of the more critically important practices required to better protect women and children is having a female staff member conduct (ex)partner contacts; whereby (ex)partners of group participants are regularly phoned in order to monitor their safety and ensure that men are not misrepresenting or distorting the contents of the MBCP intervention as a further tactic of control.

At present, it is difficult for MBCPs to be able to perform this function.

Additionally, the Victorian Government has not invested enough to ensure that there are a sufficient number of MBCPs to meet demand. At present, there are very long waiting lists and times across the state for men who want to attend these programs (our understanding is that there is somewhere around 500 men on these waiting lists across the state). Furthermore, there are very few programs run in languages other than English, which makes attendance of MBCPs impossible for many men from culturally and linguistically backgrounds.

This is risky. The motivation held by men to change their violent behaviours can be fleeting. If enough time passes before men can be engaged into an effective intervention response, this can result in a return to cognitively distorted and outright dangerous beliefs and attitudes which men use to justify their abusive behaviours.

Alternatively, men may find themselves in a "honeymoon stage" of the cycle of family violence after having reconciled with their partner following the last violent incident. During this period, the man may genuinely believe that "it will never happen again", and may have expressed this sentiment quite adamantly to his partner - even though the underlying causes of his previous use of violence remain unaddressed. As such, women and children remain at risk, as it is likely to be only a matter of time before tensions and conflict begin to build again in the lead up to yet another violent incident.

We feel it is necessary for the Victorian Government to fund sufficient numbers of MBCPs (some in languages other than English) so that no man who genuinely wants to attend one has to go on a waitlist before he can do so.

Dads Putting Kids First

Anglicare Victoria has developed a reparative parenting program that operates as "the next step" for fathers who have completed MBCPs so that, once they have effectively been assisted to cease their use of abusive behaviour, they can begin to learn about and employ reparative parenting techniques. This program – called Dads Putting Kids First (DPKF) – has been commended through the service sector, including by DHHS and No To Violence, as an important innovation in family violence services.

MBCPs do not have a central focus on reparative parenting for fathers who have exposed their children to VBP. This is for good reason, as these programs need to focus first and foremost on helping men cease their use of violent behaviours, and it is also the case that not all men who attend MBCPs are fathers. However, it is extremely important that fathers who have used violence both come to understand both the need for, and know how to employ, reparative parenting practices. In our experience, these practices can make a significant difference in promoting children's resilience by ensuring that they understand that violence - and the fear, terror and shame it caused the children to experience - was completely the fault of the father who perpetrated it, and by helping fathers learn parenting practices that are helpfully responsive to the psychosocial effects of trauma they inflicted.

DPKF is a group program run in a similar fashion to MBCPs. It is only available to men who have completed a MBCP so that facilitators can be sure that participants have taken steps to cease their use of violent behaviours, and are familiar with the approach of MBCP-type services (including the condition of (ex)partner contacts). Furthermore, as with MBCPs, DPKF maintains an unwavering focus on holding men accountable for their use of violence and for taking steps in pursuit of redress with the family members they have harmed.

The DPKF service comprises weekly, two-hourly sessions run over ten weeks. The intervention focuses on the following areas:

- Parent-child relationships.
- Co-parenting relationships.
- Children's belief systems.
- Emotional expression in children
- Cumulative harm.
- The neurobiology of trauma.
- How to have conversations about family violence with children.
- Children's needs.
- Development of resilience in children.
- How to engage in limit-setting with children in a responsive and nurturing manner.
- Other parenting approaches and tools.
- Exploration of how men feel as fathers.

DPKF has been formally evaluated and found to be effective in achieving the client outcomes it pursues in relation to these areas of focus. The extended evaluation report for DPKF has been attached to this submission for the information of the Commission.

In short, however, feedback from fathers who were part of the year-long pilot (comprising four separate full group cycles) indicates that the program met their needs, the quality of their relationship with their children and the mother of their children increased, and their children felt more comfortable expressing emotions around them.

Similar changes in the father's parenting behaviours were noted by the mothers or ex/partners of the men, even though they rated the overall quality of the relationships lower than did the fathers. Fathers stated that their understanding of neurobiological and cumulative harm inflicted on their children by their behaviour as well as the likely impact their violence had on their children's beliefs systems had increased.

Fathers also stated that following completion of DPKF, they were better equipped with practical parenting strategies and that they had an improvement in their ability to set age-appropriate limits with their children. This was supported by the mother's and ex/partner's feedback.

In consideration of the findings of this service evaluation, and the endorsement of the DPKF model by DHHS and Not To Violence as meeting a significant service gap for fathers who have completed MBCPs and their children, we encourage the Victorian Government to fund the widespread rollout of this service model. We contend that every MBCP in the state should have a DPKF program attached to it so as to improve resiliency outcomes for children whose fathers have ceased their use of violent behaviours through the assistance of a MBCP. This is a program for which Anglicare Victoria has developed both a service manual and facilitators' training, so we are ready as an organisation to support such efforts.

THE STRENGTHS AND WEAKNESSES OF THE CURRENT SYSTEM FOR RESPONDING TO FAMILY VIOLENCE

Changes to Police practices

The introduction of the Victoria Police Code of Practice for the Investigation of Family Violence in 2005 (updated in 2014), followed by changes to Police Standing Orders in response to the introduction of the Family Violence Protection Act 2008 were significant and positive reforms. These increased the extent to which police hold perpetrators of family violence and A/CFV accountable and seek to protect victims. In particular, police being empowered and compelled to take out Intervention Orders for vulnerable women and children themselves was a very helpful step. This practice continues to serve to protect women who do not feel safe to take out an intervention order themselves for fear of repercussions from the perpetrator, or who are otherwise unwilling to pursue this avenue of legal protection.

In our experience, however, it would appear that not all breaches of Intervention Orders are responded to with due vigour and severity by police. The abovementioned reforms certainly brought about vast improvements in the taking out and enforcement of Intervention Orders – as did the introduction of Police Family Violence Liaison Officers. However, in the course of focus groups we conducted across our service regions for the purpose of developing this submission (consisting of dozens of staff representative of our broader Family Services workforce), many staff reported instances where men breached Intervention Orders and this was met with little response by police.

It is our recommendation that any breach of an Intervention Order is responded to by intensive police effort to locate the person alleged to have committed the breach and to thoroughly investigate the allegation.

Intervention Orders are only protective of victims of violence to the extent that perpetrators take these seriously, fear the consequences of breaching them, and so are sufficiently motivated not to re-abuse their victims or approach them again (where this latter point is a condition of an Order). The same point certainly applies to perpetrators of A/CFV, however, we feel that police should have the discretion – and comprehensive training regarding A/CFV in order to inform them in how best to use this discretion. Such discretion would best be exercised after first consulting with A/CFV intervention specialists, via a service framework for responding to family violence which we will describe later in this submission.

Moreover, we recommend that steps be taken to ensure that police who are called out to family incidents consistently inquire as to whether children reside in the family home – as distinct from whether they witnessed the incident. Our perception is that police are generally good at this. However, it remains imperative to ensure that all police understand that damaging exposure of children to family violence occurs even when children do not witness single incidents.

That being said, the current system through which police involve Child Protection and Child FIRST (the entry point to integrated family services) with a family in response to a family violence incident – via “L17” referrals – needs review.

The issue of L17s, and Family Services’ diminished capacity for early intervention

When Victoria police officers attend a family violence incident and form the view that children within the family may be at risk, they currently refer the family to a relevant service to address this risk; with this referral being facilitated by an “L17” referral form. In the past, these forms were usually sent to Child Protection and/or family violence services. However, now, a

large number of these L17 forms go directly to Child FIRST. Additionally, many of the forms received by Child Protection intake are immediately forwarded to Child FIRST.

This is creating significant problems for Child FIRST and Family Services.

To understand why this is the case, it is important to be aware of the history and current function of the Child FIRST/Family Services system. As previously stated, Child FIRST programs are the coordinated entry points to Integrated Family Services programs.

Family Services interventions involve case management being provided to families containing children whose wellbeing, safety and healthy development are at risk. The aim of Family Services case managers is to provide counselling, support and parental education to families, and link them with appropriate services (such as alcohol and other drug counselling services, housing services, etc. – as needed) in order to promote children's best interests and prevent the need for statutory Child Protection intervention.

The Victorian Child FIRST/Family Services system has been in place for a period approaching a decade. Following enactment of the Child Wellbeing and Safety Act 2005 and Children, Youth and Families Act 2005, the Integrated Family Services system was devised as an early intervention service which families would access on a voluntary basis (see Victorian Department of Human Services (2007)) after self-referring, or being referred by a professional (such as a teacher or doctor) or fellow community member.

Unfortunately, however, the capacity for Family Services to engage in this important early intervention role has effectively been eliminated. This is because Child FIRST and Family Services have increasingly been utilised by the former Department of Human Services and now Department of Health and Human Services (DHHS) as a demand management tool for Child Protection. This is strongly reflected in conclusions drawn by the Victorian Auditor-General in their recent report on early intervention services for vulnerable children and families in Victoria.²

DHHS has employed a similar and parallel strategy of shifting demand from Child Protection onto Child FIRST/Family Services when it comes to L17s. As mentioned, it was previously the case that most of these forms would be sent to Child Protection intake, rather than to Child FIRST. However, a great many more L17s are now sent directly by police to Child FIRST, or forwarded onto Child FIRST by Child Protection - with both mechanisms arising as a result of specific direction by DHHS.

The problem is, very few of these L17 referrals to Child FIRST – consistently less than 5% - turn into substantive service episodes provided by Family Services, despite the many hours of service time Child FIRST expends managing each L17 referral. This is because families referred along this pathway overwhelmingly do not engage with Child FIRST case managers, and Child FIRST programs lack both the legislative power to compel this engagement as well as to move families into the Child Protection system when this engagement does not occur (at least in the great majority of instances, as previously described).

There are probably several reasons why families referred to Child FIRST via L17 forms overwhelmingly do not engage, but we hypothesise that chief among these are the following:

- There is a lag between when police attend a family violence incident and when Child FIRST contact the family following receipt of the L17. This lag is always at least a few days due to administrative and workload constraints that are difficult to avoid. The police officer has to complete the form, then send it to Child FIRST (most police officers do this

² See report at http://www.audit.vic.gov.au/reports_and_publications/latest_reports/2014-15/20150527-early-intervention.aspx.

via a computerised referral program). Then, Child FIRST staff – who themselves are burdened with referrals – need to review the form then attempt to contact the family by phone. By the time this attempt is made, up to a week may have passed, and many people Child FIRST try to contact ultimately do not answer or return calls.

The reality is that it is generally easier for social workers and other helping professionals to secure individuals' engagement and cooperation while they are experiencing a crisis, rather than after it. This is particularly the case when it comes to engaging perpetrators of abuse. Once the crisis of police attendance has moved several days or weeks into the past, what may have been a fleeting motivation on behalf of the perpetrator to seek help to change their behaviour at that time has potentially been replaced with unhealthy and unhelpful views and justifications related to their use of family violence.

Ultimately, the problem is that the system is not adequately responsive to make best use of family crisis in order to secure engagement.

- The second main reason we consider underpins Child FIRST's virtual inability to engage with families following L17 referrals is that it is difficult for service staff to engage family members directly in relation to family violence issues. This is reflected by our repeated experience that most successful interventions by Child FIRST/Family Services with families where there is a direct focus on family violence occur following initial engagement around other issues that families have been referred in relation to - such as child behaviour or housing insecurity.

Many parents simply do not want to talk about VBP or A/CFV with a social worker they have just met (except, as previously stated, when they are in crisis – even then, this requires significant skill on the part of the social worker). This is all the more the case when social workers have effectively “cold called” parents, as is the case with Child FIRST staff following up L17 referrals.

We posit that this is for several reasons. Regarding abusers, they may have an agenda of trying to keep services away from their family so as to avoid accountability for their actions. For victims, on the other hand, they may not feel safe to engage services due to fear of repercussions from the abuser.

Aside from these issues, the shame and stigma of family violence, and family members' fears around involvement from Child Protection (and like services) or further involvement from the police in their lives may also motivate avoidance to engage Child FIRST.

Some families comprising refugees may even fear consequences from the Department of Immigration and Border Protection. We have had at least one instance of a woman in a violent relationship revealing to our staff that she did not want to pursue action to protect herself, as she feared that if her family broke apart, this would disqualify her and her children from acquiring a visa they were pursuing.

These points highlight that if the service system is to successfully engage with families who have been the subject of first responder callouts to family violence incidents, then social workers need to engage *whilst the crisis is occurring* – not days or weeks after it. Social workers also need to be as informed about the family as possible so that they can offer to assist family members with other problems in addition to family violence, so as to make engagement with services more enticing and less threatening.

A better way forward for responding to family violence

It is Anglicare Victoria's view that a better approach would be for social workers, with specialist training in family violence, A/CFV and crisis intervention, to attend first responder

callouts to family violence incidents so as to begin engagement and intervention with families straight away.

Crucially, we consider that this first responder service response - and the longer-term service response to families following on such initial engagement – should be couched within a service structure that better integrates family violence services with Child FIRST/Family Services and Child Protection than is currently the case. It would be appropriate for family violence response workers who attend first responder callouts to be family violence services staff, working out of ChildFIRST platforms to enable a holistic response to the family.

We contend that the best mechanism for determining whether a family should receive services from Child FIRST or Child Protection would be to have triaging panels - like the L17 triaging panels that have been trialled in some Child FIRST catchments (such as Hume Moreland and Metropolitan North East) – located within family violence services for the purpose of assessing new cases. Upon family violence response workers attending a callout with police, or the family violence service otherwise processing an intake that was referred by another service, community member or which was a self-referral, the new referral would be assessed by a triaging panel consisting of police, family violence workers, Child FIRST workers and Child Protection staff whenever it was determined that children reside with the family.

This panel, whose members could share any information about the family that they already held in their individual service files/databases, would determine the most appropriate child-focused service for engaging with the family towards children's best interests. Such was the process employed with L17 triaging panels, and our view is that this was much more successful than the process of police or Child Protection simply forwarding L17s to Child FIRST.

Child Protection's response to cumulative harm

The Children Youth and Families Act 2005 explicitly sets out (in section 10) that the effects of cumulative patterns of harm on a child's safety and development must be taken into consideration in determining what decision to make or action to take in the best interests of a child.

When this piece of legislation was enacted, that provision was enthusiastically welcomed within the child and family sector. This is because it appeared as though the provision would meet a significant gap in the statutory system's ability to protect children whose experiences of harm did not arise from acute episodes of direct physical or sexual abuse, but rather, from repeated exposure to less acute or more difficult to discern forms of abuse (such as emotional abuse), neglect, exposure to traumatising occurrences, and a family environment characterised by entrenched inadequacy for fostering child wellbeing and healthy development.

In considering the harm that befalls children from living in such circumstances, as we discussed earlier in this submission, it is unsurprising that throughout the child and family services sector, the aforementioned provision of the Children, Youth and Families Act 2005 in regard to cumulative harm was so welcome. Unfortunately, however, the statutory Child Protection system continues to tend not to respond to families in which significant cumulative harm is a factor.

We assert that changes need to be made to the operations of the statutory Child Protection system which compel it to act effectively on allegations of such significant cumulative harm as a risk factor by itself; that is; even when there is no evidence of direct child abuse.

SUMMARY OF RECOMMENDATIONS

1. That training is made available to Child FIRST, Child Protection, Family Violence and related other intervention services on the impacts that cumulative exposure to family violence can have on children and young people.
2. Men's behavioural change programs are made more accessible, better integrated with mental health and drug counselling services and sufficiently funded to consistently employ standards of best practice.
3. Reparative parenting programs for fathers who have completed a men's behavioural change program, such as the Dads Putting Kids First, are attached to MBC programs.
4. Services which specialise in adolescent/child-perpetrated family violence, are made more available.
5. Services which seek to improve mother-child relationships for women and children who are survivors of family violence are made more available.
6. Police receive training about the impact that exposure to family violence has on children, and are instructed to always inquire as to whether children reside with the family when responding to family violence incidents.
7. Social workers are collocated with Police squads tasked with attending family violence incidents and that these social workers are family violence trained and attached to Child FIRST platforms.
8. When police and family violence response social workers (as described in recommendation 7) attend a family violence incident and learn that children live with the family, this results in a referral going to a triage panel modelled on the L17 triage panels that were trialled in Victoria. This panel will decide whether the family should then be engaged by Child FIRST/Family Services or Child Protection. L17s cease being sent directly to either of these services by police.
9. Child FIRST/Family Services are enabled to continue their early intervention function in the community.

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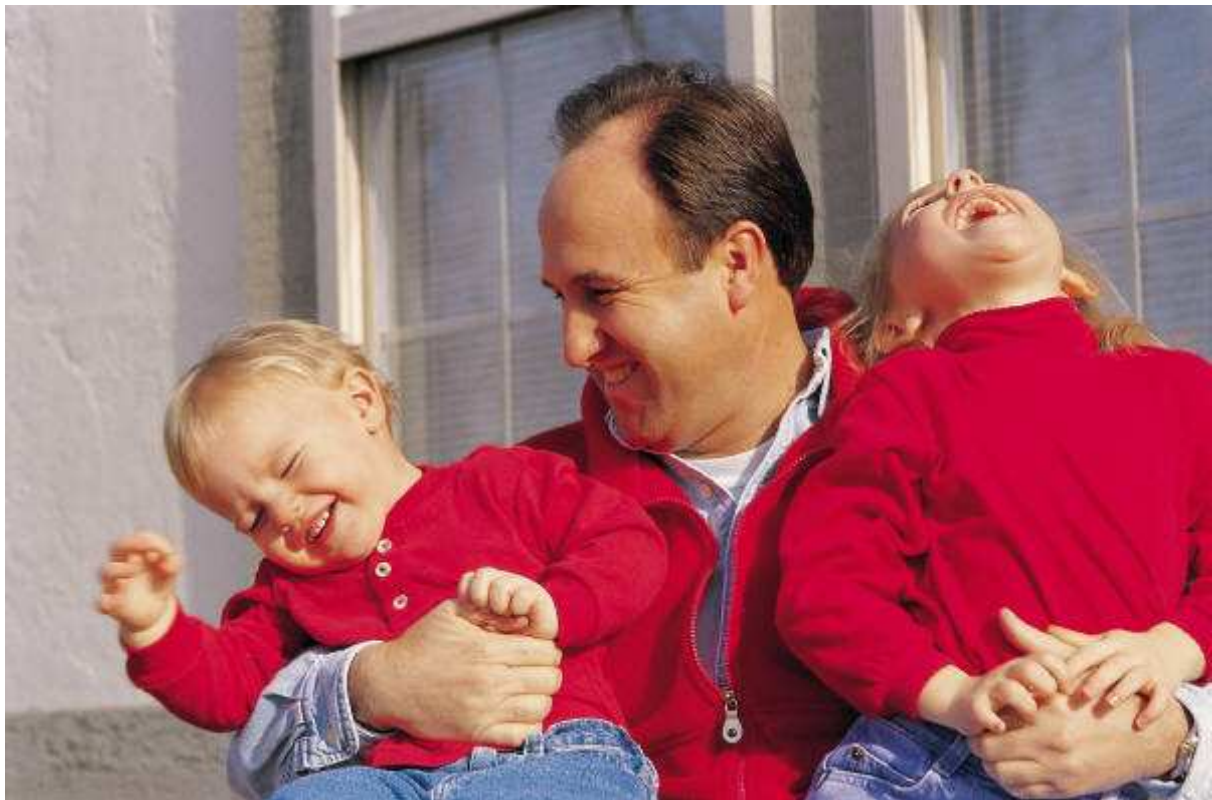
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Dads Putting Kids First Program

A reparative parenting program for fathers who have used family violence and completed a Men's Behaviour Change program

Evaluation of the 12-month Pilot



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Executive Summary

Family Violence is a prevalent issue impacting on the whole of Australian society. In particular it has huge economic, health, social, emotional and psychological costs for both women and children.

Research shows that children exposed to family violence are at greater risk, in the short term, of developing behavioural and learning difficulties and in the longer term, mental health problems.

There is also growing evidence that indicates that boys are more likely to perpetrate intimate partner violence in their adult relationships and girls are more at risk of entering violent adult relationships.

In 2007 Anglicare Victoria commissioned an extensive investigation into the prolific problem of family violence and how it is addressed by the current service system, leading to the creation of the report *Journeys to Safety*, (2008).

The information compiled for *Journeys to Safety* came via consultations with both women who had experienced family violence as well as men who had perpetrated it, from clinicians/professionals working in the field, and from an extensive review of the published literature.

Among its many findings, this report identified that:

- Whilst Men's Behaviour Change programs assisted men to desist using abusive behaviours within the context of their intimate and family relationships, this learning did not necessarily directly translate into the parenting context.
- Parenting after violence programs already exist for mothers who had experienced family violence, however there were none available for fathers who had taken steps to address their violent and abusive behaviours.

A clear practice implication for both Anglicare Victoria and the service system as a whole emerged; the need to develop parenting after violence programs for men who have undertaken behaviour change programs.

After an extensive literature review into parenting programs, Anglicare Victoria developed a pilot parenting after violence program called, 'Dads Putting Kids First' (DPKF). The program was primarily funded by the Flora & Frank Leith Charitable Trust, The Morris Family Trust and H. & L. Hecht Trust, managed by Perpetual.

A structured evaluation framework was undertaken throughout the pilot to assess best practice for a model of service delivery considering program structure, delivery, content and placement within the family services sector.

A reference group to guide the pilot was formed to discuss the many issues relating to parenting after violence programs for fathers who have perpetrated family violence.

The Dads Putting Kids First is a group program run with fathers who have completed a Men's Behaviour Change Program.

The group program maintains the father's accountability and responsibility for his violence and differs from many other parenting programs as it has a reparative parenting focus.

The DPKF program consists of 10 weekly x 2 hour sessions run over 10 weeks.

The pilot project evaluated four programs with a total of 24 fathers, with an average of 6 fathers in each group.

All fathers attended a comprehensive risk and needs assessment with program staff. Risk assessment included contact with ex/partners and mothers of their children.

In order to examine program content and its impact on parenting behaviours, information was derived from qualitative feedback from the fathers and the mothers, and through the use of rating scales by the fathers, the mothers and the Dads Putting Kids First staff.

Areas of program content assessed in the evaluation included:

- Parent-child relationships.
- Co-parenting relationship.
- Children's beliefs systems.
- Emotional expression in children.
- Cumulative harm.
- Neurobiology of trauma.
- Conversations about family violence with children.
- Children's needs.
- Development of resilience in children.
- Limit setting.
- Parenting tools.
- How the men felt as a father.

Feedback from fathers indicates that the program met their needs, the quality of their relationship with their children and the mother of their children increased, the children felt more comfortable expressing emotions around them.

Similar changes in the father's parenting behaviours were noted by the mothers or ex/partners of the men however, they rated the overall quality of the relationships lower than the fathers. Fathers stated that their understanding of neurobiological and cumulative harm as well as the likely impact their violence had on their children's beliefs systems had increased.

Fathers stated that they were more equipped with practical parenting strategies and that they had an improvement in their ability to set age appropriate limits with their children. This was supported by the mother's and ex/partner's feedback however once again the fathers rated their overall abilities higher.

Feedback from program staff stated that they found the balance between covering all the contents and the depth of exploration the father's would have liked difficult and challenging to negotiate.

Possible improvements to the program structure could include some follow on sessions spaced three months apart to support the fathers to maintain and further develop changes to their parenting.

Due to the overlap of client groups between Child Protection, Family Services, Courts and Family Violence Services, protocols around service provision and information exchange need further development.

The evaluation also found that it was important that at least one of the group facilitators in each group had experience in Men's Behaviour Change programs as building on the changes and learning's from MBCP and maintaining an accountability/responsibility focus in each group session is vital to the success of the reparative parenting approach.

Recommendations

The evaluation of pilot outcomes demonstrate that reparative parenting programs for fathers who have used family violence are an important means to helping children and women recover from the impact of the violence.

Most fathers will continue to have contact with their children and ex/partners post their violence and can learn reparative parenting skills.

It is important to ensure that reparative parenting programs are run by specialist Family Violence Workers experienced in holding men accountable for their violence and supporting them to take full responsibility for their past, current and future behaviour. On-going government funding is needed to ensure further service provision and program development.

The evaluation highlights that as several services are often involved with the one family there is a need to develop complementary practices and protocols that prioritise the safety and wellbeing of children and mothers.

As the case study in the appendix indicates, Integrated Family Services are well suited to provide case management for families and are able to further assess the needs of children and assist fathers to implement new parenting strategies with their children.

With adequate resources Anglicare East's Family Violence and Integrated Family Services would like to further develop the program model and establish a referral protocol with Child Protection to prioritise group vacancies for father's currently involved with the Child Protection system, given these are likely to be the most vulnerable children in the community.

In this report the term 'family violence' is used for ease of reading and covers all forms of family violence and abuse including physical, verbal, psychological, financial, social spiritual and cultural.

Dads Putting Kids First - Pilot Background

Family violence is a profound problem for Australian society, with financial costs coming to an estimated 8.1 billion dollars per year, (Access economics, 2004).

Research has shown that family violence is responsible for 8.8% of the total disease burden of women aged 15-44 years and 3% of all women in Victoria. It is also the leading preventable contributor to death, disability and illness in Victorian women aged 15-44, greater than for many of the well-known risk factors, such as high blood pressure, smoking and obesity, (VicHealth 2004; VicHealth, 2006).

In the ABS Personal Safety Survey, (2005), it was reported that:

- Since the age of 15, 2.1%, (160,100), of women experienced current partner violence.
- 15%, (1,135,500), of women experienced violence from a previous partner.
- 10%, (16,100), of women who had experienced violence by their current partner had a violence order issued against their current partner as a result of the violence.
- Of those women who had violence orders issued, 20% (3,200) reported that violence still occurred.

Women who experience family violence are more like to have mental health issues and develop problems with substance abuse than women who have not, (VicHealth, 2006). They are also more likely to access support services for homelessness, (Hutchinson & Weeks, 2004). The emotional and psychological costs to the victims of this abuse, mainly women, cannot be accurately estimated, however it can be assuredly stated that they are significant.

Many of the women experiencing family violence are mothers, therefore leading to the potential for a great number of children to be exposed to the effects of family violence along with their mothers. According to the ABS Personal Safety Survey, (2005)

- 49% (111,700) of victims who experienced violence by a current partner reported that they had children in their care at some time during the relationship.
- An estimated 27%, (60,700), said that these children had witnessed the violence by a current partner.
- 59%, (667,900), of women who experienced violence by a previous partner were pregnant at some time during the relationship; of these, 36%, (239,800), reported that violence occurred during a pregnancy and 17%, (112,000), experienced violence for the first time when they were pregnant.
- 61%, (822,500), of persons who experienced violence by a previous partner reported that they had children in their care at some time during the relationship and 36%, (489,400), said that these children had witnessed the violence.

Violence between parents in a home can have profound and long-term impacts on the children who live in that home. As well as being amongst our most vulnerable members, children also represent the future of our society.

Therefore anything that significantly impacts upon their ability to grow and develop to their full potential as adult contributing members of society, has an impact not just upon the individuals themselves but also on the wider community.

Exposure to family violence has implications for these children at a neurological level, with the effects flowing through to a variety of life domains, (Perry, 1997; Perry, 2002).

There is now a strong and growing body of empirical evidence that children who have been exposed to family violence are at greater risk of experiencing psychological, behavioural and learning difficulties in the short-term and of developing mental health problems later in life, (Laing, 2000).

There is also evidence to support the concept of an intergenerational perpetuation of violence, with male children exposed to family violence being at increase likelihood of perpetrating intimate partner violence in their adult relationships, and female children are more at risk of entering violent adult relationships themselves, (Perry, 2002; Renner & Slack, 2004; Widom, 1989; Widom & Maxfield, 2001).

As the documented effects of family violence are so damaging, debilitating, insidious and potentially long-term, all avenues of intervention should be considered. Therefore assisting fathers to not only become non-violent, but also to attempt to redress the damage their violence and abuse has wrought on their children, has profound flow-on effects not only for the long-term health and development of their own children, but also for the health and well-being of our community as a whole.

There are some who may take the ideological or moral position that a father who has used family violence has, by default, given up their rights as a parent, and does not deserve resource allocation to a parenting program designed specifically to these circumstances.

However, regardless of whatever theological, ideological, religious, moral or ethical position that is taken on the issue, the reality of the situation is that many children exposed to family violence do have ongoing and regular contact with their fathers after their parents separate.

An additional reality is that not all parents separate when there are family violence issues present, and in these cases the fathers remain in the home with the children. These children can only benefit from the establishment of a safe, nurturing relationship with their fathers.

Regardless of the violence and abuse these fathers used, their children deserve to have the greatest chance to recover from the impact of witnessing or directly experiencing violence. This can only be assisted by having fathers who are willing to increase their knowledge and skill set in order to be able to engage in a reparative parenting process with their children, and therefore having programs for fathers available to meet this need.

Identified Need for the Service

In 2007 Anglicare Victoria commissioned an extensive investigation into the prolific problem of family violence and how it is addressed by the current service system, leading to the creation of the report *Journeys to Safety*, (2008).

The information compiled for *Journeys to Safety* came via consultations with both women who had experienced family violence as well as men who had perpetrated it, from clinicians/professionals working in the field, and from an extensive review of the published literature.

Among its many findings, this report identified that:

- Whilst Men's Behaviour Change programs assisted men to desist using abusive behaviours within the context of their intimate and family relationships, this learning did not necessarily directly translate into the parenting context.
- Parenting after violence programs already exist for mothers who had experienced family violence, however there were none available for fathers who had taken steps to address their violent and abusive behaviours.

On the basis of this, Anglicare Victoria agreed to support the development of a pilot parenting after violence program for fathers who had already completed a Men's Behaviour Change program.

With regard to this service for fathers, Anglicare Victoria also asseverates that the safety and wellbeing of women and children is considered to be paramount with any program of this kind, and that the fathers must take responsibility for their behaviour, whilst simultaneously working to change their behaviour.

Anglicare Victoria also do not advocate for the redistribution of resources from family violence services for women and children, but contends that additional funding is required to address the needs of fathers who have perpetrated family violence and their children in addendum to funding streams to women and children's programs.

Considerations for Program Development

In order for any program to be effective, it has to reach the target group as well as cover the necessary content. The Dads Putting Kids First program was fortunate to be guided through the development of program content and strategies for effective engagement with this client group by a comprehensive literature review commissioned by Anglicare prior to program development, (Giles, 2009).

The literature review addressed marketing the course and effectively engaging with men, as well as issues the program will need to address, ideal program structure, and three main broad content modules that would need to be addressed;

- 1) the effects of family violence on children, incorporating information about the impact on different child development domains, (health and growth, emotional and behavioural development, education and learning , family and social relationships, identity, social presentation, and self-care skills).
- 2) Talking with your children about family violence; their beliefs, behaviours, feelings and fears.
- 3) Parenting as a father after violence: practical information and parenting strategies.

Program staff were then able to develop the promotion, physical environment, session plans and content for the Dads Putting Kids First program based on the approaches and modules described in the literature review, knowing that the approach was supported by a solid evidence base.

This evaluation has incorporated qualitative and quantitative information from the fathers in the program, the mothers of their children, and the clinicians working with the fathers. Qualitative information obtained from the reference group and other professionals was also deemed appropriate for assessment of the program model. As the results of this evaluation form the basis of this report, it will be discussed in further detail in later sections.

As the Dads Putting Kids First program was a first of its kind in terms of its specific focus on reparative parenting for fathers, no best practice guidelines or minimum standards existed. However, this program was deemed to have much in common with the preceding Men's Behaviour Change programs, especially in regard to working with men who have used violence and abuse, the paramount priority being the safety of women and children.

As such, it was considered appropriate, (in lieu of anything else), to audit the Dads Putting Kids First program to the standards for Men's Behaviour Change programs as set by the Victoria peak body, No To Violence (NTV) Such an audit allowed for 1) the safety of women and children to continue to be the fixed top priority of professionals, and 2) for this safety of women and children to be continuously addressed in a manner consistent with those of Men's Behaviour Change programs.

Program Reference Group

An important aspect of the program development was the construction of a reference group to support and advice on the initial pilot program.

The Terms of Reference for the group were to provide expertise, insights, feedback and guidance for the development of the Dads Putting Kids First program, as part of a larger integrated service system responding to family violence.

The reference group was comprised of numerous professionals across the family violence sector who were selected to collectively represent and address the needs of the children and their mothers, as well as the men themselves.

The reference group made a number of pertinent observations, namely that this is a unique program focused on the needs of traumatised children whilst continual holding of men accountable for past abusive behaviours, in the same way that family violence programs do.

Also noted was that many fathers who have been violent have ongoing relationships and regular contact with their children even if their intimate relationships break down, (and not all do).

As such, it is vital to increase the parenting capacity of fathers to better meet the needs of children post-violence. The reference group also noted the ideological challenges of this position as it does not support the more traditional stance that states men who have used family violence and abuse have by default forfeited all rights to father their children.

The reference group recognised that it takes time for the awareness and momentum of a new type of program in the service system to build.

Services for Children

Another consideration tabled by the reference group was the process and pathway for children of the fathers identified as urgently needing counselling. Current waiting lists for children's counselling services were noted to often be extensive, and difficulty may exist in facilitating a child's access to counselling quickly. It was also noted that some counselling programs required consent from both parents for the child to receive counselling, not just the custodial parent.

Legal Considerations

Concerns raised by some reference group members advocating for women's interests noted that fathers who are involved in court proceedings involving separation/child access issues, may use undertaking the program to engage in some form of impression management with the courts.

An example given for this would be the men using the group as a way to get more access to their children through the court, with the primary motivation being to hurt the mother of the children as opposed to being for the benefit of the children and the father-child relationship.

This possibility is currently being addressed by the Dads Putting Kids First program in the same manner in which this possibility is managed with men undertaking the Men's Behaviour Change program by providing an attendance letter with the following disclaimer 'The participation in our program is not predictive of change to parenting behaviours. Staff are not in a position to predict the extent of or duration for change'.

Program – Referral, Intake, Structure and Content

The majority of fathers who participated in the program came to the Dads Putting Kids First program through recommendation and referral from their Men's Behaviour Change facilitator. Anglicare also conducted a mail out of brochures and program information to fathers who had previously completed a Men's Behaviour Change program with Anglicare in the past two years. Staff from Family Services also recommended men appropriate for the program.

Fathers who expressed interest in undertaking the Dads Putting Kids First program then attended for an initial risk and needs assessment interview with a family violence clinician. This risk/needs assessment is used to assess the safety of the women and children involved with the man, the man's appropriateness for entry into the Dads Putting Kids First program, the needs of the children, and the parenting needs of the man.

Fathers are informed from the outset that there is limited confidentiality regarding throughout the program, specifically that clinicians have a duty of care to the man, his (ex)partner and his children and are required to act should they have concerns about anyone's safety. Fathers are informed that should program staff deem it appropriate, notifications will be made to Child Protection or Victoria Police or any other relevant body necessary to ensure safety of women and children, or of the man himself.

After the comprehensive risk/needs assessment is completed during the intake process, involving the father being made fully aware of his rights and responsibilities when undertaking the program, the fathers then enter the ten week closed group program. It should be noted that the contact with the mothers forms part of this risk assessment process.

During sessions, facilitators use a variety of tools, techniques and approaches with the men in the program.

These include:

- Adult psycho-educational approach.
- Use of solution-focussed activities.
- Group discussions.
- Small group work.
- Dyad work.
- Use of audiovisual material.
- Working through hypothetical scenarios.
- Use of diagrams and metaphors.
- Experiential exercises.
- Role-plays.
- Take-home material.
- Encouragement of reflective time.
- Resource pack.

At the end of the ten week program, the fathers were asked to attend an exit interview and to provide two sets of feedback for facilitators, one of them anonymous. The exit interview questions the men about their understanding of a variety of concepts, such as:

- The current quality of their relationships with their children and co-parent.
- His understanding about the neurobiology of trauma.
- His understanding of cumulative harm and its implications.
- Talking to children about his use of family violence.
- Children and family violence counselling.
- The impact of violence and abuse on children's attitudes and belief systems.
- His responsibility for his behaviour.
- The children's emotional expression.
- Limit setting and boundaries with children.
- Where the father needs to go from here.

The feedback forms, (given to the fathers during the final session), seek information about how the men found the program and program staff, whether it met their needs, how they saw themselves as fathers post-program, how they may go about helping their children recover and foster resilience, and any suggestions regarding further program development or refinement.

Father's Feedback - Program Delivery, Structure and Content

The fathers that have undertaken the Dads Putting Kids First program thus far have reported that they found the time slot very accessible, (7-9pm on a weeknight). The men also noted that they were happy with the group format, however, it should be noted that the group format was something this client group was already familiar with due to having previously completed the Men's Behaviour Change program.

- "(The), sessions were well structured but spontaneous in thought and feeling"
Father of one

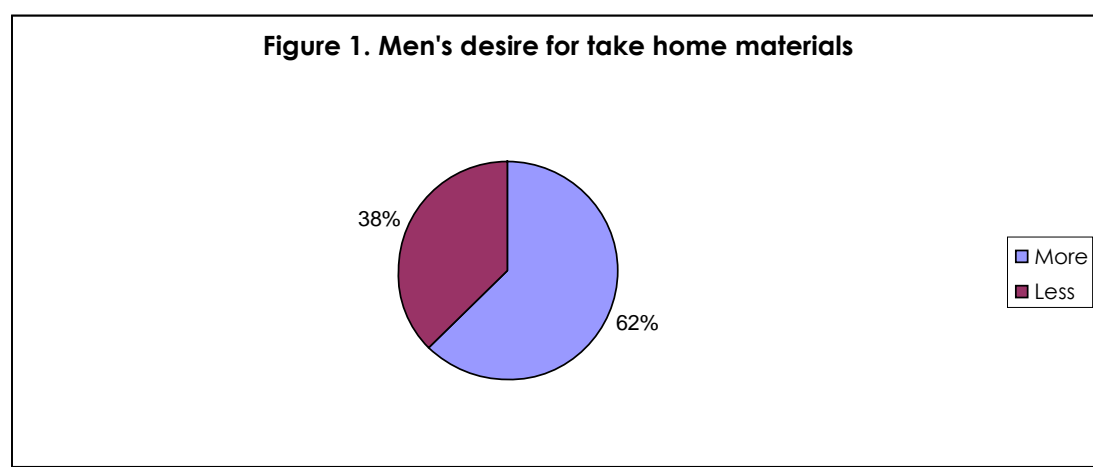
One thing consistently reported by the fathers was that they would have liked longer sessions, (potentially 3 hours long instead of two), or even more than ten weeks for the program run.

- "(We), need more time to cover such important subjects" **Father of four**
- "(Think about), expanding the duration of the program" **Father of one**
- "Program could have run longer to cover more things in depth. It has given me a lot of knowledge and confidence to give my kids a better and happier life"
Father of three
- "It is a shame it, (the program), has to end" **Father of three**
- "I would appreciate an ongoing group" **Father of four**

The fathers also spoke about how they found the role-plays very useful in preparing for conversations with their children about their father's use of family violence, and often wished to continue with this practice over more than one session.

- "The 'dad' role-play interacting with children showed me how we can better connect" **Father of four**
- "The father/son role-play was my favourite part" **Father of four**

The fathers were split on whether they wanted more take home material or not. However, results indicate that many of the fathers desire for access to knowledge and information about reparative parenting was not able to be fully provided within ten two hourly sessions.



Program Contact with Mothers

In addition to information obtained from the fathers, the mothers of the children were also contacted, (by phone), where possible. This was done for multiple reasons, including

- a check-in regarding safety for them and their children
- to continue to assess their access to support
- to provide opportunity to inform the program of any issues or concerns that she might have
- to provide an opportunity to ask any questions they might have about the program
- for staff to provide the mother with any information they might like about women's and children's programs.

The process of maintaining confidentiality was explained.

During the first contact with the mother, she was asked to provide information, from her perspective, about:

- The quality of the co-parenting relationship.
- The quality of the father's relationship with each of his children.
- How the father's use of violence and abuse had impacted the children.
- Whether the father had insight into the impact on the children.
- What the father's role with his children has been.
- How he went about setting limits for the kids.
- What his understanding of the children's needs is.
- Whether the father was supportive of/involved in the children's extracurricular activities.
- Whether the father was supportive of access to services for the children, such as counselling.

The mothers were offered the opportunity of multiple contacts during the father's attendance in the program, and asked if they would mind having contact with the program upon the father's conclusion in order to provide some feedback about any changes in his parenting they may have observed.

Demographics of Participants

Fathers

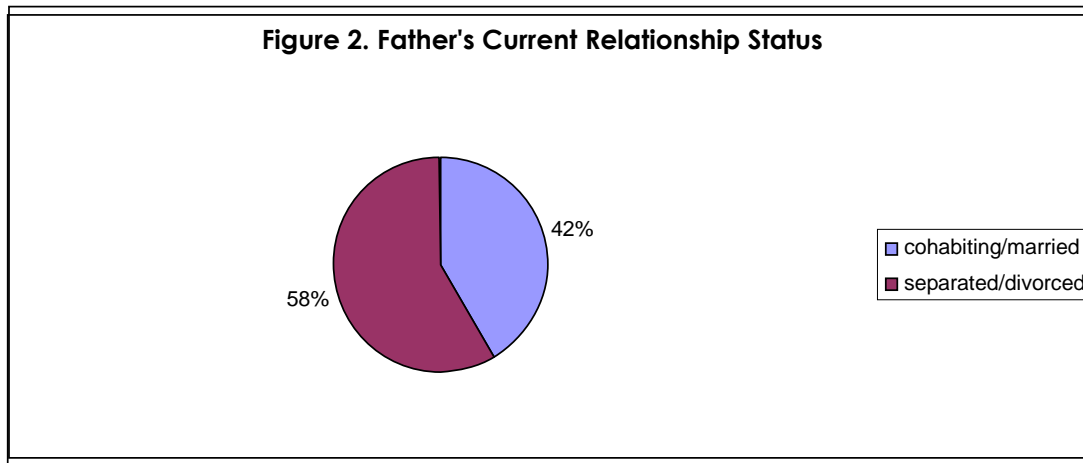
Dads Putting Kids First was delivered four times during a 12 month period. A total of 24 men participated in the program, with an average of six men per group. The ages of the fathers ranged between 24 to 60 years, with a mean age of 40.7 years.

The average attendance for the entire program was eight out of a possible ten sessions, with attendance ranging from five sessions to all ten sessions.

Of the fathers who have undertaken the program in this initial 12 month period, 95.8% of them completed their Men's Behaviour Change program at Anglicare, and another 4.2% with an alternate service provider.

With respect to their current relationship status and household make-up, 42% of the fathers were still in a relationship with the mother of their children and lived in a shared residence with the children on a full-time basis.

The other fourteen men were either separated or divorced, and had varying amounts of access to their children.



With respect to their children, many of the fathers were also involved with some other government body, court or support service. Of the twenty four fathers through the program, 21% were currently involved in legal processes in either the Children's Court or the Family Court.

The Department of Human Services Child Protection was involved with 8.% of the fathers whilst they were undertaking the program, and another 4.% of the fathers had previously been involved with Child Protection but did not have active cases at this time.

Of the fathers and their families, 12.5% were current Family Services clients, with another 17% having formerly been involved with Family Services.

- "I think that this program was the most important thing I have ever attended and has opened my eyes to a whole new way of parenting" **Father of two**

Mothers

All fathers that undertook the program presented with only one mother contact, although two fathers did have children by other women which they were not in contact with and did not have contact details for.

Of these women, 12.5% could not be contacted at all despite multiple attempts via phone and a letter being sent providing contact details for the program and inviting the mother to make contact. Another 4.2% of the women requested no further contact with the service after the initial contact was made.

An additional 12.5% were contacted initially by program staff but were not able to be contacted for the final feedback at the end of the program.

- (The contact with the mother contact worker), gave me the opportunity to actively reflect, otherwise I wouldn't have given it as much thought" **Mother of three**

Children

The fathers who went participated in the program were fathers to a total of sixty children, with an average of 2.5 children per father.

The children's ages ranged from two years to 20 years, with a mean age of 9.7 years. Of these 60 children, 47% were girls and 53% were boys.

Evaluation – Key Measures

The evaluation of the Dads Putting Kids First program involved consideration of three different areas

- 1, the marketing and delivery of the program to fathers who had used family violence
2. the program content,
3. the placement of the program model within the family violence sector.

- Happiness with service.
- Comfort with staff.
- Whether program met needs.
- Use of appropriate imagery and language.
- The balance between reflecting on past violence and abuse and focus on positive change.

Program Content

In order to examine program content and its impact on parenting behaviours, information was derived from qualitative feedback from the fathers and the mothers, and through the use of rating scales by the fathers, the mothers and the Dads Putting Kids First staff.

Areas of program content assessed in the evaluation included:

- Parent-child relationships.
- Co-parenting relationship.
- Children's beliefs systems.
- Emotional expression in children.
- Cumulative harm.
- Neurobiology of trauma.
- Conversations about family violence with children.
- Children's needs.
- Development of resilience in children.
- Limit setting.
- Parenting tools.
- How the men felt as a father.

Evaluating the Program Model

The model evaluation was more reliant on qualitative data than the other two aspects of the evaluation, which were heavily influenced by quantitative results.

Thus, in terms of reflection on the model, in addition to the statistical data, the input of the reference group, facilitators, and other professional in the wider family violence sector was given paramount consideration.

Measures and considerations with respect to the program model include:

- Overlap of the Dad Putting Kids First clients with Family Services.
- Overlap of the Dad Putting Kids First clients with DHS Child Protection.
- Engagement and collaboration with Family Services.
- Engagement and collaboration with DHS Child Protection.
- Reference group collective input and feedback.
- Facilitator feedback.

Evaluation Outcomes

Program Promotion and Client Engagement

It is ineffective to have a program that 1) does not satisfy the self-perceived needs of the client in terms of information or skills, or 2) that covers all necessary content but fails to convey that to the father through a lack of engagement.

Therefore, part of the evaluation focused on whether the approach, constructed during program development and based on a review of the literature, was effective. As men may feel uncomfortable or biased when critiquing a service to the actual service providers, this aspect of the evaluation was conducted anonymously.

The assessment of whether the program was pitched appropriately to our client group was evaluated by asking the fathers to give a rating from 0 - 10 to each of the questions below:

- How happy they were with the quality of the service they received.
- How comfortable they had felt with the Dads Putting Kids First program staff.
- How well they felt the program met their needs as a father whose children had experienced family violence.
- If they felt that the pictures and language used during the program was understandable and relatable.
- If they felt that there was an appropriate balance between talking about positive change and taking responsibility for the impact of their past use of violence.

The feedback provided by the fathers yielded an average rating of 8.8 with regard to their happiness with quality of service.

- "The program gave me an opportunity to talk to and listen with other fathers and facilitators about the damage we have done and how we can start to repair this damage" **Father of two**

It is also encouraging to note that 53% of respondent fathers stated that they had already talked to other fathers about the Dads Putting Kids First program if they thought those fathers might benefit from undertaking the program themselves.

The fathers were also asked to provide feedback regarding how comfortable they had felt with the program staff, again quantifying this out of ten.

This score has implications for indicating the success of program staffs engagement with the fathers and their ability to have maintained effective rapport and connection. Results from the fathers gave an average rating of 9.2.

- "(The facilitators are), affirming and encouraging for my motivation to be a better dad" **Father of one**
- "I like the fact that the facilitators can see the love and care we have for our kids even if it feels the system can't" **Father of two**

Clients reported needing to feel that the program was meeting their needs and giving them the information and skills they require, to feel comfortable, supported and positive about the future with their children, whilst holding them accountable for their past violence.

As such, the fathers were asked to indicate out of ten how well they felt the program met their needs as a father whose children had experienced family violence. Feedback indicated an average rating of 8.3 with regard to this.

- "(The) program surpassed my needs, and overall the program was too short" **Father of two**

All of the fathers who provided responses stated that they felt that the pictures and language used during the program were understandable and appealing. This indicates that during the initial pilot the content and concepts appear to have been pitched appropriately to be relatable and meaningful for the fathers.

The use of metaphor to explain concepts is a significant part of the program, and it would appear that this has been an effective means of communicating with the fathers thus far.

- “I already knew the impact but it probably made me think a little more about how important it is to keep building on ‘The Bridge’ slats” **Father of four**

Additionally, 100% of the respondents stated that they felt that there was an appropriate balance between talking about positive change and developing new reparative parenting skills, and looking at and taking responsibility for their choice to have used violent behaviours to their families.

As the concern was that men disengage or are driven away from a program that they perceive judges them negatively as men and fathers, it was of high import that Dads Putting Kids First staff addressed ‘men in ways which engage with the realities of their lives on the one hand, [whilst], challenging the patriarchal power relations and gendered discourses which are the fabric of those same lives on the other’ (Flood, 2002).

- “(It was), helpful, but I felt challenged too” **Father of one**

Program Content - Effects of Family Violence on Children

Exposure to family violence effects children across many domains and in a variety of ways, (Sety, 2011).

By program end, facilitators aimed for the men to have developed a solid understanding of the biological, psychological, social and emotional impact their violence has had on their children and how this understanding affects their ongoing parenting.

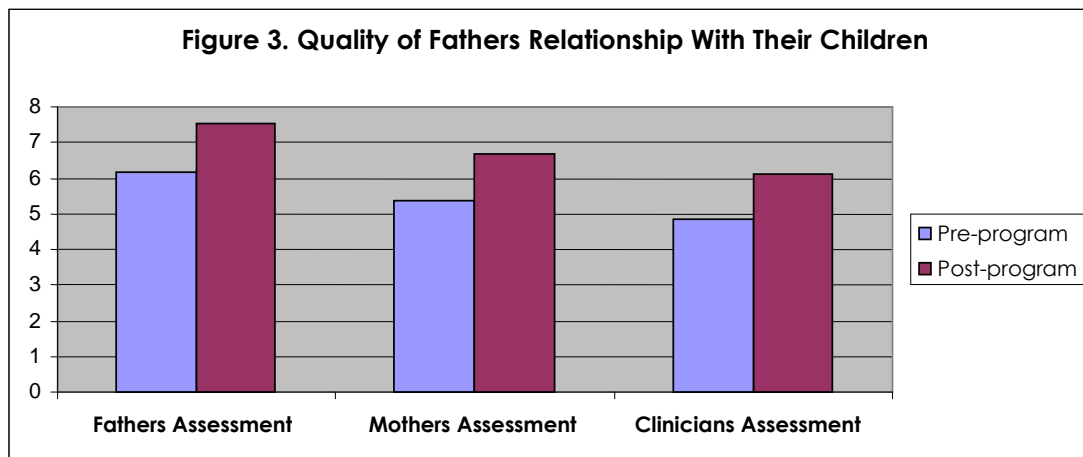
Including an increased understanding of:

- Cumulative harm and its implications.
- Child brain development and the impact of trauma.
- Impact of family violence on children's beliefs systems.
- Impact of family violence on parent-child relationships.
- The importance of the co-parenting relationship.
- Impact on a child's freedom to express emotions about their father.

One of the key indicators used in the evaluation of the program was an assessment of the changes in the quality of the father's relationships with their children. This was assessed by each man rating the quality of his relationships with his individual children out of ten. Mothers and clinicians also performed this same assessment. These rating were taken both pre and post-program.

Results were then calculated to give an average score for the quality of the father-child relationship before and after according to all three categories of assessor.

It is gratifying to note that there was an increase in reported relationship quality by all three assessors, (father, mother, professional), and that the amount of increase also appears consistent.

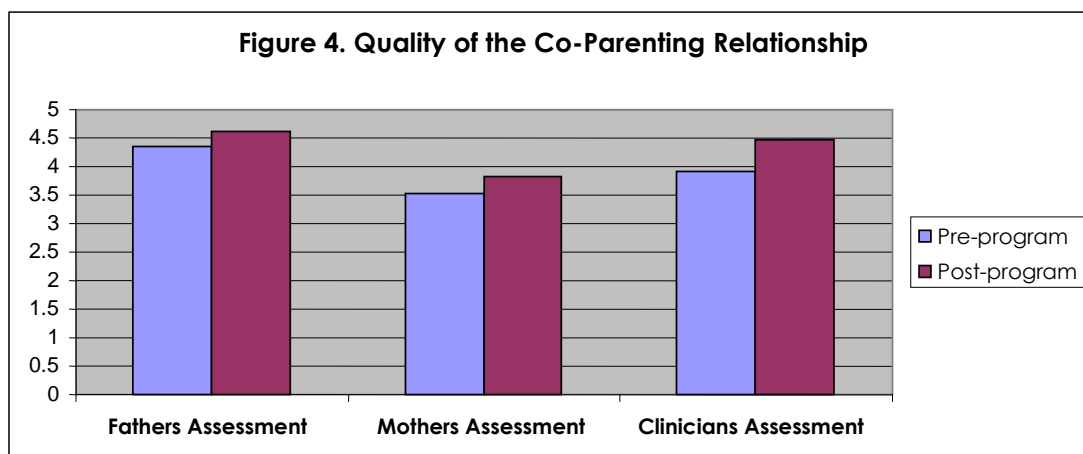


Another factor that greatly assists children in overcoming the trauma of family violence is having two parents who have a functional and harmonious co-parenting relationship free from conflict and abuse.

Therefore, another point repeatedly made with the men in the program was that how they treated their children's mother was not a relationship decision but a parenting decision. As such, the quality of the co-parenting relationship was also evaluated before and after the program.

Again, ratings out of ten were provided by both the fathers themselves and the mothers of their children, as well as an assessment made by program staff using their clinical judgement. Average scores were then produced.

- "I already knew the impact but it probably made me think a little more about the effect of the parental relationship, and how important it is to keep building the bridge slats" **Father of four**



Whilst the gains made in the quality of the co-parenting relationships appear to be modest by any of the assessments, many women provided much positive feedback in terms of the difference in how they were able to parent with the father of the children, and of his understanding of her and the children's needs.

A clear goal was that the fathers will continue to build on the initial work they have done in the first ten weeks whilst involved in the Dads Putting Kids First program, and the quality of relationships would continue to improve over time as they continued to apply new skills and understanding to their relationships.

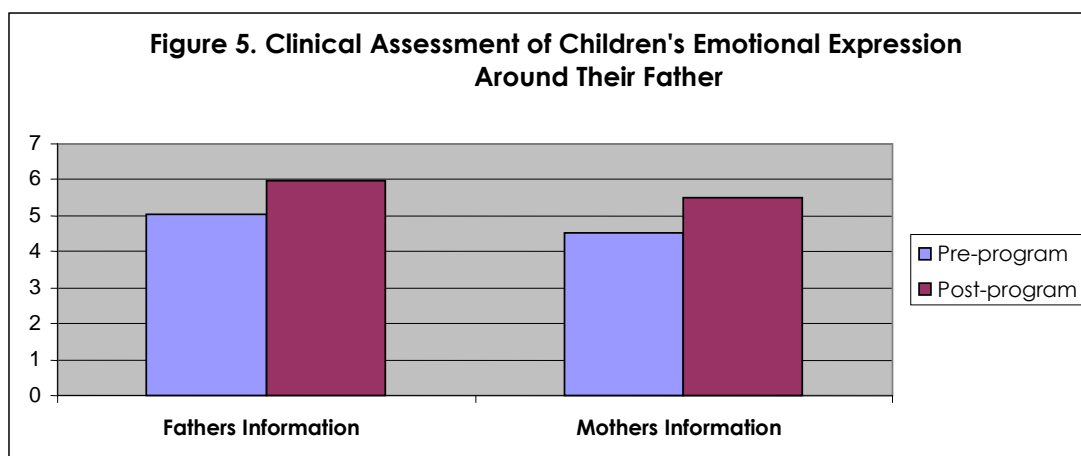
- “There is more overlap in our roles now. He's become more nurturing to the boys and more openly affectionate. He's also being more proactive about doing activities with them. I don't hear 'I'm too tired' as often” **Mother of four**
- “I feel it is better and we are working more as a team. There seems to be more overlap in our roles now. I also feel more comfortable in approaching him about parenting issues and what's going on for the boys” **Mother of two**
- “He's more co-operative if I need to change dates and times regarding the kids” **Mother of two**

With respect to the children feeling comfortable expressing their emotions freely around a father that has previously been violent or abusive to either them or other family members, 93.75% of the fathers reported that their children now appeared to feel more comfortable expressing their emotions around them since they had undertaken the Dads Putting Kids First program.

Fathers reported seeing a wider range of emotions in their children, and discussed how the children now appeared more comfortable displaying emotions such as sadness or fear or anger in front of them.

- “It showed me ways of helping them, (the kids), express how they feel. It is important for kids to feel heard and acknowledged, loved, and for me to relieve them of the responsibility of violence by owning it myself, helping them understand and then backing it up with behaviour that reflects this, (rebuilding trust)” **father of two**
- “They, (the kids), can approach him easier. The kids feel safe to talk to him, express themselves, and challenge him when he is being unfair” **Mother of two**

Clinicians also made an assessment of the children's freedom to express their emotions around their father before entry into and after completion of the program. Two separate assessments were made regarding this, one by the program staff working with the father and based upon information provided by him, and another by the mother contact workers which were based on information derived from the mothers. Again, clinical rating score were out of ten, and scores were averaged to give a representative rating for the men pre and post-program.



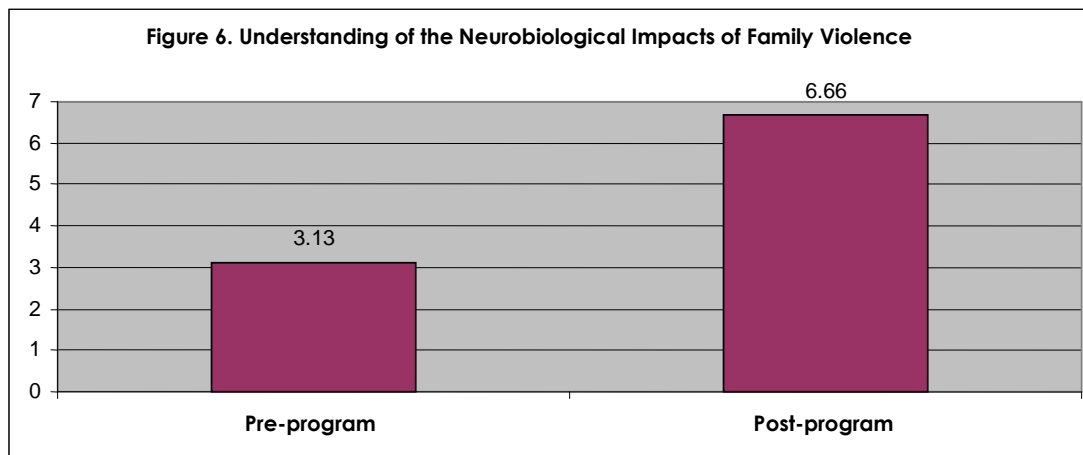
Much work was also done with the fathers during the program looking at the neurobiological impact of trauma on children brain development, as guided by the work of Bruce Perry, (Perry, 1997; Perry 2002).

Upon conclusion of the ten weeks of program, the fathers were questioned on whether they felt they had developed an understanding about how children's brains develop, and the impact of violence and abuse on the developing brain.

Of the fathers who responded 78% stated that they felt they had developed a solid understanding of the impact of violence and abuse on children's developing brains, and were able to articulate this understanding to clinicians.

Another 22.% of the respondent fathers reported that they felt that they had developed a partial understanding regarding the impact of violence and abuse on children's developing brains and would like to continue to further flesh out or enhance their knowledge.

Clinicians also gave their assessment of the fathers on their level of knowledge regarding the impact of trauma on children's brains prior to entry into the program and upon completion with a rating out of ten.



- “It improved my understanding enormously of the developmental aspects and gave me hope” **Father of two**

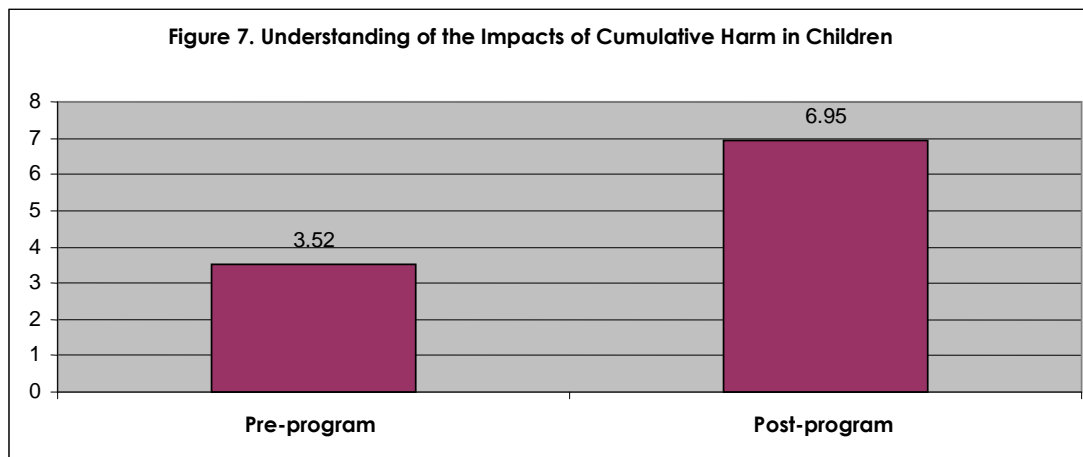
Another vital concept for the fathers to develop an understanding was the concept of cumulative harm. Cumulative harm refers to the effects of multiple adverse or harmful circumstances or events in a child's life, (Miller, 2007).

The fathers were again questioned at the conclusion of the ten weeks of program about their understanding of the concept of cumulative harm and what that means for children in houses where violence and abuse is occurring.

Of the respondent fathers, 78% of respondents noted that they had a good understanding of the concept of cumulative harm as it relates to children, and were able to reflect this level of understanding back to clinicians during discussion.

Another 17% of respondent men stated they had developed a partial understanding but would still benefit from further work or sessions on this topic.

In addition to the man's self-assessment, clinicians also gave their assessment of the fathers on their level of knowledge regarding the impact of trauma on children's brains prior to entry into the program and upon completion with a rating out of ten.



- “He is more aware of how bad ongoing conflict between the two of us is in front of them” **Mother of two**

Father’s Conversations with their Children about their Violence

Another facet of the program involves the fathers gaining an understanding of how their behaviour has affected their children's beliefs systems, impacting upon how they see themselves, other people, and the world around them in general.

- “It is important to talk to your children about your use of family violence in order to help them create a positive and constructive attitude towards the family, themselves and society as a whole” **Father of four**

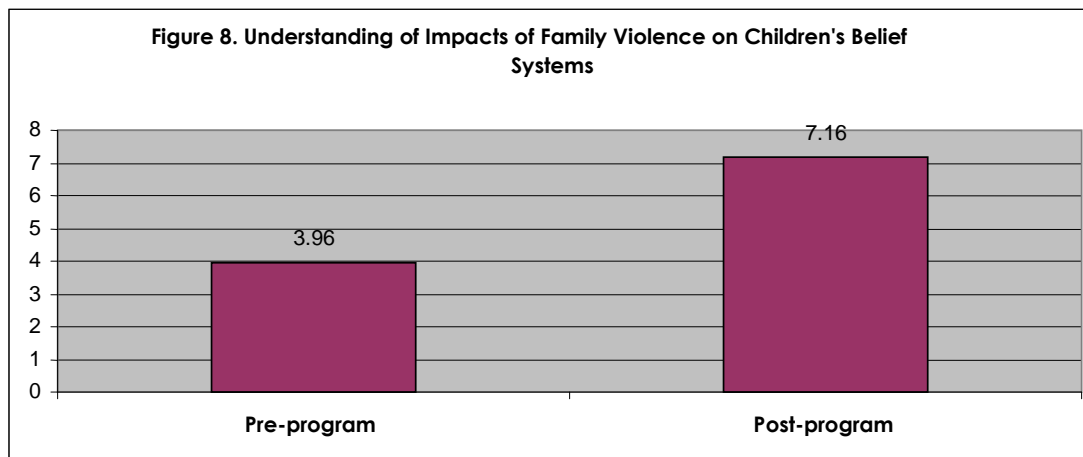
Upon completion of the program, 94.% of the father respondents stated they felt they now had a solid understanding of the impact violence and abuse has on their children's belief systems, (such as attitudes towards their mothers and how they behave with others).

During discussions with program staff, these fathers were able to demonstrate this level of understanding and talk about how this new understanding may impact upon their behaviour and conversations with their children in the future.

These fathers also articulated clearly their understanding of the wrongness of their abusive behaviour and that they alone, and not the children or their mothers, were responsible for them.

- “It is important to talk to your kids about family violence as hopefully they will be better parents, not carrying it on to their parenting lives” **Father of three**
- “He seems to have a better understanding about the girls emotional needs and that how they see him affects how they see men in general” **Mother of two daughters**

As well as this self-assessment by the fathers at the conclusion of the program, clinicians also gave their quantitative assessment of the fathers on their level understanding of the impact their violence and abuse had had on their children's belief system prior to entry into the program and upon completion, with a rating out of ten given. Averages were then derived.



Fathers were also asked, if by the time the program had ended, whether they had talked with their children regarding their use of family violence. Of the respondents, almost two thirds (61.%) stated that they had already talked with their children regarding their use of violence and abuse, with many men noting that this was just the first conversations that they needed to have with their children on the issue.

There were another 39% of respondents who stated that they had not yet had any conversations with their children about their use of violence, however, all but one man indicated that they planned to do so in the future.

- "It, (the Dads Putting Kids First program), gave me a number of pointers about having this discussion with my son so he can begin to make sense of my violence and move on from it" **Father of two**
- "The role-play of father and child gave me a number of ideas about how I would go about speaking with my son" **Father of two**
- "(I), found practicing conversations with children about family violence and abuse very emotional" **Father of five**

Reparative Parenting Tools

A significant goal of the program was for the fathers to increase both their understanding of what is required of them as a parent of a child that has been exposed to violence and abuse, and develop some healthy practical approaches and strategies to parenting these children.

Factors examined as part of the evaluation process included:

- Understanding of children's needs.
- Understanding of what father's can do to build the resilience of their children.
- Setting boundaries in a prosocially healthy way.
- Practical parenting tools.
- How to become a better father.

As part of the program, fathers were encouraged to increase their understanding of what their children's needs were and what they could do to assist their children to further develop their resilience.

Two separate assessments were undertaken regarding this, one by the program staff working with the father with information provided by him, and another by the mother contact workers which were based on information derived from the mothers. Again, clinical rating score were out of ten, and scores were averaged to give a representative rating for the men pre and post-program.

Table 1. Clinical Assessment of Fathers Understanding of the Children's Needs and What They Need to Support/Develop Resilience

Understanding of children's needs			Understanding of what kids need to support/develop resilience	
	Pre-program	Post-Program	Pre-program	Post-Program
Father's Information	5.06	6.74	4.48	7.11
Mother's Information	4.96	6.11	4	4.86

- "(The program), really helped me understand so many issues that my daughter may be dealing with at the moment" **Father of one**
- "Talking about practical ways of building supports back up with my child" **Father of one**
- "He speaks about the kids needs now, 'Don't you think it would be good for our son if' " **Mother of two**
- "He talked to me about getting some counselling for our son and we are in the process of arranging that" **Mother of two**
- "He appears to have a much better understanding of the boys psychological and emotional needs now" **Mother of two**

To achieve a goal, fathers must know what to do and how to do it. In order to meet the needs of their children and assist them to recover from their experience of family violence, the fathers needed to increase their practical parenting tools with their children.

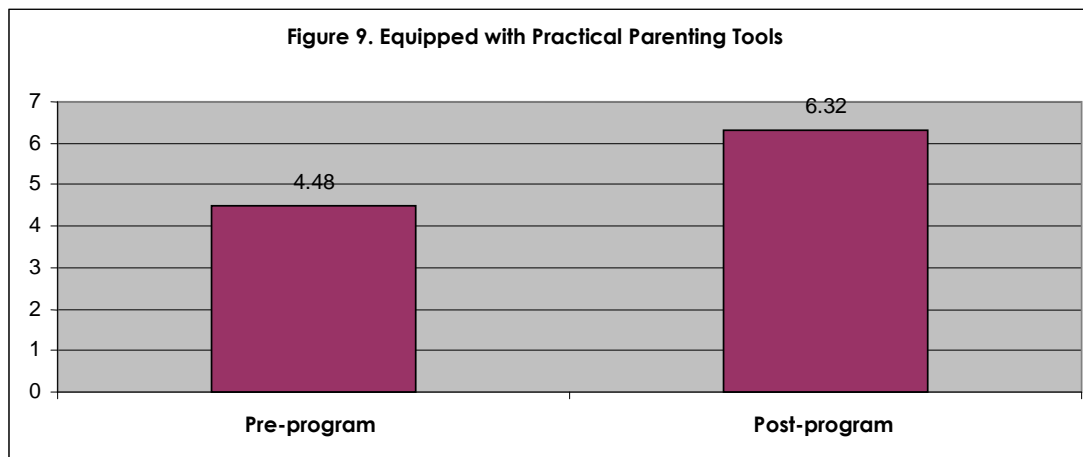
100% of the fathers who provided feedback at the end of the program reported that they felt they had more practical parenting tools at their disposal to address the needs of their children.

Additionally, 100% of the men who provided feedback on the Dads Putting Kids First program noted that they found the program 'very helpful' in terms of increasing their reparative parenting and skills.

- "It really made me think about what is in my toolbox of skills and reflect on what my boys need" **Father of two**
- "He now uses 1-2-3 and time-out, no smacking anymore." **Mother of four**

Based on interviews and discussions with the men, program staff gave clinical rating scores out of ten for each man prior to and after completing the program with respect to the level of practical parenting tools the man was equipped with.

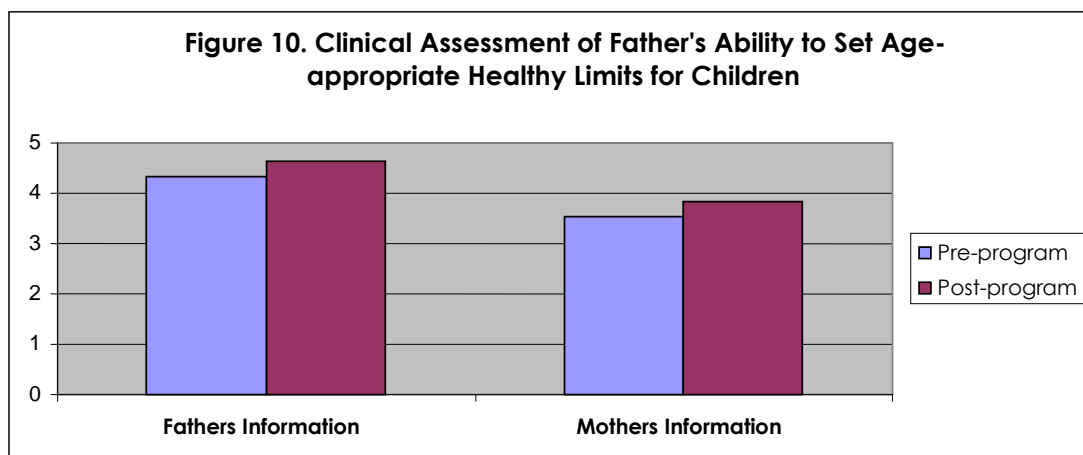
An average score was calculated for pre- and post-program.



Another aspect of practical parenting is the ability to set limits for your children in a way that is age-appropriate, healthy and prosocial. Discipline and limit setting is an area that many fathers with a history of family violence struggle with.

Many of the fathers have previously used approaches to discipline and boundary setting that have been abusive, and some fathers report that they currently felt unable to be an active agent in the discipline of the children due to the children's previous experience of family violence at their hands.

As such, change in the father's ability to set prosocial limits for their children was considered an important issue and was assessed twice pre- and post-program, once based on information from the father and a second time based on information from the mother.



- "Children still need support, boundaries and unconditional love. All expectations and boundaries should be age appropriate and not more 'grown-up' as they are still children" **Father of one**
- "He uses time-out with the boys now where they go to their room and he talks to them about what they did wrong afterwards" **Mother of two**

Upon completion of the program, the fathers were asked if they believed they were being a better father to their children and had enhanced their understanding and developed new skills.

This question was also asked of the children's mothers as part of the mother contact process. Results are presented in the table below, with a further analysis of separated/divorced vs. cohabiting mothers, (see Table 2).

- “My motivation to continue the course to the end is for me to be a better dad so I can talk to and understand my children, especially through how the violence is/has affected them. This is stuff they will live with for the rest of our lives.” **Father of two**
- “(The program), is affirming and encouraging for my motivation to be a better dad” **Father of one**
- “Has given me a lot of knowledge and confidence to give my kids a better and happier life” **Father of three**

Table 2. Better Father Post-program (%)

	Yes	No	Unsure
Fathers	100	0	0
Mothers	50	42.8	7.2
Mothers – Married/Cohabiting	83.3	16.7	0
Mothers – Separated/Divorced	25	62.5	12.5

Feedback from the mothers was universally positive about the father's involvement in the program, with varying results seen by the mothers and the fathers themselves in terms of their parenting post-program.

- “He's definitely picked up a lot through the Dads Putting Kids First program. He tries to tackle things differently now. He speaks to the children in a way that they understand, and he's much more involved. He's more supportive of me as well.” **Mother of two**
- “He's more aware of how important he is in their development and the role he plays in that. He's taking on more responsibility with the kids and job sharing” **Mother of three**

Some hypothesis have been proposed as to why there exists such a difference between the reports by separated mothers when compared with cohabiting mothers.

One possibility is that separated mothers have less time or opportunity to observe any changes in parenting behaviour the fathers have made as access to the children is often in the absence of the other parent.

Another possibility is that the times when separated parents do see each other is often at times of handing over the children which can be times of higher stress and conflict between the parents. Non-resident fathers also have less time with their children to practice reparative parenting, and therefore have fewer opportunities to implement new strategies. However, these are hypothesis and warrant further investigation.

Model Evaluation

Part of the evaluation of the model involved a review of which of the men and their families were involved with other government bodies or agencies.

Table 3. Overlap of Dads Putting Kids First Clients Families and Other services (%)

Agency/Service	Current (%)	Prior (%)	Total (%)
Family Services	12.5	16.7	29.2
Child Protection	8.3	4.2	12.5
Courts	20.8	-----	-----

As shown in Table 3, nearly one third of men and their families had been involved with Family Services at some time. This reflects a significant overlap between Dads Putting Kids First and Family Services clients, which is made even more notable by the fact that none of the men who have currently undertaken the Dads Putting Kids First program were referred to it by a family services worker.

As the Dads Putting Kids First program gains momentum, it is anticipated that a greater number of referrals will be coming from agencies and services outside family violence programs.

Therefore this percentage is likely to increase. With such a high client overlap, the current collaborative approach between family violence programs and Family Services appears to be highly appropriate.

The benefits of the collaborative approach between family violence and family services was highlighted in the case study of a Family Services/Dads Putting Kids First client and family published in Department of Human Services *Good Practice: Working together to support children and young people experiencing family violence* (See Appendix B)

Table 3 above also demonstrates that one in eight fathers had been involved with Child Protection at least one time in their children's lives. This again is a significant figure which suggests that the Dads Putting Kids First program, embedded within a family violence/family services nexus, would benefit from an increasingly raised profile and stronger connections with Child Protection staff in order to facilitate information sharing and greater understanding of individual client needs.

Feedback from Child Protection staff regarding the development of the Dads Putting Kids First program has been highly positive, with many Child Protection staff identifying the Dads Putting Kids First program was addressing a previously existing service gap.

- "I think it's great that you guys have started this program. It's brilliant, and so needed. I really hope you get the funding and can keep it running" **Child Protection case worker**
- "Us being able to work together can only benefit the clients" **Child Protection senior practitioner.**
- "It will take a while to get the word out, Child Protection being so big and having a staff turn-over, but I think once it does there will be many referrals coming to the program from Child Protection case managers" **Child Protection team leader.**

Another one in five fathers in the Dads Putting Kids First program were also currently involved with either the Family Court or Children's Court.

Whilst the program has no inclination to be placed anywhere within the judicial system, the substantial percentage of men involved concurrently with both the program and the Courts may indicate need for staff to develop protocols with the Courts, and offer education to court staff about the program.

Reflection on the model of the Dads Putting Kids First program by other professional working in Men's Behaviour Change at other agencies was also resoundingly positive. All acknowledged that they do not have such a program available to their men, and that there was a resounding need for such a program.

However, whilst all other Men's Behaviour Change programs contacted noted that they had men completing their MBC program that would be appropriate for Dads Putting Kids First, there have so far been only a few referrals from them.

Therefore, it is suggested that Dads Putting Kids staff make an active ongoing effort to engage with other Men's Behaviour Change programs and continue to raise the profile of the Dads Putting Kids First program.

- "It's complex working with these men. Placing this program between family violence and family services is a great idea, it's giving you the best of both worlds in terms of expertise and already existing connections with other services for the mothers and their kids" **Men's Behaviour Change facilitator, Whitehorse Community Health Service**
- "The men always want to do more stuff around the kids in, (MBC), group. But I'm not sure how the women's family violence services are going to feel about it." **Men's Behaviour Change facilitator, Relationships Australia**
- "It's great there is collaboration, but you can't hand the program entirely over to, (Family Services). We, (family violence programs), know how to keep holding these men accountable in a way we have been doing, in a way that doesn't damage the rapport" **Men's Behaviour Change facilitator, Kildonen**

Facilitator Feedback

The sense of anxiety and despair was acknowledged in the Dads Putting Kids First group, by both facilitators and the men themselves. The fathers presented with concern about whether the damage they had done to their children was irreparable. The question "Is it too late?" was in the forefront of many discussions initiated by the fathers.

Facilitators identified they had to be mindful about the balance between the men's accountability and responsibility for their violence and abuse, and supporting a sense of hope and possibility for positive parenting changes to have a real influence on their children.

Another observation made by facilitators was that the fathers often appeared to want to self-flagellate over their past violent behaviours and the impact on their children.

Facilitators also noticed that men who had done Men's Behaviour Change a while ago were often able to cope better regarding this as their emotions were not as raw and intense when reflecting on the impact their violence and abuse has had on their children.

It also appeared that these men had processed some of their 'baggage' and their feelings about their ex-partner were often not as strong in an acrimonious sense, compared with men who had recently completed Men's Behaviour Change.

Facilitators stated they had the sense that the fathers were engaged well with the Dads Putting Kids First program, and waned more and more from them.

Facilitators noted that they had to maintain a focus on the containment of the father's intensely felt emotions, given the complexity of the family relationships and dynamics of the clients, the group and be authoritative in directing the groups focus.

Facilitators also identified that they felt they had to be more alert than normal because of the new material. Facilitators discussed how they felt pulled between so much content to cover and the men wanting more depth, which also left the facilitators feeling exhausted at the end of sessions. In addition to this, facilitators reported feeling added pressure to make sure everything was covered adequately, as there is no follow-on program from Dads Putting Kids First.

Facilitators stated that there was potentially too much program content for a ten week program, and the program may need to be modified in some manner, perhaps in the way of a follow-on program. This was consistent with the feedback from the fathers themselves.

Encouraging the fathers to engage in a greater level of structured personal reflection outside of the allocated group time may assist with this, however the fathers appear to present with a varying degree of self-reflection skills and may require facilitator assistance to help develop those skills.

Discussion was also held about facilitator's skills and experience.

Whilst the facilitators are clearly skilled at group work, and were able to bring some highly valuable material, in terms of concrete parenting strategies and approaches and how to redevelop these to this group, it is clear that at least one facilitator will have to have a sound knowledge and experience in the Men's Behaviour Change program and its content to build on the work the men have already done in Men's Behaviour Change.

Additionally, it is important for the men to continue to be held accountable for their use of violence and abuse in the way staff from family violence programs are familiar with doing. It was suggested that the ideal mix of facilitators is one from family services and one from family violence due to the specific strengths both areas bring independently.

Next Steps for Consideration for Program Development

The Dads Putting Kids First program has made great steps during the initial pilot, engaging well with both mothers and fathers, enhancing connections with other relevant service providers, and generally increasing the profile of the program across the wider family violence service system.

Further development of the program is required to refine the program content and delivery. Given the large amount of content deemed necessary to be included in the program, the future of the program requires a re-assessment of the length of each session or the number of weeks for which the program will run.

Offering the fathers additional follow-up evening sessions, (i.e. a two hour reunion session after three or six months), or giving them the ability to attend a longer review session on the weekend may be of benefit.

- "The program could have run longer to cover more things in depth. It has given me a lot of knowledge and confidence to give my kids a better and happier life"
Father of three
- "He seemed to really enjoy the course. But it's a shame that it doesn't go into more depth, or go for longer, or if there were an advanced course after the first ten weeks"
Mother of three

Whilst a Dads Putting Kids First specific follow on program is not viable option at this present time given the current resources, a suggestion is to conduct a review/reconnect session with the men every three or six months.

This would allow the fathers to continue to feel connected to a service they find supportive and beneficial, and would assist the fathers who were struggling to consistently implement changes to their parenting behaviour.

- “Be nice to have a follow up course like On-Track or equivalent” **Father of three**

The future of the Dads Putting Kids First program also involves a plan to increase marketing to other professional and potential clients.

This would involve provision of information about the Dads Putting Kids First program to all fathers undertaking Men’s Behaviour Change, continued presentation of the program at appropriate conferences and forums, and ongoing activities to raise the program profile with relevant agencies within the family violence service sector.

Additionally, given the preliminary results from this evaluation outlining some difference between the fathers who were cohabiting and those who were separated, consideration should be given to tailoring the program to address the potentially differing needs of separated vs. cohabiting fathers.

Two approaches to this would involve either running a Dads Putting Kids First group that is solely comprised of separated men which either weights the content differently or includes different/additional content, or tailoring the existing content in such a way as to focus more effectively on the children’s significant need for a healthy non-abusive co-parenting relationship and how the treatment of a co-parent is a parenting decision and not a relationship issue.

Acknowledgments

Several acknowledgements need to be made regarding the assistance and support received by the Dads Putting Kids First program, in terms of both program development and practice. This program would not have been possible without their support, encouragement and experience.

Firstly, I would like to thank the members of the Dads Putting Kids First reference group for their expertise, guidance and continual feedback on both process and practice.

Additionally, I would like to acknowledge Sarah Wise, General Manager of Policy, Research and Innovation at Anglicare Victoria for her help with the development of the evaluation structure and process.

It should also be noted that the Dads Putting Kids First program was able to be developed due to the funding provided by the Flora & Frank Leith Charitable Trust, The Morris Family Trust and H. & L. Hecht Trust, and would not exist without their financial support.

I would also like to thank No To Violence, (NTV), the Victorian peak body for Men's Behaviour Change programs for their support for the need for a reparative parenting program for fathers and their ongoing support regarding future directions.

I would also like to extend my greatest appreciation to the staff of the Family Violence and Family Services programs at Anglicare Lilydale for their enthusiasm, insights and general positive energy directed towards the program.

Finally, I must acknowledge the administration team at Anglicare Eastern for their invaluable administrative assistance.

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Appendix A

Department of Human Services

Good Practice: Working Together to Support Children and Young People Experiencing Family Violence.

Jim Allen, Leigh Rankcom & Carina Holmquist

Dads Putting Kids First Program

This family's story illustrates the positive outcomes that can be achieved from a collaborative intervention between Child Protection, Family Violence and Integrated Family Services. It highlights the positive impact on parenting that has been achieved by Anglicare's Dads Putting Kids First Program, a group-based parenting program for fathers who have completed a Men's Behaviour Change Program.

██████████ and ██████████ had three children, ██████████ aged seven, ██████████ aged five and ██████████ aged three. ██████████ worked part-time and provided the primary care for their children whilst ██████████ worked full-time as a mechanic.

██████████ had previously been married and had an 11 year old son by this marriage, whom he saw irregularly. He had very little contact with his ex-wife. ██████████ contacted Child FIRST to request help in managing her children's behaviour and the family was assessed as meeting the referral criteria for support by Family Services.

The assessment identified the need for both ██████████ and ██████████ to be supported in implementing more appropriate parenting strategies, as well as concluding that the children's behaviour was most probably the direct result of ██████████'s controlling, abusive and intimidating parenting style.

The possibility was also raised by the Child FIRST Intake Worker that ██████████ had a mental health concern that had not been identified or addressed. At this point, ██████████ did not disclose the full extent of ██████████'s violence towards her as she was fearful of how he would respond.

██████████ felt safer in approaching services for support around her parenting, so that this became the initial focus and 'presenting problem' for services working with the family.

Working with the Family

The Family Services Worker from Anglicare who was allocated to the family found that ██████████ was initially not open to being directly involved with the service.

██████████ was, however, very willing to engage with the risk and needs assessment process. Through this process, ██████████ was able to disclose the full extent of ██████████'s violence and abuse.

For the first time, she was able to fully recognise that ██████████'s behaviour was abusive and harmful towards herself and her children. She understood that ██████████'s behaviour was not a result of a mental illness but was rather an attempt to manage his insecurity and poor self-regulation by exerting power and control over ██████████ and their children.

A number of needs were identified through the assessment process, including:

- ██████████'s need to access therapy in order to recover from the trauma she had experienced in her childhood and as a result of the family violence.
- The children's need for safe, age appropriate and reparative parenting.

The Worker consulted with the Community Based Child Protection Team Leader, who shared the Worker's concerns for the safety of the children and advised that, if ██████████'s abusive behaviour continued, Child Protection would need to take action to ensure the children's safety.

██████ agreed to stop his punitive parenting of the children, including smacking them, and to support ██████ in implementing the parenting strategies that she was learning through her work with the Family Services Worker.

██████ was supported by the Worker to develop safe ways to assert her and her children's needs with ██████, including safety planning and a referral to the Domestic Violence Outreach Service. ██████ was also referred to a local counselling service.

Over time and after the Family Services Worker had conducted a number of home visits to the family whilst ██████ was on holiday, ██████ became more open to being involved with the Family Services Worker.

He subsequently attended a number of joint sessions with ██████ around improving both his parenting skills and his relationship with ██████. The Worker then referred ██████ to the Men's Behaviour Change Program at Anglicare.

In addition to participating in the group program, ██████ also attended individual sessions focused on better managing his anxiety attacks, (that had started to occur more frequently at work), and the practical application of strategies he was learning in the Men's Behaviour Change Program.

██████ completed 15 weeks of the men's program at which point he was referred to the Dads Putting Kids First program, which addresses parenting after violence.

Dads Putting Kids First Program

The Dads Putting Kids First program is a ten-week group program with two-hour sessions, open to fathers who have completed a Men's Behaviour Change Program.

Prior to entry into Dads Putting Kids First, each participant has an individual needs assessment, to determine their suitability and readiness for the program. The aims of the program are for participants:

- To gain additional tools to meet the challenges of parenting.
- To develop an understanding of how parenting roles change as children grow and develop.
- To understand the impact of participants' violence/abuse on their children and how participants can support them in recovering from this impact.

Support is offered to all members of the family, with ex/partners contacted prior to a father commencing the program. In most cases, regular phone contact with the father's ex/partner is maintained, with appropriate referrals made to external services.

The program is based on three distinct modules:

1. The effects of family violence on children. The course explores the possible impact of violence on all the domains of child development—health and growth, emotional and behavioural development, education and learning, family and social relationships, identity, social presentation, and self-care skills. It also provides basic information to participants about neurodevelopment in children.

2. Talking with your children about family violence—their beliefs, behaviours, feelings and fears. This module underlines the importance of fathers discussing the unacceptability of violence with their children.

3. Surviving as a father after violence—practical information and strategies. A strengths based approach is utilised to enable men to develop parenting strategies to build resilience in their children.

Benefits of Integrated Services Delivery

- All services involved in working with the family operated from the perspective that ██████ should be held accountable for his abusive behaviour towards ██████ and their children. This ensured that a consistent response was provided to the family in terms of who was responsible for instigating change within the family unit if the family violence was to end. This meant that ██████ did not feel 'blamed' for the violence but was instead empowered to seek support in addressing her own needs and in strengthening her parenting skills.
- The child-focused intervention remained focused throughout on improving the safety and care of the children.
- Coordinated service delivery resulted in a wide range of services being provided to the family, including assertive outreach, strengths-based and father-inclusive practice, referrals to specialist services, and individual and group interventions. This ensured that a range of individual and relationship-based needs could be met.
- The involvement of Family Services with the family and their proactive engagement of ██████ through assertive outreach resulted in his entry into the Men's Behaviour Change Program and an increase in the safety of ██████ and their children.

Outcomes for the Family

██████ ceased his use of abusive behaviours.

██████ and their children felt safer, more comfortable and more confident around him.

██████ developed new insight into the impact of his abusive behaviour on his wife and children, becoming able to view situations and experiences from their perspectives.

For the first time, he took responsibility for reparative parenting and his own stress management and self-care.

As a result of the changes that ██████ had made, ██████ and ██████ were able to improve their communication with each other and their parenting skills.

The children's behaviour—resulting as it had from the level of anxiety they had felt in living in an unsafe home environment—significantly improved over time.

They were able to develop more positive relationships with both their parents and, as a result, the quality of the time spent together as a family also improved, (for example, on family holidays, attending church).

The children also increased their participation in social and leisure activities, including youth groups, camps, soccer and guides.

Jim Allen, Program Manager, Community Services and Family Violence, Leigh Rankcom, Team Leader, Integrated Family Services, and Carina Holmquist, Program Coordinator, Dads Putting Kids First program, Anglicare Lilydale



Stopping adolescent violence in the home

An outcomes evaluation of Breaking the Cycle

Sez Wilks and Sarah Wise

STOPPING ADOLESCENT VIOLENCE IN THE HOME**About the authors**

Sez Wilks joined the Policy, Research and Innovation unit at Anglicare Victoria as a Research Officer in 2009. Upon completing a Bachelor of Arts (Honours of Geography) at The University of Melbourne in 2004, Sez developed her research skills with roles at the City of Melbourne and independent research agency Alliance Strategic Research. Sez has completed several community needs analyses and outcomes evaluations for Anglicare Victoria and brings to the work her dual passions of social justice and the interrogation of place and change.

Dr Sarah Wise is General Manager, Policy, Research and Innovation at Anglicare Victoria. Dr Wise has a background in developmental psychology and has extensive social policy research experience in the areas of parent-child attachment, child care and the family, community and service contexts of vulnerable and disadvantaged children.

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This report provides an analysis and evaluation of the impacts of Breaking the Cycle, an eight week education/therapeutic group program for parents of adolescents who are violent in the home.

The research was commissioned by Meridian Youth and Family Counselling Services, who deliver the Breaking the Cycle program from Anglicare Victoria's Box Hill office.

STOPPING ADOLESCENT VIOLENCE IN THE HOME

Executive summary

The evaluation compared a treatment group and a control group at three time points: at program intake; upon program completion; and three months after the program. The treatment group comprised participants in the first group program of 2010 and the control group included parents/carers who were on the program's waiting list. This approach was complemented by two semi-structured, qualitative case study interviews.

The study's quantitative component involved the collection of data on adolescent-to-parent violence and parenting outcomes – attachment, communication, parenting discipline, relational frustration and parenting confidence.

The evaluation demonstrates Breaking the Cycle's positive impacts on the incidence of adolescent-to-parent violence, on parenting outcomes and on parents' insights, skills and readiness for change. The research found Breaking the Cycle to be highly effective in helping parents and carers recognise and interrupt the cycle of violence.

The program successfully supports parents to develop new insights and to learn and implement new parenting strategies in order to more effectively respond to violence. The program's positive impacts were shown to consequently reduce – in some cases entirely stop – a range of violent behaviours. The greatest change was observed between program intake and program end.

While there was a trend towards improvement within the treatment group on parenting aspects, the effectiveness of Breaking the Cycle on these dimensions is qualified. The research shows a positive change for the treatment group on all parenting dimensions used in the evaluation (except for communication), but there was very little difference on outcomes between treatment and control groups.

The evaluation shows the complexity of adolescent-to-parent violence and its association with other family problems. It highlights the need for follow-up family support and recommends Breaking the Cycle's delivery within the context of a complementary suite of community services. The continued expansion of Breaking the Cycle is recommended in order to meet considerable demand for the program.

6

Introduction and Background

SECTION 1

INTRODUCTION AND BACKGROUND

Adolescent-to-parent violence

Adolescent-to-parent violence, also called 'parent abuse' or 'adolescent violence in the home', is defined as any act by a young person or adolescent "that is intended to cause physical, psychological or financial damage to gain power and control" over a parent or other caregiver (Cottrell, 2001:3). Adolescent-to-parent violence describes a range of behaviours deliberately acted out by adolescents, typically aged 11 to 24 years, in order to harm and control their parent or carer. Adolescent-to-parent violence is characterised by three main types of abuse: physical; psychological (including verbal); and financial (Cottrell, 2001; Paterson, Luntz, Perlesz & Cotton, 2002).

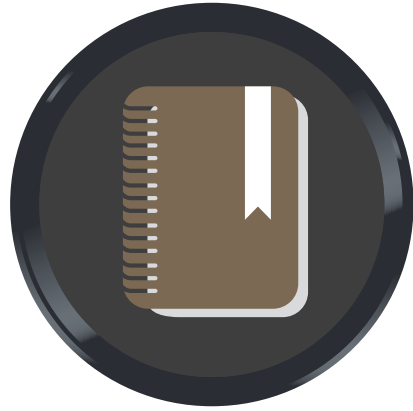
Research suggests that parent abuse tends to begin with verbal abuse before escalating to other forms, is committed by both boys and girls (Cottrell, 2001:7) and can increase in both frequency and intensity without intervention (Bachli, 2008, in McKenna, O'Connor & Verco, 2010:4).

Breaking the Cycle (BtC) is an eight week education/therapeutic group work program for parents of adolescents who are violent in the home delivered by Meridian Youth and Family Counselling Services, operating from Anglicare Victoria's Box Hill office. BtC was developed for Anglicare Victoria by Rosemary Paterson and Helen Luntz in 1997 in response to increasing numbers of referrals from parents (predominantly mothers), whose adolescent sons and daughters were behaving violently or abusively within the family home.

BtC was initially offered to mothers only. However, the program has been extended to include fathers, grandparents and carers (Anglicare Victoria, 2008). In its current form the program usually takes 8-10 participants (up to a maximum of 12 participants) and attrition is low. The program's advertising channels include community and school newsletters, civic noticeboards, local papers and leaflets.

Program rationale and logic

The NSW Department of Community Services¹ (2005) divides parenting programs into two broad categories: relationship focussed approaches and behaviourist approaches. Relationship focussed approaches "use techniques like active listening, understanding and acceptance", whereas behavioural programs favour techniques to "reinforce desirable behaviour and control undesirable behaviour" (NSW Department of Community Services, 2005:1). BtC combines elements of both behaviourist and relationship focussed approaches. The program logic model reasons that both the application of a range of parenting strategies, learnt and practised by participants throughout the BtC eight week group program, and addressing parents' experiences and their emotional states will help realise a reduction in the incidence of adolescent-to-parent violence and in turn normalise the parent-adolescent relationship (see Figure 1).



NEW PARENTING STRATEGIES

IMPROVED PARENTING SKILLS, ATTITUDES, KNOWLEDGE, BEHAVIOURS & CONFIDENCE



STATUS OF THE VIOLENCE

REDUCED ADOLESCENT-TO-PARENT VIOLENCE



CONDITION OF THE PARENT-ADOLESCENT RELATIONSHIP

IMPROVED PARENT-ADOLESCENT RELATIONSHIPS,
VITAL TO ADOLESCENT DEVELOPMENT

FIGURE 1.
Breaking the Cycle logic model

9



Outcomes Evaluation



Anglicare Victoria's Research, Policy and Innovation (PRI) unit undertook an outcomes evaluation of the BtC program operating between March and December 2010. The outcomes evaluation sought to test the efficacy of the group program in relation to its aims to improve parenting approaches, reduce adolescent-to-parent violence and improve the parent-adolescent relationship (see Figure 1).

The evaluation specifically asked:

- Does participation in BtC lead to a reduction in adolescent-to-parent violence?
- Do positive impacts on adolescent-to-parent violence occur through shifts in participants' understanding of the cycle of violence, parental confidence and informed use of authoritative parenting strategies?
- Does participation in BtC contribute to a more positive parent-adolescent relationship?
- Are positive impacts on the parent-adolescent relationship the result of diminished episodes of adolescent-to-parent violence?

Evaluation design

The evaluation included both quantitative and qualitative approaches. The quantitative component utilised a quasi-experimental research design called the Non-Equivalent Groups Design (NEGD) (Web Center For Social Research Methods, 2006). NEGD is a frequently used design in social research. Its structure is similar to a pre-test post-test randomized experiment, but it lacks a key feature of the randomized designs; that is, the researcher does not control the assignment to groups through the mechanism of random assignment. Rather, NEGD employs comparison of a 'treatment' group and a 'control' group.

For the BtC evaluation the treatment group comprised participants in the group program commencing 25 March 2010 and the control group comprised parents/carers who had been accepted for the service and were on a waiting list to receive the program. The qualitative component of the evaluation involved an in-depth case study of two program participants captured through a one-hour interview 4-6 months after program completion. This aspect of the evaluation used a narrative inquiry methodology and purposeful sampling. The interview focussed on the implementation of insights and skills developed through participation in the program.

Sample characteristics

The sample frame for the evaluation was all eight (8) adults enrolled in the BtC program that commenced on 25 March 2010 and the 19 adults who had been accepted for the service and were on a waiting list to receive the program. Seven of the eight treatment adults (87.5%) and eight of the 19 control adults (42.1%) agreed to take part in the evaluation.

SECTION 2

BREAKING THE CYCLE OUTCOMES EVALUATION

Suitability of the “wait list” control

A number of statistical tests were performed to determine whether the control group was a suitable comparison to participants in the BtC program (see Table 1). Group differences were conducted on all demographic data collected on program intake (T1). Although the control group had higher levels of income and a higher proportion lived in single-headed households, these differences were not statistically significant. It was not possible to perform a statistical test on gender, as there were no men in the control group (there were two men in the treatment group).

TABLE 1 CHARACTERISTICS OF THE TREATMENT AND CONTROL GROUPS

	Treatment group (N = 7)	Control group (N = 8)	Difference
Female	71.3%	100.0%	na
Age	M = 46.7 (SD = 9.25)	M = 45.8 (SD = 4.77)	t(7) = .22, p = .83, ns
Adolescent's mother	71.3%	100.0%	z < 1.65, ns
Language other than English spoken at home	71.3%	0.0%	z < 1.65, ns
Presence of partner/spouse	57.1%	37.5%	$\chi^2(1, N = 15) = .58$, p = .48, ns
Adults in the household	M = 2.00 (SD = 1.10)	M = 1.14 (SD = 0.69)	t(8.12) = 1.66, p = .14, ns
Children in the household	M = 1.29 (SD = 1.25)	M = 1.88 (SD = 1.13)	t(12.24) = -.95, p = .36, ns

Education

Some secondary/ high school	14.3%	0.0%	na
Secondary/high school	28.6%	50.0%	z < 1.65, ns
Trade Certificate/ Apprenticeship	28.6%	12.5%	z < 1.65, ns
Bachelor degree	14.3%	25.0%	z < 1.65, ns
Postgraduate degree	14.3%	12.5%	z < 1.65, ns

Household income

Less than \$20,000	28.6%	12.5%	z < 1.65, ns
\$20,000 to \$39,999	0.0%	12.5%	na
\$40,000 to \$59,999	28.6%	12.5%	z < 1.65, ns
\$60,000 to \$79,999	28.6%	37.5%	z < 1.65, ns
\$80,000 or more	14.3%	12.5%	z < 1.65, ns

Note: Due to small sample sizes, results should be interpreted with caution

SECTION 2

BREAKING THE CYCLE OUTCOMES EVALUATION

Comparative analyses on parent abuse factors (physical and verbal, threats, and financial) and parenting (attachment, communication, discipline practices, relational frustration and parenting confidence) conducted at T1 and reported in the findings section later in the report also found no significant difference between treatment and control groups (see Tables i to viii, Appendix D).

While these findings suggest that the BtC wait-list was a suitable comparison for the treatment group prior to program commencement, it was not possible to ensure the control group did not receive any intervention during the evaluation period. While it is true that the wait-list group did not receive the BtC program during the evaluation period, parents and carers on the wait list were given a resource booklet and a book of stories by women who have experienced adolescent-to-parent violence. These resources help parents identify violent behaviours; suggest strategies for dealing with adolescents; and provide a contact list of services and agencies that can help parents deal with the situation they are in (Inner South Community Health Service, 2008). Family counselling is also recommended and parents are encouraged to call Anglicare Victoria if a crisis situation with their adolescent occurs. Access to such information and support is important to bear in mind when interpreting the findings set out later in the report.

Sample attrition

Quantitative data were collected for both treatment and control groups on program intake, on program completion and three months after program completion. Overall, there was very little attrition between T1 and T2. Most of the attrition occurred between T2 and T3; that is after program completion. Table 2 demonstrates sample attrition throughout the evaluation.

TABLE 2 ATTRITION OF SAMPLE THROUGHOUT QUANTITATIVE COMPONENT

Datapoints	Questionnaire	No. distributed	No. returned	Response rate by group (%)
1. Program commencement	PAI*	27	15	Treatment=7 (87.5%) Control=8 (42.1%)
2. Program completion	PAI*	15	14	Treatment=7 (100.0%) Control=7 (87.5%)
2. Program completion	ISRC**	8	8	Treatment=8 (100.0%)
3. Three month follow up	PAI*	14	9	Treatment=5 (71.4%) Control=4 (57.1%)

*PAI Parenting Adolescents Inventory

**ISRC Insights, Skills and Readiness for Change questionnaire (treatment group only).

Methods and Measures

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METHODS

Recruitment strategy

Quantitative component

The BtC program co-ordinator sent program participants and those on the waiting list written information about the evaluation and what taking part would involve. Parents/carers were given one week to advise the program co-ordinator if they wished to opt-out of the evaluation and were informed that after this time contact information would be provided to the researchers. Participants were advised that they would receive a \$10 Coles gift voucher at each data collection point to acknowledge their time in taking part in the research. No participant chose to actively opt-out of the research.

Qualitative case studies

Researchers liaised with the program facilitator to identify potential participants from the treatment group. A qualified family therapist with good working knowledge of the BtC program was engaged to recruit participants to the case study aspect of the evaluation and to conduct the interviews.

Prospective interviewees were initially contacted by phone at which time the purpose and expected duration of the interview was explained to them. The interviewer arranged with participants a suitable time and place to conduct the interview. Participants who were interested in taking part were mailed an Information for Subjects form.

Before commencing the interview, participants had the purpose of the interview explained to them once again, and were asked to sign a written consent form. Interviews were digitally recorded and transcribed for validity purposes.

The two parents who participated in an interview received an additional \$20 Coles gift voucher in acknowledgement of the time they contributed to the research.

Data collection strategy

Quantitative component

Information on adolescent-to-parent violence and the parent-adolescent relationship were collected at three points in time: T1 (program intake); T2 (program completion); and T3 (three months after program completion). The treatment and control groups were issued identical self-complete questionnaires at each data collection point, called the Parenting Adolescents Inventory (PAI)².

The PAI was mailed to both treatment and control groups ($N = 27$) at program intake. A stamped, addressed envelope for the return of the questionnaires and consent forms was provided. The treatment group was reminded to complete and return the survey throughout the program sessions. Non-respondents in the control group were followed up individually by phone and given the option to complete the questionnaire over the phone. The same process was followed on program completion and at the three months post-program point (T3).

² The PAI comprised three sections: i) the Adolescent Violent Behaviour Questionnaire (AVBQ); ii) the Parenting Relationship Questionnaire (PRQ); and iii) About You and Your Family. Sections i) and iii) of the PAI are shown in Appendix A. Content from section ii) of the PAI is shown in Kamphaus & Reynolds (2006).

The treatment group also completed a survey (ISRC: Insights, Skills and Readiness for Change) about the insights and skills that they had developed through participation in the program as well as their readiness for change. This survey was distributed during the final session of the program (T2).

Qualitative case studies

Two members of the treatment group took part in a semi-structured interview. The first interview occurred in September 2010, four months after the respondent completed BtC. The second interview took place in December 2010, six months after the respondent had completed the program.

The interview component of the research aimed to provide information about participants' experience of the group program; whether or not they were able to implement what they learnt during the program; and interconnections between the two. Specifically, participants were asked to describe a situation of actual or potential violence/conflict that erupted post-program to understand how they managed the situation and whether or not they were able to apply specific strategies from the program.

MEASURES

Adolescent Violent Behaviour Questionnaire

Due to the absence of any existing, validated measure of adolescent-to-parent violence the Adolescent Violent Behaviour Questionnaire (AVBQ) was specifically developed for this evaluation (Appendix A). The AVBQ is a parent/carer reported measure of the occurrence of adolescent-to-parent violence. Development of the AVBQ was informed by Paterson et al.'s (2002) Violent Behaviour Questionnaire; current adolescent-to-parent violence literature; the Maltreatment Classification System (Manly, Cicchetti & Barnett, 1994); and the Conflicts Tactics Scale (Straus, Hamby, Boney-McCoy & Sugarman, 1996). In developing the instrument parental abuse items were identified from the relevant literature (Appendix B).

Constructing the Adolescent Violent Behaviour Questionnaire

Initially, 14 items or behaviours were developed. Items were scored on a four-point forced choice scale indicating how frequently the behaviour had occurred in the past two months. The four-point forced choice scale was used to guard against respondents using an acquiescent response mode. Respondents were asked to rate how often each statement was true for them. Response categories were: 0 (Never), 1 (Sometimes), 2 (Often) and 3 (Almost Always); all items were positively worded. High scores represented more frequent occurrence of violence. The face validity of the items were confirmed by counselling therapists.

To maximise the data available for the analysis the factor structure of the AVBQ was examined using all data collected throughout 2010³. These data were entered into an SPSS database in long (rather than wide) format, so that each case had multiple rows in the dataset (each participant in the evaluation group had potentially three rows of data and participants in subsequent groups had two rows of data). Notwithstanding issues regarding the dependence of the data, all 60 rows of data (or "cases") were used in the analysis.

³ This includes programs that were not part of the current evaluation, starting in July and October 2010.

SECTION 3

METHODS AND MEASURES

Initially two items were removed due to low or no variance. These items were: 'Caused you a serious physical injury that required medical attention, regardless of how it was received (e.g. punched, beat, strangled, choked, used weapon)'; and 'Seriously harmed or killed your pets'.⁴ Exploratory factor analysis (varimax rotation) was then performed on the remaining 12 AVBQ items. A further four items were removed due to cross-loading. These items were 'Directed minor insults at you (e.g. picked on you, put you down, called you names, laughed in your face)'; 'Damaged or destroyed your possessions or property (e.g. punched holes in walls, broke things, smashed your car)'; 'Disrespected you in significant ways (e.g. put you down in front of your friends, lied to you, withheld important information)'; and 'Created fear or scared you (e.g. ran away from home, stayed away from home all night)'.

The final factor solution illuminated three factors with eigenvalues greater than 1. These measured three sub-types of violence: 'physical and verbal' (four items), 'threats' (two items) and 'financial' (two items). Table 3 presents the rotated factor loading matrix for this final solution. The physical and verbal factor explained 47.0% of the variance, the threats factor explained 18.0% of the variance, and the financial factor explained 13.0% of the variance. In total, the three factor solution explained 78.0% of the variance. Internal consistency of each of the three factors was examined using Cronbach's alpha. The alphas were high: .83 for physical and verbal; .80 for threats; and .70 for financial.

TABLE 3 FACTOR LOADINGS AND COMMUNALITIES OF A VARIMAX ROTATION FOR EIGHT AVBQ ITEMS (N=60)

Item	Factor 1: physical & verbal	Factor 2: threats	Factor 3: financial
Caused you minor physical pain	.82	.35	
Caused you a physical injury that left minor marks and/or soreness	.69	.43	
Sworn, argued or challenged you	.86		.32
Shouted, screamed or yelled at you	.78	.24	.28
Threatened to harm his/herself, you or your family/friends/pets	.30	.82	
Threatened to kill his/herself, you or your family/friends/pets		.90	
Demanded your money, car or belongings		.31	.79
Stolen your money or misused your resources or possessions			.89

Note: Factor loadings < 0.2 are suppressed

⁴ Counselling therapists involved in the face-validity tests had indicated that these behaviours were located at the most severe end of the violent behaviour spectrum.

SECTION 3

METHODS AND MEASURES

Parenting Relationship Questionnaire (PRQ)

The Parenting Relationship Questionnaire (PRQ) is a widely used, validated measure that captures a parent/carer's perspective of the parent-adolescent relationship (Kamphaus & Reynolds, 2006). Psychometric properties of the measure are available in Kamphaus & Reynolds (2006: 32-36). The 'attachment', 'communication', 'discipline practices', 'parenting confidence' and 'relational frustration' subscales from the PRQ were used in the current evaluation to measure the four parent-adolescent relationship constructs that BtC aims to change (communication, conflict management, parental nurturance and parenting stress). Respondents were asked to rate how frequently each statement described their beliefs or experiences. Response categories were: 0 (Never), 1 (Sometimes), 2 (Often) and 3 (Almost Always). High scores indicate more positive attachment, better communication, more consistent application of consequences in response to adolescent misbehaviour, greater parental confidence and higher parental frustration.

Reliability analysis was performed on all PRQ data collected in the course of the current evaluation; that is, data from 15 cases at three data collection points. Cronbach's alpha's were moderate to high: .67 for attachment; .72 for communication; .59 for discipline practices; .71 for parenting confidence; and .79 for relational frustration (see Table 4).

TABLE 4. CRONBACH'S ALPHA VALUES FOR PARENTING RELATIONSHIP QUESTIONNAIRE (PRQ) FACTORS

	No. of items	Alpha
Attachment (<i>n</i> = 30)	11	.67
Communication (<i>n</i> = 33)	9	.72
Discipline Practices (<i>n</i> = 33)	9	.59
Parenting Confidence (<i>n</i> = 32)	8	.71
Relational Frustration (<i>n</i> = 30)	12	.79

About you and your family

The 'About you and your family' section of the PAI incorporated standard demographic items including participant's age on last birthday (years), sex, highest level of education completed, marital status, relationship to the violent adolescent (parent/grandparent/carer), sex of the violent adolescent, cultural background, total family annual income, number of children living in household under the age of 18 years, number of adults living in household aged 18 years or over and course of referral (i.e. how they heard about the program).

SECTION 3

METHODS AND MEASURES

Insights, Skills and Readiness for Change (ISRC) questionnaire

The Insights, Skills and Readiness to Change (ISRC) questionnaire (see Appendix C) was distributed to the treatment group during the final BtC session. The ISRC questionnaire sought to measure cognitive change as a result of exposure to BtC and general satisfaction with the program. The questionnaire captured participants' impression of the program environment, what insights and understanding they gained, whether their parenting skills and behaviours had changed, their readiness for change and their overall satisfaction with the program.

ANALYTIC APPROACH

Quantitative component

Cross-sectional analyses

Following cleaning, quantitative survey data were statistically analysed to assess the significance of differences in treatment and control group mean scores for violence factors and parent-adolescent relationship dimensions at each data collection point (T1, T2 and T3). Pair-wise independent samples t-test of treatment and control group mean scores was run for the three AVBQ violence factors (physical and verbal, threats and financial) and also for the five PRQ dimensions (communication, attachment, discipline practices, parenting confidence and relational frustration).

Repeated measures analyses

Statistical analyses were also conducted to measure longitudinal change between treatment and control groups as well as longitudinal change within the two groups separately. A one-way repeated measures ANOVA was conducted on violence and parenting scores at T1 (prior to the group program), T2 (following the group program) and T3 (three month follow-up). Here, analyses of treatment and control groups were run at the same time to enable a formal comparison and residual plots were also produced to check the model for variance. Analyses were then run a second time, without the presence of the between subjects factor (in this case 'group').

This allowed a separate repeated measures model to be fit for each group, in order to test the effect of time within each group. The effect for time was considered between T1 and T2 and between T1 and T3. Exclusions inherent in the design of the one-way repeated measures ANOVA function meant that only participants who had completed surveys all three time-points were included in these longitudinal analyses.⁵

The value of Wilks' Lambda, which offers an indication of the interaction effect for the two groups (i.e. whether there is a significant change in scores over time for treatment and control groups), was noted for each factor.

Analysis of Insights, Skills and Readiness for Change

Frequency analyses, designed to describe the nature and extent of the insights and skills gained by treatment group participants and the group's readiness to change, were conducted on ISRC questionnaire data.

⁵ Using a 'last observation carried forward' approach – for example, if data existed for T1 and T2, but not for T3, then data from T2 would be carried forward to T3 – was deemed inappropriate for this evaluation, as participants' retention and responses may be related to the incidence of violent behaviour or difficulties in the parent-adolescent relationship. In following up non-responses this was found to be anecdotally so: one respondent reported that their child had run away from home and that their inability to complete the questionnaire was directly impacted by the situation.

SECTION 3

METHODS AND MEASURES**Qualitative
case studies***Thematic analyses*

For the qualitative component, a thematic analysis of interview transcripts was undertaken and cross-validated. The thematic analysis coded interviewee's ideas in order to identify themes and relationships within the qualitative data. The themes that emerged aligned with the themes of the evaluation, namely the impact of the program on violence and the parent-adolescent relationship, as well as parents' insights, skills and readiness to change. Accordingly, presentation of interview responses in this report has been integrated with the quantitative findings.



Findings

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HOW PARTICIPANTS HEARD ABOUT BREAKING THE CYCLE

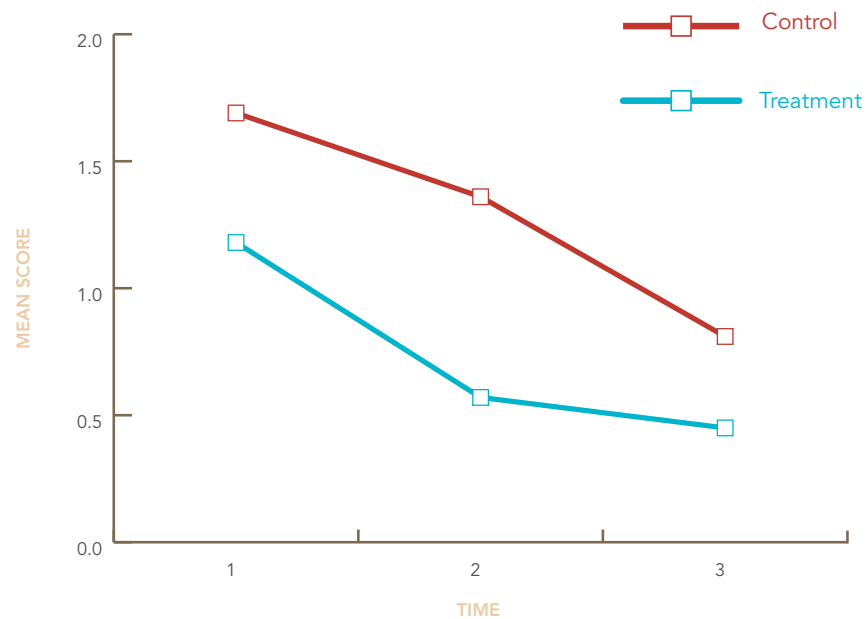
Table 5 illustrates the ways in which treatment and control group participants were informed of the BtC program. For both treatment (42.9%) and control (37.5%) groups, staff at Anglicare Victoria's Box Hill office were a key information source. School counsellors were also an important source for the treatment group, nominated by 42.9% of this group's participants. Just over one-third of participants (37.5%) in the control group responded 'Other'. Responses here included local family support services, domestic violence services, hospitals and a community service organisation for disability and aged carers.

TABLE 5. HOW RESPONDENTS HEARD ABOUT BREAKING THE CYCLE PROGRAM

	Treatment Group (N = 7)	Control Group (N=8)
Newspaper	0.0%	12.5%
Anglicare Victoria Box Hill staff member	42.9%	37.5%
Internet	0.0%	12.5%
School counsellor	42.9%	0.0%
Other	14.2%	37.5%
TOTAL	100.0%	100.0%

IMPACT OF BREAKING THE CYCLE ON ADOLESCENT-TO-PARENT VIOLENCE

Figure 2.
Changes over time
in mean scores for
physical and verbal
violence



Quantitative findings on violence

Physical and verbal violence

A general trend for both treatment and control groups was a reduction in physical and verbal violence over time. For both groups, mean scores for physical and verbal violence more than halved between T1 and T3. Figure 2 above plots physical and verbal violence scores for both treatment and control groups across the three waves of data.

At each data collection wave (T1, T2 and T3) the control group score on physical and verbal violence was higher than the intervention group. At T2 differences in physical and verbal violence reached conventional levels of significance ($p < .05$), suggesting improvement on this aspect in the treatment group compared to the control group (see Appendix D, Table i).

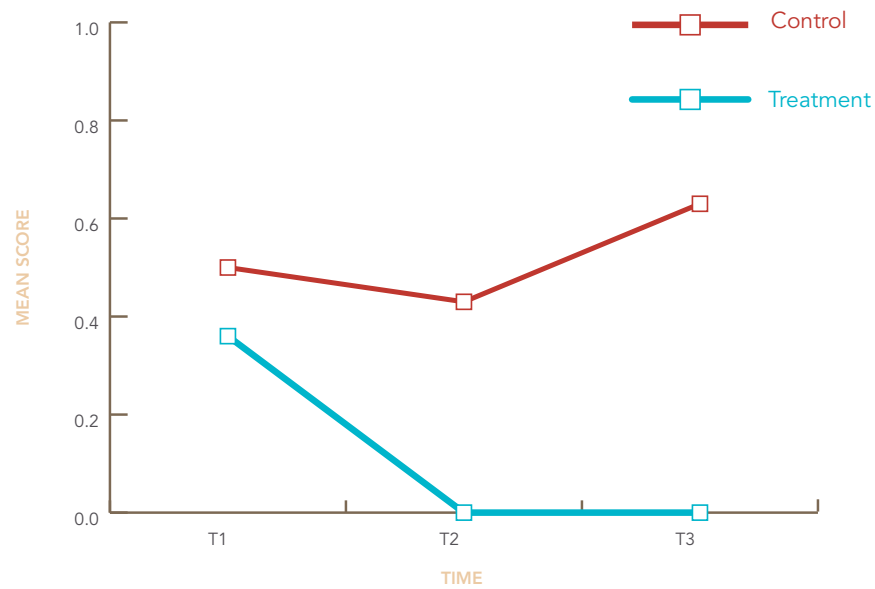
One-way repeated measures ANOVA showed that for the treatment group, the effect for time on physical and verbal violence between T1 and T2 was statistically significant ($F(1,2) 10.60, p = .03$), as was the effect between T1 and T3 ($F(1,2) 13.84, p = .02$). There was no statistically significant effect for time on physical and verbal violence for the control group between either T1 and T2 or T2 and T3.

While there was some indication of a sharper reduction in physical and verbal violence in the treatment group compared to the control group between T1 and T2, the repeated measures analyses found that physical and verbal violence did not decrease at a greater rate for the treatment group than for the control group between T1 and T3.

SECTION 4

FINDINGS

Figure 3.
Changes over time
in mean scores for
threats



Threats

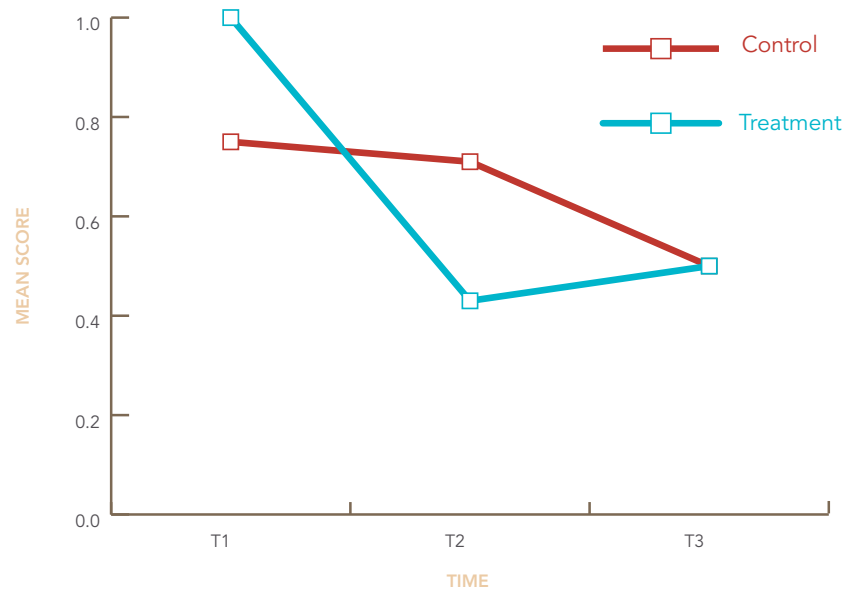
While there was no statistically significant difference in threat scores between treatment and control groups on commencement of the evaluation, scores diverged at T2 and T3 (see Appendix D, Table ii). Specifically, for the treatment group the incidence of threats was eliminated between T1 and T2. While there was a slight reduction in threat scores for the control group between T1 and T2, there was an escalation between T2 and T3 (see Figure 3).

Due to the elimination of the incidence of threats in the treatment group, cell values for these data were zero (0) and statistical comparisons were not conducted. However, Figure 3 clearly demonstrates converse trends in the data for treatment and control groups.

SECTION 4

FINDINGS

Figure 4.
Changes over time
in mean scores for
financial violence



Financial violence

The trend in financial violence scores was similar to that reported above for threats scores. That is, while there was no significant difference between the two groups at T1, scores for the treatment group reduced sharply between T1 and T2 (the intervention period) while scores for the control group remained constant across this time period. Concomitantly, scores between T2 and T3 increased marginally for the treatment group at which time a reduction in scores was observed for the control group (see Figure 4).

While differences were observed in the pattern of scores between the treatment and control group across the evaluation period, there was no statistically significant difference in scores between the two groups at T1, T2 or T3 (see Appendix D, Table iii).

Repeated measures analyses showed that the effect for time for the treatment group on financial violence between T1 and T2 was statistically significant, ($F(1,2) 10.29, p = .03$), whereas there was no statistically significant effect for time on financial violence for the control group. There was also a trend towards a greater rate of change on financial violence between T1 and T3 for the treatment group (Wilks' Lambda = .45, $F(2,1) 3.67, p < .10$).

SECTION 4

FINDINGS

Qualitative findings on violence

The longitudinal impacts of BtC on adolescent-to-parent violence were also supported by qualitative findings from case study interviews with two treatment group participants. On starting the program, interviewees Therese and Mary (pseudonyms) were both experiencing adolescent-to-parent violence. Therese encountered violence from her 16 year-old son and Mary from her 15 year-old daughter.

Both mothers experienced physical and verbal abuse and financial violence and emphasised that the severity and frequency of violence was escalating. Therese's son had damaged the family's garage and had broken a window in their home. Therese described her son's swearing, mocking and bumping into her "whenever he walked past". He was also found to be running up large phone bills and over-using the family computer.

Mary's daughter had "become very verbally abusive" and "extremely defiant". Mary's daughter was also physically intimidating her by standing over her and blocking exits, as well as "abusing privileges at home like internet, telephone".

Several months after the program finished, the women spoke of their adolescents' improved behaviour. In Mary's case, the incidence of violence from her daughter had significantly reduced:

"We still have our difficulties, but it has lessened. It's not as bad as how it was before."

In Therese's instance, violent behaviour by her son had ceased altogether:

"There were a number of them [violent episodes] and it has now stopped."

Therese also spoke to there being fewer arguments and less aggression between her and her son:

"The way he's behaving now we don't even think along the lines of, oh, he may be violent again (...) He no longer abuses me verbally or pushes or bumps past me. His behaviour there is completely different."

IMPACT OF BREAKING THE CYCLE ON PARENTING

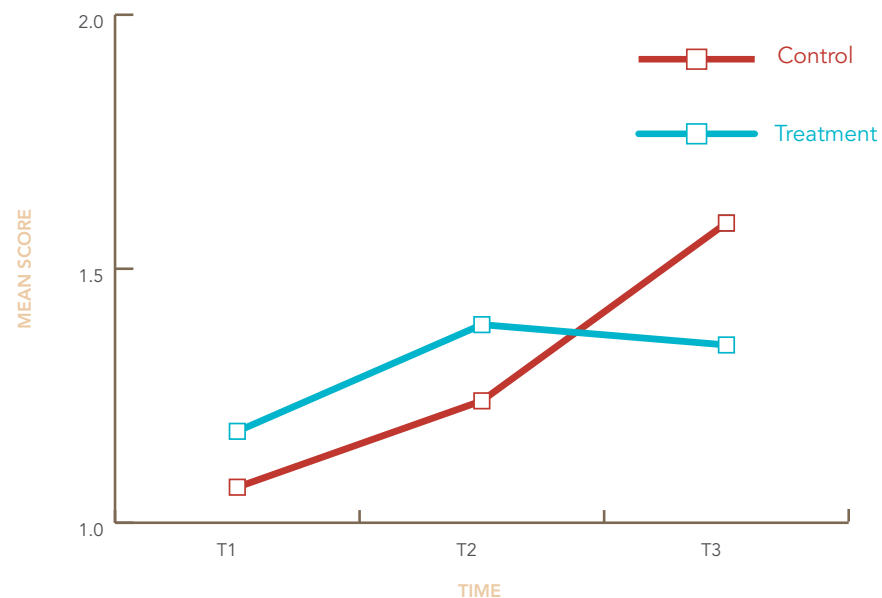
Quantitative findings on parenting and parenting relationship

Attachment

During the BtC program attachment scores increased between T1 and T2 for the treatment group. However, by the three month follow-up data collection (T3), mean attachment scores for the treatment group had levelled off. For the control group, attachment scores increased steadily from T1 to T2 and from T2 to T3 (see Figure 5). There was no statistically significant difference ($p > .10$) between treatment and control group mean scores for attachment at either T1, T2 or T3 (see Appendix D, Table iv) .

While the repeated measures ANOVA showed no statistically significant effect for time on attachment for the treatment group, there was a trend for an effect for time on attachment between T1 and T3 for the control group ($F(1,2) 7.74$, $p = .07$). There was no significant effect for time between groups on attachment.

Figure 5.
Changes over time
in attachment



SECTION 4

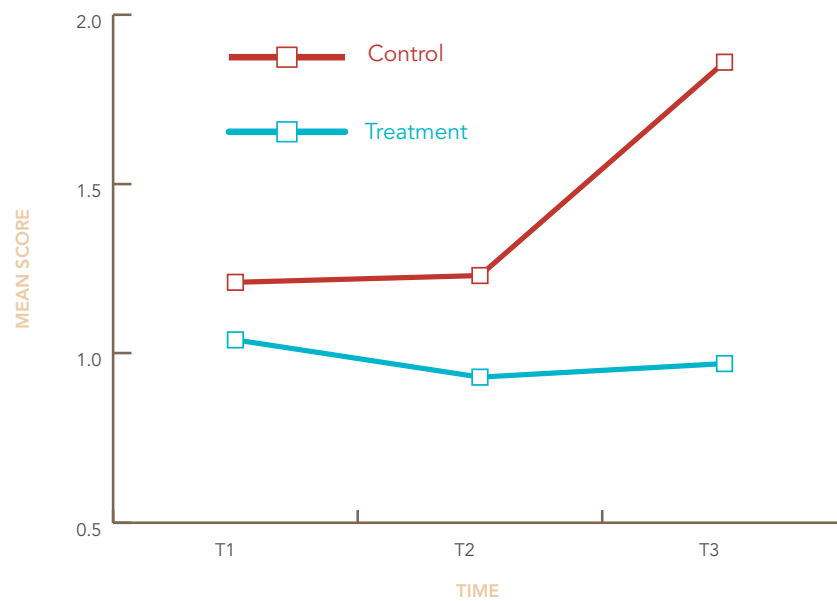
FINDINGS

Communication

Findings on communication were unexpected. While there was little change in communication scores between T1 and T2 for both groups (the intervention period), there was a relatively large increase in communication scores between T2 and T3 for the control group (see Figure 6). There was no statistically significant difference between treatment and control group mean scores for communication at either T1, T2 or T3 (see Appendix D, Table v).

The repeated measures ANOVA revealed no statistically significant effect for time on communication for either the treatment or control group, nor was there an effect observed for time between these two groups.

Figure 6.
Changes over time
in parent-adolescent
communication



SECTION 4

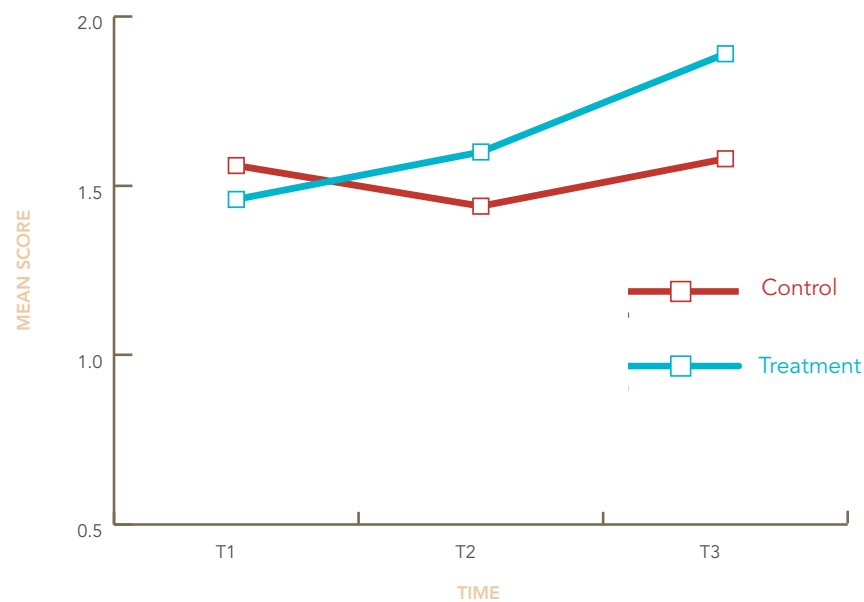
FINDINGS

Discipline practices

As expected, the treatment group's mean scores for positive discipline practices increased between T1 and T2, whereas scores for the control group decreased during this same period. Scores for both groups increased between T2 and T3 (see Figure 7). There was no statistically significant difference ($p > .10$) between treatment and control group mean scores for discipline practices at either T1, T2 or T3 (see Appendix D, Table vi). The repeated measures ANOVA revealed no statistically significant effect for time on discipline practices for either the treatment or control group, nor was there an effect observed for time between these two groups.

The repeated measures ANOVA revealed no statistically significant effect for time on discipline practices for either the treatment or control groups, nor was there an effect observed for time between these two groups.

Figure 7.
Changes over
time in discipline
practices



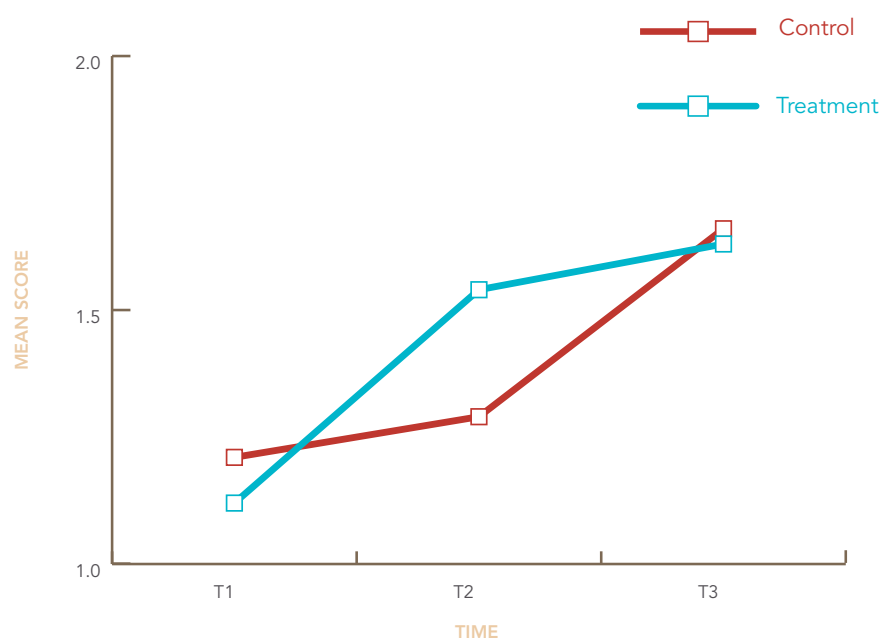
SECTION 4

FINDINGS

Parenting confidence

Mean scores on parenting confidence increased for both the treatment and control group between T1 and T2, although the change in scores was larger for the treatment group. Between T2 and T3 both groups recorded another improvement in parenting confidence, although the control group experienced a bigger change in this period (see Figure 8). There was no statistically significant difference ($p > .10$) between treatment and control group mean scores for parenting confidence at either T1, T2 or T3 (Appendix D, Table vii).

Figure 8.
Changes over time in parenting confidence



For the treatment group, the effect for time on parenting confidence between T1 and T2 was approaching statistical significance ($F(1,2) 5.88$, $p = .07$) as was the effect for time on parenting confidence between T1 and T3 ($F(1,2) 10.50$, $p = .09$). There was no effect between the treatment and control groups between T1 and T3.

SECTION 4

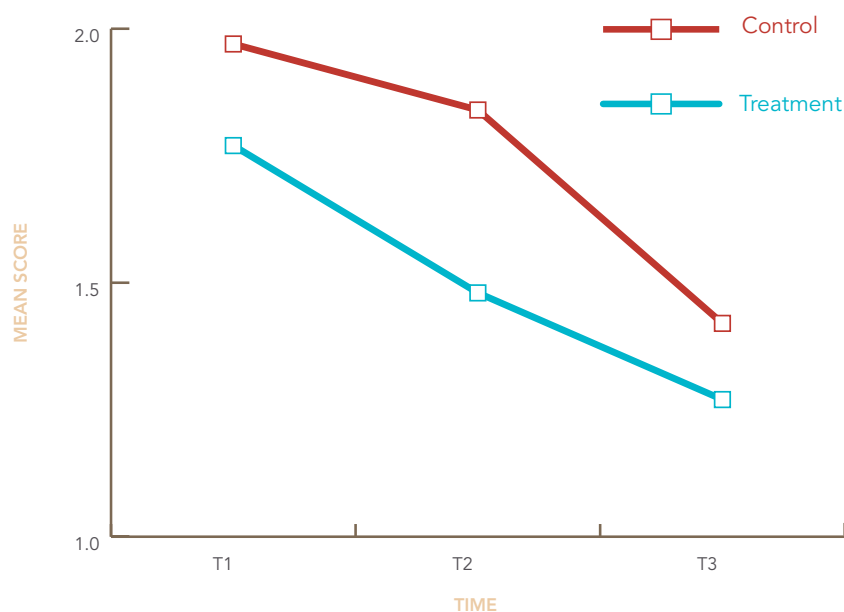
FINDINGS

Relational frustration

As anticipated, mean relational frustration scores for treatment group participants decreased between T1 and T2, and further decreased between T2 and T3 (see Figure 9). The control group's mean relational frustration scores also decreased at a similar rate. There was no statistically significant difference ($p > .10$) between treatment and control group mean scores for relational frustration at either T1, T2 or T3 (see Appendix D, Table viii).

Within both the treatment and the control groups no statistically significant effect for time on relational frustration was observed ($p > .10$).

Figure 9.
Changes over time in
relational frustration



SECTION 4

FINDINGS

Qualitative findings on parenting

Positive change in discipline practices and communication were most readily identified by case study interviewees. These elements were front of mind for Mary and Therese in discussing strategies learned during BtC, and the ways in which implementing these had or hadn't impacted their adolescent's behaviour. Dimensions of relational frustration, attachment and parenting confidence were less overtly expressed.

Discipline practices

Changes in discipline practices, like setting limits and following through with consequences, were of importance to both mothers. Mary found her daughter was responding to the boundaries she was setting:

"She would like her boyfriend to stay there every night if possible and I said, 'No, only once a week.' She likes to push the boundaries. But when she pushes the boundaries, then she becomes abusive about it, now I've learnt to say, 'Look – if you're going to talk to me that way, your boyfriend isn't going to be allowed to stay over here.' And that does work really well with her."

"She knows for a fact that it's still important [for me] to be maternal, to be compassionate, but when you need to stick to the boundaries it still needs to be there."

Therese identified that she had been setting consequences with her son and following them through:

"I'd talk to him now and say, 'Look, if you choose to behave like this there are gonna be consequences. You choose.'"

"My husband is quite willing to turn off the computer, put it away, and the games and... just not make life comfortable for him at home. And he's got to be up and out by a certain time."

Also important for both mothers was the renewed support of other adults in their household. Both Therese and Mary commented on the benefits of working as a team with their partners. Mary found her new partner's support helped to reinforce the boundaries she'd set with her daughter:

"One of the things that has helped me [is] I have my partner, 'cause he's very firm on boundaries. He will say, 'If I were you I wouldn't let her do these things.' He supports me."

Therese felt better supported and experienced an improved sense of wellbeing at now sharing the responsibility of discipline with her husband:

"Before he would say, 'You're the mother, you deal with it.' So I was the disciplinarian all the time. But now that's changed and [my son] sees us talking together about things. And if he approaches one of us we say, 'Oh, we'll talk about that with mum,' or 'We'll talk about that with dad.'"

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FINDINGS

Communication

Mary and Therese's experiences of parent-adolescent communication since the program were somewhat different. Both had implemented communication strategies learnt through the BtC program. For example, Therese had stopped 'keeping on' at her son:

"It was me just nagging all the time, but now that's changed."

Therese had also learnt to slow down the decision-making process and involve her husband, so as to not allow her son to play one adult against the other:

"Now he doesn't try to play one off against the other. If he does approach me, he knows that I'm going to say, 'Well, I'll talk about this with dad, we'll see.' It's never a yes or no."

Mary had become better at recognising her daughter's behaviour patterns and had begun talking to her daughter "before she escalates". Mary expressed that instead of becoming defensive when her daughter became abusive, the program had taught her to compassionately ask her daughter what she was feeling:

"So I ask, 'What's wrong? Why are you angry? Is there something bothering you?' Sort of think outside the square. I'm not just taking it personally."

If that approach didn't stop the escalation to verbal abuse, Mary explained, she reinforced her boundaries:

"Being able to put a stop to it [by saying], 'If you're going to talk to me in an abusive way, I'm not going to talk to you, I'm going to walk away.' And meaning it, when you say that."

Mary also emphasised the importance of reflection and follow-up communication if a situation went badly:

"If my gut feeling [is] 'I don't think I did the right thing', I try to have a conversation with her."

However, the impact of applying new communication strategies on their adolescent's behaviour was more successful for Mary than for Therese. Mary reported significant improvement in her daughter's openness and communication:

"Now [she] has learned that when she's getting angry, getting depressed, she's more open to me about it, because before she wouldn't want me to worry about it. She would keep everything inside."

By contrast, Therese felt that despite her own efforts, communication between her and her adolescent son was an area that still needed improvement:

"Even to this day, he's not a child that talks about what is going on in his mind. We ask questions, we don't get answers (...) And still to this day I wouldn't know if he now thinks otherwise, 'cause he just won't talk about anything."

SECTION 4

FINDINGS

Relational frustration

In discussing their adolescents' skills development and behavioural changes, Mary and Therese recognised the contribution of both themselves and their adolescents taking responsibility for the frustration in the relationship. Therese noted the significance of her son's realisations in creating lasting positive change between them, such as experiencing her concern as care and deciding of himself to change his behaviour:

"Do you know what? I think it's more him than us. That he has seen that we were willing to go the distance, if you like (...) I really think a lot of the things that have turned around have been because he's turned it around."

"I really think my son had to make the decision himself to make some changes, because [otherwise] it wouldn't have been possible. It would have been a longer struggle."

Mary learned to select more appropriate moments to remind her daughter of her behaviour, in order to avoid ongoing relational frustration throughout the day:

"For example, when I try to correct her in her manners or the way she's acting, I say it in a more calm, caring voice, without being too critical. And I choose my moments. Because if she had a bad day or if she just woke up and has me nag at her, then we'll just end up fighting all day."

Attachment

With regards to changes in the parent-adolescent bond, both interviewees expressed the difficulty of balancing the two aspects of mothering – being compassionate and caring while also establishing boundaries. Mary reflected on her improved ability to recognise "the positive things in the relationship between your children and yourself" and to identify "what I really love about my daughter". Mary also observed more trust in the relationship:

"Slowly, I've learned to trust her. And she recognises that. And I think that's one of the things that has improved [our relationship] a lot. And if I remind her that she has forgotten to do something, she will recognise that and say, 'Oh, I'm sorry mum if I did do that'."

Similarly, joy had been restored in Therese's relationship with her adolescent son. She expressed the return of humour and play as a signifier of their closer bond:

"We can have a joke again. We can laugh again."

Parenting confidence

During their interviews, Mary and Therese were able to identify improved confidence in their application of parenting strategies learned during the course of BtC. Therese acknowledged that she and her husband had become better at establishing limits and were "soldiering on" with renewed drive:

"In the beginning we found it very difficult to set boundaries... That's probably a change from the finish of the program to now, [the] fact that we are comfortable in setting limits now."

SECTION 4

Qualitative description of circumstances before and after the Breaking the Cycle program

FINDINGS

Mary spoke of her increased parenting confidence in terms of believing in the words and strategies she was implementing:

"Being able to just put a stop [to abusive behaviour, by saying]: 'If you're going to talk to me in an abusive way, I'm going to walk away.' And meaning it when you say that."

Reports from interviewees Mary and Therese on how they felt prior to the BtC program and their reflections on where they were in relation to their children's violent behaviour after they had received the program are a powerful illustration of the program's impact.

Both mothers had similar feelings before starting the group program. They described feeling shock and fear, as well as a strong sense of confusion and loss in relation to the breaking down of the parent-adolescent relationship. In Therese's words:

"It was heart-breaking. You know, you like to think you're the mum."

Mary and Therese also conveyed feelings of helplessness when the situation with their adolescent "became too much", as well as feeling judged by their community:

"Other people think that there's something wrong with your parenting, when your child turns out to be that way."

"We were screaming out for help."

Mary expressed functioning day-to-day in survival mode:

"As a single parent, I was used to just surviving. To be able to survive the next day."

There was a sharp contrast in how Therese and Mary felt at the program's end compared to their feelings pre-program. The mothers felt a combination of joy and relief and both articulated that a turning point had been reached:

"Things have turned around."

"She still has a long way to go, but I can see the changes there (...) She has come a long way."

Having completed the BtC program, feelings of gratitude and hopefulness were also prominent. Two comments by Therese sum up these emotions:

"I'm just so grateful. It was the support we were looking for."

"Right from the first night we turned up I just felt there was, at last there was hope."

However, the mothers' positive emotions were countered by continuing feelings of fatigue from the hard work it took to turn their situations of violence around. Mary conveyed the need for ongoing effort and persistent feelings of being overwhelmed:

"I try my best to be consistent and to stick with the boundaries, but of course there are times that I get tired, too (...) There [are] times when it becomes too much."

Therese also expressed feeling drained of energy:

"I'm totally exhausted. I'm hoping that changes and picks up a bit."

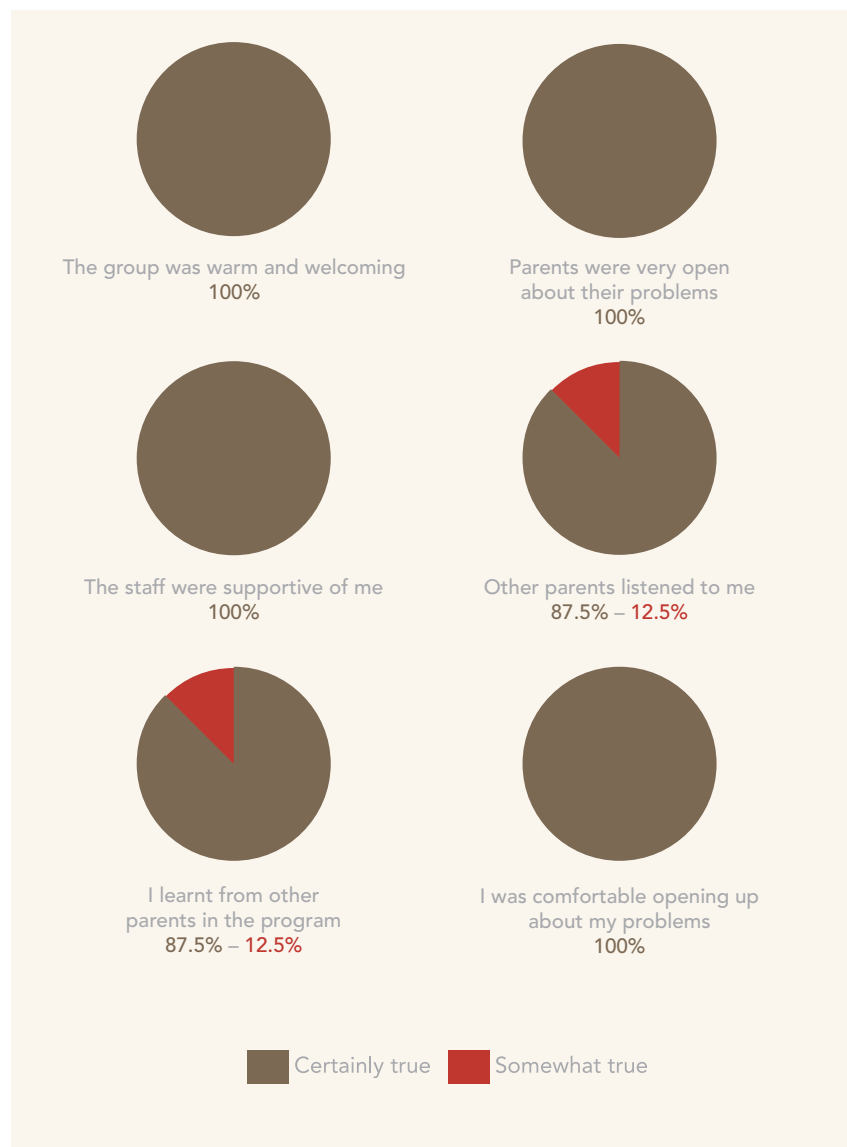
INSIGHTS, SKILLS AND READINESS FOR CHANGE

Impressions of the program environment

Expected change in knowledge, skills and behaviours of participants were assessed in two ways: using the ISRC questionnaire with treatment group participants at the end of the program (T2); and through case study interviews.

Participants in the treatment group attended between six and eight sessions, with a median attendance of seven sessions. Participants reflected positively on BtC's program environment. All agreed that it was 'certainly true' that the environment was one of warmth, welcome, openness and support where they felt comfortable discussing their problems (see Figure 10). Most (87.5%) also felt that it was 'certainly true' that they learnt from and were listened to by other parents in the program.

Figure 10.
Participants' impressions of the program environment



SECTION 4

FINDINGS

The following comments by interviewee Mary supported these findings:

"Everybody was open about their situation. And when we [had] our break, we would discuss our situation and everybody seems (sic) to be caring enough to ask, or give advice without being really intrusive. It's not like a lip service (...) This one was different. It was very genuine."

"It was a very positive experience for me. It's good to be in a safe group [where] you're not the only one who's going through the same things. You hear other people's stories. And it's good to be able to learn from other people, 'cause they also make comments about you, as a person, as a mother. It was good to hear that, actually, because they would say, "You're a very good mother"... You forget those things."

Therese spoke of the immediate feeling of hope that attending BtC gave her:

"Right from the first night that we turned up, I just felt at last there was hope. I could see a light at the end of the tunnel. I knew straight away that there was help for us, there was support, that we were going to be learning strategies to deal with what we were going through."

Through the interviews, the mothers also expressed that they found the group environment to be caring, reflective and safe. In Mary's words:

"You feel safe, that it's okay to talk about these things, that it does happen."

Mary particularly appreciated having dedicated, regular time and space in which to "process your emotions":

"People are just so busy nowadays, but [through the program] you have two hours every week to do that. It really gave you time to step back and think of how you have been doing things and how you can improve."

Mary and Therese also agreed that while the material was confronting, the program's highly practical information and experienced facilitators allayed their anxieties. Mary explained:

"[The facilitators] speak with authority because they've gone through the research, they've done it for so many years, they have children of their own... and at the same time there were important points that they raised, you know, recognising the cycle of violence, that was really helpful."

The treatment group were asked to rate, on a ten point scale, how helpful they felt it was to work through their problems with other parents, where 1 = 'not at all helpful' and 10 = 'extremely helpful'. Half of the treatment group (50.0%) rated the helpfulness at ten, or 'extremely helpful'. The remainder of responses were across at ratings of five (12.5% of responses), seven (25.0% of responses) and eight (12.5% of responses). In her interview, Mary also spoke to the usefulness of working through problems within a group setting:

"It feels good to be in a group like that, wherein they're not judgemental... because the situation is not a normal thing happening, but it does happen."

"You always think that you have the worst situation. But to be able to hear other people, what they're going through, it makes you feel you're not alone."

Helpfulness of working through problems in a group context

SECTION 4

FINDINGS

Change in knowledge and understanding

Treatment group participants responded to ten statements relating to possible insights and understanding gained as a result of completing BtC. For five statements, the proportion of participants who responded “certainly true” (87.5%) and those who responded “somewhat true” (12.5%) were the same. These statements were: ‘I am aware of my negative, troubling or undesirable emotions’; ‘I recognise my beliefs about violence and its origins’; ‘I can identify behaviour that is violent’; ‘I can identify my own anger ‘triggers’; and ‘I view my adolescent in a new way’ (see Figure 11).

Figure 11.
Insights and understanding gained by participants



SECTION 4

FINDINGS

Participant confidence in applying new skills

Participants' responses against other insights and understanding statements exhibited slightly greater variation, however, 'certainly true' remained the most common response. Seventy-five per cent of respondents felt that it was 'certainly true' that they could identify their adolescent's anger 'triggers'; recognise what makes active listening difficult; and view themselves in a new way. Almost two-thirds (62.5%) felt it was 'certainly true' that they could recognise the cycle of violence; half of respondents (50.0%) felt it was 'certainly true' that they could recognise different communication styles. One participant (12.5%) felt that the program didn't result in them viewing themselves in a new way.

Three months after completing the program, case study interviewees Mary and Therese were able to see their adolescent as a person with good qualities as well as bad. In Mary's words:

"She has improved a lot. I mean, she still has a long way to go, but I can see the changes there. She has come a long way."

Mothers saw themselves differently, too: as a person with good qualities, a better parent, and as supported and less burdened. Mary felt that the program had changed her "in a lot of ways":

"If you want to change someone, the change needs to come from yourself, because you can't change the other person. And that has helped a lot because it has changed me in a lot of ways."

Participants in the treatment group were asked whether they felt confident applying a number of approaches taught throughout BtC. For all except one statement – 'I feel confident I can recognise different communication styles' – most participants felt that their confidence in using new skills and modifying old behaviours was 'certainly true' (see Figure 12).

Mary and Therese differed in what strategies they found most difficult to implement. Therese found that while her confidence in setting consequences and establishing boundaries was growing, this was still a hard skill to apply. Mary named remembering strategies in the heat of the moment and having the energy to not give in to her adolescent when poor behaviour re-surfaces as the two most difficult aspects of BtC to implement:

"Because – you know what? It's just so easy to give in, especially when they're being violent, and just walk away."

Both mothers found everything learned through BtC to be of practical use; when asked what they found least useful about the program, nothing came to mind:

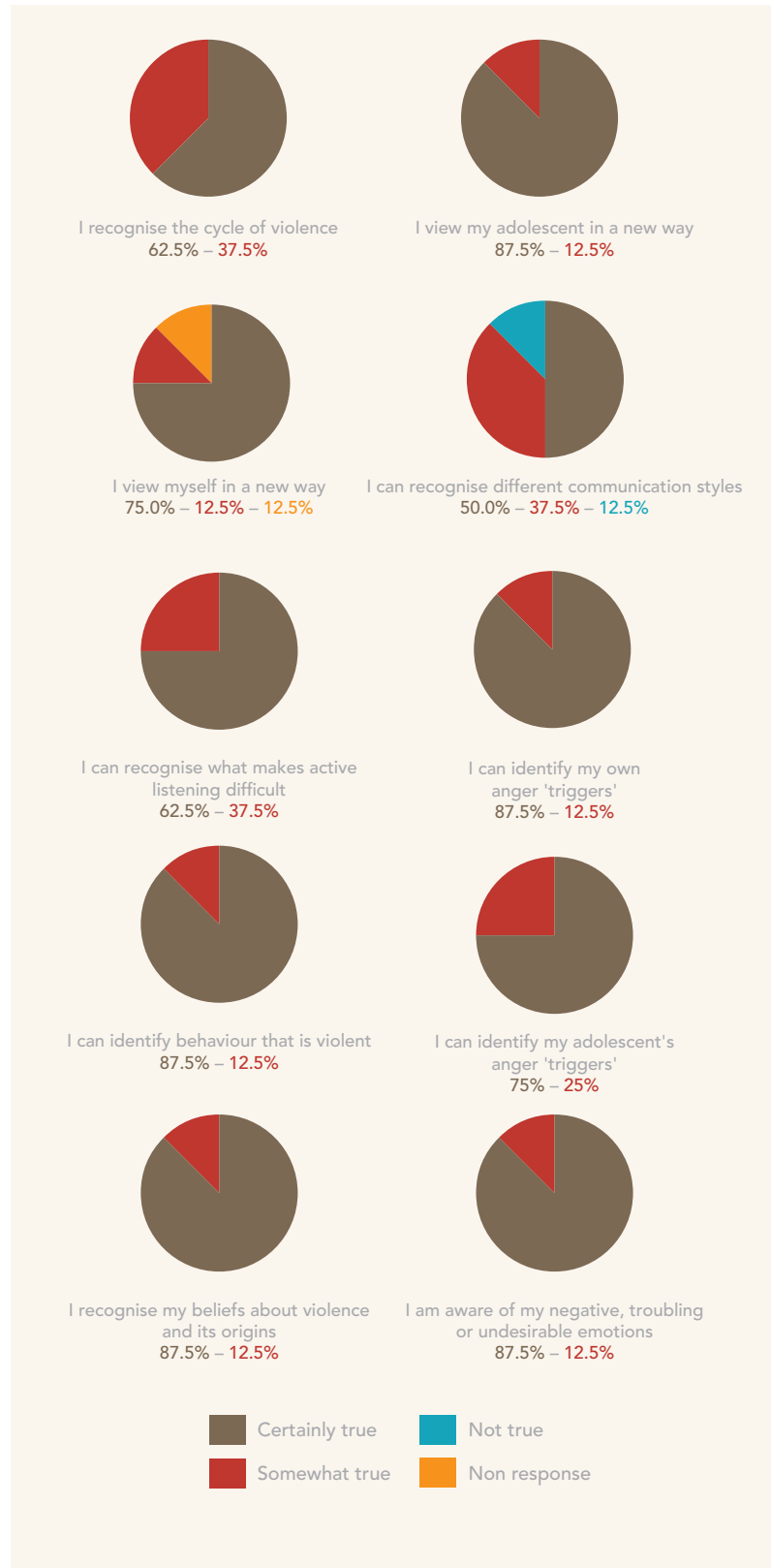
"Oh, that's hard. Because there was just something every week. Every week we attended we got something out of it, there's not anything that comes to mind that I thought 'Oh, that wasn't helpful'. No, nothing!"

"I can't think of anything that needs to be added to [BtC]. Perhaps more of them around!"

SECTION 4

FINDINGS

Figure 12.
Participant confidence
in applying new skills



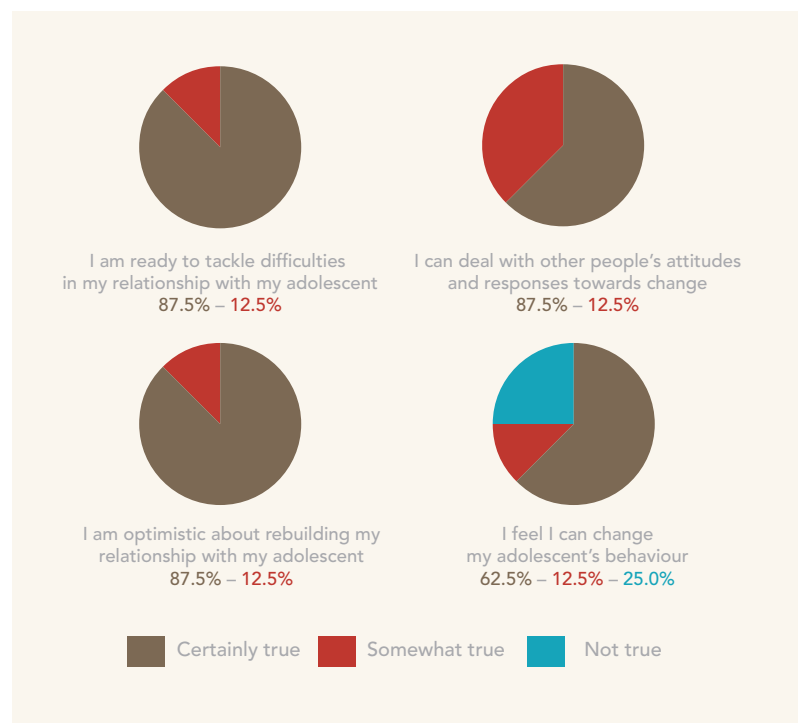
SECTION 4

FINDINGS

Readiness for change

Participants had mixed feelings about their readiness for change. However, most responses suggested that the group felt optimistic and driven to overcome problematic relationship styles. Of the four items relating to readiness for change, 87.5% felt certain they were able to tackle difficulties in the parent-adolescent relationship and 87.5% also felt optimistic about rebuilding the relationship with their adolescent. While more than half of the treatment group (62.5%) felt that it was 'certainly true' that they were able to change their adolescent's behaviour, two participants (25.0%) felt that they could not change their adolescent's behaviour (see Figure 13).

Figure 13.
Participant feelings about readiness for change



The mixed feelings about readiness for change in the parent-adolescent relationship were echoed in the interviews. Mary and Therese acknowledged the ongoing nature of change.

The women spoke of their confidence in applying new skills and behaviours – in Therese's words, "We're still learning. So it's an ongoing process." They also spoke of ongoing change in terms of aspects of the parent-adolescent relationship they felt could still improve:

"It has been a very bumpy road – although a lot of things have changed."

"I wouldn't say there's a complete change, but slowly he's changing."

SECTION 4

FINDINGS

Suggested program improvements

In describing their opinions of how BtC could be improved, participants focused on increasing the length of the program in order to provide “more opportunities to discuss”, “more time to explore topics” and “more time for practising role plays”. Participants expressed that the program was “very intense”, that the “complexity [was] very high” and that each session covered “a lot of material”. One participant felt that, in addition to the handouts, having a copy of some of the readings in the Leader’s Manual would be useful.

These themes were repeated by Mary and Therese, who felt that longer sessions and more detailed hand-outs explaining the information, rather than leaflets with dot-points, would improve the program. Mary commented:

“For me, I like keeping those manuals because... you don’t remember all of these things. They gave us those handouts, they’re just diagrams or exercises, but I like keeping those kind of manuals [to] refer back to, ‘cause you sort of forget things.”

“I still have the paperwork...I have it out on my bedside table... I know it’s there to fall back on.”

For Therese, leaving the course materials out at home was also helpful in broaching the program with her son:

“I often left stuff around. Actually he said, ‘Oh, where are you going on these nights?’ and I said, ‘We go over to Anglicare, to a group that is going to make us better parents’.”

Overall program rating

Participants rated the BtC program highly. Of five possible ratings – excellent, very good, good, fair and poor – all participants nominated positive ratings. Half of participants (50.0%) nominated ‘excellent’. A treatment group participant made the following response about ways to improve the program:

“It was the best program we could have done. I would recommend it to any parent struggling with their adolescent.”

Amongst those interviewed, parent’s overall experiences of the BtC program were also overwhelmingly positive:

“I’m just so grateful the program was suggested to me and we were able to get in.”

SUMMARY OF FINDINGS

Findings from the evaluation provide some rich insight into the benefits of the BtC program and the processes through which change is mediated.

Adolescent-to-parent violence outcomes

The balance of the evidence from the evaluation suggests that BtC was effective in reducing adolescent-to-parent violence.

Within group analyses

Within the treatment group, the longitudinal analyses showed an effect for time on physical and verbal violence between T1 and T2 ($F(1,2) 10.60, p = .03$), and between T1 and T3 ($F(1,2) 13.84, p = .02$). The analyses also showed an effect for time within the treatment group on financial violence between T1 and T2 ($F(1,2) 10.29, p = .03$) and a trend towards a greater rate of change on financial violence between T1 and T3 (Wilks' Lambda = .45, $F(2,1) 3.67, p < .10$). While there was some positive change for the control group on violence outcomes, particularly between T2 and T2, these did not reach conventional levels of statistical significance.

Between group analyses

Differences were observed on violence outcomes between treatment and control groups in the period between T1 and T2. Specifically, the cross-sectional analyses at T2 on physical and verbal violence showed a significant difference between the treatment ($M = 0.57, SD = .52$) and control group ($M = 1.36, SD = .68, t(14) = -2.45, p = .03$), suggesting improvement on this aspect in the treatment group compared to the control group. While not reaching conventional levels of statistical significance, the trend in financial violence and threats scores for both groups was similar to physical and verbal violence scores; that is, scores for the treatment group reduced sharply between T1 and T2 (the intervention period) while scores for the control group remained constant across this time period. In relation to the longitudinal analyses, the difference in the rate of change between the treatment and control groups on threats was approaching significance (Wilks' Lambda = .61, $F(2,1) 3.86, p < .10$).

The positive change on violence outcomes were supported in case studies. Interviewees expressed less aggression and arguments from their adolescents and a reduced incidence of adolescent-to-parent violence.

Taken together, these findings are consistent with the idea that the BtC program was effective in reducing violence outcomes.

SECTION 4

FINDINGS**Parental
relationship
outcomes**

While there was certainly a trend towards improvement within the treatment group on parenting aspects measured in the evaluation, the effectiveness of BtC on these dimensions is qualified due to improvements also observed within the control group.

Within group analyses

There was a positive trend in the treatment group data on all parenting dimensions used in the evaluation (except for communication), most noticeably in relation to parenting confidence and discipline practices. The effect for time on parenting confidence for the treatment group was approaching significance between T1 and T2 ($F(1,2) 5.88, p = .07$) and between T1 and T3 ($F(1,2) 10.50, p = .09$). However, no statistically significant change was observed on attachment, relational frustration, discipline practices and communication outcomes.

Contrary to expectations, there was a relatively large increase in communication scores between T2 and T3 for the control group. There was also trend towards an effect for time on attachment between T1 and T3 for the control group ($F(1,2) 7.74, p = .07$).

Between group analyses

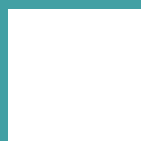
There was very little difference on outcomes between treatment and control groups observed at each data point or across time.



Discussion and Conclusion



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DISCUSSION

The pattern of increasing confidence in parenting and use of positive discipline strategies combined with a reduction in violent behaviour reflects the BtC program logic model.

It is likely that acquiring fresh insight and new skills leads to a more effective response to violence, which provided positive feedback to participants, reinforcing their use of new strategies and increasing their confidence in managing violent behaviour.

Findings from the ISRC questionnaire suggest that participants learnt new responses to violent behaviours. The case studies also supported the idea that parents/carers were able to implement positive discipline strategies such as setting boundaries and establishing clear expectations and consequences regarding abusive behaviours. Both women who participated in a case study interview reported that they were no longer operating in 'survival mode' since the program and felt a turning point had been reached. The case studies showed that participation in the BtC program provided a sense of hope for the future.

The case studies also illustrate a move from destructive to constructive forms of communication – for example, choosing to stop a conversation's escalation to verbal (or other) abuse, less engagement in long arguments, not trying to talk their adolescent around at the point of abuse. However, as one interviewee reported, positive communication strategies may not be reciprocated on the part of the adolescent, and may even elicit defensive/withdrawal type responses early on.

Findings from the case study material are also helpful in understanding the pattern of results on relationship dimensions across the evaluation period. While the program logic predicts an improvement in the parent-adolescent relationship following a reduction in violent behaviour, this was not observed during the evaluation period (three months post-program).

We surmise that participants in the treatment and control groups may be at different points of change and beliefs regarding their parent-adolescent relationship. The case studies suggest that a critical part of the journey of change for a parent who has received the BtC program is a realisation of the unhealthy pattern of relating that had developed between themselves and their adolescent and understanding of the challenges that lie ahead in terms of needing to change interaction, communication and discipline styles. These new insights and knowledge can produce a sense of sadness and loss and can alter parents' subjective ratings of relationship quality. In contrast, control group parents are unlikely to have entered this stage in the change process, and through their initial contact with the service may feel better supported and more hopeful about their relationship. The slight convergence of violence scores between the treatment and control group at T3 is consistent with the idea that the "wait list support" provided to the control group was beneficial.

SECTION 5

DISCUSSION AND CONCLUSION

There was also some indication from the case study accounts that treatment group participants find it difficult initially to implement BtC change strategies such as establishing boundaries and maintaining closeness and warmth in their relationship. This accords with earlier research by Paterson and colleagues (2002), which found that boundary setting and other discipline and self-preservation strategies were difficult to 'hold in balance' with compassion and nurturance aspects of parenting. Indeed, the research by Paterson and colleagues indicated that some mothers regarded the responses they needed to employ initially as "betrayal, damaging or non-motherly" (Paterson et al., 2002:98).

Taken together, this information suggests that significant improvement in the quality of the parent-adolescent relationship may not be measurable until some time after parents start to understand their own circumstances and the cycle of violence and implement changes in the way they interact with and respond to their adolescent.

While an increase in skills and knowledge and a reduction in violence is clearly evident in the short-term, restoration of healthy relationships and communication and attachment dimensions of relationship appears to occur over a longer period than what was observed in the current evaluation. Whether the quality of relationships do improve over a longer period of time needs to be tested through further empirical research.

CONCLUSION

This report contributes to a small but growing body of literature assessing the efficacy of group programs for parents and carers experiencing adolescent violence. Specifically, the research demonstrates that BtC is an effective intervention that furnishes parents and carers with the confidence, knowledge and skills needed to recognise the cycle of violence and their own emotional states and how to intervene to reduce such behaviour among their adolescent charges. While there was no clear evidence that the quality of communication and attachment between parents/carers and young people improves in the immediate- to short-term, further research with a longer-term follow-up of program participants may uncover these developments.

Adolescent violence is a complex issue and a high proportion of affected families have other problems and needs that are associated with young people's behaviour, including parents' and adolescents' own experience of trauma and violence. Delivery of the BtC program is therefore most appropriately undertaken within the context of complementary community services in order to offer families follow-up support.

Another ingredient of successful implementation relates to the characteristics of the facilitator. Given the complexity of both the program content and the issues confronting participants, it would seem an important element of the program's expansion that facilitators are well trained and appropriately qualified to run the group.

Developments in Breaking the Cycle training and delivery

Anglicare Victoria runs a one-day BtC training program for staff involved in case work, family services, Child FIRST activities, youth services and residential care who wish to further their understanding of the issues contributing to adolescent-to-parent violence and how to best respond.

Delivery of the BtC program has also extended within Anglicare Victoria and the Community Services Sector more broadly. At the time of writing, new programs were being delivered in Werribee (Anglicare Victoria), inner-Melbourne (Melbourne City Mission), Broadmeadows (Anglicare Victoria) and the Yarra Ranges (Anglicare Victoria).

Improved awareness of the program is also being helped by BtC's participation in a new, federally-funded project by Victorian peak body No To Violence (NTV), which aims to map the important work done by services dealing with adolescent violence in the home.

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APPENDIX A: PARENTING ADOLESCENTS INVENTORY

Adolescent Violent Behaviour Questionnaire (AVBQ)

No matter how well a parent and their adolescent get along, there are times when they disagree. When there is conflict some adolescents can act out against their parents physically or in other ways that can be hurtful and difficult to manage. Here is a list of things that might happen when you and your adolescent have differences.

NOTE: If you have more than one adolescent living with you, please answer about the behaviour of the adolescent who you have the most serious disagreements with. Please indicate how often your adolescent has done these things in the past two months.

In the past 2 months, has your adolescent...	Never	Sometimes	Often	Almost Always
Caused you minor physical pain (e.g. pinched, pulled, grabbed, shoved, blocked doorway)*				
Caused you a physical injury that left minor marks on your body and/or soreness (e.g. hit, slapped, kicked, bit, threw object)*				
Sworn, argued or challenged you ("I don't have to do anything you say")*				
Shouted, screamed or yelled at you*				
Threatened to harm him- or herself, you or your family/friends/pets*				
Threatened to kill him- or herself, you or your family/friends/pets*				
Directed minor insults at you (e.g. picked on you, put you down, called you names, laughed in your face)				
Disrespected you in significant ways (e.g. put you down in front of your friends, lied to you, withheld important information)				
Created fear or scared you (e.g. ran away from home, stayed away from home all night)				
Demanded your money, car or belongings*				
Stolen your money or misused your resources or possessions (e.g. overused your phone, computer)*				
Damaged or destroyed your possessions or property (e.g. punched holes in walls, broke things, smashed your car)				

APPENDIX A: PARENTING ADOLESCENTS INVENTORY

About you and your family:

What sex are you? (Please select one)

- Male
 Female

How old you were on your last birthday?

What is the highest level of education you have completed? (Please select one)

- Primary school or less
 Some secondary/high school
 Completed secondary/high school/matriculation
 Trade certificate/apprenticeship or similar
 Bachelor degree
 Postgraduate degree

What is your present marital status? (Please select one)

- Never married
 Married or living with de facto partner
 Separated, widowed or divorced

What is your relationship to the adolescent targeted in this questionnaire? (Please select one)

- Mother
 Father
 Grandparent
 Other carer (please specify):

What sex is the adolescent targeted in this questionnaire? (Please select one)

- Male
 Female

Do you/your family normally speak a language other than English at home?

- Yes
 No

What is the income (before tax) from all sources of your family household? (Please select one)

- Less than \$20,000 a year
 \$20,000 to \$39,999 a year
 \$40,000 to \$59,999
 \$60,000 to \$79,999 a year
 \$80,000 or more a year

How many children under 18 years are living in your household?

How many adults aged 18 years or older, including yourself, are living in our household?

How did you hear about the Breaking the Cycle program? (Please select one)

- School newsletter
 Brochure/pamphlet
 Newspaper
 Friend/family member/neighbour
 Anglicare Victoria Box Hill staff
 Internet
 Other (please specify):

Please return your completed questionnaire and your signed Participant Consent Form in the reply paid envelope supplied. Thank you.

Domains Of Adolescent-to-Parent Violence

Physical violence

Physical violence is defined as any non-accidental injury or damage to a person or animal and ranges from a minor deliberate infliction of pain to more significant and potentially life-threatening physical impairment of a person. In the context of adolescent-to-parent violence, physical violence includes pushing hitting, punching, slapping, kicking, throwing things, punching holes in the walls and harming pets, spitting (Cottrell, 2001:4).

Psychological abuse

Psychological abuse is behaviour that torments, intimidates, harasses or is offensive to a person. It occurs most often in the form of verbal abuse (considered separately below), emotional abuse (bullying, humiliation, degradation), isolation (restriction of emotional contact), intimidation (frightening or controlling actions or gestures) and threats. Emotional abusive behaviour by adolescents "undermine parents' personal or interpersonal competence, affects their ability to function in the typical parent role, compromises self-esteem, instils the belief of negative personality characteristics and results in emotional distress" (Eckstein, 2004: 367; see also Price, 1996). Adolescent-to-parent psychological abuse includes: intimidating parents, causing parents to feel fearful, maliciously playing mind games, making unrealistic demands on parents, lying, purposely not telling parents where they're going or what they're doing, running away or staying out all night, degrading the parent or other family members, threatening to injure family members, withholding affection, and threatening to run away, harm themselves or to commit suicide (Cottrell, 2001:4).

Verbal abuse

Verbal abuse is a specific sub-type of psychological abuse involving the use of language to torment, intimidate, harass or offend a person. In the context of adolescent-to-parent violence, verbal abuse is "a destructive form of communication that focuses an implicit attack on the self-concept of the parent" (Eckstein, 2004: 367). Adolescent-to-parent verbal abuse includes such behaviours as; yelling, arguing, challenging, being sarcastic, critical and belittling family members, name calling and swearing (Cottrell, 2001:5).

Financial violence

Financial abuse in the context of adolescent-to-parent violence is the restriction, control or overuse of a parent's financial or other domestic resources by their adolescent. Financial abuse reduces a parent's ability to depend on their own economic or social resources (e.g. car, phone, computer, house, money). In the context of adolescent-to-parent violence, financial abuse includes stealing money or parents' belongings, demanding goods parents cannot afford, incurring debts that parents must cover, selling parents' possessions and destroying property in the home (Cottrell, 2001:6).

APPENDIX C: INSIGHTS, SKILLS AND READINESS FOR CHANGE QUESTIONNAIRE

Insights, Skills and Readiness for Change Questionnaire

These questions are about your experience of the Breaking the Cycle group program.

How many sessions did you attend?

Impression of the program environment The following questions are about your experience of the group. Please indicate whether the following statements are Not True (N), Somewhat True (S) or Certainly True (C).

	Not True	Somewhat True	Certainly True
The group was warm and welcoming			
Parents were very open about their problems			
The staff were supportive of me			
Other parents listened to me			
I learnt from other parents in the program			
I was comfortable opening up about my problems			

Please indicate on the scale below how helpful you felt it was to work through your problems with other parents, where 1 = not at all helpful and 10 = extremely helpful.

1 2 3 4 5 6 7 8 9 10

Insights and Understanding Based on your experience over the past 8 weeks, please indicate whether the following statements are Not True (N), Somewhat True (S) or Certainly True (C).

	Not True	Somewhat True	Certainly True
I am aware of my negative, troubling or undesirable emotions			
I recognise my beliefs about violence and its origins			
I can identify my adolescent's anger 'triggers'			
I can identify behaviour that is violent			
I recognise my own anger 'triggers'			
I can recognise what makes active listening difficult			
I can recognise different communication styles			
I view myself in a new way			
I view my adolescent in a new way			
I recognise the cycle of violence			

APPENDIX C: INSIGHTS, SKILLS AND READINESS FOR CHANGE QUESTIONNAIRE

Skills and Behaviours Based on your experience over the past 8 weeks, please indicate whether the following statements are Not True (N), Somewhat True (S) or Certainly True (C).

I'm confident that I can...	Not True	Somewhat True	Certainly True
Actively listen to my adolescent			
Implement the Stop, Think, Act, Review, Safety (STARS) strategy			
Praise or reward my adolescent when s/he does something well			
Set consequences and limits when my adolescent behaves violently towards me			
Negotiate conflict between myself and my adolescent			
Take charge of my own emotions and responses			
Identify when it is safe or unsafe to intervene			
Identify what I am doing that is working			

Readiness for change Based on your experience over the past 8 weeks, please indicate whether the following statements are Not True (N), Somewhat True (S) or Certainly True (C).

	Not True	Somewhat True	Certainly True
I am ready to tackle difficulties in my relationship with my adolescent			
I can deal with other people's attitudes and responses to change			
I am optimistic about rebuilding my relationship with my adolescent			
I feel I can change my adolescent's behaviour			

In your opinion, how could the program be improved?

How would you rate the program overall?

(Please circle)

Excellent
Very Good
Good
Fair
Poor

APPENDIX D: RESULTS OF CROSS-SECTIONAL ANALYSES

Results of Cross-Sectional Analyses

TABLE I. DIFFERENCES BETWEEN TREATMENT AND CONTROL GROUPS FOR PHYSICAL AND VERBAL VIOLENCE

Time of data collection	Treatment group <i>M(SD)</i>	Control group <i>M(SD)</i>	t-value, p-value
T1 (Program start)	1.18 (<i>SD</i> = .24)	1.69 (<i>SD</i> = .65)	-2.06, .07
T2 (Program end)	0.57 (<i>SD</i> = .52)	1.36 (<i>SD</i> = .68)	-2.45, .03
T3 (Three month follow up)	0.45 (<i>SD</i> = .45)	0.81 (<i>SD</i> = .80)	-.81, .46

Note: Equal variances not assumed.

TABLE II. DIFFERENCES BETWEEN TREATMENT AND CONTROL GROUPS FOR THREATS

Time of data collection	Treatment group <i>M(SD)</i>	Control group <i>M(SD)</i>	t-value, p-value
T1 (Program start)	0.36 (<i>SD</i> = .24)	0.50 (<i>SD</i> = .76)	-.47, 0.65
T2 (Program end)	0.00 (<i>SD</i> = .00)	0.43 (<i>SD</i> = .93)	na
T3 (Three month follow up)	0.00 (<i>SD</i> = .00)	0.63 (<i>SD</i> = 1.25)	na

Note: Equal variances not assumed.

TABLE III. DIFFERENCES BETWEEN TREATMENT AND CONTROL GROUPS FOR FINANCIAL VIOLENCE

Time of data collection	Treatment group <i>M(SD)</i>	Control group <i>M(SD)</i>	t-value, p-value
T1 (Program start)	1.00 (<i>SD</i> = .76)	0.75 (<i>SD</i> = .89)	.59, .57
T2 (Program end)	0.43 (<i>SD</i> = .61)	0.71 (<i>SD</i> = 1.15)	-.58, .58
T3 (Three month follow up)	0.50 (<i>SD</i> = .71)	0.50 (<i>SD</i> = .41)	.00, 1.00

Note: Equal variances not assumed.

TABLE IV. DIFFERENCES BETWEEN TREATMENT AND CONTROL GROUPS FOR ATTACHMENT

Time of data collection	Treatment group <i>M(SD)</i>	Control group <i>M(SD)</i>	t-value, p-value
T1 (Program start)	1.18 (<i>SD</i> = .23)	1.07 (<i>SD</i> = .36)	.70, .50
T2 (Program end)	1.39 (<i>SD</i> = .32)	1.24 (<i>SD</i> = .41)	.77, .46
T3 (Three month follow up)	1.35 (<i>SD</i> = .36)	1.59 (<i>SD</i> = .17)	-1.34, .23

Note: Equal variances not assumed.

APPENDIX D: RESULTS OF CROSS-SECTIONAL ANALYSES

TABLE V. DIFFERENCES BETWEEN TREATMENT AND CONTROL GROUPS FOR COMMUNICATION			
Time of data collection	Treatment group <i>M(SD)</i>	Control group <i>M(SD)</i>	<i>t</i> -value, <i>p</i> -value
T1 (Program start)	1.04 (<i>SD</i> = .18)	1.21 (<i>SD</i> = .54)	-.85, .42
T2 (Program end)	.93 (<i>SD</i> = .29)	1.23 (<i>SD</i> = .48)	-1.41, .19
T3 (Three month follow up)	.97 (<i>SD</i> = .28)	1.86 (<i>SD</i> = .85)	-2.01, .12

Note: Equal variances not assumed.

TABLE VI. DIFFERENCES BETWEEN TREATMENT AND CONTROL GROUPS FOR DISCIPLINE PRACTICES			
Time of data collection	Treatment group <i>M(SD)</i>	Control group <i>M(SD)</i>	<i>t</i> -value, <i>p</i> -value
T1 (Program start)	1.46 (<i>SD</i> = .52)	1.56 (<i>SD</i> = .52)	-.36, .72
T2 (Program end)	1.60 (<i>SD</i> = .44)	1.44 (<i>SD</i> = .30)	.80, .44
T3 (Three month follow up)	1.89 (<i>SD</i> = .60)	1.58 (<i>SD</i> = .38)	.93, .39

Note: Equal variances not assumed.

TABLE VII. DIFFERENCES BETWEEN TREATMENT AND CONTROL GROUPS FOR PARENTING CONFIDENCE			
Time of data collection	Treatment group <i>M(SD)</i>	Control group <i>M(SD)</i>	<i>t</i> -value, <i>p</i> -value
T1 (Program start)	1.12 (<i>SD</i> = .26)	1.21 (<i>SD</i> = .30)	-.60, .56
T2 (Program end)	1.54 (<i>SD</i> = .40)	1.29 (<i>SD</i> = .42)	1.14, .28
T3 (Three month follow up)	1.63 (<i>SD</i> = .38)	1.66 (<i>SD</i> = .33)	-.13, .90

Note: Equal variances not assumed.

TABLE VIII. DIFFERENCES BETWEEN TREATMENT AND CONTROL GROUPS FOR RELATIONAL FRUSTRATION			
Time of data collection	Treatment group <i>M(SD)</i>	Control group <i>M(SD)</i>	<i>t</i> -value, <i>p</i> -value
T1 (Program start)	1.77 (<i>SD</i> = .39)	1.97 (<i>SD</i> = .33)	-1.03, .33
T2 (Program end)	1.48 (<i>SD</i> = .48)	1.84 (<i>SD</i> = .36)	-1.57, .15
T3 (Three month follow up)	1.27 (<i>SD</i> = .37)	1.42 (<i>SD</i> = .39)	-.59, .58

Note: Equal variances not assumed.

For more information please
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Breaking the cycle

Adolescent Violence:
Women's Stories of Courage and Hope

Six women tell their stories of finding ways to deal with adolescent violence with courage and hope



Anglicare Victoria
Meridian Program

Anglicare Victoria was formed in July 1997 following the merging of three long-established and highly respected Anglican child and family welfare agencies. The three agencies were The Mission to the Streets and Lanes, The Mission of St James and St John and St John's Homes for Boys and Girls.

Anglicare provides an extensive range of support services throughout metropolitan Melbourne and Gippsland for children, young people, families and the broader community.

Anglicare Eastern Youth Services provide a range of accommodation and support services for young people and their families who live in the Eastern Metropolitan Region of Melbourne.

Meridian Youth and Family Counselling Team's services include centre based and outreach youth and family counselling, groups for young people/parents and secondary consultation.

Breaking the Cycle is a group program for mothers whose adolescents are behaving in violent or abusive ways.

Rosemary Paterson and Helen Lutz from the Meridian Youth and Family Counselling Team at Anglicare Victoria – Box Hill developed this program in response to the increasing number of referrals from mothers whose sons and/or daughters were behaving violently or abusively in the home. Mothers described behaviour such as spitting, kicking, pushing against walls, breaking windows and furniture. Threats and intimidation were common, as well as verbal abuse and stealing.

Based on the positive outcome of group programs to assist women who had survived domestic violence from their partners, it was thought that groupwork would be a powerful

Breaking the Cycle

way to break the silence and the isolation that surrounds this aspect of family violence. The groupwork program is one of a range of responses offered which includes both family and individual counselling. The women were able to share their ideas, and reflections, and offer each other support and encouragement. They could look at their beliefs and assumptions about adolescence, family interaction and violence, and gather information on practical matters such as housing and legal options.

As part of our research into the area of young people's violence at home, we interviewed six women, who had participated in three different groups. They come from different backgrounds and family situations so their stories are rich and varied, and too valuable to be hidden away. These women very generously agreed to share their ideas, experiences, insights, struggles and successes in the hope that it would assist other women and their families find ways to help their sons or daughters become responsible for their behaviour.

Thank you, *Marg, Janet, Anna, Sue, Sally and Lynne for the significant contribution of commitment, good will, time and energy that you have put into sharing your stories.

Your determination to ensure that violence is stopped inspires and strengthens us all.

- All identifying data has been changed to ensure confidentiality.

Acknowledgements

- All the women who took part in the research, particularly the ones who agreed to share their stories.
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- Dorothy Scott for her willingness to write a foreword.
- Rosemary Paterson and Sue Sealey (Anglicare Box Hill) for their commitment to making this publication happen.
- Helen Landau for her theoretical contribution and ongoing support.
- The Meridian Team for their achievement of continuous service excellence.

Breaking the Cycle

Introduction

Some young people develop the idea that they are entitled to get what they want even when this means using violence and/or abuse to intimidate or control members of their families. The violence or abuse is most frequently targeted at mothers although younger siblings may be victimised too.

Often it is the mother who recognises that there is a serious problem and seeks help to find solutions. It is common that both the adolescent and other family members blame the mother and they are not interested in seeking assistance for themselves. The mother may feel guilty, shamed and isolated and find it difficult to talk about the problem with anyone. She can feel, as Janet describes, that 'she is walking on eggshells' as she considers how to handle the situation.

For many women the dilemma they face is that as parents they have a responsibility to continue caring for their adolescent. They are aware that their son or daughter may have experienced illness or disability, witnessed or be survivors of violence or abuse, have low self esteem or have suffered significant loss or grief. However they also recognise that Violence creates more problems. It can be difficult and frightening to take a stand and hold the young person responsible for their behaviour. The women have concerns that the violence will escalate or that their relationship with their son or daughter will be severed. Calling the police or asking the young person to leave prematurely are last resorts that mothers hope they will never have to consider.

The book also implicitly raises difficult questions from which we should not hide. Can we understand the complexity of such family situations only through hearing the voices of mothers? Will telling these stories, albeit in a disguised form, assist in affirming the women or will it hurt still fragile relationships. No doubt the women who chose to participate in the creation of this book, struggled with this question, as did those who chose not to participate. Both deserve recognition for their courage.

Associate Professor Dorothy Scott, OAM, PhD
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Breaking the Cycle

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The following stories, by Janet, Anna, Sally, Sue, Lynne and Marg are deeply moving and courageous accounts of their journeys through violence. As you will read, they continue to work towards non-violent relationships and have found various ways to achieve their goals. We thank them very much for their generosity and commitment.



Janet's story...

My son Jack is 15 years old. After a long time I finally admitted to myself that his problem was quite serious and that it wasn't going away unless I changed something. It wasn't that the problem had deteriorated it was just I had come to a point where I realised that something had to be done. I finally admitted to myself that there was a problem there. At first I hadn't thought of my son as violent. I had thought that violence was holding a knife to someone's throat and Jack wasn't doing that. He was threatening to hit me and bashing holes in walls.

It was very hard to admit what was happening because I felt I was dobbing on my son. I was worried that if I told people they would get the wrong impression and his self esteem would be damaged. He likes to present well and I didn't want to destroy that facade, because my role as his mother is to look after him, to protect him. I was always trying to change things, but whatever I did was ineffective. He brought me to the point where I was literally speechless. I would walk

off shaking my head thinking 'I have no control here at all. Nothing.'

I think I felt confused by what was happening. That was the uppermost feeling but once I had spent time with the group I realised I was actually afraid. I was afraid to discipline him because I was afraid of what he would do. I was concerned about my husband and my older daughter, both of whom had had major accidents and needed care. My husband had a head injury and had trouble with comprehension and on one level he was aware but he wasn't really able to support me. I think I tried to protect my daughter from it as well because she needed love and support and care following a severe car accident and I didn't want to rock the boat for her. I was walking on eggshells trying to keep everything as comfortable as possible for everyone.

When I did decide to do something and try some strategies – I withdrew from my son a lot and I set some limits – things did get worse. He

actually became very violent. He threw things and destroyed things in the house. He was very threatening and then ran away. I had been told that sometimes things can get worse when you try to change. I continued and now there is a decrease in his

“ The group helped me make sense out of what was happening... ”

violent behaviour, he doesn't step over the lines quite so heavily any more. I can see him controlling himself sometimes,

I had joined the Breaking the Cycle group for mothers who have an adolescent who is violent or abusive. I had seen an advertisement in the local paper and at first I wasn't sure that it was for me because I didn't really think of him as violent, but when I spoke to the leaders they asked what he was doing and said that it was violent and unacceptable. I didn't tell my son what the group was for. I thought he wouldn't like me talking about him and he might get angry. I felt that it would just be another thing for him to deal with.

The group helped me make sense out of what was happening, and

helped me to keep holding the line. It also helped me get back my self confidence. I didn't realise just how much self confidence had gone out the window, just disappeared, without me really realising. I got back my self confidence that I wasn't a bad parent and that helped me take a stand. In hindsight it's crazy but I needed permission to believe that I could take a stand and even ring the police if necessary. If it had been a stranger I wouldn't have any hesitation in calling the police, so it wasn't really a lack of confidence but I was wanting to protect my son, protect his image. I think if I didn't have the support I wouldn't have had the change of thinking. So I don't think it would have happened.

He had been through a lot: his father had a permanent head injury and his sister had needed constant care for two years so he'd really missed out. But my son had to realise that there are borders. He has to learn self control or his relationships in the future will be really difficult.

I had to let go of a lot of things and realise that the violence needs to be dealt with now. I had to change my focus from things like my son doing V.C.E. and thinking he needs to get through that so I won't rock this violence boat because he needs his energy to study. I hadn't

Breaking the Cycle

really known what I could do. At one stage I spoke to the school counsellor because my son was wagging school. He had told me he was doing it on a regular basis, meeting particular people at a particular time and place. I went to the school after six months, because they weren't picking it up and asked them if they could deal with it quietly so that my son wouldn't know it came from me and the counsellor turned around and said 'you know we don't get too many parents dobbing their children in.' So she reinforced the whole thing that I shouldn't tell anyone about the problems.

At this stage I feel reasonably confident that I can continue to take a stand. When Jack was using really foul language recently, and it was really foul even for him, I said 'Jack I won't have you talking to me like that' and that was rare thing for me to say because I'm still afraid. He said 'there's nothing you can do about it' and I said 'yes there is' and he said 'what' and I said 'I can have an intervention order taken out against you' and that floored him, it absolutely floored him, the thought of judges and courts and things. So I know that's up my sleeve and he knows that's up my sleeve.

I think in the future if I find that I'm wavering between wanting to

protect my son and standing up to his behaviour I would try and visualise what I would do if he was a stranger. I think I would try and challenge him, like I did when he was much younger. I think he was about ten when he and his two cousins vandalised a house that was empty. The police weren't called but all the parents supervised the kids who had to sand and scrape for days to fix it up. Another time we had the situation where he put through a fraudulent credit card transaction and I found out about it just by accident. I had



Society doesn't talk about this problem...



the transaction removed and I made him go to the company where he had bought the goods and apologise. I told him the bank manager was not going to prosecute, but that it was an option. I think perhaps I could, if it was a really serious thing, I think perhaps I could follow through. What I realise is that if a parent doesn't do the right thing at the time her son wouldn't have much future.

However it is very difficult to make your child understand that you're being supportive. I don't think my

son understands why I'm doing what I'm doing. I don't think he has a good hold on it. I think he might have felt rejected initially when I took a stand. He did actually tell a friend that he wanted her family to adopt him, so I think there was this sense of 'my family don't love me anymore', but he's come around fairly quickly to see that that's not the case. He didn't think I had a life and I think, I'm hoping, that it is slowly dawning on him that I do.

He's now much more reasonable. I think he feels less pressured. He was complaining to his school counsellor that I pressured him, that I was going into his room and asking too many questions, so I've taken a few steps back. It's more relaxed now. That feeling of being afraid when you come in the door and of being careful what you say has gone. I don't have to track his moods and I don't have the feeling of walking on eggshells.

Before I came to the group I really didn't even admit to myself what I was feeling and that's what I find so horrifying now. I think the turning point is that separation that you see when you think 'would I accept this from someone in the street or someone boarding in my house.

Society doesn't talk about this problem. It's usually the father who's being violent, or the mother

or perhaps an adolescent being violent on the streets. You don't ever see it depicted or written about or spoken about an adolescent being violent towards the parents in the home. Since doing the group I've been brave enough to mention it to a few people and they say 'oh, we have that problem all the time – the bedroom door, we no sooner get it back on its hinges than it's off again.' You think perhaps a good parent wouldn't let that happen. Good parenting doesn't allow that.

For me personally I believe that my son missed out on a lot of parenting because his father was so ill for such a long time and that is still continuing. I think it's a fairly devastating thing for a child to see this happening. I think extenuating circumstances make it hard for a mother to confront. Mothers want to try and see their child through. Make it better. I think I was trying to be both parents, trying to make up for what his dad can't do. Yes, I was trying very hard, and I was making excuses for him because even though it was a devastating experience, these things do happen and you have to cope with them. I think it is really difficult for a mother to have an understanding about why these things are happening and still hold him responsible. I can't do them both at once. I can do one. I can deal with one part and

Breaking the Cycle

then I need space. We both need space away from each other. I'm usually the one to initiate that. Then later, not necessarily the same day I will try to sort it out. I try very hard to get him to understand. I used to get to the point where I would say 'now Jack, we have to sort this out' but now I'm capable of saying 'well if he doesn't want it sorted there is nothing I can do.'

You know I had already reared an adolescent. My daughter is six years older than my son and she had really tested things out, so I knew I had strategies but somehow I had lost them. It wasn't that I was unable to use them. They'd gone. It's a strange thing. It didn't really dawn on me until the group. I was horrified. I still am, that it just went away and why it went or why I didn't continue to use those strategies with our son, I just don't know.

I heard a radio program about battered wives and I thought 'that's me, this is how I'm behaving' and it was a bit scary. It's one thing to listen to a radio show and think that's interesting but it's nothing to do with me but then you think 'oh oh, whoops'.

I think I can take a stand on the violence. I hope that my stand is firmly planted in the middle, that the borders are there and I must not allow him to step over them again,

for his sake as much as mine. There is still a tiny part of me that wavers, it's still very small, it's a protective thing. It's just being a mother. You remember that little infant and think if I was a good mother it wouldn't

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Actually, confronting the violence has been positive...

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be happening. If I could just find the right words or do the right thing, it wouldn't happen.

The hardest thing I've had to do with my son in the last couple of years is when he ran away from home and I asked a social worker to come and talk to him, but he refused to see her so I had to ask her to write a note explaining that she would help him find a place to sleep rather than being on the street. He didn't like this. He saw it as a rejection, so it was really difficult for me to stand my ground and say 'If you're unhappy here you really have to make a decision. Although he saw it as a rejection initially I think he realised the practicalities of the situation. But there is still a little part of me that sort of thinks 'oh, isn't that an awful thing to do', to tell your son that, 'if you're not happy here move on.' It's a very difficult thing to do.

He also saw me ring the community police one day and he ran off. I feel a lot clearer about what is happening so my knickers aren't in such a twist. Recently he agreed to be assessed for ADD. Until my behaviour changed he had refused to believe that there was the potential for him to have a problem.

The idea of a 16 year old with ADD and not too much common sense being out of home is very hard. We don't like to give them a sense of rejection. We want them to feel loved and accepted like they do on 'Home and Away.' I think that I'm afraid I'll lose him, I think I'm afraid that he will up stakes and go. I think that's what I'm afraid of. Actually, confronting the violence has been positive. I think he is more relaxed. I'm more relaxed. Everyone else is more relaxed. It's been a positive.

Postscript, May 2001

Reading the above brought back a lot of the incidents that had happened into my mind so it was a little emotional reading and being reminded of them.

Although Jack is much more settled and mature in his behaviour now, the feelings and emotions that went along with our past experiences during our 'time of turmoil' are still quite close to the surface.

The negative emotion that I identify most is fear, i.e. if Jack appears a little moody I wonder if it will escalate into violence. I am still confident though that I have learnt not to let Jack step over my boundaries of what is acceptable despite feeling fearful.

In retrospect I feel that the most useful change I made (along with attending the group) to help alter the relationship with Jack was 'letting go', while trying to keep the lines of communication open with him.

- He left school without finishing his V.C.E.
- He took a casual job cooking fast food.
- He sometimes only worked 6 hours a week.
- He often didn't wash or change his clothes.
- His clothes looked like rags because he couldn't afford to buy new ones.
- He stayed out all night or longer and didn't ring to let us know that he was O.K.
- He sometimes appeared depressed and would sleep for almost 24 hours.
- He stopped going to Scouts which had always been important to him.

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- He smoked tobacco.
- He smoked marijuana.

Accepting that I couldn't change any of these things was difficult to say the least. I sense (rather than know) that 'letting go', combined with maintaining those boundaries about how he behaved towards me, along with the difficult task of maintaining **communication** was in the long term the key to change for the better (**communication** usually meant - I listened, he talked).

During all this time Jack has been living at home with his family. We have seen dramatic changes in Jack's behaviour and attitude since his 18th birthday in February 2000.

He spent his 18th birthday away from home with friends. At midnight on his birthday he rang me to say that he was sorry for the hurt he had caused me, broke down and cried (I suspected that alcohol may have had a part to play in this!).

There is no doubt that his regret was and is sincere though, as his behaviour since that time has been changing quite dramatically.

Almost 12 months ago he enrolled himself in a Traineeship in Information Technology. He has been steaming ahead with enthusiasm and is a valued member of the company he works for.

He occasionally talks of difficult things that happened in the past and expresses his feelings in mature way.

He can explain why something we had done had made him angry or has said, 'I don't know why I did half the things I did, but I know parents are people too'.

Our life is not a rose covered cottage existence by any stretch of the imagination but it now feels more 'normal'.

Anna's story...

I migrated here because I wanted a better life for my children. I wanted them to have a better future. I came from Malta and sometimes it has been very hard. I could ask my cousin to pay for a ticket to take me back but I won't leave because I made a choice and nothing comes easy. I want to give my children a good education.

I was having trouble with my son. He is a teenager, 15 years old and I was worried because he was beginning to act like his father who was never a good example, he has a hot temper. I thought this was a good time to help my son because he's getting stronger and his temper becomes worse. I thought I could handle my son, could correct him, but the older he grows the stronger his temper becomes. He is not a bad boy, but he has his moments. I try to speak to him nicely, gently, to reason with him but in the heat of the moment he can't control himself.

My son gets aggressive. He uses language to defend, to attack,

to humiliate, even towards me. He's always causing trouble with his two sisters, he pinches or pushes. I never leave him and my little one alone. When he is angry, I don't know, he could hurt my little daughter. He's a big boy and I want to avoid that occasion. I wanted the violence to stop. I wanted to get a message to him that violence is not for my house. I was desperate to help my son and I thought to myself 'I didn't want aggression or violence'. I don't think my son would reach the stage of physical violence because he knows that my husband has a restraining order against him. With violence there is always a price to pay and it is no good. It has to change. I want him to grow up a little bit gentle and considerate of family life and family needs.

My husband has many problems. He has lately developed a psychiatric disorder. We had to separate but I still try to give him a little time to understand him and to help him. I had to take out a Restraining Order because he couldn't accept the separation and

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he was sleeping outside my house in the car. He was watching who came and went from the house.

I was under so much pressure that I lost 8 kilo in 2 months. I was on my own, crying all day and night, and in the middle of the night I had to go around the house, around the windows to see if he was still there. I had to call the police. My husband didn't think he had a problem. He was worse than a baby. I can never leave the children alone with him. He only sees the children with me.

When I came to the group it helped because it made me realise that there were some people worse off than me, and also that I had to change my attitude sometimes. I am a compassionate person. I am not sarcastic or ironic but the group helped me see that when you give an answer you can sometimes give the wrong impression, so I learnt how to answer differently sometimes. For example if my son is nasty I don't tell him off immediately at that bad moment, I wait and call and talk to him later. This is better because he tells me more. He tells me why he behaves. He communicates more when we are calm and relaxed. He used to say 'You never listen, you don't listen, you don't listen'. And I say to him 'how can I listen if you push everyone around or you yell?'

Now I stay quiet, calm, then go back and talk again. Sometimes I can give some answers. He hasn't changed a lot. He responds positively and then he forgets because on another occasion he behaves exactly the same. I keep on speaking calmly. In the end the decision is mine about what to do. Here the group respects your freedom, respects your choice. They say you don't have to put up with this.

In my culture love is important. When you create a family you have to face all the challenges and struggle to keep the family unit. We try to keep the family united despite problems, sometimes we keep the family even though there is violence

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He uses language to defend, attack, to humiliate...

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or abuse, but you do change. You emigrate, you integrate with people and customs from other countries and other ideas so in a way we are lucky because we can consider the best of both cultures.

Also in my culture you do not tell outsiders the problem in the family. Only the mother of one of my son's

friends knew my son had some problems. Sometimes she would talk to him and I could see a difference. It was very hard to come to the group but I was desperate to help my son and I thought to myself, I don't want aggression or violence to continue.

Some mothers talked about getting a restraining order for their children or sending them away but for me I could never do that. It changes the family if a child leaves. Maybe if there is physical violence or if the child has a weapon and it is very dangerous for other members of the family then that's okay, but I think it is better if you can stop the violence problem in other ways. It doesn't matter if the mother and father separate because if they don't get on that's their business, but it's different with the children because that is a blood relation. I think that the separation of the mother and the child should be avoided. You're the mother, you've given birth to the child so it's very important to preserve that relationship. If the child is out of the home we all miss important days of his life and our life together. It is better to stop the violence. The child needs to learn to change his attitude, not because he's going to be restrained but because he has been helped to understand. My son knew that I had a restraining order on his father so

he knew that could happen with violence, but I think he has to learn to change his attitude. For me the problem is the mother's. Mothers should receive more help in dealing with the child, help to talk to the child and they should get help together, not separately. You see childhood doesn't last long, five, six years. If you give support to both of them, it's more beneficial and more constructive. But if you separate them the children will learn that to solve a problem they have to separate.

I thought maybe I was doing something wrong, I thought I don't have my family here, maybe it is something that I do. I had to make all the decisions even when my husband was home. My son keeps on telling me that it is my fault. I think it is my job to communicate better so that he learns to communicate. If I can solve the problem with communication, he will learn and when he's older he will solve a problem the way we did,

My son understands that it is his problem too. He knows I am going to the group and every time I purposefully leave things out for him to read. When my son was with a group of friends over the holidays, a boy got bashed. My son hadn't taken any part in the beating but he had been there so I took him to meet the boy and his father and I

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wanted him to apologise and show remorse. He has learned a lesson.

I want him to understand that despite the difficulty, despite sometimes the violence, there is a way out, to solve a problem, there is a way to compromise. My daughter hates this word compromise. She thinks there is nothing wrong with me. She thinks I've been a hero. She told me she wouldn't be as patient or considerate as I have been. She tells me that she will never do what I do, but we'll wait and see when she is a mother.

Postscript May 2001

Today it is the year 2001. My son is eighteen and a half years old.

My separated husband died suddenly at 52 years. I do not have regret or remorse. I helped him until his last day. I do miss him despite all. He was a very tormented man.

My son has completed his Year 12. He just passed. During his Year 12 he lost his father and we had to sell the family home. My son moved out but he came back after 2 months. For him it was too much, but today he is a young man who is working and one day he may go back to study. He needed to grow, he needed his independence, his freedom. He's enjoying his father's car and his cellular phone. He has his days but

he is still at home. I see him growing day by day and if he was out there who knows what the outcome could have been?

He's not paying for his living at home, but I don't mind. He is not helping at home but I'm patient and waiting until he gets older and

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My son understands that it
is his problem too...’

more understanding. He hates to be told things but as his mother I will wait, hope and pray. One day he will judge himself and see how life is in reality.

He is not on drugs. He is not a gambler. He is not a 'women hunter'. He does drink moderately but he is only eighteen and a half!

He is working 6 days a week. His boss loves and respects him.

I hope to have a good man one day around my life when he has completed his maturity. I have another teenager coming up (my youngest daughter) and I do hope that my son's experience has been a learning process for her and for myself so that we get a positive balance in our lives.

A woman can divorce a partner
but can't divorce a child unless a
life is in danger! To be a mother is
the most difficult job and we do not
learn at school to become one.
We learn the hard way.

Sally's story...

My son, Bill is eighteen, nearly nineteen. Until a short time ago he was living with me and his father and my older son. We'd been going through a lot of drama with Bill and I'd got to the stage where I was very frightened. I got to the stage that if I knew he was going to be home, my stomach turned and churned. If I drove into our driveway and his car was there and I knew he was there, I felt like turning round and driving out again. Initially I guess I'd let him get away with a few things, to a certain extent because I really didn't know how to handle it and I felt that he got the upper hand on me.

It all happened, I suppose in the space of six months when it went from just small things. He did Year 12 last year and didn't do as well as what he wanted. He socialised and of course we were down on him a bit for doing that and he started reacting a bit during the year and then as the year got on towards the end it got worse.

The start of it was one day on a Saturday. His main thing was that

he would throw things around the kitchen if I was cooking a meal and he was in one of his moods. One time he emptied a salt container, he emptied a spaghetti container. He just made a mess of my kitchen. He took all the crockery out of the cupboard and stacked it all on top of each other on top of the stove and of course it fell on the floor. 'Oh oops', he said, 'it broke'.

This one particular Saturday morning I called him to go to work, he was working part time at a petrol station and he'd been out late the night before, he didn't start until 1 o'clock in the afternoon. He said, 'my back's too sore, will you ring them up and tell them'. I said, 'No, Bill. It's your responsibility. If you don't want to go in that's fine but I'm not ringing up.' Because I know he suffers from a bad back but it was more that he was tired from the night before and I wasn't ringing up for that sort of thing. I had rung up for him before when I knew he was ill but I told him that if he didn't want to go that was up to him, but I wasn't going to make excuses.

This was really the first bad outrage that he had and he just got angry - I was home on my own at that stage, and he got angrier and angrier. He put his fist through a wall, tried to do it through another one, we only got the imprint, he didn't get right through and he was virtually going to go into each room and destroy the house - smash the windows, do everything. He threw one of our chairs - we had an empty block

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He put his fist through a wall...

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of land next door, threw it over the fence there and I was very frightened. I told him I was going to call the police and he said, 'huh, call the police on your own son.' I sort of said to him 'If that's what it takes'. Anyway, he said then that he was leaving and he got into his car and drove off down the driveway and I was just sort of left shattered. I mean I was a shaking wreck at that stage by his violence. I really didn't think that he was capable of such behaviour, that something that I just wouldn't do for him triggered all this off. And then he was back a few minutes later. He came back to get his licence so that when the police found him they'd know who he was.

So there was the threat there that you know 'I'm going to do away with myself now'.

And of course that just tore me apart. He did go then and - I didn't know where he was for a few days but I found out that a family at school had taken him in and he stayed there for quite a few weeks.

And then he came back again, we had a talk, a family conference about it, he aired a few things. It wasn't just me not ringing up for him, there was a build up of things. He doesn't have a very good relationship with his father and I think that he couldn't take it out on his father and he was taking it out on me. I can cope with that to a certain extent but when it got to the violence part - that was just the end of me. Just after that we went away for a few days and he and his brother stayed at home. The day that I came back, I asked him could he could help get something out of the car and he said 'I've been doing what I like when I like'. He wouldn't do anything to help. He didn't put his dirty clothes out. He came and went as he pleased, so I sort of made up a list of 'if you're going to live in this house, this is what I expect of you'. He had got a job at this stage and we told him that he had three months and then we expected him to pay some board and he said

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'well, how do you think you're going to get that out of me?' He wasn't willing to do any of the things which were things which really didn't even need to be written down, I mean most families you just do it.

His violence wasn't so bad again at that stage until one Friday night he did exactly the same thing again for some reason. I was making a cheesecake because we were going out on Saturday night and he walked in the middle of me making it and wanted me to stop. You really can't stop making a cheesecake so I explained to him that yes I would sit down and speak with him after I had finished but that wasn't for him, he wanted me to sit there and then. So the violence started again. I had things streaked from one end of the kitchen to the other. This time he left with a knife out of the drawer so again it was a threat to hurt himself.

Anyway he ended up going then. That's when he went and he stayed with another family for about 3 weeks. He virtually hasn't been home to live since. He's now living in a flat, not very far from us, and things are a lot better between us. I am a bit surprised about that but because he is away from the situation I guess it's easier. He just didn't like being told to do things.

Bill never did these things when my other son or my husband was home,

only when I was there. He never did it when his father was there because he knew his father would have probably smacked him down – which is what he told me to do, but I couldn't deal with it in that way. For one thing he was bigger than me, and I've never taken that approach any way.

I think I was an easy target for him to take his frustrations out on. I was probably trying to make things easy for him in the family, I guess, because of how it's been with the family situation over the years, I've always thought my husband has been too hard on the children. Only because he did it hard himself and that's what he expected his boys to do. I've never taken that. I did it hard myself, and therefore I didn't want my boys to do it. So there's been conflict about that over the years and I guess I tried to compensate to a certain extent. I've ended up the meat in the sandwich and I think everybody in my family has taken advantage of me to some extent. I think Bill grew over the years to understand how I feel about his father with him and I just felt that perhaps he thought I was an easy target. I think he believed that I should let him do whatever he wanted. I mean that never came out in so many words but I think he always felt let down in a situation if I went against him

and stood by his father and not him. Now, on occasions, I might have but that was when I felt he had done the wrong thing.

I think there was an expectation that I should hand over money when he wanted it. It's just part of being a mum. You know all kids ask for money for this that and the other.

“ She must be exaggerating... ”

I think probably I let him get away with a little bit too much without paying it back. I mean I'm not saying that I gave him everything that he wanted. He had a car which he couldn't afford to keep. This is why he had to have this part-time job but you know trying to talk to kids these days is just like talking to a brick wall sometimes, and he expected us to just keep handing money out to him all the time.

The most useful bit of coming to the group was to be with people where you could say what you'd been going through and they didn't doubt you. I didn't tell a lot of people about what was happening but I did tell a number of my friends and there were a couple who were quite close and I heard from word of mouth

that 'she must be exaggerating, he can't be' because they've known him since he was a baby. I found that very hard to take. They felt that I was exaggerating about how my son had been carrying on because he never behaved like that anywhere else. I was the only one he behaved like that towards. Coming to the group, nobody doubted what you said and, well I heard worse cases, I thought mine was bad but there were people there that were in worse situations than what I was and, not that that was a feeling of relief for me, but at least you knew that there wasn't anybody doubting you. None of my group of friends had that sort of problem. To me that was one of the main things. My friends just couldn't comprehend. Even when he was doing the things that he was doing at home, I was quite confident that he could walk into somebody else's home and be his normal self.

I got a feeling of strength from the group. I think just the mere fact that other people were there gave me strength. I've got a couple of friends that are very supportive of me, but it's not something that you go and tell anyone. I came away from that group each time feeling a little bit stronger. I think that by talking about it there made me see that perhaps I was allowing it to happen to a degree and just by picking up on the way

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we did things, different things during the night, it just gave me a different perspective on how to handle it.

The big thing that we ended up doing was to stop him coming into the house because he was coming back into the home when we weren't there and taking things which was against what we wanted. I packed all the things in his room and stored them out in our back shed. Now that was the hardest thing I have ever done. I was sick in the stomach but I knew that something had to be done for him to realise that I wasn't going to stand for this sort of thing any longer. I wondered whether I was doing the right thing and what his reaction was going to be. I was warned about his violence and because he'd threatened two or three times to take his life. Although it never came to anything, I knew what he could say it again and he could do it. He was very angry because I'd done that. I'd called round to his work to give him a letter and I told him what I was trying to do and then when he came around he found that it had actually happened. Now to make things worse his brother had been in to get something and had left the shed open and he was very angry to find that anybody could have taken his things. He was very angry and he was never going to see us again.

In the end he rang up the next week and asked me to do something for him which I did.

The group gave me a lot of support, I think only one person when I told them what I had done with his things, didn't agree with it. Everybody else did. A couple of people said 'I wish I could take that stance.' I think it made me feel

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It made me feel stronger...

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stronger every time I came away from that group. I mean it didn't always last for that long. I didn't feel as good say two days later as I did on that initial night but it gave me enough fortitude. My husband's way was helpful too. I guess he wasn't as emotional about it as I was and he felt that he was better out of the house. I guess he gave me support in that way – tried to make me realise that I couldn't go on being like I was with him around. Deep down in my heart, I knew that I'd got to the stage that yes I could come out and say it, but before that I hadn't, I didn't want that to happen. I was sort of putting up with it hoping that it would go away, but I knew really deep down in my heart that it wasn't going to.

Now if there was anything in the way of destruction round the house, I'd have no hesitation in calling the police. I did tell him that. I don't know whether he believed or not. I think he knows that I won't tolerate that behaviour again. I would hope that he does. I don't really want to think about it. I don't want it to happen.

We have never really sat down and discussed his behaviour since he has been gone and he has been coming back visiting the home. I just think it's a little bit too early for that yet. I'd like him to initiate it as well. Now whether he's prepared to do that I don't know as time goes on and he hasn't said anything, but I'd like to think that we could sit down and talk about it.

I was really upset about him leaving but I knew something had to happen. I couldn't really believe that I'd done it but I had to do something. I had to take some space for myself but he was only eighteen and he's out on his own and that's not what I wanted for my son, or myself, or for the family situation.

I never thought my son would do the things he did. I never thought I would have the need to do anything like this. Who wants to dob their kids into the police? I am just not that type of person. I would try and go the other way and keep the peace and perhaps that's been my problem.

Maybe I should have been stronger all the way through but I've done what I felt at the time was the right thing. I can look back and say now, as I just did, 'hey maybe I should have been...,' but that's in hindsight. At the time, right through their lives I've always felt that anything that I've done has been for them. I suppose I've wondered if I was responsible for my son's behaviour. Perhaps to a degree I should have been a little bit stronger. I guess even with my husband, I think he's a bit overpowering and maybe the boys could see that towards the end. Maybe Bill was seeing that well dad can say these things. I don't like to cause arguments. I would rather say nothing and step out of it.

I don't intend to put myself back into that situation of feeling how I did. I'm just not going back to that again. I guess I want to try and find an inner strength to step away from the situation and to be able to stand up to him to a degree without violence, without - I'd like to say without confrontation but I don't know that that is possible. People told me just to walk away from him when I didn't want confrontation and I did try to step away from it, until he calmed down, not to wipe it away, but wait until he calmed down, but that's when he went and sat in front of my car and when I went to drive out of the driveway he wouldn't move.

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Bill seems a lot happier. When he comes home now he has a whole different approach. When he came back after the first time he left just after Christmas I think the main thing was that things between us really weren't sorted out. He sort of slipped back into the house and we did sit down and have a chat and he sort of seemed all right but really there were no guidelines put down for him and he just slipped back into 'I'll do what I like, when I like.'

It's made it a whole lot easier for me because I've had this time, this space with him being away from the situation and having gone to the group. I mean it was happening day to day at one stage and I just had no time to pull myself back together again because as I said if I drove into the drive and his car was there...

It's really difficult where you draw the line. I'm still finding that very hard to deal with. I still find it very hard to deal with going back into his room, so completely empty - gone. A lot of people say to me 'he'll probably come back again' but I don't think he will. I think that he's probably established himself. I just don't feel that I've finished being a mother to him and he's gone. And I'm finding that very difficult to deal with. I mean I know he's turned 19 years of age now and he's working, but I still just feel that it was cut off

too soon. I feel that I still should be making sure that he's eating, making sure that he's doing all these things. Most of the time I cope with

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When he comes home now he has a whole different approach...

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it and I know it had to happen but I still have this real empty feel, and I don't think that'll ever go.

You know he said he'd come around on Mothers Day. I was expecting him early but he didn't come until really late and I wasn't home. He rang and said he was sorry but I was really hurt. Sure he had a late night but it was one day. He came round. He left me some roses. He rang me later on. Am I expecting too much of him? I don't know.

I mean it is a whole new ballgame now. I hope that I would take a stand in the future. Depending on what was actually happening, he probably would still show anger but I think, from seeing how he lives now I really don't think that he would go so far again. When he was staying with the school friend, I was talking to his mother and she was having trouble with her son and she said that Bill had done her son a big favour by

being there. Now isn't that very contradictory? It was good to know that he could behave like that. At least I knew then that I had done something right in his upbringing.

There have been a couple of times when I've had to tell him I wasn't prepared to go along with what he wanted. He wanted us to go guarantor on his flat and we said no, because we didn't know his flat mate and we didn't want him to feel that if he didn't pay the rent we would do it for him. He was very angry but he rang back later and apologised. I grabbed the side of the bath, I was actually sitting on the side of the bath and I held on to it and I thought, 'Is this my son speaking?' He said 'I know I've been living at Matt's and having everything done for me just like I did at home and I have to take more responsibility.' I was overwhelmed, I really was. I feel a lot more positive about the whole situation. I just don't know whether it would have all happened the same if we had have been able to stay together as a family. I think that he would have had a few too many hassles as a family unit.

Postscript

My son is now doing really well. He has returned home and he is doing an apprenticeship. I think being clear that violence was not acceptable helped.

Things have really turned around for him and us. He is not violent. He seems a lot more settled in his life. He's still got things to learn like saving money but I suppose he will come to that. Occasionally he even goes out on jobs with his dad which would never have happened before. It's hard to look back and think about what it was like. It seems so far away and things are so different now.

Breaking the Cycle

Sue's story...

I have two daughters. Susan, my older daughter is 13 and my younger one, Tilly is 10. My husband, Alan, and I have been struggling to find ways to deal with Susan's problems for a very long time. She'd been hyperactive since she was two. My father said I deserved her, that she was a payback for me being such an awful child. It wasn't until much later that I stopped and thought about all the things that had been said and realised that I came from an abusive household. My father was violent and my mother used to set me up with him. I finally realised that I was doing the same thing to my children. I set them up too and then I'd get angry and smack them. What I was doing was reliving my parents' patterns and it didn't help, but when I became aware of that I realised that I could do things differently with my children. I don't blame my parents, although I did for many years, because my parents did what their parents did, and then I did what my parents did. You only do what you know. I had to realise

for myself what I was doing and change it.

For years I've tried to work out what was wrong with Susan. She's gone to doctors and others because we kept asking 'Why does she do all these things?' All that did was put all

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I actually left home for a few days...

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the blame on her. We were told she had Tourettes Syndrome. I'd actually channelled all of the blame onto her, so now I'm taking that blame off, throwing it out the door and working on her as a person instead of focussing on all her problems because that only isolates her even more. I've done a lot of work to change myself and so has my husband. We don't fight as much any more, because we sit down and talk about things. Because we're not fighting anymore the children are much more at ease.

With Susan it is still really hard. If she is riled I can't calm her down, as I can't communicate with her. When you're in an aggressive situation, you can't just say, 'let's stop'. It doesn't work. I can't just mellow her out and talk to her sensibly for a few minutes. If I walked away she would just chase me and kick and punch me. I try to keep myself calm but it is so difficult, really hard. I talk to my husband about what is happening and we stay calm and keep communicating and eventually, maybe after a couple of days Susan will be able to talk about it without screaming.

Susan has been very violent. She has just had a stage where it has got worse because she has been coming off some medication. Luckily it has been directed at the wall, punching it and putting holes in it. That's better than it being a person. I was the last person she's kicked and punched. She is very strong. She's picked me up and thrown me even though she isn't as tall as me. I was scared she would push me down the stairs. She also threatened her sister and held a pair of scissors over her head.

I've tried to get help when that happened. I wanted her out of the house. I rang every doctor who had worked with her. I couldn't get her into hospital. Couldn't get her into foster care. So even though it was

a safety issue there was actually nowhere for her to go. The police can't help because she was too young, so apart from pushing her out on the street, there was nothing there for her. After six months of coaxing we got her into foster care. She hates it. We pay badly when she returns - our punishment I presume. She won't go to foster care now so we don't get any relief from her and because she is off her medication she is up really late at night. We can't go to bed until she goes to bed because we don't know what she is doing. She would get on the phone and ring everyone so it's really hard at the moment.

I actually left home that day for a few days. We've all got to take time out. Alan is on time out at the moment. Not getting a break is the hardest thing. So every now and then my husband or I or Tilly might leave home for a couple of days for a break when we feel we desperately need it, but it's never possible together.

I feel that Susan has got some control over what she does, even though she says she doesn't know what she is doing. If she wants to she can sit and talk quietly to someone but then walk out the door and abuse all of us, so she's got to be able to control it when she wants. It's probably harder thinking she

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knows what she's doing. It's easier to blame the Tourettes or the other problems she's got. What I'm trying to do is to have more compassion for her, rather than just blaming her but I think it is easier to blame her. You know when she is really at her worst and you just want to pick her up and shake her - you lose the compassion. You have to find it again, because its through compassion that you find the way back in to try a different way. I have put signs all over the house to remind me about vicious cycles and compassion. Even though I've called her a monster I do think she is just a little girl and I have to remember that.

It is difficult and you don't always achieve the result you want because when I lower my voice she keeps pushing and I start yelling again, or she keeps giggling at me until I lose it. It's very rare for me to come in with compassion at the beginning because I'm so used to yelling and screaming which is what she is used to and quite comfortable with. So I have to keep trying to realise what I'm doing. When Susan and I are in a one on one confrontation there's no calming her. I try. I really try to stay calm myself but then you think, 'okay, I've had enough' and then it is so difficult, really hard. I think it's just a matter of persevering and hanging onto hope.

Meeting with other women at the group was a relief because I wasn't the only one. It's not easy to talk about this because you are breaking a family secret, but it felt safe and comfortable. People didn't judge me so it was easy to talk. I didn't expect a lot of stuff to come out in a group like this because you

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They weren't born that way
— so they have learnt it...
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still want to keep the family secret so I was surprised that I could feel so comfortable and people could talk or not as they chose. I liked being able to sit down and talk quietly and listen. It was easier than family counselling where you were always worrying about Susan's behaviour.

Just getting to the group was difficult. Susan didn't want me to go, there were hassles getting out of the house sometimes. Every time I went out she would say 'you're going to talk about me aren't you?' and of course that's exactly what I was going to do. I didn't want to tell her exactly what the group was for. She is violent but I didn't want her to be told that. I didn't want her described in that way, because I hope this is a stage and I don't want her to think that that's just her and that's the way she's going to be forever.

Sometimes the group would trigger off things in me that were upsetting. I went into a lot of turmoil with the group. As well as getting things out of it I also felt a bit dazed and really bad about things. I think some days it actually triggered things off for me, like my own patterns and that upset me. The way I see the violence in the child is that they weren't born that way so they have learned it. Now the mother and the father are the two people that are around, for our child anyway, so most of it has come from us. When my child was upset and going through stuff, it was like holding a mirror to my face and I didn't like it. I've lived through it once and I don't need to live through it again. I had mixed feelings in the group and sometimes I felt angry. The anger made me achieve a lot. I'd come home and wake Alan up and I'd tell him about it and we could get it sorted out so it didn't sit there for days. I didn't want to take my anger back to the group because that wouldn't have helped. I've realised that I'm the only person responsible for me. I can't blame anyone anymore.

I felt disappointed that a lot of the women couldn't see that their children were actually replaying things that they've lived and seen. I also got a lot of help from an intensive one week course I went to. That was good because you need

time to become aware of what you were doing. I realise you need time to sort things out.

After the group was finished I sat down and looked over my paperwork and went back over the things I'd actually learnt out of the group. On the last night everyone got to pick stickers marked with different emotional qualities like brave and caring and I was really surprised what people chose for me. I remember thinking 'well I don't feel that' but now I look back at them and think 'wow, yes I am O.K.' One of the stickers was 'courageous' and that gave me a really nice feeling. You know we were just a bunch of women who were pretty helpless at the beginning and still helpless at the end because there weren't any great answers. To work with these children is extremely long term and my husband and I have to do our own work. It is going to take years to change what we pass down to our children. What I've realised now is that I have to let go of the past and I've got to get Susan to let go of her past. I'm nearly 40 and I've had to work really hard so I'm hoping that as Susan's only 13 that she will have less to deal with.

It is different now. I used to think I've got a rat of a kid and then I realised my kid's got a rat of a parent. So I'm working on the bits I can and I keep

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picking myself up and remembering that I'm the only person responsible for myself. I can't blame anyone any more. What I realise now is that what I can work on is me. It's no good blaming the kids or anyone else. I've always thought Susan was responsible for her behaviour and now the challenge for me is to see her as a 13 year old rather than a monster. Now I want to give a positive message. I think it is beginning to change. We certainly have better days. Susan still doesn't talk to me but she does talk to other people, to family members and she says life is a lot happier at home which is a very positive message.

Postscript

Many things have changed dramatically over the past three years. Things have really mellowed. We tried foster care to give us all a break. Susan needed this as much as us so we continued for twelve months. She hated being away and was so much worse when she returned home, so we cancelled it. Then there was no relief at all. Alan, Tilly and I would all have time away individually for our own time out. We also tried the Big Sister program and it worked to a degree. It got us through some of the worst times.

We can now look back and see that the medication, which helped the Tourettes Syndrome, had such harsh

side effects. It made her frustrated, upset and sooooo... angry. She stopped her medication voluntarily over a year ago now and life has been very different. To this day Susan is still in counselling for one thing or another.

With the assistance of a masseuse, Susan has regular massage, aromatherapy and reiki. This has continued now for twelve months. She is more positive about life and we have found an inner strength

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She is much happier within herself now...

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in her that is refreshing. She has gained self awareness and more self control. She is very much happier within herself now. Sure we still have our moments but she is nearly sixteen and boy crazy. She still lives with the Tourettes but is coping more with that too.

The more we understand of ourselves the more we can help our kids. We realised that blaming others is a pattern that can be changed. We can make choices about what we do. I can see many many of my own patterns now and I realise that I can change these patterns. I'm the only one who can change me.

I can see that I've got the choice to change. It's my choice to change or to stay in the patterns. I can't change Susan but she sees me change and learns from that that she can change too.

I think it took a couple of years from the time I began to change my patterns until I saw a change in Susan. Susan says she saw a change in me from the time I came home from the first course, so she was really tuned into me. Some of it she was happy with and some of it she wasn't but that didn't really matter, she knew the changes were there.

Talking to different people has been the key. To realise you are not alone and that not everyone will judge you. Everyone has their own journey - we just might need a little bit of guidance to work out what it is we need to do. There are no overnight solutions - we have worked at this for years and will continue to do so.

Lynne's story...

Kerry my youngest daughter is nineteen, nearly twenty. She can be very violent. It has always been directed at me. I'd try to handle it on my own to begin with but when it just sort of continued to get out of control my husband or my other daughter would step in, but then it would be directed at them. I never really kept track of how often it happened, but it wasn't every week or every fortnight. It could go six months or perhaps three months. It just depended on how much I was willing to be trodden on I suppose. I was always trying to keep the peace until I would reach the point of 'I can't be manipulated like this any longer' and then I would take a stand. I was always frightened to do anything because I knew what it would result in. I knew that once that sort of anger was triggered it would end up with things being broken, thrown on the ground, telephones being pulled out of the wall, smashed and then personal attacks. She would abuse me, swear, call me names. It would go on for ten or twenty minutes. When

my other daughter or my husband realised that things were being thrown or she was attacking me they would come and try to pull her off. She would be hitting me and I'd be trying to push her away. They'd pull her off and then she would continue to struggle and hit and kick for ten or twenty minutes. After that it seemed like her anger would drain away. All that was left was silence, just silence between us. Recently she would just go out the door and go somewhere. Earlier on she'd go to her room, slam the door and put stuff against it so we couldn't go in there.

I'd say she started acting like this when she was eighteen months old. She fell over and hit her head on the side of the door, just like any child would. She started crying and then held her breath and the eyes rolled back. I picked her up and she passed out and I raced out into the car down to the doctor's. It happened two or three times and she was checked out but I was told there was nothing wrong with her. Then it went on from there into

two year old temper tantrums and I suppose she never really grew out of them. We kept thinking 'oh surely this won't happen again' but it went on. When she was six or seven, if something didn't go her way she'd go into these tantrums, kicking and screaming and then be terribly sorry, sobbing and upset wanting cuddles which I'd give her. And then when

“ She only behaved like this at home — never at school... ”

she was twelve or thirteen it was still happening but at this stage she wasn't remorseful anymore. When she was fifteen we had the bathroom wall kicked in because the hair wasn't going right or the mascara for the Year 9 Social wasn't right and from there it was all downhill. At that point I realised that something was drastically wrong and I got her to go to a counsellor. She only went twice and wouldn't go back.

She only behaved like this at home, never at school. She has always told me that I make her like that. It's all my fault. She's not like it with anyone else, only me. She doesn't see that there is a problem with her behaviour. All the time she says she hasn't got a problem.

She doesn't live at home anymore. We reached the point of saying 'we don't have to live like this anymore' and we demanded that she find somewhere else to live. It happened recently after the last scene. She'd left the house after she'd attacked me and when she just sort of wandered in a couple of days later we said 'this isn't on any longer, this behaviour is totally unacceptable and we think you had better find somewhere else to live.' So she left.

She rings whenever she needs anything. Sometimes the phone calls escalate and she gets angry and abusive and slams the phone down. She doesn't do that as often now. I've learnt reflective listening and now I don't get drawn into what's going wrong in her life. I can keep myself more separate and sometimes I can keep it from escalating. I can listen more reflectively over the phone but I'm not sure I could do it in the house. I think she could still manipulate me and tie me up in knots. She'd confuse me and I'd get right off the track. I think it is very hard to retrain yourself to have different conversations. I know it is better not to point the finger and blame and to express your own feelings but it is easy to get stuck.

My daughters see me as the one who makes the rules in the family,

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the one who enforces the rules. Their father is silent. He backs me up but he's not the one to see that this or that needs to happen. Both of us were pretty placid but that had to change with raising children and I guess it was me that changed.

If I'd known that all of this was ahead of us I wouldn't have gone for it. We had never had violence before and so it left a feeling of being totally let down. I told one of my daughters recently who was struggling with a relationship - 'Look this is life. Nothing ever turns out how you plan it. I think you make decisions and you don't look back, you go forward. Our lives haven't turned out how we thought they would'.

There was a period where I did think the cause of the problem was my behaviour as a mother, and probably it is my personality to a degree. If I didn't react the way I do I suppose I might be better, I don't know. You can go on blaming yourself for things the same. The only thing that keeps me sane is that my other daughters don't react like that so I think it can't all be my fault because they would all be like that. I think all mothers wonder if they had done things differently would everything be fine. Probably fathers think the same. I do wonder if father dominated families have the same

experiences. Whether the kids really like the idea of the father being the dominant person and if the father says 'no you're not doing this' they sort of respect that more. But then I expect they have their own problems.

I read about the group in the local paper. It was very beneficial just to realise that there were a whole lot of other people out there. I hadn't thought it was all that common. It was good to know that we weren't

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It was good to know that we weren't the only ones...

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the only ones. I have told my friends about the problem and they have been very supportive. They know what we have been like as parents so it has been very reassuring to know that they think we've done a good job. We had tried to get help in the past but it always finished up against a brick wall. Everyone said they needed to see the adolescent and the adolescent wasn't prepared to go. So that left us with nowhere to go. I didn't tell my daughter I was going to the group because it would justify to her that I had the problem. She would have said 'well that's good, you're going to try and sort yourself out'.

It was helpful to hear what other people were saying and being able to identify with others and you can empathise with their experience. I wasn't expecting to meet so many people from two parent, middle class families I thought it might just have been parents who were struggling on their own, with no support. So I got a great sense of not being alone and a feeling that there were people like us in exactly the same situation. My husband probably would have come if it had been possible. Not that he said 'I want to go' but he has always been willing to try and sort it out. I think it would have been helpful if I could have got this help when she was younger. It is a lot harder now that she is nearly twenty.

Postscript

My daughter is now twenty-two and a half and has never moved back home to live since we asked her to leave. For the past two and a half years we have kept our distance from her, phoning her each week to check that she is O.K. We have been there for her if she has needed us, and has called on us for various reasons, e.g to move house, medical advice, and when she is in trouble. She has had three awful experiences, as well as four car accidents, (two cars written off whilst still under loan repayments).

The most violence we have experienced during this time has been the phone slammed down, or the crash of the front door as she has left our house in a temper. There have been times when we have noticed improvement with her anger control, sometimes when I have said "No" to something she has requested.

Since leaving school at 18 she has bumbled around with Jobs, Uni, TAFE and Unemployment. Nine months ago she applied for a job with the Government. Out of 1200 applicants she was selected for one of forty temporary positions. After eight weeks, 32 were put off and she was one of eight kept on. She now has a permanent position, earning a very good salary. With this has come a big improvement in her self esteem. We feel very fortunate knowing she is financially secure, even though she is still learning to manage her finances. We hope that she continues to curb her anger, and if unable to gain that control, recognises the need for help.

We wish we had a more loving relationship with her but realise life just isn't always what we plan it to be. I like the words spoken in the movie *Bridge Over Maddison County*... 'The dreams I had were good dreams. They didn't eventuate, but I'm glad I had them.'

Marg's story...

My two younger daughters Julie 15 years and Dianne 16 years were living with me They are less than a year apart and very, very close to each other. My older two children had moved out because it was too much for them. What had happened was that one of the girls, Julie, disclosed that she had been abused in respite several years ago. Her sister, Dianne reacted with violent mood swings which became more like tempers and then what I would call rages, fighting physically with people and breaking things. She can be verbally very abusive and physically violent. She would break windows and break things, just anything in her path. I've had a lot of physical damage to the house and I found it extremely difficult to cope with. She would fight terribly and provoke Julie. I thought it was a reaction to finding out about her sister, because she had an array of feelings including guilt and all that kind of stuff. I also found out that they were both addicted to marijuana and were into alcohol binges, so I think all of those kind

of things were contributing factors. Dianne has even more difficulty than Julie even identifying her feelings, let alone expressing them to people. She cannot talk about things and when I tried to broach it with her she said just forget about it, forget I ever said it'. So now I'm scared to broach it because I feel like it could be followed by an abusive and violent sort of session.

Things had got really bad. There were holes in the walls, lots of things were broken and I kept a set of crockery and cutlery in my bedroom so that I would have something to use when I couldn't get into the kitchen. I started living in my bedroom because I was frightened of the violence. I couldn't really talk to them about it because I was frightened that it could be followed by more abuse and violence. They stole from me to buy drugs.

It was hard to get the right sort of help. The student counsellor was great but although I tried other counselling it didn't help because either the girls wouldn't go or others

didn't understand the problem. When I heard of the group for mothers who had an adolescent who was violent and/or abusive I was relieved because it was the first time I had heard anyone actually talk about the problem. I'd always believed that this was something that mothers just had to put up with.

I found that actually talking to other people in similar positions was good because it was so valuable to know that I was not the only one out there and there are people who are as badly off and worse off than me. Also I came to realise that I don't have to put up with this. So one day when there was a whole lot of stuff going on and I had been hit and physically threatened I rang the police. It was a relief but it was also shrouded in devastation because she tackled the police. Dianne met the police with a knife and it was pretty terrible. I was scared for her because they had to restrain her, and I was scared for her welfare because of the way they had her pinned. It took about half an hour to restrain her and they had to call a back up car and they had her on the floor and it was just so frightening seeing her go purple in the face at the way they were pushing and sitting on her, and I was scared for her. I was also scared about what was going to happen when this was all over, because I

knew they would be removed. I had been to talk to the police so I knew that the girls would be removed because I'd rehearsed that with the police and they had told me what to do. The only thing I didn't do is to ask for the CAT team, but I'd tried to get the CAT team before and failed as many people have, and I didn't think about it at the time. I wish now I had. I think there would have been differences had the CAT team been called and arrived quickly, which as you know is like winning the lottery. I think that a lot of the subsequent abuse that the police received from her and therefore the terrible stress on me of seeing my own daughter – she's only 42 kilos – this tiny little thing fighting the police wouldn't have happened if the CAT team had arrived. It was devastating. I was a blubbing mess the whole time the police were there. They were there for about two to three hours and each of the police had a talk to me and they were very, very good and supportive. They just kept saying to me 'you don't have to put up with this'. The police said to just dial 000 in the future and I'm sure they would come pretty quickly because the whole police station knows what went on, so I feel they would be prompt. One policeman said he'd never seen any thing like it and that amazed me because they've seen everything.

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I had to go down and take out an intervention order but the next day was a public holiday so I had to wait. I had a long time to think about it and to get cold feet and to think 'oh no I can't do this' but I knew I had to do it whether I wanted to do it or not. I just knew.

The girls came back three times that afternoon. On the second time, I rang the police but the girls were hiding under the house and the police couldn't find them and I didn't know where they had gone. The third time I negotiated with them and drove them to the station. They were back three days later because there was no other accommodation available for them together and they wouldn't be separated. It was difficult when I saw the judge at court when I went to get the intervention order. He said 'well we usually have husbands and wives, not adolescents' and it made me feel that I was doing something totally irregular, even though I know they are taken out on adolescents. I felt like I was having my hand slapped.

I think the police intervention has helped because it pulled Julie up and made her think about what was going on and she was actually mostly very good from then on. It also made Dianne think and she has been trying not to lose her cool,

not to rage, but there is a point at which she switches, she's like two different people.

It helped me because now I know there is something I can do. Before I felt that mothers should be able to fix things up but I couldn't. I wasn't well so that interfered and it was just so overwhelming and I felt there

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I had to go down and take out an intervention order...’

was something wrong with me. It was so overwhelming just thinking that I'm supposed to fix it and if I can't then at least I'm supposed to put up with it.

Now I realise I don't have to put up with it. I think the fact of actually having the police come in an emergency situation and having my rights reinforced by the police and the group was important. Nobody made me feel that I'd done a terrible thing against my kids. Having support from people in the group who had been in similar situations was important. There's a slightly different flavour to the empathy from people who have been there. It helped me feel that I hadn't done the wrong thing. I may not have ever rung the police if I hadn't felt

that support. I had seen a psychiatrist and I talked to him about it but it's not the same. I told my ex-husband and my eldest daughter and they were very supportive. My ex-husband has been away interstate for many years and it was most unusual to get his support. I'd rung him after I rang the police and on this occasion he was

Now — I realise I don't have to put up with it...

supportive. Also the group has helped because I know that I am not the only one and that other people have survived.

Now I feel that it is OK for me to take action. I can call the police. I don't think I will get that suicidal reaction again because I know that I can call 000 and get help. I'd tried to get help before from the police and failed. I'd tried the CAT team and also my psychiatrist in a crisis and that didn't work, at least not in the way I wanted it to. I had wanted to ring the police lots of times before but I just couldn't bring myself to do it. We'd had the occasion once before, the first time I rang the police I didn't ring 000 and they took about two and a half hours to come and I didn't hear the end of

it for about four months. I thought it was an option that I would never use again because I was just abused day and night about getting the police, but this time it was different.

My oldest daughter thinks that I really backed down in allowing them into the house because there was no accommodation for them. She says they know that they have got around me yet again. That maybe so, but maybe I can't do it all in one go. The time might come again and the next time they will be charged of course. The difference is that now I know I can take action at anytime, even if it's not a crisis. I was very close to ringing the police two Sundays ago but unfortunately circumstances were very difficult right at that moment. I was meant to be picking Julie up from the station, which is a most unsavoury place especially on a Sunday afternoon. I picked up the phone and then thought, 'Oh no, what can I do?' I couldn't get in touch with her and I had to make sure she was safe and pick her up, so the timing was out.

Sometimes they are easier to deal with than other times, sometimes more difficult. About three months before the group we had had a terrible day. I had been having bad anxiety attacks and Dianne grabbed a knife and was trying to

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stab herself. The knife wasn't really sharp and she was just cutting herself more than anything and I walked out because there was nothing else I could do. If I'd tried to do something Julie would have become very abusive because she always backs her sister. So I walked out at that point in time, which seems a terribly, terribly cruel thing to do. I think that is one of the worst situations that you can have, to walk out on your child, because you are there to protect and preserve their lives. I felt I couldn't cope with the situation and I was at risk if I stayed, not at risk from her but at risk from myself. There didn't seem to be anything I could do to change the situation. I came back and she did it again so this time I took her down to the hospital and the CAT team actually saw her after all this time. What made the difference this time was that I eventually took some power in the situation and when she had her back to me I grabbed her in a bear hug. She is very strong and I couldn't hold her for long but I called Julie to come and help. Julie was taken by surprise because this is that first time that she had been called on to help me rather than her sister, and she stopped and was very confused. She had to think for a moment about how she would react because normally in a situation like that she would have tried to pull my arms apart and release Dianne, but

she didn't because she had seen how bad things were with Dianne. I said to Dianne 'I want to take you down to the hospital, will you come willingly?'. She said she would if I bought her a gram of marijuana and I said 'no'. So then she said 'I'll go provided I can have a couple of cigarettes later' so I said 'Right let's go.' I don't know where my strength came from that day.

I'm doing some different things. I'm trying not to get involved in all the arguments. If they start to fight I don't hide away anymore. I come out and check what is happening and then I withdraw when I feel like they will survive. I've learnt to get out really early. I don't always do it because sometimes I get involved and each situation has to be looked at on its own merits, because in a given situation I might feel that I would escalate things if I walked out. Sometimes I walk out into the front garden because even though the whole neighbourhood hears everything that goes on in our house. I think she is less inclined to rage in the front garden which is very public. Sometimes even the walking away has been difficult because I would get so anxious and feel so weak that I could hardly walk, so now I get out early.

What's been good is feeling the strength that came from realising

that I could actually take action instead of becoming a rag. I think it has really helped Julie and Dianne. I think they have seen an otherwise rather wilted and totally non assertive mother suddenly do something and I think that has helped them.

I've changed how I view the girls too, especially Dianne. I don't exonerate her from the violence because she chooses that reaction,

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I felt there was something wrong with me...

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but I also have to keep in mind what is behind all this and to understand that she has not been in a position to control her reactions. Now I don't see her as a raging lunatic or a drug addict but as a kid who does have a lot of problems and a kid with quality traits. Dianne has counselling and that has to continue. She's had a bad time recently because she couldn't continue to see the same therapist when the Crimes Compensation money ran out. She was very upset because that therapist had been most supportive and I think she felt that she'd lost all that and I think that's what set her off. I've realised that often the anger and rages are triggered by

something distant from me and I've no idea what it's about because if I go in and ask what's going on, that usually makes things worse but if I listen first and then ask very quietly 'what's going on?', that works sometimes and sometimes it doesn't. So I have changed how I react in some small way.

I got a sense of power from the group. Just teasing it all apart, so that what was an entwined mess before became something I could look at. Things like my reactions, my kids reactions and what was going on and what was appropriate to say and what wasn't appropriate to say, what would inflame the situation and what might calm it down just a little bit. In the past I tended to speak in these situations without thinking and say things that I regret. Recently I've been involved with verbals with Dianne because she's got a bit worse in the last couple of weeks and I tend to find it hard to close my lips and not say what to me is the obvious.

I found ways to start behaving differently. It is pretty hard but I can actually hear this little voice going on in my head that wasn't there before. So while things are escalating this little voice is going on in my head saying what I should or shouldn't do. That doesn't mean that I'm going to obey the voice in my head all the

Breaking the Cycle

time. Sometimes I jump in and then realise I've heard the voice and will withdraw, but as I say it's early days and there's still a lot of practising to do. It would be nice if I could wake up tomorrow and it would all be fixed and there would be no need to work so hard at all this stuff, but unfortunately I'm sure there will be many more occasions.

I think this problem needs to be talked about. It is very hidden in many families. I had tried so many places to get help. It isn't in the category of normal parenting groups, and we'd tried family therapy, mediation, and counselling but there was nothing that addressed this, or they just wouldn't go. The girls had just walked out of counselling and wouldn't come back. Parents often blame themselves, and when we're blaming ourselves it's very difficult to go out and get help because you feel you are a terrible person who has done some awful thing which has caused my child to do this. But it helps if it's brought out that it does happen. I also think that we've gone through an era of kids being told their rights. I'm not saying that they shouldn't know their rights, but they should also know that their parents have rights and my two youngest just couldn't accept that kids have to learn that parents have rights. One time

after some abuse I said to Dianne 'I have rights too' and she just laughed and said 'oh you reckon?' and I said 'Well if you don't believe I have rights then you know the police can tell you otherwise'. She didn't have any response to that. She just turned around and walked off and that's a sure sign that she actually heard what I said. So it actually stopped the situation. I think having the intervention order and having a plan of action in my head has helped. Recently Dianne said

“
The anger and rages are
triggered by something
distant from me...
”

to me 'you know taking out that intervention order helped me.' That was very validating.

Postscript May 2001

Dianne was forced to leave home when I eventually took out an 'out of house' intervention order. She went straight into a refuge and then into supported accommodation with two absolutely wonderful lead tenants and their support agency. For several weeks I refused to have any contact with her. I walked around the house noticing all the

photos of her and bursting into tears every time my eyes fell on one of them. The pain was agonising. I think it was a long awaited letting go of all the torrent of emotions that I had suppressed while she was at home raging, in order to survive. Then I wrote her a letter, and followed that by a phone call asking her if she wanted me to visit her. She was very eager to see me. I kept the visits

ways of blaming me for everything that went wrong in her day. I hated those calls because they were so negative. When I eventually realised that I didn't have to put up with that degree of intrusion into my life, I told her straight out that I would be glad to hear from her twice a week, but not 3 times a day. She managed to cut the calls down to daily, then twice a week or so.

6

I think this problem needs to be talked about...

6

short and relatively infrequent. I so desperately needed my own space to recover from the stress of the last few years, and I knew Dianne needed hers, even though she could not yet recognise it. Both she and Julie had clung to me all their life, as if I was an extension of them. I had always found it extremely draining.

Shortly after Dianne went, Julie left home voluntarily, but very begrudgingly, being placed in an independent living situation in the community. I saw her about once a week. However, she rang me usually 2 or 3 times a day for the first few months. That was incredibly draining, for she was often manipulative and would find subtle

The girls were very fortunate to get great help from their support agency and case manager. An incredible network of support seemed to fall into place around them, and they at last accepted it all because they acknowledged, for the first time, that they needed help.

They are both now drug free and working, although they each still occasionally resort to bingeing on alcohol. They have each matured a fair bit, but still have a way to go. Dianne still gets angry at times, but the violent rages have stopped, I believe. Julie visits me usually about once a week, Dianne less frequently. I usually speak to them once or twice a week on the phone.

Several weeks ago, Dianne lost her temper over a comment I made about how bad things had been the last time we were all living together, and Julie joined in, in her defence. That was pretty scary for the anxiety I had experienced when

Breaking the Cycle

they were at home raging, revisited me. It was a sobering sign that the reconciliation I envisage taking place between us all is still some time away.

The hidden nature of adolescent violence in the community and the consequent lack of programs to address it, caused us all much pain and undue suffering. The ignorant attitudes of police, judiciary, court personnel all added to our pain. Finding Anglicare's 'Breaking The Cycle' program and from that, gaining the courage to call the police, to take out an intervention order, and to temporarily cut contact with Dianne, gave me the space to begin my recovery from adolescent violence. Being believed and validated was the first step in my reclaiming power.

If you are experiencing difficulties in your family such as the ones described in this publication – there is help available.

As a starting point we suggest you contact a community service organization in your local area.

Recognizing there is a problem is an important step in finding a solution.

THE BEYOND THE VIOLENCE (BTV) MODEL

'Beyond the Violence (BTV) has a unique program design that directly promotes the factors that are likely to lead to recovery from Family Violence for the whole family.'

Beyond the Violence (BTV) is a program which was developed in response to the stated needs of women who had experienced family violence. The women were clear that they wanted a framework in which they could unpack what had happened and explore the impact on them and their children. They also wanted their children to build their social skills, particularly in the areas of cooperation, conflict resolution, dealing with feelings, getting along and making friends.

BTV was developed to meet these specific requests. The BTV program is experiential, participant driven and utilises a strengths based approach.

The overall aims of BTV are to:

- 1) Increase the capacity of professionals within adult services, children's services and family services to respond more effectively to the needs of children and parents who have experienced family violence.
- 2) Promote better long term outcomes for women and children who have experienced family violence through the delivery of a group work program that is strengths based and focussed on recovery 'beyond' the violence.

Beyond the Violence addresses the needs of the whole family post-violence. It provides a holistic, integrated approach to addressing the family's needs.

The BTV program runs over 8 weeks, with concurrent parent and children groups (2 hour sessions) followed by a 20 minute family session.

A 3 day training program for professionals is run prior to the commencement of each group, and the subsequent program is then delivered in partnership with local services. These services receive live supervision and debriefing while the program is being run.

Facilitator Training → live supervision and debriefing for facilitators

- Understand the impacts of Family Violence on women and children
- Develop skills in providing strengths-based group work programs for women and children who have experienced violence
- Able to offer appropriate strategies, options and linkages to family members affected by violence
- Explore ways to promote safety and rebuild trust for women and children who have experienced violence



Parent's Group

- Understand the impacts of the past violence on themselves and their children
- Gain strategies for building resilience and re-shaping life pathways
- Explore ways to rebuild or establish trust within the family
- Take steps to establish or re-establish appropriate parent/child relationships
- Develop strategies to handle children's behaviours and emotions



Children's Group

- Feel safe
- Recognise their own rights and the rights of others
- Experience positive ways of communicating
- Develop realistic expectations of their parents
- Set personal boundaries
- Recognise personal strengths
- Learn new ways of problem solving and managing uncomfortable emotions

Family Group

- Find hope and set goals for the future
- Rebuild trust within the family
- Strengthen relationships

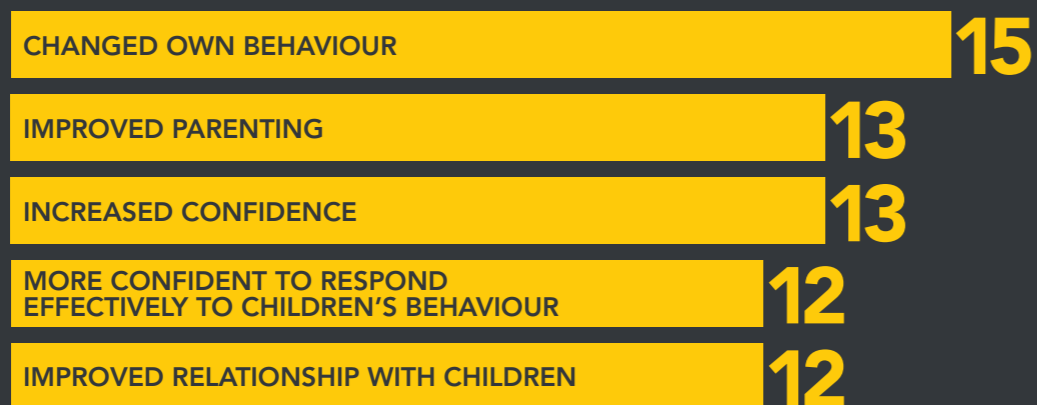


OUTCOMES FOR FAMILIES

Beyond the Violence has had a number of significant outcomes for the families involved. Feedback from participants indicates that the program has provided significant improvements in the parent-child relationship, children's emotional and social skills, and parents ability to respond effectively to children's behaviour.

15 families who participated in a BTV program were analysed using stringent pre/post measures. Of the 15 families:

OF THE 15 FAMILIES:



Mapping the outcomes:

In the analysis, below a sample of written feedback has been mapped against the projected outcomes for parents, children and families, demonstrating the highly effective nature of the BTV program.

Projected Outcome	
Understand the impacts of Family Violence on women and children	"I have a better understanding of the impacts on children" "I've gained so much, particularly around [understanding] DV and what mums and children go through" "[The training helped me to] put myself in the shoes of the women and children"
Develop skills in providing strengths-based group work programs for women and children who have experienced violence	"I've achieved confidence and broken through my 'fear' of being a facilitator" "I've improved my facilitation skills, particularly around family violence issues" "I feel more competent to explore activities from different points of view and learn from participants"
Able to offer appropriate strategies, options and linkages to family members affected by violence	"It was really great to learn from other professionals, have the opportunity to practice new skills, and have practical examples to learn from" "[I've gained] new insights into recognising and working with violence in families" "I'm going away with lots of tools" "I've gained more skills and knowledge in how to help women with family violence"
Explore ways to promote safety and rebuild trust for women and children who have experienced violence	"[I am better able to] assist families to move along" "I can see that change is possible" "I have 11 years experience in a Family Violence role... this training has shown me the importance of not taking over the mum's role."
Develop skills in supporting children with behavioural issues to learn new ways of relating and handling difficult emotions	"It was good to hear real life examples [of behavioural issues] and how they were handled"

FOR PROFESSIONALS

FOR PARENTS

Projected Outcome	
Understand the impacts of the past violence on themselves and their children	"[I've gained] more awareness of effects of Family Violence on children." "[I/we achieved] support as a mum/family who have suffered trauma/violence" "Now my children come first" "I can understand their behaviour and actions a lot better" "[I can see that] violence has affected their growth"
Gain strategies for building resilience and re-shaping life pathways	"I feel safe and normal" "I'm not so worried about negative situations" "I am important and deserve respect. I matter as a person and am not alone" "Affirmation - I am doing ok" "I can stay strong amidst criticism" "I am confident to make changes to the court order"
Explore ways to rebuild or establish trust within the family	"[I've stopped] swearing, yelling and smacking, [now I have] other options to use" "Connecting with my child positively!" "[Now I'm] able to work through the situation better, rather than going 'rah'" "I'm not yelling, I'm learning to listen again" "I don't scream at my children. I talk to them at a calm level"
Take steps to establish or re-establish appropriate parent/child relationships	"I now have clear boundaries and discipline in place and consequences if the behaviour is not acceptable" "Praise is so positive" "[I've gained] persistence in seeking out better solutions and new strategies" "[I'm using] consequences"
Develop strategies to handle children's behaviours and emotions	"Transforming negative situations to positive" "We are trying to take a more softer approach to each situation" "I have fine tuned my behaviours and reactions" "[I'm taking] a calmer approach to the way I handle situations with them" "We have made up family rules"

FOR CHILDREN

Projected Outcome	
Feel safe	"Getting them back on track, into routine and feeling safe" "I have made steps to change court orders [for them]" "The kids are able to sleep better"
Recognise their own rights and the rights of others and set personal boundaries	"[They're] not snatching things as much" "[My kids are] not as rude to each other" "[The kids are] more aware of options and there is less violence" "[They're] more tolerant and respectful of each other"
Experience positive ways of communicating	"[They're] expressing self through articulation, discussion" "My 11 year old is becoming a lot less angry and open to talk" "[They're] listening, helping, caring" "[They're] more positive" "The kids are more eager to play together" "I made new friends"
Develop realistic expectations of their parents	"She is on the way back to being the child I remember, loving and caring, not aggressive and angry" "The kids have more of a sense of what behaviours are acceptable at different times"
Recognise personal strengths	"[They're] a lot more confident"
Learn new ways of problem solving and managing uncomfortable emotions	"[They're] using words, labels to describe feelings" "[They're] ways of handling anger has improved" "My eldest is thinking first before hitting her sister. They're not screaming as much" "[They're] not screaming at each other" "They're expressing more of their feelings"

FOR FAMILIES

Projected Outcome	
Find hope and set goals for the future	"[Things are] fantastic. We talk about everything and anything. We laugh together again" "My next steps are to reinforce safety, security & stability for my kids" "I am enjoying having my girls 100%"
Rebuild trust within the family	"We are more aware of each others feelings" "A better atmosphere in the household" "We now have a lot more space to hear each others feelings about our lives, decisions, affects on each other" "We now talk about how we are feeling inside" "[Now] I don't yell at my kids at all. I make sure I am available to them" "He can ask me any question and isn't worried"
Strengthen relationships	"[We] learned to communicate as a team" "Our communication is becoming calmer, more honest and effective" "[I realised] families are teams" "[I've] improved my relationship with my son" "[We're] spending more quality time together" "[My 5 year old] is much more affectionate with me"

A BTV CASE STUDY

Many stories of changed lives have emerged from, *Beyond the Violence (BTV) For Wendy, Miranda and Simon*, the changes have been significant.

Wendy used to feel like a bad parent. As a result of extensive family violence, she experienced depression and anxiety and was not able to cope with the behavior of her children – Miranda (12) and Simon (8).

Feeling guilty about her inability to cope, Wendy allowed her children to live with their father but things eventually deteriorated, and Simon moved back with Wendy and Miranda moved to her aunt's – visiting on weekends and holidays. Since then Wendy has continued to struggle, and the family have moved around and changed schools often. The children have been living between various family members.

Wendy reports that at this time, Simon was suffering with anxiety, was shy and withdrawn, and had been getting into trouble at school. He was also having fights with his sister that escalated to the point of violence. Wendy believes this was due to the frequent moves and lack of stability and safety the family had experienced.

Wendy and Simon attended the 'Beyond the Violence' program to help move forward from their previous trauma, work on positive parenting techniques, and rebuild family relationships. Wendy says that since attending BTV, Simon is calm, confident and able to have positive relationships with his sister and other children.

Wendy is also more confident as a parent, has a better relationship with Simon. They can talk without Simon reacting over "trivial things". Wendy describes her approach as one of offering choices and consequences to Simon. Wendy wishes she had known about this approach to parenting year ago because she has felt guilty, blamed, and incapable as a parent. This was one of the reasons she had previously let the children return to live with their father. Wendy says that now she can cope with their behaviour and no longer feels guilty and incapable.

The facilitators have also noticed changes in Simon's social and emotional skills in the children's group program. His confidence has increased, and he appears a lot calmer. Wendy reports that the whole family are more at peace and relationships have improved all round.

By helping improve family relationships, safety and stability, the BTV model is consistently delivering real results for parents and children like Wendy, Simon and Miranda who are looking to a life 'beyond the violence'.

WHOLE OF FAMILY RECOVERY: THE EVIDENCE

A key feature of *Beyond the Violence* is its focus on strengthening the parent/child relationship. This not only occurs through the program content, but through the nature of the program design, which utilises concurrent parent and children's groups followed by a family group session.

Extensive research from Australia and Internationally demonstrates that Family Violence has a significant impact on childhood development, parent-child relationships and family functioning (Downey 2009; Perry 2001; Shonkoff & Phillips 2000). Childhood trauma from family violence can significantly affect parent-child attachment, children's emotional regulation, social skills; sense of self/identity, learning and memory (Downey 2009).

Alongside the act of physical violence, other forms of violence and control have significant impacts (Perry 2001). Emotional violence can include humiliation, coercion, degradation and the threat of abandonment or physical assault (Perry 2001). Humphries and Stanley (2006) refer to the direct and indirect ways that parenting is affected by family violence. These include the high anxiety and depression which undermines a parent's ability to care for their children, and a preoccupation with trying to control the domestic environment so that the perpetrator's needs are prioritised and the children's needs for playing, attention and fun are not met, or sporadically met.

An Australian Institute of Family Studies Survey found that 52.5% of children who experienced family violence felt helpless, and 28.8% felt the fights were their fault. These effects can continue post-separation, and children can feel more vulnerable after separation (Bagshaw, 2007 in Bagshaw et. al. 2011).

The recovery process entails assistance not just for the individual women and children, but for the relationship between them (Humphries and Stanley 2006). Humphrey and Stanley (2006) contend that this is an essential aspect of family violence intervention, which has been marginalised through failures to conceptualise

family violence as not only an attack on the survivor (usually the mother), but also an assault on her relationship with her children.

Evidence informed approaches to support recovery post family violence therefore indicate:

- A parent-child dual approach is necessary to effectively support children in recovery post violence, and is consistently documented as a feature of effective intervention for these children (US Department of Justice 2010; Miller 2006).
- Children need modeling and support in the areas of friendship skills; emotional intelligence; emotional regulation; and alternatives to violence/power (DeBoard-Lucas et. al. 2013)
- Non-violent parent involvement is crucial. Support for non-violent parents needs to include understanding child development and emotional regulation; decreasing parental stress; understanding the impacts of violence on parent-child relationships; and extending social supports (DeBoard-Lucas et. al. 2013; Miller 2006).

Family Violence undermines the parent-child relationship and it is vital that this is addressed to allow families to move forward to a future free from violence. Safe, supportive relationships are the foundation for healing and recovery from trauma such as Family Violence (Downey 2009). *Beyond the Violence* provides opportunities for families to strengthen and repair these relationships and begin the process of moving forward with their lives.

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BEYOND THE VIOLENCE

Helping families to establish safety, rebuild family relationships and move forward with their lives following Family Violence.