

Behind closed doors: Adolescent Violence in the Home (AVITH) during COVID & challenges to come

Issues Paper

Centre for Innovative Justice, RMIT University

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Centre for Innovative Justice (CIJ)

The CIJ's objective is to develop, drive and expand the capacity of the justice system to meet and adapt to the needs of its diverse users. The CIJ meets this objective by conducting rigorous research which focuses on having impact – taking our research findings, many of which involve direct engagement with service users, and using them to develop innovative and workable solutions. We design all of our work to be useful both for those experiencing and for those implementing change.

Running through the areas of our research is recognition that access to justice is about more than just formal access to the courts or legal system redress. Interaction with justice system mechanisms can, for many people, cause significant further trauma and harm. For this interaction to function as a positive intervention instead, people need to be understood; to feel heard; and to experience the justice system as meaningful and fair. A well-functioning and sustainable justice system should therefore be about much more than activity and outputs – taking time and using diverse approaches to have constructive outcomes; driving down incarceration rates; and preventing further harm.

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Contents

Background.....	4
What is AVITH?	6
Key features of Victoria's justice response to AVITH – a pre-COVID snapshot	7
The RCFV recommendations – what was recommended prior to COVID-19?	8
What was the PIPA Project?	11
Wider responses to AVITH in development.....	17
Retreating behind closed doors – the impact of COVID-19	21
drummond street services data – CFRE Report.....	26
CIJ and CFRE survey – practitioners working specifically with AVITH	28
A sign of challenges to come?	34
Conclusion	35
References	36

Background

This Issues Paper seeks to highlight the potential impacts of the COVID-19 pandemic on the use of violence by adolescents against their family members. Commonly referred to as 'adolescent family violence' or 'adolescent violence in the home' (AVITH), AVITH has been recognised as a significant policy challenge in Victoria for some time, as well as in other Australian jurisdictions.

Notably, Victoria's Royal Commission into Family Violence (RCFV) dedicated a specific chapter of its substantial final report to AVITH, identifying a need for increased policy attention and resourcing for this particular form of family violence. In doing so, the RCFV relied upon policing and court figures which showed that, since Victoria expanded its legislative definition of family violence in 2008,¹ a consistent rate of Victoria Police family violence callouts and Family Violence Intervention Order (FVIO) applications respectively have involved adolescents as respondents.

Research in relation to AVITH has similarly increased in recent years, some of which is highlighted briefly in the next section of this paper. For example, just before Australian communities went into lockdown as a result of the COVID-19 pandemic, the Centre for Innovative Justice (CIJ) released the final report of *The PIPA project: Positive Interventions for Perpetrators of Adolescent violence in the home*.²

The PIPA project was an ANROWS funded research project examining legal and service responses to AVITH across three Australian jurisdictions. Spanning the findings of the research were a number of overarching themes, the primary theme being that one-size-fits all approaches are not appropriate responses to AVITH. This is for multiple reasons, including adolescents' age and vulnerability; their own experiences of violence and trauma; their varying developmental stages; the impacts that trauma and disability can have on their ability to understand or comply with court orders; and, in particular, the complex, co-occurring needs which often exist across the ecosystems of families experiencing AVITH.

Equally, the PIPA research found that families experiencing AVITH have often received very little service support to address these multiple needs. Wider research has shown that stigma and shame, or fear of police intervention, will often prevent families from seeking help in the first place, or mean that they will only seek support as an absolute last resort.³

Practitioners participating in the PIPA project also told us that, where families call the police simply because they want the violence to stop, an intervention which facilitates few options other than for police to seek a protection order and remove the child - potentially propelling the child into criminalisation as a result - will deter that family from calling the police or seeking service support again.

¹Family Violence Protection Act 2008 (Vic). Retrieved from http://www5.austlii.edu.au/au/legis/vic/consol_act/fvpa2008283/

² Campbell, E., Richter, J., Howard, J., & Cockburn, H. (2020). *The PIPA project: Positive interventions for perpetrators of adolescent violence in the home (AVITH)* (Research report, 04/2020). Sydney, NSW: ANROWS.

³ Howard, J., & Abbott, L. (2013). *The last resort: Pathways to justice*. Melbourne: Digital Reprographics; Howard, J. and Rottem, N. (2008) *It all starts at home: Male adolescent violence towards mothers*, Melbourne Inner South Community Health Service and Child Abuse Research Australia, Monash University; Fitz-Gibbon, K. Elliot, K. and Maher, J. (2018) *Investigating adolescent family violence in Victoria: understanding experiences and practitioner perspectives*. Melbourne: Monash Gender and Family Violence Prevention Program, Monash University.

Similarly, mandatory reporting requirements often mean that child protection authorities become involved. Without a policy or practice framework to respond effectively to an adolescent using violence, child protection authorities are instead geared towards removing younger siblings where these siblings are assessed as being at risk. These are just some of the factors already keeping the issue of AVITH – as well as the associated needs and compounding risk across families who experience it – firmly behind closed doors.

When declarations of a State of Emergency in response to the COVID-19 pandemic required families across Australia to retreat and remain behind these closed doors, the needs of families experiencing AVITH were only likely to become more acute. This was especially the case in Victoria, where the community was effectively in lockdown for well over six months.

Data collected by the Centre for Family Research & Evaluation (CFRE) based at **drummond street services** confirmed this, as well as reflecting the shifting nature of this phenomenon impacting so many families across the wide suite of supports offered by the organisation. This data included a brief, targeted survey designed in collaboration by the CIJ and CFRE, administered by CFRE to staff working in an AVITH specific service in late August – early September 2020.

The distribution of this targeted survey followed the release of a crucial piece of rapid research from the UK in which 104 parents and 47 practitioners were surveyed about their experience of AVITH (or, as it is described in the UK research, Child/Adolescent to Parent Violence) during the UK's first lockdown. Many of the themes emerging from the CIJ and CFRE survey echoed and built upon the results of the UK research - pointing to significant need across families during COVID-19 related restrictions.

In some cases they pointed to the compounded needs of families given Victoria's particularly stringent and extended restrictions – including families from refugee and other marginalised communities who had been subject to 'hard lockdown' in some of Victoria's public housing estates. Just as importantly, the themes highlighted the increasing complexity for services as they attempted to address the impacts on families during this difficult time.

Accordingly, this brief Issues Paper seeks to highlight some of the challenges which families experiencing AVITH have faced during the pandemic, as well as to signal some of the personal, service and systemic challenges which lie ahead. Rather than a formal research report, this Issues Paper draws directly on the existing PIPA project findings; on internal service data provided by CFRE and other agencies; on the survey distributed to AVITH-specific practitioners; and on targeted consultations with service providers with which the CIJ and CFRE collaborate.

This Issues Paper is therefore not intended to be representative of views across the sector but, rather, offers a concise and accessible snapshot of themes which policymakers and practitioners should consider as Australian jurisdictions move into a new 'COVID normal'. Themes include using the transition as the 'stay-at-home' orders lift to develop more nuanced ways of responding to the complex phenomenon of children and young people who use violence in their homes.

What is AVITH?

As noted above, 'AVITH' has attracted increasing research and policy attention over recent years, both in Australia and elsewhere. Often referred to as 'child to parent violence' in international jurisdictions,⁴ recognition is growing of the distress and fear in which many families are living as a result of violence used by a child or young person.

While no consensus definition exists at a national or international level⁵, studies describe AVITH as a pattern (not an isolated incident) of violent or abusive behaviour used by an adolescent⁶ within their family, mostly against parents or other caregivers and siblings.⁷ Like other forms of family violence, this behaviour may involve property damage; financial, psychological and emotional abuse; physical intimidation; and assaults, including sexual assaults. Accounts from qualitative studies with families who have experienced AVITH include descriptions of them "walking on eggshells" in the home⁸ or "living in a warzone".⁹

AVITH is also significantly underreported. As noted above, this is in part because many parents often feel shame, stigma, a sense of responsibility for the behaviour, or a sense that it is their job to manage and protect their child.¹⁰ Equally, parents may view their child's behaviour as "normal" or developmentally appropriate; and/or fear the consequences of reporting to police or involving other authorities.

Despite this underreporting, available data in Victoria indicates that around 10 percent of respondents to police family violence call-outs are young people aged 19 years or younger¹¹ and that 7 percent are children aged 17 years or younger.¹² These figures do not necessarily indicate prevalence but, rather, indicate the rate at which adolescents are identified as perpetrators by current legal system responses.

Research released early in 2020 by the Australian Institute of Criminology indicates that adolescents who are in contact with police for perpetration of family violence are at risk of *repeat* contact very quickly, including for breaches of intervention orders.¹³

⁴ Miles, C & Condry, R. (2015) 'Responding to adolescent to parent violence: Challenges for policy and practice' *The British Journal of Criminology*, 55(6), 1076–1095.

⁵ Moulds, L. G., Day, A., Mayshak, R., Mildred, H., & Miller, P. (2018). Adolescent violence towards parents—prevalence and characteristics using Australian police data. *Australian & New Zealand Journal of Criminology*, 52(2), 231–249.

⁶ For the purposes of this paper and the wider PIPA project, the definition of adolescence used is children and young people between the ages of 10 – 17 in recognition of the specific legal status of this age group.

⁷ Howard, & Abbott, above n 3; State of Victoria. (2016). *Royal Commission into Family Violence: Report and recommendations, Vol I*. (No 132 Session (2014–16)). p 147.

⁸ Howard & Rottem above n 3, p 18

⁹ Fitz-Gibbon et al., above n 3 p. 23

¹⁰ Howard & Abbott, above, n 3; Daly, K., & Nancarrow, H. (2010). 'Restorative justice and youth violence toward parents'. In J. Ptacek (Ed.), *Restorative justice and violence against women* (pp. 151–176). New York: Oxford University Press.; Fitz-Gibbon, et al, above n 3.

¹¹ State of Victoria, above n 7.

¹² Crime Statistics Agency (2018) *Victoria Police family violence data dashboards*. Retrieved from <https://crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/victoria-police>

¹³ Boxall, H. & Morgan, A. (2020). Repeat domestic and family violence among young people. *Trends & issues in crime and criminal justice* no. 591. Canberra: Australian Institute of Criminology. <https://www.aic.gov.au/publications/tandi/tandi591>

Further analysis released by the Crime Statistics Agency confirms what has been known for some time: that a predictor of adolescent perpetration is experiencing family violence as a child.¹⁴ However, while it is recognised that many children who use family violence are also victims/survivors of violence themselves, service and legal systems are usually designed to deal with people either as victims/survivors or as perpetrators, but rarely as both.

Once a child becomes labelled by the courts or a service as a “perpetrator”, they can potentially be precluded from key supports, such as crisis accommodation or out-of-home care, because of their use of violence against others. Adolescents who use violence are also vulnerable in other ways, such as being dependent on adults for housing or finances.

Key features of Victoria’s justice response to AVITH – a pre-COVID snapshot

Family Violence Intervention Orders (FVIOs)

Victoria Police adopts a zero tolerance response to family violence-related call outs. This translates to routine applications for an FVIO by police on behalf of the affected family member (AFM). Victoria Police members are obliged to apply for an order on behalf of an AFM, “wherever the safety, welfare or property of a family member appears to be endangered by another family member”.¹⁵ This translates into a consistent rate of around 70% of all FVIO applications being brought by Victoria Police.¹⁶

Many FVIOs made in Victorian courts are often referred to by practitioners as a “limited order” or a “safe contact order” and generally involve conditions prohibiting certain behaviour, such as using family violence; destroying the AFM’s property; or harassing or keeping the AFM under surveillance. These are generally used in situations where the court (and, just as relevantly, the police) believe that the risk involved does not require the parties to be separated from each other.

Other orders are referred to as “full” or “no contact” orders and involve prohibitions on contact between the parties. These include that the respondent must not be within a certain proximity to the AFM; a certain proximity to wherever the AFM lives, works or studies; or, where other children are included on the order (as there is now a presumption that they will be), a certain proximity to the children’s school.

There may also be more limited “exclusion orders” prohibiting someone from living at or attending an address, but allowing contact under certain circumstances, such as in written form or by telephone. Increasingly, this means that the respondent is excluded from the family home if the respondent was living with the AFM. Often in these circumstances a full order will provide certain exceptions. In the case of adolescent respondents, exceptions may allow contact for the purposes of the AFM taking the respondent to appointments, such as for mental health or alcohol and other drug (AOD) issues, as long as the respondent does not reside with the AFM.

¹⁴ Phillips, B., & McGuiness, C. (2020) *Police reported adolescent family violence in Victoria*, Melbourne, Crimes Statistics Agency. Retrieved from <https://www.crimestatistics.vic.gov.au/research-and-evaluation/publications/adolescent-family-violence-in-victoria>

¹⁵ Victoria Police. (2017). *Code of practice for the investigation of family violence* (3rd ed.). Retrieved from https://content.police.vic.gov.au/sites/default/files/2019-01/Code-of-Practice-for-the-Investigation-of-Family-Violence-Edition-3-V3-FINAL.pdf?_ga=2.86617435.27411390.1556498288-1868960958.1556498288

¹⁶ Crime Statistics Agency. (2018). *Magistrates’ Court of Victoria family violence data dashboards*. Retrieved from <https://crimestatistics.vic.gov.au/family-violence-data-portal/family-violence-data-dashboard/magistrates-court>

Criminal prosecution

In cases where the behaviour constituting family violence would also be a criminal offence, police are directed to adopt a “pro-arrest” and “pro-prosecution” response.¹⁷ Victoria Police’s most recent publicly available framework for responding to family violence notes that AVITH may be different in crucial respects to adult intimate partner violence and acknowledges the complexity of responding in such circumstances. It does not extend, however, to articulating a different approach to decisions regarding arrest, prosecution or the use of civil options.¹⁸

The service landscape

The service landscape in Victoria reflects, to a degree, the policy settings that have evolved over the past 10–15 years. Victoria has seen a certain level of investment in services which recognise and respond to the diverse forms of family violence occurring in the community, as well as the diversity of communities themselves.

Most relevant to this Issues Paper, in 2014 Victoria introduced three government-funded adolescent family violence programs (AFVPs) in three regions.¹⁹ The design of these was influenced by the Step-Up program in the US, which combines a focus on accountability and restorative approaches. Many similar group-based programs have proliferated throughout Victoria, delivered by organisations which receive broader family violence service funding, even if they are not directly funded for provision of AVITH-specific programs. This has occurred in a geographically *ad hoc* manner, resulting in uneven access across the state.

The RCFV recommendations – what was recommended prior to COVID-19?

The RCFV’s substantial final report released in March 2016 contained 227 comprehensive recommendations. In particular, it made a number of recommendations which aimed to improve the capacity of the service and legal system to respond appropriately to AVITH. This included the expansion of the AFVPs and recommending that these programs be delivered by – or in effective partnership with – Aboriginal community-controlled organisations to ensure a culturally appropriate response.²⁰

The RCFV also recommended the development of additional crisis and longer-term supported accommodation options, to be complemented by therapeutic supports which could address a young person’s use of violence. This was in recognition of the inappropriateness of out-of-home care (including residential care) and the youth refuge system for this cohort. It was also in recognition of the need to provide alternative supported housing options which would be less likely to pose additional risks to the safety and wellbeing of young people who could not remain in the home.

Further, the RCFV cautioned against extending short-term police-issued orders and holding powers to young people. Instead the RCFV recommended that Victoria Police consider including a dedicated Youth Resource Officer (YRO) in family violence teams to undertake needs assessments and refer a young person and their family into appropriate services and supports. This was to occur either through the YROs attending an incident in person, or via follow-up engagement.

¹⁷ Victoria Police, above n 15.

¹⁸ Ibid.

¹⁹ State of Victoria (2014) *Adolescent Family Violence Program Service model* (Draft February 2014). Retrieved from [https:// providers.dhhs.vic.gov.au/adolescent-family-violence-program-service-model-word](https://providers.dhhs.vic.gov.au/adolescent-family-violence-program-service-model-word)

Noting an absence of court-funded family violence-specific services in the Children's Court of Victoria (CCV), the RCFV also recommended the establishment of applicant and respondent practitioners at the CCV to work with young people and families.²¹ Additionally, the RCFV recommended the establishment of a statutory youth diversion scheme, which would be available more widely but would also be available to adolescents using family violence, given their status as children and the complexities of this type of violence.²² The RCFV also found that "most parents view reconciliation as an ideal outcome in adolescent violence situations".²³ The RCFV therefore recommended trialling and evaluating a way of linking Youth Justice Group Conferencing²⁴ with an AFVP.

While the RCFV made no recommendations for the development of AVITH-specific practice tools, it suggested that the review and redevelopment of wider risk assessment frameworks incorporate appropriate guidance relevant to AVITH.²⁵ An AVITH-specific tool is currently in development as part of the Multi-Agency Risk Assessment and Management Framework.

As at March 2020, when the PIPA project report was released and, more importantly, Victoria was about to descend into 'lockdown', only some of the RCFV's recommendations had been funded or implemented in full. This may have been in part because the demands on the Victorian Budget as a result of the broader RCFV recommendations had been so substantial. For example, while an additional \$1.35 million over 2 years was allocated to the existing AFVPs to improve service provision,²⁶ the levels of funding required for a genuine state-wide expansion had not yet been made available.

The provision of dedicated crisis accommodation linked with therapeutic support had also not been funded. The PIPA team was informed by relevant policy-makers during the research process that the injection of significant funding into greater crisis accommodation for children experiencing family violence more broadly was considered to be relevant to addressing this recommendation. This was absent, however, of any consideration of the specific needs of children identified as perpetrators, or the risk that they may pose to other children and workers. Further, the appointment of YROs within Victoria Police with a specific focus on responding to AVITH was subject to a range of region-specific considerations, which has led to variation in the way in which proactive policing roles have been deployed.

More promisingly, the appointment of applicant and respondent practitioners to the Melbourne Registry of the CCV had been implemented. Practitioners were in place from the second half of 2018, although the form of service delivery was adjusted after a period of operation, resulting in a service gap for a limited time. Anecdotal reports from the CCV suggested that the whole-of-family focus and the provision of outreach to child respondents were seen as particularly valuable components of this service.

²¹ State of Victoria. (2016). *Royal Commission into Family Violence: Report and recommendations, Vol IV*. (No 132 Session (2014–16)). Retrieved from <http://www.rcfv.com.au/MediaLibraries/RCFamilyViolence/Reports/Final/RCFV-Vol-IV.pdf> p. 172)

²² Ibid, p. 174)

²³ Ibid, p. 154)

²⁴ Youth Justice Group Conferencing is a form of restorative justice conferencing that brings a young offender together with members of their family and/or community, as well as those who have experienced the offence, to discuss the impact of that offence and potential means of mitigating the harm or making reparation. See Jesuit Social Services, 'What is Youth Justice Group Conferencing?' Retrieved from <https://jss.org.au/what-we-do/justice-and-crime-prevention/youth-justice-group-conferencing/>

²⁵ State of Victoria, above n 21, p 167

²⁶ State of Victoria. (2018). *Putting kids first: Evidence-based trials to improve safety* [Media release]. Retrieved from <https://www.premier.vic.gov.au/putting-kids-first-evidence-based-trials-to-improve-safety>

Additionally, the legislative, state-wide expansion of the Youth Diversion scheme had been implemented, with Diversion Coordinators now available at every headquarter Magistrates' Court. During the course of the PIPA research, the team heard universal praise from practitioners about the benefits of these roles and the increased availability of diversion.

Finally, during 2019, Family Safety Victoria (FSV) - the Victorian Government department now responsible for much of the state's significant family violence-related reforms - was trialling a model linking Youth Justice Group Conferencing with AFVPs on a small scale with an evaluation expected to be released.

During 2019, FSV also oversaw a program of work to identify issues and service gaps in relation to current responses to AVITH, as well as family violence services more broadly. This included efforts to improve AVITH-specific expertise within the child and family services sector, as well as within the specialist family violence sector. Among other things, this involved the development of a learning and development strategy, as well as working with existing AFVPs to extend their capacity to conduct outreach and case management.

This means that, overall, work still needs to be done in terms of the response to the RCFV recommendations related to AVITH. Given that the RCFV completed its work – including the multiple volumes of its final report and the 227 recommendations this contained – in only a year, it is also worth noting that the RCFV did not have the opportunity to consider how the reforms it recommended might be linked, or how they sat within the context of a broader systemic response. Arguably, this means that the RCFV's recommendations only signalled the beginning of a policy conversation about AVITH in Victoria, rather than the final word.

What was the PIPA Project?

A study across three Australian jurisdictions, the PIPA project involved focus groups with over 150 practitioners and a detailed review of 385 court and legal files to understand the contexts in which AVITH presents. The research found that adolescents were experiencing a legal response to their use of AVITH in a range of very different ways.²⁷

For example, AVITH is not formally identified in Tasmania, given that relevant legislation only recognises intimate partner violence committed by those aged 16 and over. Despite AVITH missing from the legislative definition, the PIPA research found that adolescents in Tasmania were experiencing a civil legal response for their use of violence against family members via generic civil restraint orders.

This included being excluded from the home by police and propelled a step closer towards criminal justice system involvement as a result. These children and their families were nonetheless invisible to family violence policy settings because their behaviours were not responded to in a specific, family violence frame.²⁸

In Western Australia (WA), AVITH was captured within legislative definitions which had only recently been expanded at the time of the PIPA project's data collection. The research therefore involved examination of a random sample of files involving criminal offences which did not, at face value, relate specifically to a young person's use of family violence.

A review of the narratives on the files, however, revealed that family violence - both used and experienced by children - was a significant feature in some of their lives and had likely contributed to or fuelled their criminal justice system involvement. These children's experiences in relation to AVITH were similarly rendered invisible in terms of policy responses, although this has since begun to change in terms of matters being brought before the Children's Court of WA.²⁹

Victorian context – complex scenarios and a one-size-fits-all response

In Victoria, case file audits suggested that perhaps the opposite scenario had been occurring in terms of AVITH's visibility. The PIPA team found cases being brought to court in circumstances which would arguably not fit the legislative definition of family violence, such were the legislative and practice levers that were averse to risk posed to the system.

In fact, the PIPA team heard that police "carry the risk" when called to an incident of AVITH, but often feel that they have no options or framework within which to respond.

FF *[We're kind of in the middle because we're damned if we do and we're damned if we don't. If we walk away, do nothing, and then if something either happens to the [victim] or for that matter to the child respondent as well, there's going to be a lot of questions asked of police as to why they didn't act. [Participant 1, focus group 12]*

²⁷ Centre for Innovative Justice, (2020) *Launch of the PIPA project - Melbourne*. RMIT University, Retrieved from: <https://cij.org.au/video-podcast/launch-of-the-pipa-report/>

²⁸ Centre for Innovative Justice, (2020) *Responding to family violence by adolescents: Finding the best way forward - Tasmania* RMIT University. Retrieved from: <https://cij.org.au/video-podcast/responding-to-family-violence-by-adolescents-finding-the-best-way-forward-tasmania/>

²⁹ Centre for Innovative Justice, (2020) *Responding to family violence by adolescents: Finding the best way forward – Western Australia* RMIT University. Retrieved from <https://cij.org.au/video-podcast/responding-to-family-violence-by-adolescents-western-australia/>

Of 100 FVIO applications in the CCV files that were reviewed as part of the PIPA research, only two were directly sought by the AFM, with the rest being sought by police. Meanwhile, almost a third of adolescent respondents in the Victorian files were excluded from the home on an interim order.

With almost a complete lack of appropriate alternative accommodation, however, police appeared to have no option but to place adolescents with a grandmother, a separated father, or a girlfriend - shifting, dispersing or displacing risk, rather than addressing it. Further, the PIPA team heard that, where adolescents were placed in crisis accommodation in relation to their use of violence at home, they were often swiftly excluded for use of violence against other residents or staff.

The PIPA findings signalled a need for much closer interrogation of the circumstances of adolescents and families when a FVIO application reaches court. Case files reviewed showed that adolescents were often respondents to applications in which they were not legally represented and in which they often did not attend court themselves.

Despite this, FVIOs were being imposed on children without any requirement for the court to assess their capacity to understand or comply with the order. This is in part because, unlike the *Personal Safety Intervention Order Act 2010*,³⁰ the *Family Violence Protection Act 2008* does not contain any requirement to consider the capacity of respondents to understand or comply with FVIOs, regardless of their age.

This contrasts with the rebuttable presumption at criminal law that children aged 14 and under do not have the capacity to understand the nature of their behaviour. When the recent AIC statistics referred to above indicate that children who are in contact with police for family violence perpetration are in contact again in a matter of weeks, including for FVIO breaches, it may not be a stretch to suggest that lack of capacity to understand or comply is a factor.

Disability

In 47.4% of the Victorian files, the PIPA research found evidence of adolescents having a diagnosis that would equate to psychosocial or cognitive disability. In 23% of cases, the adolescent was recorded as being on the Autism Spectrum or having a cognitive impairment sufficient to impact their capacity to comprehend or comply with the FVIO.

In this context, adolescents with complex needs and equally complex challenging behaviour were being drawn into an ill-equipped legal response.³¹ This included separating the child from a protected family member who was not only their parent but their carer. It also included imposing FVIOs on children whose disability may work against their capacity to understand or comply with a court's expectations, as well as their age. For example, the research revealed that children as young as 13 who were also reported as having significant cognitive impairment being made subject to interim FVIOs.

³⁰ *Personal Safety Intervention Orders Act 2010* (Vic). Retrieved from: [http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/3B0AF6693BD7BA5ACA257797001BADA2/\\$FILE/10-053a.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/3B0AF6693BD7BA5ACA257797001BADA2/$FILE/10-053a.pdf)

³¹ This is consistent with a growing body of evidence which suggests that criminal justice systems are drawing in children with disability and are becoming a direct *de facto* social response to children with disability. Bower, C., Watkins, R. E., Mutch, R. C., Marriott, R., Freeman, J., Kippin, N. R., ... Giglia, R. (2018). 'Fetal alcohol spectrum disorder and youth justice: A prevalence study among young people sentenced to detention in Western Australia'. *BMJ Open*, 8(2), 1–10. <http://doi.org/10.1136/bmjopen-2017-019605>

Significance of trauma

An overarching finding of the PIPA research was that trauma (including intergenerational trauma) was one of the biggest contributors to the use of AVITH, as figures released by the Crime Statistics Agency recently confirmed.³² The relationship of prior victimisation to the use of AVITH includes “social learning”, in which a child is exposed to intimate partner violence perpetrated by a parent and then assumes the perpetrator’s role once the parents are separated.³³

While existing research has long recognised this trajectory from experience to use of violence,³⁴ far less attention has been focused on the relationship of childhood trauma to the capacity of an adolescent to communicate effectively and regulate behaviour, or to trust another adult with whom they may be expected to engage. This is especially relevant in the context of perpetration across generations, or when children are experiencing current abuse – the “silent”³⁵ or invisible victims of family violence who become all too visible when they start to use violence themselves.

Here practitioners described (and case files indicated) a systemic failure to respond to the presence of violence early in children’s lives, with trauma then contributing to a range of challenges as these children grew into adolescence. In fact, some practitioners questioned diagnoses of disability in children who they knew were likely to have had a range of adverse childhood experiences. This echoed a growing body of evidence which explores the relationship of trauma to the presentation of symptoms which arguably mirror many symptoms present in cognitive disabilities, but which could otherwise be attributable to developmental trauma disorder.³⁶

Cases reviewed by the PIPA team similarly revealed perpetration across generations and in multiple directions – with parents who were struggling to address their own co-occurring issues appearing to use FVIOs as a means of imposing boundaries on their child. In these cases, children appeared to be the only ones identified as the target of system intervention, a particular concern where service and legal responses are designed to deal with people either as victims/survivors or as perpetrators, but rarely as both. As noted above, once a child becomes labelled by the courts or a service as a “perpetrator”, they can potentially be precluded from key supports.

³² Phillips & McGuinness, above n 14.

³³ Holt, A. (2013). *Adolescent-to-parent-abuse: Current understandings in research, policy and practice*. Bristol, UK: Policy Press. <https://doi.org/10.2307/j.ctt1t6p748>

³⁴ Ibid.

³⁵ State of Victoria. (2016). *Royal Commission into Family Violence: Report and recommendations, Vol II*. (No 132 Session [2014–2016]), pp 101- 102. Retrieved from <http://www.rcfv.com.au/MediaLibraries/RCFamilyViolence/Reports/Final/RCFV-Vol-II.pdf>

³⁶ Bremness, A., & Polzin, W. (2014). ‘Commentary: Developmental trauma disorder—A missed opportunity in DSM V’. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 23(2), 142–145; Teicher, M. H. (2000). ‘Wounds that time won’t heal: The neurobiology of child abuse’. *Cerebrum*, 2(4), 50–67; Thomas, J. M. (1995). ‘Traumatic stress disorder presents as hyperactivity and disruptive behaviour: Case presentation, diagnoses, and treatment’. *Infant Mental Health Journal*, 16(4), 306–317. [https://doi.org/10.1002/1097-0355\(199524\)16:4%3C306::AID-IMHJ2280160406%3E3.0.CO;2-V](https://doi.org/10.1002/1097-0355(199524)16:4%3C306::AID-IMHJ2280160406%3E3.0.CO;2-V); Timimi, S. (2004). A critique of the international consensus statement on ADHD. *Clinical Child and Family Psychology Review*, 7(1), 59–63. <https://doi.org/10.1023/B:CCFP.0000020192.49298.7a>; van der Kolk, B., Pynoos, R., Cicchetti, D., Cloitre, M., D’Andrea, W., Ford, J., & Teicher, M. (2009). *Proposal to include a developmental trauma diagnosis for children and adolescents in DSM-V* (Official Submission from the National Child Traumatic Stress Network Developmental Trauma Disorder Taskforce to the American Psychiatric Association).

Further, some files featured adolescents who were the victims/survivors not only of previous but of *ongoing* family violence at home. Here the system was being used as a tool by parents to perpetuate the abuse – with the system inadvertently colluding in, rather than addressing, risk to children.

In these circumstances, contact with the legal system and, in particular, a duty lawyer at court offered the only opportunity for a child to feel able and safe to disclose their own experiences of violence. While Victorian data has identified a consistent rate of adolescents as perpetrators, overall this suggested to the PIPA team that justice statistics may only signal the rate of adolescents who are experiencing a family violence *legal response*, not the rate of adolescents using family violence.

Gender

The PIPA findings also confirmed that, although AVITH perpetration is slightly less gendered than adult intimate partner violence, AVITH remains highly gendered in terms of victimisation, with the vast majority of victims/survivors in the files being female. Some files, however, revealed cases of girls experiencing legal responses for use of quite significant physical violence. Practitioners told us that this was likely to be related to childhood trauma and also suggested that girls may be more likely to experience a legal response for the use of *any* violence, whereas boys' behaviour may be more likely to be tolerated or dismissed.

The research showed that the issue was also gendered in terms of the burden placed on those experiencing it to manage and police it.³⁷ One participant commented,

FF *[Y]ou know, the [system's] expectation ... is the same one as for perpetrators of domestic violence ... it is endlessly about putting mum under pressure. It's just endlessly about making her responsible. "She's the most available person, we know where to find her, she'll be at home. We don't find the kid, but we actually don't want to find the kid, because [you know, what'll I do with the kid if we found him?]" And we'd never go looking for dad anyway, becausewe don't know what to do there.*
[Participant 10, focus group 20]

Fear and absence of service interaction

The PIPA research also found that families often experienced AVITH in isolation, including for fear that reporting would risk criminalising their adolescents or having other children removed. Child protection regimes in all three jurisdictions did not appear to have a frame through which to address AVITH. Authorities were also more likely to remove younger siblings at risk from the adolescent's violence than to respond to the adolescent's behaviour or put appropriate services in place to keep the whole family safe.

This was a particular concern in Aboriginal and Torres Strait Islander (ATSI) communities, for whom the involvement of statutory child protection authorities - and legal system agents more broadly - carried an additional layer of compounded trauma and fear. To this end, ATSI families were especially unlikely to seek legal system intervention for an adolescent's use of violence at home. As such, practitioners described an acute need for community-led and whole-of-family support earlier in children's lives.

³⁷ Moulds, L., Day, A., Mildred, H., Miller, P. & Casey, S. (2016) 'Adolescent violence towards parents the knowns and unknowns', *Australian and New Zealand Journal of Family Therapy*, 37(4) 547 - 557; Howard & Abbott, above n 3; Fitz-Gibbon et al, above n 3.

In CALD communities, the PIPA team heard that AVITH was also very unlikely to be reported and was not widely recognised as a concept. The case files did not enable us to make specific findings about prevalence or particular patterns in CALD communities. We were therefore reluctant to make findings which homogenised families from CALD communities when, on legal files, information was not available to indicate whether they were from established, newly arrived or refugee populations. Rather, we heard that a range of factors - including trauma from migrant or refugee experiences - may be far more relevant to the perpetration of AVITH than any particular cultural context.

More broadly, the PIPA research indicated a wide diversity of co-occurring issues in the lives of adolescents using AVITH, as well as across their families. Unsurprisingly, given that the PIPA research involved a review of *legal* case files, physical assault was a substantial feature, with particularly severe levels of violence present in the case files in Tasmania. This perhaps indicated that matters reached high levels of severity and that families experienced very little support before their situations came to the attention of the legal system.

Files also revealed the presence of alcohol and substance abuse, as well as mental illness, in a substantial minority of cases. This included children being taken by police to a mental health facility in a hospital emergency department. In some instances, files recorded parents nominating their suspicions of alcohol and substance abuse, or mental illness, as reasons for their children's behaviours when these behaviours may have been more likely to be related to trauma. Practitioners and case files did indicate a strong link between AVITH and school disengagement - an issue which functioned as both a signal of AVITH, as well as a contributing and compounding factor.

In all three jurisdictions, families were experiencing AVITH with very little service support. Legal responses also tended to be focused on incidents or behaviours visible to the legal system. This incident-focused intervention ignored the support needs (for example, housing, financial, educational or therapeutic needs) which spanned lifetimes, or even across generations. It was therefore noted by practitioners that families needed earlier and greater support which plays to their strengths before situations reach crisis point.

This was summed up by one practitioner:

FF *[W]here children are taken into care and then placed in foster care, and [child protection] spend enormous amounts of money and resources running those kids around and getting them to appointments, and the parents say, well, 'Why the fuck didn't you do that for us? Because if you'd helped us get kids to appointments, we would have been able to do that a lot better.' So, you're spending this huge amount of money that could have been reinvested into actually supporting kids in staying with family and community. [Participant 8, focus group 18]*

Accordingly, the PIPA findings indicated that much earlier intervention was required in the lives of children experiencing family violence, with practitioners telling us that any intervention which responds specifically to AVITH is "coming 10 years too late".

Where interventions are directed specifically towards adolescents, however, our findings also pointed to the need for a substantial shift in the way that services are delivered - with services needing to emphasise approaches which build trust and engagement over the long term and which work on an outreach (rather than a compliance-based) model. Practitioners reported that this approach could rarely occur within the timeframe of many service models.

FF *[If the government is telling professionals, 'Alright, you've got 6 weeks', that's already setting you up to fail. Because sometimes building a rapport with the young person that is severely traumatised from something... and is acting out, needs more than 6 weeks. They may need more than 6 months. [Participant 7, focus group 7]*

More broadly, the PIPA research found that reform - whether legal, policy, or service-delivery - that was limited to a focus on "AVITH-specific" initiatives was unlikely to see change unless broader support was provided to stem the trajectory from trauma and neurodevelopmental impairment in childhood to the use of violence in adolescence.

Equally the PIPA research found that "AVITH-specific" responses needed to be one component of "whole-of-family" interventions – collaborative approaches which work to assess risk and support the needs occurring across the entire ecosystems of families. While this may be resource intensive at the front end, the PIPA project found that it would mitigate the false economy that was inevitably created when systems failed to support children and families earlier in life, only to incur increasing cost and social harm down the track.

Wider responses to AVITH in development

As the PIPA research was consolidated and finalised during 2019, its findings were shared with a range of different service networks which were seeking to develop a more nuanced response to families experiencing AVITH. This included services which had participated in the PIPA project Steering Committee throughout the course of the project, as well as services working with the PIPA project lead author to raise awareness of the complex needs across families experiencing AVITH.

In response to the findings of the PIPA project and other research – and, most importantly, in response to their own practice observations - a range of Victorian community services have therefore taken steps to develop multidisciplinary responses which function as an earlier intervention and address the complex needs across families experiencing AVITH. Some of these are described below, with information provided by the relevant agencies.

Jesuit Social Services

Jesuit Social Services (JSS) is in the process of developing a new evidence-informed, co-response model focussing on improving the crisis and follow-up response to police call-outs to AVITH or, as JSS refers to it, 'adolescent family violence'. The Family Assisted Adolescent Response (FAAR) design work has been in development since 2019; has involved close consultation with Victoria Police; and is informed by:

- A review of the literature and research evidence on program interventions both in Australia and internationally; and
- Interviews with Victoria Police on their experience attending incidents of AVITH.

The ultimate aim of the program will be to reduce the need for further intervention from legal or homelessness service systems. The model draws on existing co-response models used by Victoria Police, such as the Police, Ambulance & Clinician Emergency Response (PACER) program responding to mental health crises and the Embedded Youth Outreach Program (EYOP). The model consists of the following three stages:

Crisis response immediate at the point of police call-out

During this stage a senior social worker will attend the incident with Victoria Police with the aim of de-escalating the situation in the home. This stage may also involve provision of a dedicated crisis accommodation option for adolescents who need to be removed from the home.

Follow up response within 72 hours

The social worker will provide an outreach response into the home. Ordinarily, unless police are called to the scene again, prior to the engagement of other services there is no other service monitoring how the family is faring in the 72 hours post incident. The aim is to ensure that the family can remain safely together or that it is safe for the adolescent to return home without further incident.

Follow up family support providing outreach into the home.

This may include collaborative work with the whole family. The ultimate aim of this stage is to reduce violence and show a measurable improvement in family dynamics.

JSS is also funded by the Lord Mayor's Charitable Trust to deliver RESTORE. Operating out of the Melbourne Registry of the CCV, RESTORE is available to young people who are respondents to FVIO applications, as well as their families. RESTORE brings people together to discuss the range of conflicts and disputes that have been occurring in the home in a safe way.

The aim is to help the young person and their family to reach a shared understanding of what has happened; what the impacts are; and develop practical solutions that will keep people safe and prevent further violence occurring at home. This process can occur through a 'Family Group Conference' which may include one or more meetings.

If all parties consent to participation in the program, the Magistrate will adjourn the FVIO application for up to three months. The aim of the Family Group Conference is to:

- Help the young person to understand the impact of their violence;
- Increase the safety of family members living in the home;
- Address the harm that has been caused by the young person's use of violence;
- Restore relationships between family members;
- Develop and implement strategies that will reduce the likelihood of the young person continuing to use violence in the home.

This work is described by JSS as new ground for all parties involved, as well as resource-intensive. Feedback from the small number of families that have engaged with RESTORE, however, has been extremely positive. RESTORE is currently being evaluated by the Department of Criminology at the University of Melbourne.

Youthlaw

Youthlaw is a dedicated community legal centre offering legal advice and assistance to young people aged 12 – 25 and was a formal practice partner in the PIPA project. Youthlaw delivers a family violence specific duty lawyer and casework program for young respondents to FVIOs who appear in the dedicated Family Violence List at the CCV, with a sample of files from this service examined for the purposes of the PIPA project's case file review.

As FVIO applications are usually brought to court swiftly by police, however, young respondents rarely appear at the first mention date. This means that an interim order is usually imposed without a young person being present. It also means that an interim order is imposed without the young person being connected with legal supports until the matter returns to court at a later date, at which point the Youthlaw service may connect with them on the day.

Recognising that young people were only being linked with legal assistance and vital social work support after an interim order had been in place for some time, in 2019 Youthlaw applied for and received funding from the Victorian Legal Services Board to pilot the delivery of support at an earlier stage.

Development of the pilot has occurred throughout 2020 and operation will commence in 2021 for a period of 12 months. The pilot will be designed to link children and young people with legal assistance and casework support from the point of police interaction, or alternatively where AVITH is presenting as an issue in wider service engagement.

This will include formal referral pathways between other legal services, relevant courts, the Youth Support and Advocacy Service (YSAS) and a recently established program operated by **drummond street services** which provides multi-disciplinary responses to families experiencing AVITH across the range of programs which the organisation offers. The CIJ is conducting action research during 2021 as part of the Youthlaw Pilot in order to incorporate the voices of young participants into ongoing service design.

drummond street services

As noted above, **drummond street services (ds)** received funding from the Commonwealth Department of Social Services to deliver a multi-disciplinary intervention which offers a whole-of-family, wrap-around response for families experiencing AVITH. Establishment of the *Young People and Family Violence* program was a result of early recognition by **ds** that whole-of-family responses were required to address the complex needs across family ecosystems and that AVITH may be just one issue with which families present for support.

The *Young People and Family Violence* program involves AVITH specific practitioners who coordinate a care and support team to work with a family in response to their experience of AVITH, while drawing upon the range of resources and skillsets across the organisation to respond to families' wider needs. It also includes the program participating in other internal and external coordinated care team models, such as Step-Up based programs and NDIS providers, where families are presenting with high levels of complexity.

The JSS, Youthlaw and **ds** responses are just three examples of approaches being developed in the Victorian context, with the authors of this paper involved in multiple conversations with other service collaborations which are keen to develop more integrated and less siloed responses. Similarly, service networks and collaborations across other Australian jurisdictions are also working to develop effective responses, albeit against a range of different legislative and policy backdrops.

Domestic Violence Prevention Centre Gold Coast

One example of a service network driving more collaborative responses is the well-established and highly regarded Gold Coast Domestic Violence Integrated Response (GCDVIR).³⁸ Consultation with one of the coordinators of the GCDVIR indicated that, by late 2019, nearly 30 different services were already responding to AVITH in the region and were seeking a resource to assist parents seeking help and support, which the GCDVIR had since developed.³⁹ A workshop involving these stakeholders had signalled that services were facing significant demand for resourcing in order to respond to the complexities and vulnerabilities which some young people, their mothers and siblings were experiencing.

³⁸ Domestic Violence Prevention Centre (2020) *Domestic Violence Integrated Response*. Retrieved from: <https://domesticviolence.com.au/for-service-providers/dvir/>

³⁹ Provided to the authors by the CEO, Domestic Violence Prevention Centre, Gold Coast.

Although this demand resulted in perceptions across the service network that AVITH was increasing in the region, the coordinator reported that a number of attempts to co-deliver a Step-Up based program with Youth Justice had resulted in no referrals, such was the complexity of families with which services were working.

Assisted by some additional funding related to COVID-19, therefore, the GCDVIR intends to conduct focus groups with young people and their mothers who are currently engaged in the service network to explore what they would like the network to be offering; as well as the form of engagement, resources or brokerage which would make a real difference to their range of complex needs, including the presence of AVITH.⁴⁰

This is an example of how services are recognising the complexity for families experiencing AVITH, a complexity which may only have been compounded as a result of COVID-19.

⁴⁰ Email communication with Rosemary O'Malley, CEO, Domestic Violence Prevention Centre, Gold Coast

Retreating behind closed doors – the impact of COVID-19

With AVITH already an issue which struggles to attract policy attention, it was reasonable to assume that challenges would further compound for families once they were required to remain behind closed doors. Certainly, studies emerging over the last six months point to the potentially negative impacts of populations being largely confined to their homes for extended periods of time.

This includes recognition of the devastating impacts of the pandemic on mental health, with survey-based research from Swinburne University finding an increase in overall mental health distress from April to June 2020, particularly from Victorian respondents.⁴¹ Monash University also surveyed 14,000 Australians from April to May 2020 and found an increase in “psychological symptoms, including anxiety, depression, and irritability that people attributed to the COVID-19 restrictions.” Those who were experiencing the worst mental health symptoms were “more likely to have lost their jobs, to be caring for children or other dependent family members, to be living alone or to be living in an area with fewer resources”.⁴²

Research has also identified a range of potential negative impacts for children being confined to their homes.⁴³ These range from reductions in physical exercise and poorer diets;⁴⁴ an increase in screen time and irregular sleep patterns; to disrupted education;⁴⁵ entrenched inequalities; deteriorating mental health, including increased anxiety; and, most worryingly, increased vulnerability to neglect and abuse.⁴⁶

Certainly, global recognition was swift that “shadow pandemics” of intimate partner violence and child abuse were looming, with practitioners and policymakers alike anticipating that rates of violence and abuse would spike during pandemic-related restrictions when families were confined in close proximity and the stressors of job loss and remote work or schooling compounded existing patterns of harm.⁴⁷

⁴¹ Van Rheenen, T. E., Meyer, D., Neill, E., Phillipou, A., Tan, E. J., Toh, W. L., & Rossell, S. L. (2020). ‘Mental health status of individuals with a mood-disorder during the COVID-19 Pandemic in Australia: Initial Results from the COLLATE Project: COVID-19 and mood disorders’. *Journal of affective disorders*. <https://doi.org/10.1016/j.jad.2020.06.037>

⁴² Fisher, J. R., Tran, T. D., Hammargerg, K., Sastry, J., Nguyen, H., Rowe, H., ... & Kirkman, M. (2020). ‘Mental health of people in Australia in the first month of COVID-19 restrictions: a national survey’. *The Medical Journal of Australia*, 1.

⁴³ Wang, G., Zhang, Y., Zhao, J., Zhang, J., & Jiang, F. (2020). ‘Mitigate the effects of home confinement on children during the COVID-19 outbreak’. *The Lancet*, 395(10228), 945-947; SBS News ‘Australia’s coronavirus school closures are hurting children in poverty, UNICEF warns’. (2020). Retrieved from <https://www.sbs.com.au/news/australia-s-coronavirus-school-closures-are-hurting-children-in-poverty-unicef-warns>

⁴⁴ Duffy, C. (1 September 2020 ‘Children not logging on to learn as families struggle to pay for food, rent’. ABC News. Retrieved 1 September 2020, from <https://www.abc.net.au/news/2020-04-28/vulnerable-students-could-fall-behind-remote-learning-covid19/12190834>

⁴⁵ Centre for International Research on Education Systems and Mitchell Institute, (2020) *Impact of learning from home on educational outcomes for disadvantaged children*. Victoria University, Retrieved from <https://www.vu.edu.au/sites/default/files/impact-of-learning-from-home-federal-government-brief-mitchell-institute.pdf>; Armitage, R., & Nellums, L. B. (2020). ‘Considering inequalities in the school closure response to COVID-19’. *The Lancet Global Health*, 8(5), e644.

⁴⁶ Tucci, J., Mitchell, J. and Thomas, L. (2020). *A Lasting Legacy – The Impact of COVID-19 on children and parents*. Australian Childhood Foundation, Melbourne.

⁴⁷ National Society for the Prevention of Cruelty to Children (2020) *Coronavirus (COVID-19) and keeping children safe from abuse*. National Society for the Prevention of Cruelty to Children. Retrieved from: <https://www.nspcc.org.uk/keeping-children-safe/reporting-abuse/coronavirus-abuse-neglect-vulnerable-children/>

The Australian Institute of Criminology confirmed that 65% of 417 women who responded to a survey and who had previously experienced physical or sexual violence said that the violence had increased in frequency and/or severity since February 2020, while safety concerns had been a barrier to seeking help.⁴⁸ A survey by Monash University of family violence practitioners similarly reported an increase in service demand. Practitioners reported that the COVID-19 lockdowns had led to new forms of violence not seen prior to the pandemic, noting that perpetrators were “using the COVID-19 restrictions and threat of COVID-19 infection, purposefully or otherwise, to restrict women’s movements, to gain access to women’s residences and to coerce women into residing with them...”⁴⁹

Some services, such as Safe Steps – the Victorian statewide family violence response for victims/survivors - reported a reduction in calls by 30%, reflecting practitioners’ fears that safety concerns were a barrier to help-seeking; while the Men’s Referral service reported an increase in calls by more than 400 a week since the commencement of the lockdown, reflecting men’s concerns that they were likely to use, or had increased their use of, violence against their family members.⁵⁰ An online survey conducted by Equality Australia also found that 8% of respondents from LGBTIQ+ communities had experienced an increase in abuse and 5.4% were fearful of an increase in abuse as restrictions continued.⁵¹

Specific to the legal response, early in the restrictions Victoria Police commenced Operation Ribbon to focus on active engagement with victims/survivors and known perpetrators of family violence. Operation Ribbon involved specialist detectives from Family Violence Investigation Units around the state contacting members of the community who they assessed were likely to be at greater risk due to the COVID-19 lockdown.

Analysis by the Crime Statistics Agency (CSA) of crime data from April to June 2020 extracted from the Law Enforcement Assistance Database (LEAP) in July 2020 found that, although there was not a significant difference in the overall number of ‘Crimes against the person’ recorded, there was an 11% increase in ‘FV common assault’; a 36% increase in ‘Sexual offences against children’; and a 17% increase in ‘Assault -police, emergency service or other authorised officer’ when compared with data from the same period in 2019. ‘Justice procedure offences’ also increased overall by 9%, with the largest increase in this category being for ‘Breach - family violence order’, which increased by 17%.

The CSA’s analysis noted that the significantly higher than expected volumes of family violence incidents recorded may have been associated with greater police detection of incidents and breaches of family violence orders as a result of Operation Ribbon.⁵²

van Gelder, N., Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N. & Oertelt-Prigione, S. (2020). ‘COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence’. *EClinicalMedicine*, Retrieved on 19th April, 2020 from doi: 10.1016/j.eclinm.2020.100348.

⁴⁸ Boxall, H., Morgan, A. and Brown, R. (2020). The prevalence of domestic violence among women during the COVID-19 pandemic. Canberra: Australian Institute of Criminology.

⁴⁹ Pfitzner, N., Fitz-Gibbon, K. and True, J. (2020). *Responding to the ‘shadow pandemic’: practitioner views on the nature of and responses to violence against women in Victoria, Australia during the COVID-19 restrictions*. Monash Gender and Family Violence Prevention Centre, Monash University, Victoria, Australia.

⁵⁰ Tuohy, W. (12 April 2020). ‘Helpline calls by family violence perpetrators ‘skyrocket’ amid isolation’. Brisbane Times. Retrieved from <https://www.brisbanetimes.com.au/>

⁵¹ Equality Australia (2020a) LGBTIQ+ Communities and COVID-19: A Report on the Impact of COVID-19 on Australian LGBTIQ+ Communities and Building a Strong Response. Sydney and Melbourne @ equalityaustralia.org.au

⁵² Crime Statistics Agency, (2020) Family Violence data dashboards. At <https://www.crimestatistics.vic.gov.au/crime-statistics/latest-victorian-crime-data/family-incidents>

Visibility of AVITH

Specific to AVITH, in August 2020 the Victorian Government announced that an additional \$20 million had been allocated to keep perpetration of family violence “in sight”, including the use of family by adolescents.⁵³ While no further information has been made available regarding how this funding will be distributed, research in other jurisdictions, as well as reports from service providers, indicate that increased rates of AVITH are of similar concern.

Data from an online survey conducted as part of a study released in August 2020 indicated that AVITH was a growing challenge during COVID-19 restrictions in the UK.⁵⁴ Although police data in the same study reflected a wide variation in reports to police, survey responses from 104 parents who had experiences of child and adolescent to parent violence (C/APV) and 47 practitioners who worked with families experiencing C/APV indicated that:

- 70% of parents reported an increase in violent episodes;
- 69% of practitioners had seen an increase in referrals for C/APV during this time;
- 64% identified that the severity or frequency of pre-existing violence had increased;
- 29% of parents identified a decline in the use of C/APV during lockdown, which they explained as the result of a decrease in stressors, such as transitions from home to school and other triggers. Parents and practitioners were very concerned, however, about what would happen once children returned to everyday life.⁵⁵

Of particular note, the survey results included reports from parents that violence had increased in both frequency and severity, even where it had been improving or had ceased altogether prior to lockdown. Responses from parents used terms such as “escalation” and “regression” to describe how their child’s behaviour had changed during lockdown, including moving from using violence a few times a week to using violence every day, as well as a shift from emotional and verbal abuse to physical abuse and property damage.⁵⁶

Further data may emerge from the UK, given that it had just returned to restrictions at the time of writing. As a precursor to this experience, perhaps, Victoria returned to restrictions in July, with metropolitan Melbourne facing stringent ‘Stage 4’ restrictions from early August to October 2020. These involved fines for those not wearing a mask or face covering while out in public,⁵⁷ as well as the unprecedented imposition of a curfew. This limit on movement had the potential to have a disproportionate impact on vulnerable or marginalised populations, including children and young people experiencing violence who may have previously managed risk by avoiding going home.⁵⁸

⁵³ State of Victoria (2020) ‘Keeping Family Violence In Sight During Coronavirus’. At <https://www.premier.vic.gov.au/keeping-family-violence-sight-during-coronavirus>;

⁵⁴ Condry, R., Miles, C., Brunton-Douglas, T. and Oladapo, A. (2020) *Experiences of Child and Adolescent to Parent Violence in the Covid 19 Pandemic*, University of Oxford

⁵⁵ Ibid, p 5.

⁵⁶ Ibid p 20.

⁵⁷ Mills, T. & Pearson, E. (24 July 2020) ‘Police urged to hand out masks, not fines, to children and teens’. The Age Retrieved from: <https://www.theage.com.au/national/victoria/police-urged-to-hand-out-masks-not-fines-to-children-and-teens-20200723-p55eu0.html>

⁵⁸ Campbell, E. (2 August 2020) ‘Curfew must involve a plan for those who have no choice but to be out’ The Age. Retrieved from <https://www.theage.com.au/national/victoria/curfew-must-involve-a-plan-for-those-who-have-no-choice-but-to-be-out-20200804-p55ick.html>

Certainly the PIPA project suggested that young people may spend time in public places and/or shuttle between friends' houses simply because it is not safe to return home or because they want to avoid situations in which they use violence themselves.

With AVITH already underreported - and with additional pressures faced by families during lockdown potentially contributing to an increase in the shame and stigma that parents already feel – families may have been even less likely to report their experiences to police.⁵⁹

Where they did report, however, matters were not always progressing to a hearing in which the full extent of their experiences could be assessed. This is because, like all courts, the CCV had to prioritise some appearances over others and initially adjourned FVIO matters for 12 weeks, with any existing interim orders remaining in place for the intervening period. Anecdotal reports from lawyers, meanwhile, suggested that fewer children were attending for first mentions than was the case prior to the pandemic, in part because of safety concerns and because some were reported to have been advised not to attend by police.⁶⁰

Combined, this meant that more adolescents were likely to be subject to interim FVIOs which they did not understand; and were likely to go for longer before they attended court and had contact with a duty lawyer, including to disclose their own experience of violence as the PIPA project found was so vital. Given that conditions of interim orders generally tend to be more onerous than those of final orders, adolescents were also likely to be more vulnerable to breach for extended periods of time.

The CCV moved to conducting online hearings as quickly as possible, aware of the need to facilitate young people's engagement in the process and for the court to be able to assess risk. In fact, the agility which the wider Victorian court system showed during this time was laudable and identified a number of potential efficiencies which could be gained over the longer term, including to address pandemic-related backlogs.⁶¹

Legal services then noted an observable increase in FVIO matters proceeding against young respondents as lockdown restrictions eased in June and October 2020 respectively.⁶² This suggested that families began to report, or that children disclosed their own experiences and use of violence, as they returned to school. In fact, lawyers consulted for this Issues Paper described FVIO matters as having resumed their normal pace by November 2020, but often without the young person being present, including in online interactions.

⁵⁹ Kiran, M., (24 April 2020), 'Why you should ignore the pressure to be productive during lockdown'. <https://www.theguardian.com/us-news/2020/apr/24/productivity-in-coronavirus-lockdown>

Tanner, C. (13 July 2020) 'Lessons from lockdown one: remote learning and the pressures facing working parents' <https://lens.monash.edu/@politics-society/2020/07/13/1380825/lessons-from-lockdown-one-working-parents-need-understanding-and-support>; Grose, J., 9 September 2020, 'The Pandemic is a Mental Health Crisis for Parents', New York Times. Retrieved <https://www.nytimes.com/2020/09/09/parenting/mental-health-parents-coronavirus.html>; Krentz, M., Kos, E., Green, A., and Garcia-Alonso, J. (21 May 2020), 'Easing the COVID-19 burden on working parents', Boston Consulting Group. Retrieved from <https://www.bcg.com/en-au/publications/2020/helping-working-parents-ease-the-burden-of-covid-19>

⁶⁰ Campbell, E. (2020) 'Voices of adolescents should not be another casualty of this pandemic'. Centre for Innovative Justice, RMIT University, Melbourne. Retrieved from: <https://cij.org.au/news-and-views/voices-of-adolescents-should-not-be-another-casualty-of-this-pandemic/>

⁶¹ Percy, K., (20 May 2020), "Justice hasn't changed, just the mode of delivery": How Victorian courts are adapting to coronavirus'. ABC News, <https://www.abc.net.au/news/2020-05-20/coronavirus-pandemic-for-victorian-courts-judges-justice-system/12258858>

⁶² Internal service data provided by Youthlaw to the authors.

These lawyers described a noticeable “net-widening” in terms of young people who had not previously been in contact with the law then being propelled into a legal response because of behaviour which had developed or escalated during COVID-19. This included young people with previously diagnosed mental health issues which had become more acute during lockdown, with calls for support from parents eventuating in Crisis and Assessment Team and police involvement. It also included young people developing significant alcohol dependence where this had not been an issue before, with parents calling police because of safety concerns but police then proceeding with an FVIO and criminal charges despite parents not wanting this to occur.

Lawyers also spoke about the challenges where courts would adjourn a matter in order for young clients to access support services, such as AOD or mental health services. As so many services had been on “pause” during COVID-19 or had wait lists which outstripped the adjournment period, this in turn negatively impacted court outcomes. By November 2020, lawyers were noting the value of their young clients returning to face to face learning or to sport, the factors which had been so crucial in their lives prior to COVID-19. Where police and court intervention still trailed the young person and their family as a result of their use of AVITH during lockdown, however, this was the source of seriously ruptured relationships, with lawyers wondering “how can families go back from this?”

Although lawyers noted some significant gains in terms of practitioners working collaboratively in online forums to bring matters to resolution, lawyers also described the challenges of engaging clients over the phone, and the way that young clients with learning delays or who were on the Autism spectrum often struggled with online interactions. Just as the PIPA project highlighted challenges for young respondents in terms of understanding or complying with court orders - either due to age or various forms of learning delay or cognitive impairment - proceedings being held online may in some cases function as a further barrier.

Similarly, lawyers also spoke about the challenges of taking instructions from young clients over the phone when they were in the same house as the parent who was the AFM. Again, as noted earlier, when disclosure to lawyers may be the only opportunity for a child identified as a perpetrator to disclose their own experiences of victimisation, this is of real concern.

Further, addressing the backlog created by the pandemic may only be the beginning of the challenge. As reports emerging from service providers suggest, the damage inflicted by more than six months in lockdown – including in terms of ruptured relationships, noted above - will not be quickly reversed. This includes where existing use of AVITH may have escalated in frequency or severity, as well as where it may have emerged for the first time during this period. It also includes where violence has been directed towards siblings at a greater or more severe rate, with siblings in close proximity or potentially in conflict over resources, such as technology, over this time. For example, one regional family violence service reported an approximate 700% increase in sibling to sibling violence during COVID-19 restrictions (albeit noting that previous reported numbers were relatively low).⁶³

Rather than being indicated in police or legal service data, therefore, the full impacts of lockdown on rates of severity of AVITH were most likely to be seen by services working with some of Victoria’s most vulnerable families, regardless of whether families were presenting at court.

⁶³ Reports to the authors from Central Highlands Integrated Family Violence Committee.

drummond street services data – CFRE Report

The Centre for Family Research & Evaluation (CFRE), based at **ds**, collates information from a range of different data sources from across **ds** as part of its Evidence Based Management Framework. This includes collating service data, practitioner feedback, client feedback and evidence from broader emerging literature in order to inform wider practice across **ds** service provision.

Services offered across the organisation include family mental health support; family relationship services; family law counselling; specialist LGBTIQ+ family violence services and case management; specialist youth services and a whole-of-family response for women, trans and gender diverse people who use family violence.

A report issued by CFRE in September 2020 included service client engagement data in relation to all clients who engaged with a service between 30 March and 14 August 2020.⁶⁴ The data was collected across a wide range of client issues and concerns, including clients who lived in public housing and, in particular, the estates of North Melbourne and Flemington which had been subjected to ‘hard lockdown’ in July.

During this time, residents of these public housing towers were prevented from leaving their apartments for any reason whatsoever, with the towers suddenly surrounded by Victoria Police and little apparent consideration given to facilitating access to health or social services, including family violence related responses, in the initial days. This exacerbated vulnerabilities for individuals and families who were already over-policed or who already experienced punitive responses from authorities prior to COVID-19.⁶⁵

The report by CFRE provided a striking snapshot of some of the myriad issues facing communities during this time. Risk alerts recorded across the data indicated more than a doubling of suicide risk across **ds** clients and a near tripling of risk for use or experience of family violence respectively.⁶⁶ Figures for youth at risk and for mental health issues were around 1.5 times higher than the equivalent period in 2019; while wider presenting needs indicated that alcohol use had more than doubled, as had gambling issues, and that parental mental health was 1.4 times higher than in the same period in 2019.

By contrast, CFRE reported a particular concern that presenting needs specifically related to children – including physical health matters, disability related issues, as well as child protection involvement - had decreased markedly. CFRE reported that, with children and families no longer interacting with external services, there were fewer “eyes” on vulnerable children during this time, as well as fewer interactions with parents who may be struggling and in need of additional supports. Overall, the recorded increase in family violence and suicide risk, as well as parental risk factors, such as mental health, alcohol use and gambling, combined with the decrease in child related issues presenting for support to indicate a significant risk to vulnerable children during this time.⁶⁷

⁶⁴ McCann, B. & Gibson, M. (2020) *COVID-19 Response Edition 2: Assessing the impact of COVID-19 on client needs and drummond street’s response*, Centre for Family Research and Evaluation, Drummond Street Services: Melbourne.

⁶⁵ Om, J. (25 August 2020) ‘Coronavirus hard lockdown of Melbourne public housing towers left residents feeling like ‘criminals’ inquiry hears’ ABC News. Retrieved from: <https://www.abc.net.au/news/2020-08-25/coronavirus-melbourne-public-housing-tower-shutdown-inquiry/12589372>

⁶⁶ McCann & Gibson, above n 64, p 6.

⁶⁷ Ibid, pp 9 – 10.

Qualitative data collected by CFRE from **ds** practitioners further indicated that client wellbeing had particularly deteriorated since the announcement of additional lockdowns as a result of the second wave of infections. Wider stressors on families, including financial and educational stressors, had also substantially increased.

Many practitioners described lockdown as a “pressure cooker” situation for the families with whom they worked, compounded by grief for the things they may have lost, such as employment, as well as isolation from wider family and support networks. Practitioners also described clients “going into survival mode” and therefore suspending any therapeutic work as they prioritised basic needs.⁶⁸ Of note, practitioners also observed that some families who had previously been living below the poverty line had found the extra government supplements a useful relief.⁶⁹

Practitioners across the organisation reported an overall increase in family violence. This included in contexts of individuals being compelled to move back in with family with whom they were not previously living, such as young queer or trans people moving back into homophobic or transphobic households; or other clients remaining with abusive partners because of the financial impacts of COVID-19, as well as a lack of access to services.⁷⁰

Reflecting the wider trends referred to above, practitioners reported COVID-19 being used as a mechanism for control by some adult perpetrators, while the limits on movement imposed by 5 kilometre travel zones, as well as the curfew mentioned above, meant that many people experiencing family violence had felt limited in their ability to flee violence and access supports. While the Victorian community was assured that victims/survivors of family violence would not be penalised for travelling outside these zones,⁷¹ CFRE noted that the complexity of circumstances in which many **ds** clients experience violence, as well as the reluctance of many communities to engage with police, made the prospect of being stopped and questioned by police seem a confusing or, at times, very frightening one.⁷²

Most relevantly to this paper, the CFRE report noted an observed increase in AVITH, with issues driving this increase including:

- Parents struggling to ensure that children abided by lockdown requirements, including permitted reasons to leave home, travel restrictions and curfews;
- A lack of accommodation circuit breakers, such as a young person going to stay with another family member for respite;
- The removal of access to support networks;
- Additional stressors on parents trying to work from home and supervise remote learning (often for multiple children across different age ranges) at the same time;
- Tensions escalating over access to technology and pressures of remote learning;
- Increased presence of abusive parents who would normally be at work;

⁶⁸ Ibid, p 11.

⁶⁹ Ibid, p 12.

⁷⁰ Ibid.

⁷¹ State of Victoria (2020), above n 53.

⁷² McCann & Gibon, above n 64, p 13.

- Inequalities in access to public green spaces and infrastructure;
- Increase in screen time and access to social media causing irritability and sleep deprivation, in turn leading to poorer mental health;
- Lack of access to school as a place of safety and respite;
- Exposure of children to poor parental mental health, as well as the deterioration of mental health in young people – converging with an existing suicide cluster in one region of Victoria which **ds** services;
- Lack of access to privacy or safe spaces to engage in therapeutic work, either with adolescents using violence, or with parents and siblings experiencing it.
- Clients who had engaged effectively in services online during the first lockdown showing a decline in service engagement during the second lockdown.
- Panic and fear across communities who had been subjected to the ‘hard lockdown’ in the public housing estates in inner metropolitan Melbourne.

CIJ and CFRE survey – practitioners working specifically with AVITH

As this data began to emerge, the CIJ and CFRE designed a follow up survey for practitioners to explore these themes further. This was issued to seven **ds** practitioners working specifically with AVITH cases in the context of the *Young People and Family Violence* program referred to above. The survey was issued in late August – early September 2020, shortly after the results of the UK study referred to above were released.

The themes emerging from the survey issued to the Victorian practitioners echoed many of the themes emerging from the UK research, which is featured in text boxes below where relevant. To note, however, some issues were likely to be specific to the more stringent and extended Victorian restrictions, as well as to the specific communities with which **ds** practitioners were working, including families who had experienced ‘hard lockdown’.

Increased stress of being confined at home with other family members

Family members being confined in the same space was often a negative experience for the families with whom **ds** practitioners were working. In two cases the presence of an abusive or controlling parent, who would normally be at work, was seen a stressor leading to an increase in the young person’s use of violence. Practitioners spoke about the hugely negative impact that this was having on families.

The presence of younger siblings who would normally be at school or in care was also seen as a significant issue for a number of families. In one case technology had been a significant source of conflict between siblings, with the younger sibling increasingly also starting to use violence in order to gain access. In four other cases, the increasing time spent together as a family was leading to increased fighting and tensions, particularly with the elimination of social and recreational activities, which had previously kept the siblings apart.

Some practitioners spoke about a lack of privacy for AVITH focused interventions, as family members were often listening in on a session, or entering the room while sessions were in progress. In one case, the young person kept entering the room during the session being held with parents or siblings, making it difficult to undertake the work required with the family. In another case, parents listened in on sessions with the young person.

Broadly, practitioners noted that the logistics of undertaking the work had been challenging, particularly where there was overcrowding in houses and a lack of safe or private spaces to engage in sessions. In one case, the young person lived in a household with over ten other family members, including parents who were also abusive. In this particular case, the family opted to wait until face to face sessions had resumed to continue therapeutic work.

By contrast, in another case, two young people within the same family had stopped using violence after moving away from their abusive father. In another case, the young person had moved in with his father, towards whom he was less abusive, although the practitioner here noted that violence was still occurring when the father tried to restrict the young person's movement, or tried to limit the young person's drug use.

Echoing the observations of the Victorian based practitioners, parents in the UK study described the impacts of spatial confinement and 'coerced proximity' as being like a "cabin fever effect", a "pressure cooker" "walking on eggshells", being "trapped with a caged lion" and lockdown "applying more pressure to a volatile household".⁷³ Parents responding to the survey noted that the absence of a previous escape valve, such as their own escape in going to the workplace, or respite from their child's attendance at school had been removed. Parents also described the limits on the ability to go out as removing any break or sense of distinction from the environment at home.⁷⁴

In addition, parents in the UK study described access to technology, whether as a source of dispute between siblings or where parents asked a young person to spend less time online, as a major source of disputes. A lack of privacy was also a barrier to engagement, where phone or online appointments were not helpful if family members were listening in.⁷⁵

Stressors in relation to remote learning

Practitioners answering the Victorian-based survey described significant stressors in relation to remote learning. In one case, the mother was a single parent trying to support the home learning of her three children. The young person using violence within that family was described as struggling to engage in online learning, leading to frustration and escalating violence, impacting on his relationship with his mother and his other siblings. Within another family, remote learning was described as being heavily impacted by low literacy levels and intellectual disabilities. Here the practitioner observed that it was almost impossible for this family to manage remote schooling, with tensions escalating as a result.

⁷³ Condry et al, above n 54, p 22.

⁷⁴ Ibid, p 40

⁷⁵ Ibid p 26

In one case, the move to remote learning and the ability for the young person to be less distracted and to have more flexibility around when they work, led to better engagement in remote learning, compared with school-based learning. During school hours the young person was described as seeming calmer, with incidents still largely occurring early in the morning or late at night, similar to the patterns of violence that the family had experienced prior to COVID-19.

Practitioners noticed high stress levels regarding school engagement and the demands of remote learning the longer that remote learning continued. One practitioner mentioned an increasing sense of helplessness and defensiveness among families as a result of such a long period of having children learning from home while isolated from their peers.

In the UK study described above, parents similarly described remote learning as a significant stressor, particularly for children with learning delays.⁷⁶

Lack of access to the safety of school and other activities

Lack of access to school and external activities, as well as working from home pressures for parents, were impacting significantly on families connected with **ds**. There appeared to be significant variation in whether children were deemed as 'vulnerable' and therefore able to attend school. For example, Stage 4 restrictions had meant that one young person was not able to attend the alternative school which had previously functioned as a useful support.

A lack of access to sports and recreational activities were also noted as stressors for young people who were active prior to COVID-19, including where sports and recreational activities had previously kept siblings occupied and apart.

In the UK study parents similarly described the vital respite role that school had played for them prior to COVID-19. Ongoing support from some schools was described as the only thing keeping a family from "breaking down".⁷⁷ Further, the lack of routine meant that their child had become "nocturnal", playing loud music and using social media throughout the night and disrupting the family as a result. This in turn contributed to conflict when parents would ask their child to be quiet or go to sleep. Practitioners described young people sleeping all day and being less likely to keep appointments, even where these appointments were online.⁷⁸

Practitioners also noted that parents were less likely to use consequences for negative behaviour while the family was confined at home. Parents found it more difficult to "pick their battles"⁷⁹ while children had found chances to assert more control. Practitioners suggested that the desire for greater control was associated with children feeling a loss of control over their external environment.⁸⁰

⁷⁶ Ibid p 23.
⁷⁷ Ibid, p 35.
⁷⁸ Ibid, p 24.
⁷⁹ Ibid, p 25.
⁸⁰ Ibid, p 25.

Parents trying to restrict the movement of young people to comply with restrictions

Practitioners from **ds** observed that the stressor of parents trying to ensure that children and young people complied with 'stay-at-home' restrictions was especially acute in relation to compliance with Stage 4 restrictions. As noted above, these involved limits on travelling more than 5 kilometres, as well as curfews. In some cases, young people had been sneaking out of the home to socialise, leading to increased conflict when they returned.

In other cases, violence had escalated when parents tried to restrict the movements of young people as they were trying to leave the house. Previous accommodation circuit breakers, such as the young person staying with other family members or friends, had similarly not been possible during COVID-19 restrictions, contributing to increased pressure.

The UK study similarly noted stressors relating to parents trying to limit children's movements or to encourage adherence to lockdown restrictions. Additionally, practitioners noted that children who may have previously removed themselves from the home to 'cool off' or avoid using violence were not able to do so.⁸¹

Co-occurring issues

The deteriorating mental health across families, particularly of parents, was seen as a key stressor by the Victorian-based practitioners. In one case, a decline in parental mental health involved the parent withdrawing, sleeping, or being emotionally and physically unavailable for long periods of time, while children were left "fending for themselves". When the parent then felt well and stepped back into a parenting role, conflict arose.

Across the range of child and family services, practitioners noted a substantial increase in young people self-harming; a dramatic increase in eating disorders; and, for those in a particular region of the service catchment, the continued impact of a youth suicide crisis. For young people using violence in the home, practitioners noted that many were withdrawing from therapeutic work or school and were becoming increasingly isolated from peers.

In one case, a young person had started to use food as a comfort and was struggling with their identity and weight gain as a result. In another case, the young person had not completed any remote learning and was becoming more disengaged from school work and increasingly frustrated, which seemed to be correlated with the escalation in violence.

Practitioners also noted that the prolonged experience of the extended lockdown in Victoria was starting to take a particular toll, especially in relation to social isolation, as well as adult and child mental health.

⁸¹ Ibid p 23.

In the UK study, young people's deteriorating mental health also related to worries about contracting COVID-19 from parents who were health workers, as well as anxiety about the health of other family members, such as grandparents.⁸² Parents and practitioners also noted that children were being impacted by parents' increased stress levels, as well as compounded shame and isolation, including an increased reluctance to disclose to extended family who were unable to offer any help. Responses also described significant impacts on siblings, including physical assault and deteriorating mental health, as well as replication of violence or regression in terms of developmental stages, such as return to toys or other objects which had given them comfort as a younger child.⁸³

Access to support from police

Most practitioners answering the Victorian-based survey did not think that parents were less likely to contact police during COVID-19. In some cases, practitioners thought that the parent was *more* likely to seek help for fear of safety risks to them and their younger children. Other practitioners were not sure, but hoped that their clients would be willing to contact the police if needed. In one complex case, however, the practitioner did not think that the mother would be willing to call the police and feared for the safety of the mother and siblings as a result.

Practitioners had mixed reviews about responses from police during lockdown. In one case, the police response was seen as extremely positive, with parents and siblings reportedly feeling "safe" when the police attended. In another case, the police response was described as "quick and well-handled". Other practitioners, however, spoke about long response wait times being frustrating and dangerous for parents and siblings who were in crisis.

Parents in the UK study cited similar varying experiences with police, including reluctance to criminalise their child. The specific impacts of COVID-19 on people's willingness to call police included fear that interaction with police may expose their child to contact with the virus in a police cell, as well as a reluctance to occupy valuable resources at a time of national crisis.⁸⁴

Access to broader services

In terms of client interactions with broader services, the Victorian-based practitioners offered mixed responses. In two cases, practitioners thought that the increased frequency and severity of the violence had been managed well, despite service barriers, where a large number of services had been collaborating to support the complex needs within the family.

In other cases, the ability to engage in services had been difficult, with restrictions creating significant barriers for face to face service delivery. Many practitioners noted that tele-health models were not as effective for families with complex needs, with young people beginning to refuse to attend sessions, or continuing to answer a practitioner's phone calls but not engaging in sessions as they had been in the past. This left practitioners fearful for the safety of the family where they were reluctant to call the police.

⁸² Ibid, p 27.

⁸³ Ibid, p 29

⁸⁴ Ibid, p 51.

In the UK study, parents and practitioners described young people being emboldened by the lack of interaction with external services, as well as by the lack of access from extended family and other third parties. However, some parents observed that nothing much had changed in that regard as they had already lived a fairly isolated existence with other people rarely coming to the home, as a result of their ongoing experience of C/APV.⁸⁵

Nature of service interaction

Practitioners responding to the Victorian based survey described how the *nature* of service interaction with clients had changed significantly. These practitioners spoke about how they had largely been responding to crisis, rather than undertaking therapeutic work during this time. While clients were still engaging in services, their more immediate needs had increased, including needs such as financial insecurity; increased social isolation; and increased family conflict.

Where care teams had been established to support families, this had been seen as extremely positive. In one case the family had a good professional care team comprised of a number of key services, with whom the practitioner had been working collaboratively in online sessions every two weeks to discuss the case. Practitioners noted that this collaborative approach had been extremely useful to support the family's complex needs.

Where services had not cooperated or worked collaboratively around a case, however, the response had been fragmented. The complexity of cases with which **ds** practitioners worked meant that, if wider services did not collaborate, this could prevent constructive and meaningful outcomes for families.

The UK study similarly found that service interventions needed to work with all members of the family, with practitioners noting similar challenges around client engagement. To this end practitioners noted families needing more frequent contact, in part because of the withdrawal of other services, with these practitioners then needing to be the “eyes” on the whole family. This included needing to make late evening calls to parents because that was the only time that parents had available around caring and employment obligations.⁸⁶

Survey respondents also described variable experiences of service interaction, with some children finding online interactions better as it avoided “transitions”, while others refused to engage unless it was face to face.⁸⁷

Respondents also described the ongoing challenge of siloed service responses, with a lack of C/APV specific services and no single agency or practitioner being in possession of a family's whole story.⁸⁸

⁸⁵ Ibid p 22.

⁸⁶ Ibid p 42.

⁸⁷ Ibid, p 36.

⁸⁸ Ibid, p 35.

A sign of challenges to come?

Practitioners and parents in the UK study also identified serious concerns as they began to anticipate the impacts of the restrictions over the longer term. These included:

- Sustained mental health and trauma impacts of lockdown, combined with the associated experience of compounded violence from a child or young person;
- A need for increased support work to heal changed or damaged family relationships, with fears that violence had become more entrenched as a result of COVID-19;
- Anxieties and fear in relation to the prospect of further lockdowns;
- The transition back to the parameters and expectations of the school environment;
- Building trust and motivation in services again where there had been disruption;
- Reinstatement of boundaries and routines at home which had been relaxed;
- A fear of return to violence for those who had experienced a reprieve in lockdown;
- Families contending with wider pandemic related challenges, such as unemployment and associated financial pressures.

Accordingly, the authors of the UK study called for policymakers to *plan* for increased service demand – what they referred to as a “safeguarding surge”.⁸⁹ In doing so the authors made a number of high level recommendations, including the need to:

- Recognise the need for whole-of-family risk assessment and safety plans;
- Avoid the over-criminalisation and prosecution of young people using C/APV;
- Provide COVID-19 safe respite and crisis accommodation;
- Deliver specific C/APV programs, as well as C/APV training for wider services;
- Recognise the link between young people’s offending in public spaces, and their use of violence at home, including their need to leave the house to avoid using violence;
- Recognise that C/APV interacts with structural inequalities and how the impacts of COVID-19 have been disproportionately felt by disadvantaged communities;
- Develop practical measures to support remote working over the longer term;
- Take a strategic approach to C/APV to stop it ‘falling between the cracks’; and
- Increase emergency funding and planned, long term funding.⁹⁰

⁸⁹ Ibid, p 59.

⁹⁰ Ibid, p 58 – 62.

Important to note here is that the UK study was conducted after parts of the UK had descended into lockdown very quickly, with little time to consider vulnerabilities across the board. With the UK returning to lockdown at the time of writing in November 2020, it is to be hoped that some of the lessons learned from, and recommendations made by, this important rapid study are being kept in mind. In particular, the UK study's recommendations are also a useful reminder that additional supports and resourcing will be required for vulnerable families, coupled with more flexibility in terms of complying with restrictions, as parents in the study suggested.

Equally, while this Issues Paper is not offered as a research report, the internal service data and survey responses which it features may offer useful glimpses into issues which wider jurisdictions could consider regarding extended or repeat lockdown episodes. This is particularly the case given that Victoria's experience of lockdown involved much more extended and stringent restrictions than those experienced by many jurisdictions. Given the findings from the UK, over a shorter period of lockdown, it is therefore reasonable to anticipate that the compounded experiences of AVITH seen by practitioners participating in the CIJ and CFRE survey, as well as reported by CFRE more broadly, have also been seen by practitioners working more widely around Victoria during this time.

More generally, the UK study, as well as the data featured in this Issues Paper, indicate the myriad ways in which COVID-19 has deepened existing fault lines in the community, as well as opening new ones. Where children, young people and families were previously vulnerable or disadvantaged, the pandemic has made them more so – with services similarly more stretched in offering much needed support.

Conclusion

While Australians will be striving to avoid the prospect of further restrictions, schools and wider community supports will need to work hard to help young people and families recover from the damage of this difficult time. Just as crucially, policymakers and practitioners will need to balance budgetary pressures on community services, with the likely increased demand on these services.

This will include the demand on courts, an issue of particular relevance to the PIPA findings, which highlighted the need for more nuanced and considered legal responses. The potential demand on courts is relevant not only to prospective backlogs but to a likely increase in matters overall where compounded disadvantage drives growth in contact with the criminal justice system across the board.

Like the UK, therefore, Victoria needs to plan for its own “safeguarding surge” – an increased demand on services as families grapple with the multiple damaging impacts of COVID-19. This may seem particularly challenging in the context of responding to AVITH given that, as noted above, the extent of RCFV recommendations related to AVITH – despite these recommendations only scratching the surface of responding to this complex issue - had not yet been fully implemented prior to the devastating onset of the pandemic.

Shadows multiply when a light is shone on an object from multiple directions. We must therefore turn our focus to the full range of companion “pandemics” emerging, especially where these challenges already existed predominantly behind closed doors. This means that families experiencing AVITH need the doors to support and safety thrown open - and a spotlight shone on this specific and complex form of family violence as well.

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