Inquiry into the Impact of Violence on Young Australian

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I would like to respond to the Terms of Reference for the **Inquiry into the Impact of Violence on Young Australian.**

My submission draws on research I undertook in 2008, It All Starts At Home (ISCHS). This research builds on my 12 years of working with adolescent violence in the home.

My submission reflects on three areas:

- The relationship between bullying and violence on the wellbeing of young Australians
- Links between illicit drug use, alcohol abuse and violence among young Australians
- Strategies to reduce violence and its impact among young Australians.

Introduction

I respond to the Inquiry in the context of my professional expertise and ongoing interest in working in family violence prevention. I am a social worker and clinical family therapist with a Masters in Public Policy and Management. I have been working with adolescent violence in the home (AVITH) for over 12 years. I have recently undertaken a research project It All Starts At Home which informed the development of the National Strategy to Reduce Family Violence. I have also delivered extensive training and presentations (including internationally) on this issue and worked with numerous services to build capacity to prevent and reduce AVITH.

Victorian police Family Violence Incident Reports show that one in ten call outs for family violence relates to adolescents using violence in the home (3,500 incidents per year). This includes male and female adolescents using violence to fathers, mothers, carers, siblings and other relatives. International research shows one third of all AVITH is perpetrated by female adolescents, the rest by male adolescents.

Recent evidence to demonstrate the growing incident of adolescent violence to parents includes:
- A 23% increase in adolescent violence to parents between 2003 and 2006 for offenders aged up to 19 years (Victorian Police Family Violence Incident Reports);
- An increase of 19% in the rate of male adolescent offenders, and of 37% by female adolescent offenders (Victorian Police Family Violence Incident Reports);
- Over 3, 500 police call outs across Victoria in 2006 relating to adolescent violence to parents
- 51% of women experience some form of violence at the hands of their children (Wilkes, 2008).

The relationship between bullying and violence on the wellbeing of young Australians

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Bullying and violence against young Australians has been well documented. Examples used include bullying at school (physical harassment and cyber bullying) and 'street violence'. One insidious form of bullying and violence that has received little attention is sibling violence and bullying. This usually occurs by male adolescents against their younger siblings in the context of AVITH. This is a serious and underreported issue with serious ramifications. My work with families where AVITH occurs indicates this form of violence is fairly common. For obvious reasons, victims of this form of bullying and violence are loathe to speak out, have few options to seek help and support (particularly if their parents are also experiencing abuse and violence from their adolescent) and suffer in silence.

Adolescents who are violent in the home frequently abuse siblings (Heide in Eckstein, 2004). This violence takes the same form as the violence to their parents; it is emotionally manipulative, verbally abusive and physically damaging. Adolescents may take advantage of their greater strength or verbal capacity to abuse their siblings. This abuse and violence is bullying. It is intended to exert power and control over more vulnerable family members. It includes verbal and emotional abuse, stealing, breaking possessions and physical assault. Sibling abuse also extends to sexual assault; male adolescents who abuse and bully female siblings may also sexually abuse them. The extent of sexual abuse against siblings is unclear but it is reasonable to assume it is not uncommon.

The impact on siblings is the same as adult family violence from men to women; siblings feel frightened, constantly unsafe, terrorised, ashamed and embarrassed. Many suffer physical injury as a result of the violence. Most feel they can tell no one what is happening and unsafe in their own homes.   One of the key findings of the It All Starts At Home research was the extreme bullying by violent adolescents against younger siblings. In three cases where male adolescents bullied younger female siblings Child Protection were involved.

Quotes from mothers of bullied siblings include:

Jarred had punched her (twelve year old daughter) on the back and the bruising...is frightening because she's a little fragile, she's very little (Howard, 2008, 40).

Another woman spoke about her son's violence to her twelve year old daughter, "*He hits her, punches her, yells at her, he puts her down*". This woman spoke of her daughter's self harming which she believed was a result of the violence.

Another spoke of her fifteen year old bullying his younger 11 year old brother: "*slapping him on the back of the head, very hard...he's got a heavy hand*".

Another's 16 year old son hurt his younger step brother; "*he becomes very bossy and bullies him*". Her son hit her step son who tried to hide it but couldn't any more because "*he was in a lot of pain*". Her son had grabbed his step brother by the neck and strangled him. He had "*pulled a whole neck muscle out*".

The effects of this family violence are serious. One mother said, "*It's made her really clingy to me...she hasn't been able to really settle well at night. Up until about six months ago she was coming into my bed at night. It's made her a bit frustrated and she can be impatient...I think she sees it works for him...It's made her a little bit shy and unsure of herself...it's impacted on her school work. She's fallen behind in her schoolwork*".

Siblings who are bullied and have abuse and violence perpetrated against them are traumatised by the experience. This trauma affects their ability to make friends and maintain relationships, their confidence and self worth and their concentration. They are at risk of poor school performance and depression and anxiety.

It is reasonable to assume many adolescents who bully siblings have experienced bullying and violence themselves. The adolescents who bully their siblings have an increased risk of continuing this bullying and violence to others – partners, peers and later their own children.

Prevention family violence, better supporting non offending parents and children who experience family violence, ensuring perpetrator programs include a focus of the impact of violence in children and acknowledging and responding to sibling violence in the home are important steps to end bullying.

Links between illicit drug use, alcohol abuse and violence among young Australians

AVITH conflates with the use of violence outside the home and illicit drug use and alcohol use. Violence is the home is often precipitated by conflict due to the adolescent's abuse of alcohol and/or illicit drugs (Mellor, 2007). Many adolescents who use drugs and alcohol may already be exhibiting behavioural problems at home. When they are challenged by their parents about alcohol and drug use, they may resort to violence as means of silencing criticism and sanctions. Parents may believe that the violence is not the adolescent's fault; that it is 'caused' by the drug and alcohol use. This belief is not a helpful one as it exonerates the adolescent for taking responsibility for their violence. More information and support must be available to parents to support them to deal with AVITh and the associated use of drugs and alcohol.

Conversely, many adolescents who use violence in the home also use alcohol and other drugs. Whilst substance use does not 'cause' violence it the home, it appears to be a contributing factor. Illicit drug use and alcohol use can be a means for children and young people who have experienced the trauma of family violence to 'self soothe'. Drug and alcohol use dumb the pain.

There is often a progression which looks like this:

Child experience of family violence>non offending parent (usually mother) leaves violent partner with traumatised children>her parenting is undermined by her violent partner who still has contact with the children>children 'act out' as a result of trauma and have also learnt that using violence is acceptable>children use alcohol and other drugs to 'self soothe' because of the trauma>male adolescents use violence.

The experience of violence both precedes and is a result of illicit drug use and alcohol abuse. Whilst both drugs and alcohol are disinhibitors, they do not cause violence. Violence does not cause drug and alcohol use. But the three issues conflate. Interesting the Terms of Reference do not include the issue of adolescent mental health which, from my experience, belongs in the mix. Adolescents who use violence and who bully may also be at risk of, or struggling with mental health issues as well as drug and alcohol issues. When they have experienced family violence and/or trauma these risks are increased.

The link between childhood experience of family violence, adolescent violence in the home and community, illicit drug and alcohol abuse and poor mental health is under researched but pervasive. The issue of family violence, illicit drug use, alcohol abuse and youth mental health needs to be tackle in a systemic rather than sooled way.

These issues can be prevented but responding or intervening without understanding contributing factors or causes will not make any significant difference.

Strategies to reduce violence and its impact among young Australians.

I believe there is ample evidence which supports the need to work within a systemic model to reduce violence and its impact. A systemic model tackles violence prevention across broader society and

community, through schools and workplaces and most importantly looks at prevention. Whilst family work is critically important, these broader systemic and structural changes are also important.

We need to:

1. **Give strong community messages that violence is not acceptable** and ensure advertising codes of practice do not equate violence with masculinity and virility. There are numerous examples of advertising that supports notions of masculinity that in turn support violence and the use of control and power by males over others. An examples is the "Brute" aftershave advertisement where a barbie doll is squeezed into the shape of an 'ideal' woman.

We need to use the approaches taken by practitioners like Alan Jenkins (1990) and others who work with Men's Responsibility Programs which focus on the benefits of non violence to men. Male youth need to be shown that the things that are important to them – girlfriends, relationships, good peer relationships, a good income, social inclusion etc – are at risk of being lost if they use violence. They need to get a clear message that using violence, power and control does not lead to happiness, nor good mental health.

We need to better publicise the effects of violence on young people –be it the effects of family violence, of bullying, of sibling abuse and peer violence. We need to show adolescents who use violence in the home that their violence is hurting the people they love and the people that love them. We need to help them understand 'why' they are using violence and support them to move from a sense of entitlement to be violent to caring and concern for others.

Violence has in some ways been sanitised by the media – the lasting effects of violence are not shown, particularly those relating to the emotional and psychological effects of violence. Violence is shown as an acceptable way to deal with conflict and get ones needs met. The message that it is important to "be a winner" and be powerful and in control is a pervasive one which influences boys, and to a lesser degree girls.

We need to challenge the construction of masculinity in today's society and move from a construction that accepts control and domination over others to one which privileges caring and empathy as desirable traits (and ones that are not considered 'weak')

2. **We need to better support 'traumatised' children**, particularly male children (in preventing violence) and those who have experienced family violence to process and recover from the trauma. Traumatised male children are at a greater risk of using violence of using violence to others as Perry's (2008) and Howard's (2008) research and work has demonstrated.

Most of the mothers in the It All Starts At Home research spoke about their male children experiencing a range of difficulties, including 'anti social' and aggressive behaviour to other children, from an early age. Traumatic experiences negatively impact on brain and neurological development which may predispose some children to violent behaviour (through poor impulse control) and poor conflict resolution skills. Many adolescents also learn violent behaviour from their fathers. We need to intervene earlier to support children who have experienced trauma, particularly family violence and support the non offending parent towards recovery from their own trauma as well as understanding how trauma affects children and how best to support their recovery.

The experience of family violence drives a wedge in the mother/child relationship. This is exacerbated if the child is male. Healing this wedge is an important preventative step in violence prevention, illicit drug use and problematic alcohol use. It also prevents mental health problems from developing. An early intervention and preventative approach would focus more resources on healing this wedge and supporting mothers to parents assertively. Parenting group programs are a cost effective and

therapeutically effective ways to do this. Bringing women together who have experienced family violence is also a good first step in combating the isolation and secrecy inherent in the experience of violence.

My work with parenting groups (ACER, 1998) demonstrates that gender specific support works. Mothers of younger sons experienced positive outcomes from attending the Bringing Up Boys groups and reported new strategies to stop problematic behaviour in younger boys from becoming more severe. Their own mental health and wellbeing was strengthened through attending the groups and this made them able to be 'better parents".

Children can also be supported through group programs as well as through individual and family counselling.

3.   **It is imperative that this support is family centred or based on family sensitive practice** rather than split off the child and non offending parent. It is also important to support models which support the offending parent to re engage with the family (where it is safe to do so). This is important because in many situations of family violence the male partner/offender will still have contact with the children.

Men who are violent and abusive are often 'forgotten' or left out when women and children are supported post family violence. Whilst men may attend Men's Behavioural Change programs these mainly focus on men taking responsibility for their partner's safety. We need to do more to work with violent men so they can understand the impact of their violence on their children and take responsibility for keeping their children safe (physically and emotionally) when they see them.

Violent and abusive fathers need to acknowledge the impact of their violence on the children and that children are profoundly affected by family violence.   They need to reflect on their own experience of violence (if it occurred). I have delivered Fathers Groups for men who have 'successfully' completed Men's Behavioural Change Programs, and these have been really helpful for men to understand and learn about child development, attachment, trauma, parenting partnerships etc The one caveat is that women partners of these men reported that men can use their newly found parenting knowledge as a further means to control them.

4.   **Support parents to raise non violent children.**

I believe we need to consider how changes and challenges to family life support youth violence, both in the home and community.

It is challenging being a parent in today's world. There are many expectations of what parents need to do to raise 'perfect' children (something parents are told to aspire to) – consumerism and marketing creates and panders to the anxieties of parents that their child may 'miss out' or not succeed if they don't have the right clothes, use the right makeup, go to the best school, get the highest grades and own the latest electronic communication devices. Advertising and marketing push a message to adolescents and youth that they are entitled to have these things and get their needs and wants met instantly. This message supports violence as children learn if they 'up the ante' their parents will be more likely to succumb. When parents lead busy stressful lives they are less able to impose boundaries and expectations and less able to make a stand against poor behaviour. Exhaustion and stress make assertive parenting hard to do. Over time demanding children become abusive teenagers and violent adolescents.

We live in a society where rights are often emphasised over responsibilities. Adolescents learn they have rights and are not shy in demanding them. They may not be so keen to act on their responsibilities. Victimhood, rather than responsibility is used as an explanation when things don't go

right. If children don't do well at school it's the teacher's fault, if they get in trouble with the police it's the fault of other adolescents, if they get fined without a ticket it's the fault of the public transport system.

We need to support parents to parent less permissively so they can resist the lure of consumerism and move to parenting in a way that gives children clear messages about behaviours that are acceptable or otherwise, that teaches them delayed gratification, that teaches them to take responsibility for their actions and that teaches empathy and caring and good manners and respect for others.

Children can be persuasive and defiant and parents need the skills to be able to say 'No' and hold their decision. Many parents report difficulty doing this; their children wear them down and as a consequence children learn that if they up the ante and even resort to abuse and violence, their parents will capitulate.

Parents who lead busy lives, particularly those working long hours away from home may experience considerable guilt. To alleviate this guilt they provide their children with consumer goods or privileges. Lack of interaction with parents and other role models, and the relacing of emotional connection with consumer goods or more freedom does not make violent free, responsible adolescents. Somehow we need to look at how parenting can instil 'old fashioned values' that were taught to children growing up in the 50s and 60s, rather than the entitled, disrespectful, 'me' focused values that now dominate.

Jo Howard