



AVITH Collaborative Practice Framework

ANROWS

AUSTRALIA'S NATIONAL RESEARCH
ORGANISATION FOR WOMEN'S SAFETY
to Reduce Violence against Women & their Children

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Context for the Framework

A 2020 ANROWS research report, *The PIPA project: Positive Interventions for Perpetrators of Adolescent violence in the home*, found that young people and their families experiencing adolescent violence in the home (AVITH) were not always receiving adequate or appropriate service responses, with these responses in part constrained by wider systemic barriers. Police, courts, Child Protection¹ and social support services often lacked capacity to respond holistically to AVITH. Wider service responses (including from education, welfare, housing, counselling, and domestic and family violence services) were not always tailored to respond constructively to the complex needs present across these families.

The PIPA project identified that, to address these complex needs appropriately, service interventions in AVITH need to take the form of wraparound, collaborative responses. These responses must address risk and need across the family, rather than focusing predominantly on a young person's behaviour, and include capacity for outreach, case management and restorative engagement.

The ANROWS project "WRAP around families experiencing AVITH: Towards a collaborative service response" was designed to respond to the above recommendation stemming from the PIPA project. The project outlined a specific aim to develop a framework for evidence-based and holistic responses to AVITH.

This is the resulting framework.

About this Framework

The *AVITH Collaborative Practice Framework* (the Framework) has been developed through iterative engagement with practitioners who participated in focus groups conducted as part of the larger "WRAP around families" project. Meeting the need that practitioners expressed for a collaborative framework to be *broad* and *inclusive*, this framework is designed to underpin collaborative practice, and outlines pillars, principles and enablers of effective practice in responding to AVITH.

AIMS OF THE FRAMEWORK

The Framework aims to:

- **Support shared knowledge and consistency of practice:** Shared understanding of AVITH among practitioners and across systems – both in terms of the behaviours that constitute it and considerations central to AVITH interventions – is a necessary precondition for achieving practice consistency.
- **Improve recognition at the organisational and system levels:** Poor systemic understanding of AVITH means that AVITH services are unable to account for the complex considerations required in any meaningful service response.
- **Ensure role clarity across the system:** To enable a collaborative system response, involving services and agencies that might be harder to engage or be constrained in their roles – police, Child Protection, schools and components of the legal system – different parts of the system need support to understand the scope of their role in responding to AVITH.
- **Bridge knowledge gaps between systems and sectors:** Improved understanding of the factors which can underpin AVITH, particularly the prevalence of trauma experiences for young people using violence in the home, can contribute to more informed decision-making.

¹ For information on collaborative practice taking place at the specific intersection of Child Protection and specialist community-based domestic and family violence (DFV) responses, see Connolly, M., Healey, L., & Humphreys, C. (2017). *The Collaborative Practice Framework for Child Protection and specialist domestic and family violence services: The PATRICIA project: Key findings and future directions* (ANROWS Compass, 03/2017). ANROWS.

While actions recommended in the current framework and in Connolly et al.'s (2017) framework are similar, the frameworks differ in how these actions are applied in the specific contexts, respectively, of AVITH and of the intersection of DFV and Child Protection.

The AVITH Collaborative Practice Framework

Pillars



Understanding



Workforce



Coordination



Evidence

Principles



Trauma and family violence risk-informed



Flexible and needs-based



Whole-of-family



Intersectional and culturally safe



Addressing barriers to engagement



Service accountability

Enablers



Funding



Culture



Continuous learning



Evidence-informed tools and guidance



Service capacity



System stewardship

Pillars

OF COLLABORATIVE PRACTICE



Understanding

- A shared recognition of AVITH as distinct from adult-perpetrated violence, to:
 - account for trauma, developmental stage and the function of used behaviours
 - challenge and unpack binary paradigms in which responses are framed in terms of victims and survivors, on one hand, and perpetrators on the other
- A shared understanding of key terms, such as “collaboration”, “whole-of-family”, “family violence risk” and “family safety” established across the system
- Clear understanding of roles and responsibilities at both system and individual practice levels.

For practitioners, this means:

- Adopting language which emphasises a young person’s and their family’s strengths and reduces shame and stigma
- Using interactions with non-specialist services, for example care team meetings, to build capacity and understanding
- Centring the young person’s achievements, a caregiver parent’s strengths and resilience, and the need to bring any adult perpetrator into view.

For organisations, this means:

- Designing and scoping AVITH-focused programs appropriately and in ways which allow for highly flexible and responsive service provision
- Recognising specialisation and the complexity of AVITH interventions
- Considering the impact of language on young people’s and families’ willingness to engage when naming programs.

For government, this means:

- Resourcing AVITH-focused interventions to reflect the complexity and specialisation of the work and the need to work flexibly, on an outreach basis, over the long term, and in client-led ways
- Supporting shared understanding through development of sector guidance for risk assessment and management and service delivery, as well as ongoing training and opportunities for sharing practice and evidence
- Embedding shared understanding across government and systems, including health and legal systems, as well as community service sectors.

“We try to very much meet the young people and their families sort of where they’re at, we have a very significant focus on improving safety and really understanding, kind of where the adolescent sits within their sort of own internal family systems, but also within this sort of wider community.” (Practitioner)



Workforce

- A highly specialised workforce, supported to work flexibly (and in some cases intensively) to meet the specific needs of families experiencing AVITH
- System and organisational recognition that program resourcing must allow for ample time for reflective practice and continuous learning
- Baseline capacity across the wider system to identify and support the management of AVITH-related risk, including through appropriate referrals and early intervention work.

For practitioners, this means:

- Centring individual client needs and service readiness
- Participating in collaborative practice networks and available training
- Identifying opportunities for early intervention and shared positive experiences, to stem the escalation of risk and the need for crisis responses.

For organisations, this means:

- Scoping and resourcing AVITH programs to enable flexible and family-led ways of working
- Ensuring that AVITH-specific programs are well integrated with wider service offerings
- Embedding appropriate supervision and professional development arrangements that reflect the complexity and breadth of work being done by specialist AVITH practitioners.

For government, this means;

- Ensuring that resourcing for AVITH is provided over the longer term and includes consideration of the following: non-client facing work; coordination and engagement with other services working around the family; clinical supervision; and participation in key forums and practice networks
- Identifying the need for specialist roles across key components of the system
- Establishing clear requirements regarding baseline capacity to identify and respond to AVITH across the wider domestic and family violence sector, and related sectors.



Coordination

- “Coordination” is a building block of “collaboration”
- Processes and mechanisms are in place to support a coordinated risk approach, with clear accountability around the role of each service and practitioner
- Services work together to sequence interventions appropriately, in a way that reflects family readiness and maximises the benefits of engagement.

For practitioners, this means:

- Supporting and empowering families to co-chair collaborative service forums, to ensure that the process is genuinely family-led
- Identifying the most appropriate service or agency to lead coordination of any collaborative mechanism established around a family, and inviting additional agencies that may provide a missing lens
- Working towards a “practice lead” approach, where a senior practitioner with a lens on risk across the whole family supports and coordinates the work of individual practitioners
- For those in coordination roles, following up regularly with services, facilitating information sharing where appropriate, and providing a liaison for the family and/or young person.

For organisations, this means:

- Ensuring that program scope and resourcing accounts for work beyond direct therapeutic or case work interventions
- Actively building awareness of AVITH-specific programs
- Supporting opportunities to foster relationships with external organisations and agencies that can contribute to effective collaboration and information sharing.

For government, this means:

- Resourcing AVITH-focused interventions in ways that support participation in collaborative mechanisms
- Developing guidance across the community sector workforce regarding the obligations of practitioners working in collaborative forums and the opportunities for reducing the associated risk
- Resourcing collaborative mechanisms in ways that allow for service follow-through and leveraging of legislative imperatives.



Evidence

- Practitioners incorporate evidence and learning into their daily practice, including through debriefing, reflective practice and collaborative practice networks
- AVITH responses draw on evidence and data – including the voices of young people and their families – to inform service design, planning and continuous improvement
- Government supports a system-wide approach to building and sharing evidence, piloting responses and taking effective interventions to scale.

For practitioners, this means:

- Focusing on evidence about the needs of young people and families
- Participating in formal and informal opportunities for reflective practice, clinical supervision and training, and wider communities of practice
- Taking opportunities for co-location with, or secondment to, other teams across an organisation to access further learning and engagement with evidence in other areas or disciplines.

For organisations, this means:

- Providing appropriate training and information across the multiple areas of AVITH-related responses, to support evidence-based service design and practice
- Contributing to evidence development by sharing knowledge across different agencies and disciplines in local or regional DFV networks
- Incorporating client voices in service evaluation and providing opportunities for people with lived experience to participate in research.

For government, this means:

- Ensuring evidence-informed responses and guarding against “program drift” through continuous improvement and critical interrogation of practice
- Adequately resourcing independent research and evaluation to continue to build the evidence base
- Promoting and sharing evidence across the system and with senior stakeholders in health, justice and other relevant settings.

“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 ...” (Practitioner)

Principles

OF COLLABORATIVE PRACTICE



Trauma and family violence risk-informed

- Practitioners and services adopt a holistic view of risk and use of violence, which involves maintaining a lens on the impacts of prior and current adult-perpetrated DFV on the young person and wider family members, including caregivers and siblings
- This lens extends beyond trauma in a DFV context to other forms including migration trauma, intergenerational trauma experienced by Aboriginal and Torres Strait Islander people, and trauma stemming from interactions with the system itself.

In practice, this looks like:

- Leading a practice shift away from deficit-based discourse towards a framework of understanding each young person and family as presenting to services with their own story and their own unique set of experiences and challenges
- Providing time and opportunity for caregivers who may themselves be impacted by trauma to relate their experiences, and validating their efforts to protect their children and support their family unit
- Maintaining a lens on all relationships of violence in the home or in a young person's wider life, and demonstrating particular commitment to keeping adult perpetrators in view, to avoid exacerbating shame and confusion for young people who are being held accountable for behaviours that have been used against them
- Recognising that young people are at a developmental stage of identity formation which involves testing and negotiating how they interact with the world
- Recognising that caregivers who have experienced adult-perpetrated DFV may present as traumatised, dysregulated or unable to manage a young person's behaviour in a way that they might otherwise choose because of ongoing impacts of trauma and, potentially, continuing systems abuse by a former partner.



Whole-of-family

- Practitioners and services give full consideration to needs and histories across the family in assessing and managing risk
 - This is particularly important where there is systems abuse occurring in the young person's life or multidirectional harm occurring within the home, where the young person has been identified (or misidentified) by the system as the only person using harm
 - This is also particularly important when considering prior negative experiences of service interaction, or of family needs
- Relational work is recognised as crucial to recovery, as well as playing a key role in adolescent identity formation and self-actualisation

In practice, this looks like:

- Working with multiple members of the family, for example with the young person in the context of their use of harm; with a caregiver in relation to experiences of adult-perpetrated DFV, which may be impacting parenting skills and capabilities; and with siblings in relation to disability or mental health
- Using a whole-of-family lens to keep potential adult-perpetrated DFV in view, and to understand the function of a young person's behaviour as motivated by fear, anxiety, confusion or distress, as well as to consider broader experiences of family members (for example grief, loss, discrimination and intergenerational trauma) and how these may impact engagement or capacity to support a young person
- Identifying creative ways of helping a young person to engage with supports by maintaining a lens on systems abuse or the potential continuing presence of coercive control across the family
- Considering family readiness to engage and maintaining opportunities for family members to exercise autonomy in how interventions are sequenced to maximise benefit from any service contact.

[DS practitioner] was wonderful. She really helped us connect to be better and, you know ... provided me information and coaching ... which have been really helpful to get their children in touch with their emotions. And letting me know their needs and behaviours they're exhibiting because of said needs and can't voice. (Parent)



Addressing barriers to engagement

- Practitioners working with young people and families experiencing AVITH recognise barriers to engagement, including the following:
 - prior experiences of being significantly under-serviced or, conversely, over-serviced and immersed in service interaction without seeing any constructive effects
 - young people's mistrust in a system that has not addressed their own experiences of harm, or has compounded these through perceived breaches of confidentiality
 - service responses which blame or minimise, or inadvertently collude with an adult perpetrator
 - ongoing impacts of colonisation and various forms of discrimination, as well as the over-involvement of statutory authorities in the lives of some communities.

In practice, this looks like:

- Working flexibly and in a coordinated way while leveraging existing therapeutic relationships across the family, and providing streamlined and appropriately scaffolded service contact to reduce the burden on the young person and their family and allow them to be active participants in the process
- Taking creative approaches, for example outreach and engagement over the longer term, to build trust and mitigate service disengagement
- Advocating to other systems and authorities on behalf of the young person
- Considering young people's and family members' capacity to engage, particularly given the prevalence of trauma, disability and neurodivergence among the cohort presenting with AVITH-related needs.



Flexible and needs-based

- Service responses are tailored to the individual needs and goals of young people and their families
- Practitioners and services are skilled, supported and flexible enough to respond to different AVITH presentations, including where the function of a young person's behaviour is connected with disability and/or mental health needs, or where this behaviour should be more appropriately characterised as resistance to harm perpetrated by another member of the family
- Responses take account of what families identify as their most immediate needs and reflect their readiness to engage at a given point in time.

In practice, this looks like:

- Resourcing programs to enable provision of a variety of service offerings in order to respond to what works best for the individual family and young person
- Resourcing and designing programs to allow for engagement with multiple family members where relevant, including by different practitioners in the team, and to enable particular needs in the family that are not directly related to AVITH to be addressed
- Adhering to the crucial concepts of "follow-through", "open-ended" and "sequencing" to provide clients with time to develop confidence that a practitioner will act on their commitments, be led by a client's preferences, and be available when that client is ready to engage.



Intersectional and culturally safe

- Services are equipped to respond to the intersecting and layered identities of families experiencing AVITH, including through centring the experiences of Aboriginal and Torres Strait Islander families, families from culturally and linguistically diverse backgrounds, LGBTQ+ families and young people, and families with a child with disability
- Cultural responsiveness is central to continuous learning and development, underpinned by strong relationships and consultation with culturally specific services to foster collaboration, support continuous learning and provide clients with agency and choice in the services with which they interact
- Services recognise and understand that individual family members will have different experiences, including where shared marginalisation may be a source of conflict.

In practice this looks like:

- Actively considering, when designing programs and practice, the ways in which wider experiences and community contexts intersect with young people's use of AVITH
- Working in culturally safe and responsive ways, including with an awareness of, and active engagement with, a client's identity and the ways in which culture and community may impact their needs and experiences
- Identifying appropriate community-led services, when working with Aboriginal and Torres Strait Islander families, who can lead the response or with whom to collaborate, and bringing in the young person's wider family and kinship networks
- Considering sexuality- and gender-diverse people's experiences of coming out or transitioning (including potential supports from families and schools) and their access to wider social and community networks that can build a sense of inclusion and belonging
- Adopting strengths-based approaches that affirm and celebrate a young person's identity in all its forms while they are exploring and taking their place in their community and the wider world.



Service accountability

- The roles, responsibilities and expertise of each practitioner or service involved in a family's support are well understood, with the involvement of services determined by the family's needs, preferences and readiness
- Services are accountable and committed to working with the family to agree, plan for and progress their specific goals
- Communication between services is proactive and transparent, with a particular focus on ensuring that dynamic risk information is shared and managed collectively.

In practice, this looks like:

- Sufficiently resourcing programs to allow for services to be accountable through follow-through and follow-up, and encouraging proactive and transparent communication between services
- Undoing the harm caused by previous service interactions through role clarity, proactive communication and coordinated ways of working to assume shared responsibility for identifying and managing risk
- Practitioners committing to accountability as a means of minimising the exhaustion and overwhelm that parents engaged with the AVITH service sector often experience.

Enablers

OF COLLABORATIVE PRACTICE



Funding

Program funding is adequate, consistent and flexible to enable long-term, whole-of-family work.



Evidence-informed tools

Robust and shared tools, tailored to AVITH contexts, are used for assessment and planning.



Culture

Organisations foster a culture of collaboration, including within and across organisational boundaries.



Service capacity

Capacity to meet demand and complexity across the system is actively monitored and adjusted as required.



Continuous learning

Services are supported to adopt a structured approach to continuous learning and practice development.



System stewardship

Government functions as an interface between systems, removing barriers to collaboration and responsive practice.

“This work is really, really trying to centre young peoples’ experience and really trying to, you know, affirm that young people are primary victims [and] survivors in their own right, and when they’re using violence, that’s telling us something that’s giving us information about what their experience has been [and] their development ...” (Practitioner)

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