

AVITH Info sheet: Implications for program design

For a program to provide an effective intervention, there needs to be a solid understanding of the key risk and protective factors that influence the behaviour. In Australia, we don't yet have a shared understanding of the causes and drivers of AVITH. This means that programs currently being implemented throughout Victoria and Australia operate according to different theories of change, and therefore have vastly different approaches.

Our work recognises that children and adolescents who use violence in the home require a much more nuanced response than adult perpetrated family violence. Work with these young people requires developmentally appropriate, trauma informed interventions that acknowledge the complex nature of AVITH.

Family Safety Victoria (FSV) has developed a framework for understanding some of the common contexts in which adolescent violence in the home occurs.

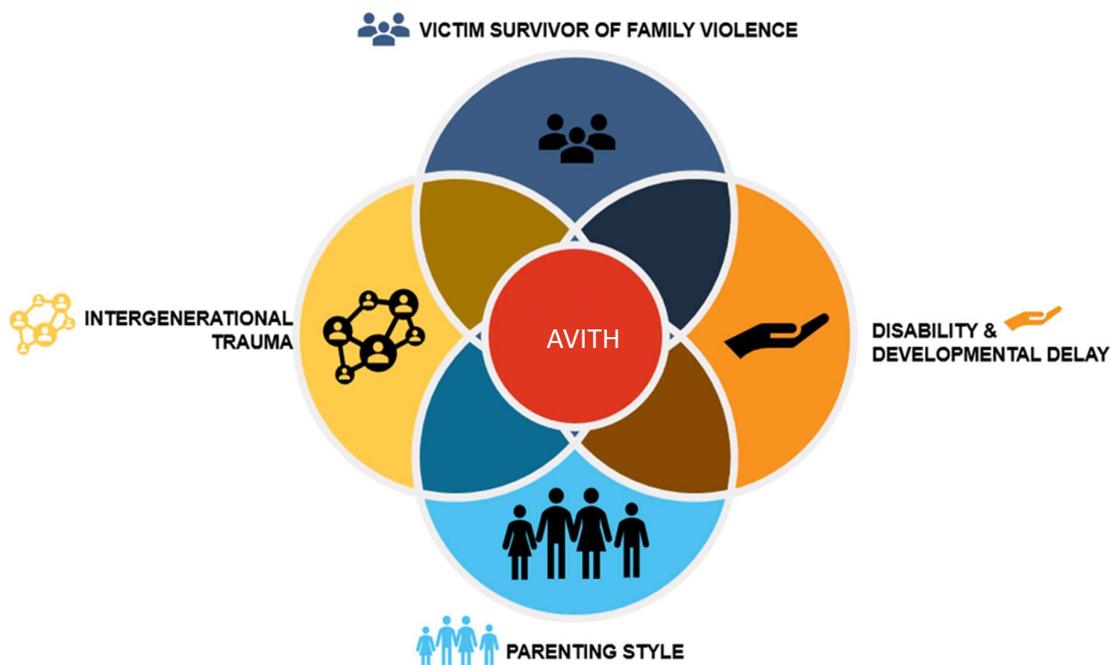


Figure 1: Contexts in which violence occurs (Family Safety Victoria, 2019)

These contexts do not exist in isolation. Many families experience multiple risk factors simultaneously. Taking an intersectional lens to this framework, we see that people can experience a range of structural inequalities at the same time, which all affect their experience of violence, their ability to manage risk and safety, and their ability to access risk management and support services. Our beliefs about these contexts of violence will greatly determine who the intervention is aimed at, the duration of the intervention, the mode of delivery and the content of any coursework.

Intergenerational trauma and abuse

Studies have repeatedly shown that children and adolescents using violence in the home are often themselves victims of family violence, trauma or child abuse.¹ Understanding this context of trauma is complex and highlights the need for interventions to be supported by trauma-informed processes that seek to repair ruptured relationships.

Victim survivor of family violence

Previous experiences of family violence have consistently been related to adolescent use of violence in the home.² Programs operating on the assumption that AVITH is primarily a result of the cycle of violence seem more likely to employ program models based on the Duluth Model, restorative justice approaches, and motivational interviewing techniques.

Disability & Developmental Delay

When considering this context, developmentally tailored intervention strategies are crucial because a mismatch between a child's capacities and a practitioner's perceptions of those capacities can compromise the effectiveness of the intervention process.³ Program designers might regard adolescence as a homogenous state rather than as a series of progressive psychological and cognitive stages.

- Pre-adolescence: Concrete operational thinking
Children are capable of tasks involving problem-solving, self-control, and social skills and will benefit from continuous encourage and reinforcement.
- Early adolescence: Formal operational thinking.
Increases in self-awareness, metacognition allow children to begin to consider abstract, hypothetical concepts and consequences.⁴ Self-control and decision-making activities are helpful.
- Mid-adolescence: Neurocognitive increases and marked fluctuations in emotional state. Capable of considering different perspectives. This stage is marked by distrust of authority.
- Late adolescence: Stage of enhanced executive functioning, including tasks such as response inhibition, self-regulation, thinking ahead, and considering multiple inputs at the same time; late adolescents have an increasing sense of individuality, and will benefit from activities involving establishing identity and future planning.⁵

It is important to remember that a young person's developmental stage might not correlate to their physiological age. Nevertheless, applying a developmental approach to program design reminds us to consider a child's developmental capacity to carry out the tasks and activities being asked of them.⁶

Parenting practice

Programs operating on the belief that educating and empowering parents will resolve the violence typically focus on working (sometimes exclusively) with parents. Importantly, this view does *not* seek to blame parents for their children's behaviour. Understanding violence through the context of parenting practice favours supporting parents to reduce their feelings of guilt, shame and isolation, whilst offering practical parenting

¹ Moulds, L., Day, A., Mildred, H., Miller, P. & Casey, S. (2016).

² Simmons, M., McEwan, T. E., Purcell, R., & Ogloff, J. R. (2018).

³ Noam & Hermann, 2002, cited p. 7 of Malti, T., Chaparro, M. P., Zuffianò, A., & Colasante, T. (2016).

⁴ Christie, D. & Viner, R. (2005).

⁵ Onrust, S. A., Otten, R., Lammers, J., & Smit, F. (2016).

⁶ Malti, T., Chaparro, M. P., Zuffianò, A., & Colasante, T. (2016).

tips to manage a young person's behaviour including de-escalation techniques and stabilising their own emotions to regain control of a situation.

Target audience

As mentioned above, some programs might work exclusively with parents. Other programs target interventions solely at the young person who is using violence. These programs use educative activities to develop interpersonal awareness and skills such as empathy, active listening, respectful relationships, and motivational strategies to challenge the young person's beliefs about acceptable behaviour and alternative ways they can handle conflict. Such programs vary in scope about the extent to which they hold the young person accountable and whether a trauma informed lens is applied.

Other programs that use family systems theory to understand the violence will likely seek to involve work with both young person and parent. Whole-of-family approaches will seek to gain insight into family dynamics and strengthening communication strategies, and non-violent resistance models. This work could occur either together in the form of family therapy or there might be concurrent group programs where young people and parents attend sessions with separate facilitators.

Duration

Programs vary greatly in the length of time they are delivered. Length of interventions range from workshops lasting a couple of hours to more intensive interventions lasting several months. For programs that are information-heavy and aim to build skills and confidence or participants, the greater the number of instructional sessions, the greater the likelihood of the message being reinforced. It is also possible that for programs involving groupwork, an increased number of sessions would allow participants to get to know each other, which would enhance the dynamics of the work being conducted.

Delivery Format

Some programs use individualised work with young people and/or parents, while others rely on group work models.

Outreach case management

Effective engagement and building rapport with a young person can take considerable time and effort on the part of the practitioner. Providing an outreach component to the work can assist in this process: 'Meeting at a youth-friendly, non-threatening venue, providing food and gaining quick wins such as offering to link them to something in which they are interested can facilitate engagement'.⁷

Group work

Many programs are run on a set structure of course work delivered via groupwork. Research suggests that, particularly for parents, group work can be destigmatising and allow them to feel comfortable in help-seeking behaviours. A study by Correll et al. (2017)⁸ investigating parents' perceptions of an intervention for adolescent violence in the home found that:

- Having a routine with a regular format (e.g., weekly session) is helpful.
- The group provided a supportive environment where participants felt empathy and concern for other's experiences.
- Listening to other family's difficulties helped participants to view their own challenges more objectively.
- Participants receive useful feedback and advice from others.

⁷ Family Safety Victoria. (2019).

⁸ Correll, J. R., Walker, S. C., & Edwards, T. C. (2017).

For young people, strong peer relationships are important during these developmental years. However, some research suggests that negative peer relationships are associated with violence toward caregivers, suggesting that a lot of careful thought must go into the planning of the groups and managing group dynamics.⁹

While groupwork is generally recognised as appropriate for working with adult perpetrators of family violence, young people who are using violence in the home require a more nuanced approach: ‘the need to respond to the unique history of how the young person came to occupy multiple and overlapping positions – as both perpetrator and “victim”; as “powerful” and “oppressed” – may mean that one-to-one intervention work is more appropriate’.¹⁰

For interventions to effectively reach this target audience of young people, program design should consider the relevant developmental phases a young person is navigating. Incorporating a range of visual and kinaesthetic cues instead of relying solely on discussions can be useful. For example, the *Name. Narrate. Navigate.* program operating in New South Wales deliberately employs a variety of methods to communicate and self-regulate emotions of young participants.

Outcomes monitoring and evaluation

While many service providers report that evaluations have been completed, evaluation data is not publicly available in the majority of these cases, which makes it difficult to assess and compare the effectiveness with other programs.

In some cases, service providers might be collecting formative data (e.g., participant feedback questionnaires), which are helpful to inform reviews and modifications of future courses. However, in the absence of having developed a program theory and incorporating targeted pre- and post-measures, it is difficult to determine whether programs have achieved their outcomes and affected any real change for participants.

The absence of follow-up data collection means that it is unclear whether the program effects lead to longer-term change in reducing recidivism and supporting individual and family wellbeing. Service providers delivering established Evidence Based Programs (EBPs) need to outline their implementation, including any adaptation, and collect locally sourced outcomes data to make sure that the program is suitable and effective in their local context.

Learn more

For more information about program theory and design, you can view resources and access support through the Centre’s [Outcomes, Practice and Evidence Network \(OPEN\)](#).

⁹ Hong, J. S., Kral, M. J., Espelage, D. L., & Allen-Meares, P. (2012).

¹⁰ Holt, A. (2015).