

ANROWS

AUSTRALIA'S NATIONAL RESEARCH
ORGANISATION FOR WOMEN'S SAFETY

to Reduce Violence against Women & their Children



**Centre for
Innovative
Justice**

WRAP around families experiencing AVITH: Towards a collaborative service response

Presenter:

Elena Campbell, Associate Director, Centre for Innovative Justice

With thanks to:

Riley Ellard, Manager, Strategy & System Design

As well as:

**Eliza Hew, Matilda Simpson, Beth McCann, Silke Meyer &
the ANROWS team**

Research aims, methodology and challenges

- Overarching aim to develop a framework for holistic, evidence-based practice in response to the complex issue of AVITH
- Mixed methods research comprising:
 - a literature scan;
 - practitioner focus groups;
 - a case study of an existing program, including client interviews and a case file review; and
 - co-production workshops with practitioners to test and refine the draft framework.
- Key challenges included an evolving (Victorian) service environment; the impacts of COVID-19 on delivery of the case study program; and limited capacity of ACCOs to participate due to increased service demand

Findings – practice challenges

Identifying & responding to AVITH as a concept

- Increasingly families self-referring but stigma & shame plus persistent confusion about behaviours which may constitute AVITH holds this back
- Response geared to victim-survivor/perpetrator dichotomy and/or adult perpetration
- Leads to late or inappropriate referrals – with system uncertain about how to respond
- Service funding for short-term, individualised work, short-term funding limits practice & workforce development

“I haven’t had any support from anyone, pretty much for four years because my son refuses to talk to anyone...”

“It’s like asking for another shift, another complexity, another nuance that the system isn’t really ready for.”

“[A] lot of the time we know the work has to be done with the family, like, a 12-year-old doesn’t have the capacity to make those changes for themselves, it’s gotta be a family approach.”

Findings – practice challenges (cont.)

Presenting needs of families and young people

- Adult perpetration as a feature in young people's lives – overall theme across interviews, focus groups and case files (88%)
- Challenges in maintaining lens on ongoing adult perpetrated FV when not able to work with family members or when presence of adult perpetrated violence precludes AVITH service response
- Capacity for adult perpetrator to undermine therapeutic work in relation to AVITH, inc. by withholding consent
- Young people's feelings of guilt and rejection in relation to their own adverse childhood experiences

"It's generally us that are identifying the violence [that a young person is experiencing]... It's after asking those questions about their safety and their side of the story."

"God knows how much hatred he says over the phone to my daughter about me."

Findings – practice challenges (cont.)

Presenting needs of families and young people (cont.)

- Mothers' experiences of trauma and shame in relation to the presence of AVITH, inc. undermining of relationship with their child
- Co-occurrence of disability (39% of case files) and mental ill-health (78%) – as well as diagnosed and undiagnosed disability and mental ill-health across the wider family
- Diverse, co-occurring trauma experiences (91% of case files), inc. refugee backgrounds; parental suicide attempts; bereavement; and child removal and adoption
- Experiences of bullying victimisation – an emerging link with the use of violence in the home

“I can see him crashing and burning and it’s heartbreaking... because he’s also quite abusive... which then sets off triggers. So, it’s sort of “I wanna give you the love, but shit ... When you’ve got someone screaming verbal abuse at you, it’s just really difficult to do that.”

Findings – system challenges

Under-servicing, over-servicing and siloes

- Families being under-serviced, inc. young people not receiving support for their own experiences of FV, as well as over-serviced; overwhelmed, let down and passed on in – an “assess and refer on” model or a “relay”
- Services and agencies closing once they feel like another service is “holding the risk” – even where they still have a key role to play; information not always following families

Care teams

- Care teams well-established feature but not always improving collaboration
- Lack of clarity around care team purpose, plus who needs to be involved and what role each service plays, who is taking the lead
- System overwhelm and fatigue
- Accountability of/to young person

“I’m just tired of getting my hopes up... I’m so over having to repeat all of this because when I repeat it, I just realise how sad it sounds.”

“Young people are not siloed beings.”

Findings – promising practice (cont.)

Moving towards a shared conceptualisation of AVITH

- Moving away from stigmatising language
- Looking more broadly at young person's behaviour
- Tailoring intake and referral forms
- Increasing recognition of role of 'readiness'

"Sometimes it's safe to do it as a whole family, other times we do need to do sort of separate pieces of work in there. Depending on the level of risk... but we're definitely not just looking at what's going on for the primary young person... but actually looking at what's going on in the whole family system."

Working with multiple family members

- Crucial to look at the whole family system, inc. adult perpetration of violence or violence-supportive behaviours
- Supporting parent and/or siblings around own experiences of harm
- Reducing stress/distress within the family
- Understanding parents' own experiences of trauma & its impact on parenting capacity

Findings – promising practice (cont.)

Flexible, client-centred approaches

- Flexibility to respond to breadth of factors contributing to AVITH, moving away from group work as the only model
- Reducing overwhelm and prioritising key needs
- Meeting young people & families “where they’re at” – guided by their needs, not of the system
- Recognising prior negative service interactions
- Flexibility in *how* services engage (eg outreach) & for *how long* - i.e. at least 12 months
- Building readiness, rapport & staying the distance
- Value of brokerage in responding to needs – eg respite, assessments, recreational equipment or activities and support for siblings

“One of the exciting components [of our program] is working in partnership with case management and a clinical role... so if [the young person is] not therapy ready... the case managers kind of walk alongside them and develop that therapeutic relationship that can potentially [lead to] a more clinical intervention later on.”

Findings – promising practice (cont.)

Shared positive experiences and strengths-based approaches

- Building positive engagement between protective parents and children whose shared identity is built around experiences of harm
- Recognising that young people are in a crucial stage of identity formation where shame and stigma can be particularly detrimental
- Supporting (protective) parents to feel confident to implement strategies where conflict occurs

Giving voice to young people and their experiences

- Recognising young people enacting harm as victim survivors in their own right (at least 88% of case files), inc. by actively leaving room for identification of experiences of harm during assessments

“That’s what I do find the hardest, when you’re working with the [17 and 18-year-olds].. They’re like, ‘I already know I’m the problem, I know I’m shit, I know I’m not going to change and I’m going to grow up and be like Dad.’”

Findings – promising practice (cont.)

Keeping an original perpetrator in view

- Assessments of adult-perpetrated violence must include *current risk*
- Identification of persistent systems abuse by the adult perpetrator, inc. withholding consent for engagement in AVITH programs
- Challenges of working with a (protective) parent presenting with PTSD
- Relevance to sequencing of interventions to increase safety in relation to adult perpetration *first*

“If a parent is experiencing ...current IPV... we would normally encourage the mother... to engage [in a specialist service] ... and we would continue to work closely with [that service]. ... that’s probably the best kind of collaboration that we’ve had ... When risk is very high, everybody is really on their game...”

“Violence doesn’t just come out of nowhere for these young people ... these young people are generally survivors of experiences of violence, either past or current. So that’s something that we’re always keeping in mind ... that’s my priority when going into these assessments, finding out about the safety of the young person and what’s going on at home ...”

Findings – promising practice (cont.)

Reflective practice and emerging collaboration

- Work in care teams or secondary consults to identify adult perpetrated harm or challenge language used about young person or protective parent
- Testing different approaches within and across organisations to find what works – inc. identifying where collaboration is needed behind the scenes to streamline services

“A lot of the other services or people around the young person are ... not necessarily taking a step back ... and being like ‘Hang on a second ... let’s just think about this. What’s going on here? What’s behind that?’ Let’s ... spend a period of time in this care team being reflective, [that] can be a really powerful way of being a point of difference..”

Recognition of AVITH as a specialisation

- Need for ongoing investment in specialist AVITH workforce, inc. training, practice development & resources, supervision & reflective practice
- Opportunities to embed specialisation across the system, i.e. Practice Lead roles across the Orange Door network and other key service settings
- Increased system capacity to identify and refer early

Purpose of the Framework

- Support shared knowledge and consistency of practice – both in terms of the behaviours that constitute AVITH and the considerations central to AVITH interventions
- Improve recognition at the organisational and system levels – including building understanding of the complex considerations required in any meaningful service response
- Ensure role clarity – including parts of the system which may be harder to engage or are constrained in their roles, such as police, Child Protection, schools and legal system components
- Bridge knowledge gaps between systems and sectors – including by embedding a foundational understanding of the prevalence of trauma experiences for young people using violence in the home

The AVITH Collaborative Practice Framework

