Exposing the dark side of parenting:
A report of parents’ experiences of child and adolescent family violence

The Regional Alliance Addressing Child and Adolescent Violence in the Home, South Australia

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Authors: Mary McKenna, Rosalie O’Connor and Jussey Verco
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SUMMARY

With this type of violence please know it’s different to other domestic violence in that you can’t just leave the violent person because it is your child and still depending on you in so many ways.¹

He ran up a massive phone bill and he expected us to pay. He smashed the glass sliding door when we confronted him with the bill.²

Shame…. I feel [so much] shame that my son did this to me. How can someone I’ve given birth to lash out at me with no provocation? It’s more shaming than domestic violence. It caused the end of the relationship with my husband.³

The main findings from this research were:

- Child and adolescent family violence occurs in many different types of households
- Mothers are most likely to be the targets of this violence and abuse
- There is little community understanding of the issues faced by these families
- The victims of this violence are often held responsible and blamed for the behaviour

Child and adolescent family violence is sometimes called child-to-parent violence, child-to-mother violence, adolescent violence to parents or parent abuse. This can be physical, psychological, verbal or financial with young people engaging in a variety of behaviours designed to dominate, threaten or coerce parents, other family members or pets. Defined as ‘any action in which children or adolescents engage which causes parents/grandparents/caregivers/siblings to feel harmed, frightened or intimidated’, this behaviour is increasingly being recognised by helping professionals in Australia as problematic. Mothers are most likely to be targets of this violence, however all family members can be at risk. While it is generally accepted that there will be occasional conflict between people who live together within a family, including between parents and their children, this conflict becomes abusive when one person uses threats, force or manipulation to gain power over the other. Child and adolescent family violence has a number of similarities to domestic violence but while domestic violence between adults is well documented, child and adolescent family violence remains a relatively hidden and unexplored phenomenon.

Parents and siblings have reportedly been regularly physically attacked and emotionally tormented with household property damaged and, in some cases, pets injured as a result of the behaviour of these children and young people. Parents report that they have frequently tried to get assistance in dealing with this offending behaviour from a variety of support agencies but have found few services helpful. A number of these parents have also reported being held responsible and blamed for the children’s behaviour when seeking assistance.

Anecdotal evidence from family support agencies in both metropolitan Adelaide and South Australian country areas suggests that child and adolescent violence by both boys and girls towards family members, and predominantly towards mothers, is an increasing issue. This trend is reported in literature both from Australia and internationally.⁴

Designed to make a contribution to the sparse body of knowledge about this problem, a public phone-in was held in November, 2008 in Adelaide, South Australia. The Regional Alliance Addressing Children and Adolescent Violence in the Home⁵ facilitated the phone-in, seeking information from parents of children and young people behaving violently in the home. The questions asked included the types of behaviour, the impact of that behaviour on the parent and other family members, the type and value of any assistance sought and suggestions for addressing the problem in the future. This report presents the findings from that phone-in.
OVERVIEW OF FINDINGS

I could kill you if I wanted to.\(^6\)

Thirty-four parents took part in this research reporting on the frequency and extent of the violence and abuse of their children toward family members. Of these families 44% were single female parent families and 56% were two parent families. The young people were predominately aged between 12 and 17 years and comprised 65% males and 35% females. They were reported to have engaged in a broad range of physical, emotional or psychological, verbal and financial violence and abuse in these families with much of it considered extreme by family members.

The verbal and physical abuse focused on me. He broke my arm and showed no remorse.\(^7\)

In all families the mother was the target of the young person’s violence and abuse. In many cases siblings of the young person were also subjected to violence and abuse, as were other adults in the household.

People would say, ‘He’s just a kid, why can’t you stop him?’ But when he’s got a rake in his hand and is out of control, I can’t stop him.\(^8\)

I tried many places to get help, but didn’t really get any. There is no support. People don’t understand abusive children.\(^9\)

Parents overwhelmingly reported a lack of available support with significant gaps in services provided by both government and non-government agencies. Parents also reported little understanding or awareness of this issue in the community.

…[we are]…walking on eggshells 24/7…\(^10\)

This behaviour affects the health and wellbeing of families in many ways. Parents report that they are depressed, stressed, feeling ashamed, sad, powerless, isolated, frustrated and angry, and often fearful for their own safety or the safety of other family members.

He hit me and I had a black eye so I couldn’t go to work. I had a very high profile job and I just could not go to work with a black eye.\(^11\)

Some parents reported financial impacts in a variety of ways including being forced to take time off from work due to the stress of the situation or due to physical injury inflicted by their child.

People blame me.\(^12\)

A number of parents reported that they had been blamed for the behaviour of the young person.

He’s a lovely and well mannered boy outside the home, but when doors are closed it’s completely different.

I’m scared that as he gets older he will hurt someone.\(^13\)

As a result, these parents said that they often felt powerless, fearful and desperate. They expressed concern for what the future might hold for themselves, other family members and for the young person if appropriate support services continue to be sparse and difficult to access.

The behaviours of these young people that were of most concern to the parents were:

- psychological and verbal abuse of parents and siblings
- physical abuse of family members
- self-harming behaviours such as cutting and medication overdoses.
RECOMMENDATIONS

From this research four key recommendations flow.

Recommendation 1: Raising community and agency awareness about child and adolescent family violence
This can be achieved in the following ways: provision of education in a range of forums including addressing staff in a range of human service organisations, conducting public forums, organising media releases to publicise the issues, developing information booklets for distribution to professionals and the broader community, including schools, and developing links with professional groups.

Recommendation 2: Training and development for professionals about appropriate responses
This can be achieved by development of links with professional organisations and peak bodies. Education can begin for students in all professions working with families and dedicated professional development workshops should also be offered. A commitment from agencies to provide relevant professional training in this area is imperative.

Recommendation 3: Provision of effective accessible support for families
An holistic ‘strengths based’ approach to support is advocated. This can be achieved by a professional commitment to work collaboratively with the family to establish realistic and workable solutions based in existing strengths. A tailored individual approach is imperative based on the needs of the families and professionals must be responsive to the requirements of their clients. Above all, this assistance must be provided in an environment where the parent is not blamed for the problem nor held responsible either overtly or covertly.

Recommendation 4: The establishment of a dedicated agency to provide ongoing support to parents, families and young people
Currently there are no agencies or organisations in South Australia dealing with child and adolescent family violence as their core business. A dedicated agency, adequately funded and supported by governments at local, state and federal levels is imperative to adequately address the complex issues of child and adolescent family violence. This is imperative in order to ensure recommendations from this report are implemented.
PART ONE: BACKGROUND

The Regional Alliance, with the support and assistance from the South Australian Office for Women, the Women’s Information Service in particular, conducted a public phone-in on 27th and 28th November 2008. The purpose of the phone-in was to gather information from the community about the prevalence and severity of children’s and young people’s violence and abuse towards parents and other family members, to determine where families may have turned for assistance and to gauge the value of assistance and support provided.

AIMS

The aims of the phone-in were to:

- Highlight child and adolescent family violence as an issue
- Identify the extent of the problem in South Australia
- Identify gaps in services and supports for families
- Generate data to be used to lobby various agencies to provide adequate family support
- Locate the issue within a health and wellbeing context.

DEFINITION OF CHILD AND ADOLESCENT VIOLENCE

Child and adolescent family violence is defined by the Regional Alliance and the steering groups as:

...any action in which young people or adolescents engage which causes parents/grandparents/caregivers/siblings to feel frightened or intimidated or to be harmed. This could include: physical, psychological, emotional and verbal abuse. Violence is different from anger in that anger is an emotional response to specific situations and, once addressed, resolutions can be achieved. Violence is about engaging in tactics of power and trying to control other people and influence their actions. There usually is no satisfactory resolution. The violence may escalate over time and can increase in both frequency and intensity.¹⁴

Research indicates that violent and abusive behaviour towards family members may be observed in children as young as six years although it is most common in adolescents.¹⁵

More specifically the behaviours are defined in the following ways:

- **Physical abuse** includes pushing, hitting, punching, slapping, kicking, throwing things, punching holes in the walls and harming pets.

- **Psychological/emotional abuse** includes intimidating parents; causing parents to feel fearful; maliciously playing mind games, making unrealistic demands on parents, lying; threatening to injure family members, withholding affection, threatening to run away, harm themselves or to commit suicide.

- **Verbal abuse** is a form of psychological abuse, and includes yelling, arguing, challenging, being critical and belittling family members, name calling and swearing.

- **Financial abuse** includes stealing money or parents’ belongings, demanding goods parents cannot afford, incurring debts that parents must cover and destroying property in the home.¹⁶
THE REGIONAL ALLIANCE AND STEERING GROUPS

The Regional Alliance comprises a range of helping professionals, researchers and community members from regional steering groups committed to addressing the issue of children and young people using violence in the home at a range of levels. These steering groups have been meeting on a regional level since 2006. A number of public forums have been held by these groups to publicise the problem of child and adolescent family violence and its impact on families and the broader community. These groups offer a variety of programs to address this form of family violence, in particular Eddie Gallagher’s “Who’s In Charge?” program.

EXPLANATIONS FOR CHILD AND ADOLESCENT FAMILY VIOLENCE

Possible explanations for the behaviour are diverse. It is often difficult to ascertain why the child or adolescent is acting violently. It is important not to ‘jump to conclusions’ about the reasons for the behaviour too quickly. Possible explanations vary from those based in stresses experienced by the young person within the family or the community, to peer influence, to parenting style, to health and behavioural problems.

A number of ‘at risk’ categories have, however, been identified, which include:

- Young people who have witnessed domestic violence leading to modelling of the violent behaviour, often once the violent adult has left the family home
- An inflated sense of entitlement, observed particularly in young people often from middle-class two parent families where the young person has developed a sense of ‘over entitlement’.
- Health, behavioural or learning difficulties
- Unstable family life
- Substance abuse by the young person
- Socio-economic disadvantage
- Inadequate parenting
- Previous trauma as a result of abuse or bullying
- Temperament
- Peer influences

As can be seen there are a range of diverse ‘at risk’ categories. In short, there are many and varied explanations and in most cases there are a range of influences that may contribute to the behaviour.
PART TWO - PUBLIC PHONE-IN RESEARCH FINDINGS

METHOD
A working party was formed from members of the Regional Alliance to conduct the public phone-in. Ethics approval was gained from the Flinders University Social and Behavioural Research Ethics Committee.

A questionnaire was developed and pilot tested. There was substantial ‘in kind’ support from a variety of organisations making it possible to conduct the phone-in despite the Regional Alliance being unsuccessful in obtaining a grant for the project. The phone-in was advertised through a number of forums including radio interviews, advertisements in newspapers, flyers distributed throughout the community and emails distributed through family support services networks.

Members of the public phoned the Women’s Information Service and the calls were transferred to the volunteer interviewers at the Office for Women and the Women’s Information Service. The questionnaires, which contained significant detailed information and covered a range of issues related to the topic, took approximately one hour to complete.

RESULTS
Thirty-four completed questionnaires were analysed. Of these 34 callers, two (6%) were male and the father of the child and 32 (94%) were female and the mother of the child. The families were located throughout South Australia with approximately 26% of callers from country regional areas, 6% from the Adelaide Hills area, 37% from the central metropolitan suburbs, 17% from the outer northern suburbs and 14% from the outer southern suburbs.

Most respondents heard about the phone-in through an agency, while others became aware of it through flyers or the media.

THE STRUCTURE OF THE HOUSEHOLD
The majority of families (56%) were two parent families with the remaining 44% single parent families. The two parent families include traditional two biological parent families, step-parent families, same-sex parent families, adoptive parent families and blended families. This indicates that child and adolescent family violence occurs in a variety of family combinations.

Of the young females behaving violently, 50% were from single parent families and 50% were from two parent families. Of the males, 41% were from single parent families and 59% were from two parent families.

All respondents reported that the family experienced violence from at least one young person in the family, while 18% of parents reported experiencing violence and abuse from more than one young person.

THE CHILD/ADOLESCENT
Of these young people, 22 (65%) were male and 12 (35%) were female. Their ages ranged between six and 25 years of age, with 15% of young people under the age of 12. The majority (59%) however, were aged between 12 and 17 years. Of these 14 were male and 6 were female.

26% of the young people were aged 18 or over with six of these male and three female.
The age when the young person started to behave violently
The majority of parents reported that these young people were between 8 and 16 years when they began to behave violently in the home, although some of the parents indicated that their child began behaving violently or abusively before 6 years of age.

He showed aggression towards others before but, by about 11, he focused on me.  

The age when the behaviour was at its worst

[He is] getting worse as [he’s] getting stronger.  
[He has] always has been a difficult child. The behaviours changed with age.  
It’s progressively getting worse.

The peak age for violent and abusive behaviours was between 12 and 16 years of age with over half of the parents reporting that this was the age when the behaviour was at its worst. Most of the young people were currently within this age range.

VIOLENT AND ABUSIVE BEHAVIOURS DIRECTED AT PARENTS

I’m the one who cops it. No matter what happened in his life, I get the brunt of his anger.  
He is fine with others, but aims his anger about anything and everything to me.

In 97% of the families violent and abusive behaviour was directed at the caller. Mothers were the most common target of the violence and abuse. One parent reported being the target of violent and abusive behaviour on a daily basis.

In 26 of the families another adult was present in the household. Of these families, 77% of parents reported that violent and abusive behaviour was also directed at other adults in the family.

VIOLENT AND ABUSIVE BEHAVIOURS DIRECTED AT OTHER CHILDREN

I’d have to mediate between him and his younger sister. He’d bully and tease her constantly.

Twenty-nine of the families had other children and in 72% of these families the violence and abuse was also directed at other children in the family.

VIOLENT AND ABUSIVE BEHAVIOURS DIRECTED AT PETS

Violence towards pets was not so commonly reported, with only four cases of a young person harming the family pet identified in this group.

VERBALLY ABUSIVE BEHAVIOURS

There were a variety of verbally abusive behaviours that these young people reportedly engage in towards family members which included yelling at family members, swearing and name calling, insulting, teasing and taunting. Aggressive demands of money or goods, bullying and verbally intimidating were also reported, with the verbal abuse aimed particularly at mothers.

PSYCHOLOGICAL/EMOTIONAL ABUSIVE BEHAVIOURS

There were a variety of psychological and emotional abusive behaviours that parents reported, including a range of threatening behaviours; these included threats to hurt family members or pets, to damage property, to steal, to run away and to harm themselves. Other psychologically abusive behaviours reported were manipulative behaviour designed to frighten, locking family out of the house, refusing to communicate for extended periods, lying and behaving erratically with sudden outbursts of anger.
PHYSICAL VIOLENCE AND ABUSIVE BEHAVIOURS
Young people were reported to engage in a variety of physically violent and abusive behaviours towards family members including pushing, grabbing, shoving, hitting, slapping, punching, kicking and choking. Weapons were also reported in some cases and included hammers, pitchforks, shovels and brooms. Heavy or dangerous items were also reported to have been thrown at family members causing serious injury, including serious burns and broken bones.

SELF-HARMING
Ten young people, four male and six female, were reported to have harmed themselves. Cutting was the most commonly reported method of self-harm but burning, overdosing on medication and attempted suicide by hanging were also reported.

OTHER BEHAVIOURS IN WHICH YOUNG PEOPLE ENGAGE
Other abusive behaviours reported included stealing money or possessions from family members; breaking or destroying household property; hurting pets; breaking or destroying others’ possessions and running up debts with the expectation that parents would pay. Additional behaviours identified included photographing risky driving to frighten a parent, demanding money from friends with parents forced to repay the debt, disrupting the household by constant screaming and threats of suicide.

THE BEHAVIOURS THAT CAUSE PARENTS THE MOST CONCERN
While all the parent respondents reported considerable concern about a range of the behaviours of the young person, parents were most concerned about:

- Firstly, psychological and verbal abuse by the young person targeted at the parent and other family members
- Secondly, physical abuse targeted at the parent and other family members, and
- Thirdly, behaviour that was considered to be risky for the young person such as self-harm, running away and drug use.

In some cases the respondents indicated a combination of concerns. Questions about the effect of the behaviour, however, also highlighted a number of additional concerns.

THE EFFECT ON THE PARENT WHO CALLED

*It's changed me - had a huge impact on me.*

*[I now suffer from] migraines and post traumatic stress…*

…very difficult to maintain friendships…

*I had to go to a women’s shelter because of his behaviour.*

My husband eventually left. I am very sad about my son’s violence,

my husband leaving, and I no longer see my son, … My son is 25 now.

*He was 14 years old when it really started, when he began to physically threaten me.*

Parents were asked what effect the violent behaviours were having on their health, emotional wellbeing, lifestyle, relationships with others and ability to study or work. Parents reported the behaviour was profoundly affecting them in many ways.
FEARFUL FOR FAMILY AND PERSONAL SAFETY

[We] often feel vulnerable and that the child’s behaviour may lead to our death.\textsuperscript{34}

I am fearful for the safety of the other children... especially if I’m not at home.

One day he did hit his sister and cut her face.\textsuperscript{35}

I don’t fear for me, but I do fear for others.\textsuperscript{36}

Nearly half of the parents (47\%) said they feared for their own safety and 35\% said they were fearful for the safety of other children with many indicating their concerns were significant. Two parents reported having to leave the home at times to escape the violence and a number of parents reported the adverse impact of the violence on other family members.

EMOTIONAL IMPACTS

Stressed / Anxious

unable to relax … we are walking on eggshells.\textsuperscript{37}

... nearly every day I am stressed. Most things he does stresses me.\textsuperscript{38}

[My] stress levels depend on my daughter’s mood.\textsuperscript{39}

Many of these parents, 68\%, said that they were very stressed and/or anxious.

Where did I go wrong?...I try not to worry...but I am worried...\textsuperscript{40}

Other parents reported that they were worried – worried in general, worried about the child and worried that the child would become aggressive at school.

Depressed/Very Unhappy

Varies a bit - some days I’m more depressed than others ....\textsuperscript{41}

[I] have depression for the first time in my life… and feel hopeless.\textsuperscript{42}

Depression was reported by 47\% of the parents. Three of the parents mentioned they were taking medication because of depression. One mother said that she cried a lot and felt suicidal some days before she knew that her child had Asperger’s syndrome, but was feeling less so now that he had been diagnosed. One parent revealed that she was seeing a psychiatrist.

Angry, Frustrated, Sad, Unable To Cope and Powerless

[I suffer] constant anxiety and worry…

[I am] ‘teary’ and cry a lot...\textsuperscript{43}

Other effects that parents reported included 41\% feeling angry and frustrated; 35\% feeling sad; 32\% feeling unable to cope and 21\% feeling powerless. These emotions were expressed about varied aspects of the situation including the behaviour of the young person, the lack of systems supports for families and frustration at their child’s behaviours.

Ashamed

It’s very shaming to have a black eye and that my son did this to me.

I didn’t leave the house for some weeks due to the shame.\textsuperscript{44}

Shame about their child’s behaviour was reported by 24\% of these parents. One parent said she felt humiliated and another said she felt ashamed because she feels she must be a bad mother.
Guilt / Self Blame

[I] tried to see what I had done to contribute to the situation. 
...lots of mother blaming and this is emphasised by the literature.  

Feeling guilty and to blame for the behaviours of the young person was reported by 29% of parents.

Feeling Isolated/Alone

I felt I had no-one to go to. 

Similarly, 29% of the parents reported feeling isolated and alone. Friendships had been lost by some parents and others reported that they had no time for themselves as they constantly needed to be on alert to protect themselves from the young person.

HEALTH AND WELLBEING OF PARENTS

Health Problems

A range of both physical and mental health problems were reported by 44% of the parents, including heart problems, ‘being worn out’ and tired, exhausted, not eating properly, high blood pressure, stress, migraines and depression. Parents also reported that previously existing health problems were exacerbated by stress caused by the behaviour of the young person and 24% reported that their child’s behaviour was impacting on their ability to sleep.

Drain On Financial Resources

The child’s behaviour was a drain on parent’s financial resources in 24% of cases. One parent said she was unable to work because of the stress of the young person’s behaviour. A number of parents reported the young people had destroyed or broken household property such as doors, walls and windows, as well as breaking or destroying family possessions. In these cases the parent was required to cover the cost of replacing or repairing the damaged property.

Relationship With Partner

Of the parents in relationships, 63% indicated that their child’s violent and abusive behaviour had impacted on their relationship with their partner. In almost all cases this effect was negative, however one parent commented,

In some ways it made us stronger. It took away the romantic side of our relationship – we are ‘partners in a siege’.  

Other parents, however, have had significant relationship problems.

[The behaviour of the young person] completely split our family. My husband and I are now separated. We still live under the same roof but we are no longer a couple.  
My husband just accepts his behaviour - he doesn’t comment. 

[My husband] prefers to be at work instead of being with the family because he struggles with our daughter’s behaviour. 

It caused the end of the relationship with my husband. 

My husband wants to leave because of our daughter’s violence.

Relationships with family and friends

Parents reported in 38% of cases that the behaviour was having an adverse effect on their relationship with other family members and in 15% of cases it also impacted on the parent’s relationship with friends.
Ability To Work
The behaviour of the young person affected 44% of parent respondents’ ability to work in a range of ways. Parents reported having to take time off work because of injuries sustained by their child or because of the stress that their child’s behaviour caused.

- I had to take …leave without pay from work.\(^{52}\)
- When I was working my child broke my arm and I was off work for a long time.\(^{53}\)
- [I] have taken days off work due to stress…\(^{54}\)

One mother reported that when she was working her daughter would ring her at work and abuse her on the phone and one parent said she had to resign from work because of the young person’s behaviour. Another parent said that the young person’s behaviour affected her ability to maintain employment, especially when she had to attend court with him, however, she also found that going to work helped her to

- tune out a bit and focus on other things.\(^{55}\)

Another parent said that she found work a

- lovely oasis.\(^{56}\)

but that she was only able to work part-time because of her son’s behaviour.

Other Effects On Parents
A number of other effects were reported by parents which included parents’ inability to undertake studies, develop social and sporting contacts and to seek intimate relationships. A high level of tension in the home was expressed as

- walking on eggshells…to keep the peace: feeling helpless: unable to make decisions.\(^{57}\)

One parent reported grief:

- I grieve for the loss of the love of my son, and now for my little grandchildren whom I’ve never met.\(^{58}\)

Another parent said that her child’s behaviour led to her having flashbacks of sexual abuse when she was a child.

- Devastated, emotionally ravaged, hopeless.\(^{59}\)

IMPACT ON OTHER MEMBERS OF THE FAMILY
The effects of this behaviour on other members of the family are many and varied. Other family members include another parent, siblings and extended family members such as grandparents, aunts, uncles and cousins. Reportedly, some younger siblings were copying the violent behaviour and some partners and siblings felt helpless. Some parents felt ‘torn’ between their children’s interests because of the way they were forced to respond to the young person who was behaving violently compared to their other children. Parents indicated that they were worried about the impact this behaviour was having on their other children.

Family members other than parents also suffer to varying degrees. Siblings of the young person may feel fearful for their safety, and siblings or extended family members may be distressed and depressed.

Anger, frustration and sadness was also experienced by a number of other family members. Mental and physical health also appears likely to suffer because of the stress of the violent behaviour.
Very stressful for sisters and step-father.
We don't know what he will do next.60

Relationships of other family members

Tension in extended family.61
Other child misses out because our full attention is on this young person.62
Siblings need to play peace keepers.
Siblings feel useless63

Nearly 80% of parents reported that the behaviour of the young person was adversely affecting relationships with other family members. This included not just the immediate family, but the extended family also. One set of grandparents had decided to delay plans to move house in order to help with the children. One parent revealed that a younger sibling withdraws socially and 'just does his own thing.' Parents report that siblings of the young person could be embarrassed by the behaviour and it was common for these same siblings to exhibit signs of lack confidence and low self esteem. Additionally, respondents reported that the other children in the family often did not like the young person who behaved violently, adding to the overall tension within the family.

Relationship between violent/abusive child and her brother has broken down.64
Other siblings are annoyed with him ....65
Grandparents do not see him nor do other family members.66
Other child doesn't get the attention he should because of the behaviour of this child.67
Siblings can't understand why [this] child gets away with different treatment –
She gets different treatment just to keep the peace - but they don't like it.68

Other effects on family members

Friendships may become difficult with the violent behaviour of the young person affecting friendships of other members of the family. One parent reported that others in the family felt isolated and lacked the confidence to engage socially. Another parent expressed concern that her other child has only one friend and that this friend knew about the violence.

Social and sporting activities and undertaking or completing studies were also reported to be difficult for family members. One parent commented that the other children in the family hesitate to become involved in sporting or social activities. Another parent reported that because she needed to focus her energy on this particular child, the other children in the family 'miss out' on a range of activities.

Employment was an area that was frequently mentioned, particularly in relation to the other parent.

Affects father's working day.69
Husband has high stress job and child makes it very difficult.70
Partner has high-powered job and has to leave meetings etc constantly.71
Has to take time off.72
Step-father can’t tune out at work - this tends to consume him all the time.73
HELP SOUGHT FROM FAMILY AND FRIENDS

Most parents (82%) had approached family and friends for help ‘with mixed success’. One parent revealed that she had not sought help from family or friends because she felt she was failing as a parent and so instead tried to cover up the situation. Another parent reported that due to her daughter’s behaviour she did not have many friends to turn to.

Only 23% of the family and friends who were approached by parents were considered very helpful, while 38% were of some help and 40% of family and friends who were approached were not considered helpful at all.

The assistance identified as being helpful from family and friends included providing respite, understanding, listening to the problems and providing emotional support. Other assistance included visiting the home to help, teaching the young person to play a musical instrument and on one occasion, calling the police.

What parents identified as unhelpful include blaming and inappropriate advice such as

[When he hits you] you should hit him harder.74

and not understanding or not recognising that there was a problem and withdrawing support.

Hard to get through to them - they don’t really get it.76

[The family] blamed me…it was not helpful [to me] to disclose the behaviour.76

HELP SOUGHT FROM PROFESSIONALS

The majority of these parents, 32 (or 94%) had sought help from professionals. These parents reported on over 140 contacts with various professionals in the welfare, medical, judicial and education systems, including both government and non-government support services. However, only 25% of these professional contacts were considered helpful, with 29% of some help, and the remaining 47% not helpful at all.77

Government, non-government and community support services, medical and allied health professionals, the education system and the legal system were considered helpful, or unhelpful in varying degrees. The services considered the most helpful were the parent support group TOUGHLOVE, and a range of non-government family support services as well as emergency police attendance when it occurred. The services considered the least helpful were a broad range of government agencies, medical and allied health professionals, and the police when they did not take the matter seriously.

Common factors in the contact that parents regarded as helpful were: understanding, being non-judgmental, suggesting useful strategies, listening and timely support. Common factors in the contact that was not helpful include a lack of resources, a lack of understanding, the high cost of counselling fees, long waiting lists, parent blaming and professionals not listening to parents.

I am a concerned parent who tried very hard to get help. I can see a bad future for my child.

I am concerned for my child’s safety as well as the safety of others.

…..parents are struggling.78

LACK OF COMMUNITY UNDERSTANDING

People do not realise what parents and kids are going through.79

People are well meaning but bring their own values.80

Society doesn’t recognise the issue.81
Parents reported that in just 26% of cases those that they approached for help had a good understanding of the issue of child and adolescent family violence and the situation that parents are in, while 20% had some understanding. A significant 49% of these parents considered that professionals and the general community do not have a good understanding of this issue.

**SUPPORT PARENTS IDENTIFY THAT WOULD BE HELPFUL**

Parents did, however, suggest a variety of support strategies that they thought would be helpful. These strategies can be broadly divided into family assistance, assistance for the parent and assistance for the young person.

**Family Assistance**

Most parents felt that there was an overall lack of family support and what little support they were able to find was costly, took a long time to access or was often not available locally. This was particularly problematic in rural areas.

More specialised support for particular cultural groups, including Aboriginal families and newly arrived refugee parents, was also identified as needed. Additionally, the challenges of inter-country adoption was raised as presenting unique challenges for families and requiring specific assistance.

Despite a number of parents indicating that they did not have a lot of faith in counsellors, a number suggested that more family counselling would be helpful with adequately trained counsellors and sufficient funding assistance to provide relevant programs and subsidise fees. A holistic family approach was commonly suggested.

*To train social workers to give appropriate help.*

Many parents identified the need for schools to offer more support. They suggested that schools be involved in helping families and they needed to

*get the total picture.*

*I don’t think school counsellors are very supportive – they have no time for what happens in the family only what was happening at school.*

**Help for the parent**

Support for parents needs to be integrated. Suggestions included an early intervention program involving police, schools and family support agencies that addresses these issues and removes stigma.

Parents identified the usefulness of connecting with other people who have experienced similar problems and finding out how others managed in similar circumstances. A parenting course to develop coping strategies, such as *Who’s In Charge?*, was recommended, as was peer parental support, with professionals available to provide additional support to the group when needed. Additionally, support for fathers to be able to talk to other fathers was highlighted as desirable.

The need for helping professionals to listen to the parents and to believe them was frequently mentioned. Additionally, it was considered important that these professionals do not assign blame to the parents. Parents, overall, were looking for positive suggestions and strategies.

*To be believed as a parent and [for it] to be recognised it’s not parents’ failure.*

Building parents’ self esteem, confidence and control was identified as desirable, as was helping parents to realise that this behaviour is not their fault.
If people weren’t so judgmental. A lot said I spoilt him –
I tried to compensate but don’t think that that was causing the behaviour.\(^{87}\)

A way to counteract parents’ isolation is important, with parents living outside the metropolitan area feeling particularly isolated. An online support group may well be a way for these parents to support each other. A related suggestion involved a respite program where either the young person or the parent could have ‘time out’ away from the family.

**Help for the young person**

Need regular counselling each week .... Need to get children into counselling quickly.\(^{88}\)

It is difficult to get the young person to engage with counselling, therapy or anger management programs so there is a need to find a way to encourage the young person to access this type of support.

Behaviour management for adolescents and being taught how to take responsibility for their actions and effects on others, was also suggested. A program supporting children to express their feelings and emotions, where they could discuss issues in confidence, was considered desirable. Additionally, a system of peer support was suggested where families could ‘buddy up’ to support each other and could provide mentoring for the young person such as a ‘big brother/sister’ program. There is also a need for a safe environment for young people to express emotions such as anger and to learn that violence towards parents and others in a parental role is inappropriate.

A role for schools in dealing with the problem was also identified. It was suggested that schools needed to ‘crack down on bad behaviour more quickly.’ Education about appropriate behaviour and how to be ‘emotionally and socially engaged’ was suggested as desirable for schools, as was a focus in schools on responsibilities as well as rights.

Caring for someone with mental health issues is harder than putting up with the violence and abuse.\(^{89}\)

There’s an issue of mental health problems for young children as well as older ones.\(^{90}\)

The health of the young person was identified in several cases as a factor that needed to be addressed. Support for children with mental health issues was identified as being particularly important. Long delays, of up to 18 months in some cases, to see a psychiatrist or psychologist was considered problematic.

Several parents in this research group suggested that a developmental disability such as autism spectrum disorder was a contributing factor in their child’s violent and abusive behaviour. In a number of cases diagnosis of the condition had been slow. In one case it took seven years from the time the parent had first sought help to a diagnosis. These parents suggested that there is a need to disseminate information about the disorder in schools and to the general public.

I kept trying different things because I knew something was not right and if I’d got an earlier diagnosis it would have helped.\(^{91}\)

**Social / Community Awareness**

Parents don’t deserve to be blamed.\(^{92}\)

Parenting seems to be getting harder and there is a huge feeling of disappointment and self-blame.\(^{93}\)

Where did I go wrong? ... I try not to worry but I am worried about consequences for him as an adult.\(^{94}\)
Parents considered that publicising the issue would help dispel the myths about parents being responsible for violent and abusive behaviour by children and young people. It would also help to address the stigma experienced by families and reduce the level of shame and guilt experienced by parents. This in turn would pave the way for the development of community understanding of the complexities of the problem and lead to a range of supports for families, parents and the young people. Stereotypical societal attitudes about the perceived subservient role of women and girls appears, in some cases, to be a contributing factor. Community acceptance of family violence by males needs to change to a ‘zero tolerance’ approach to family violence in the community.
CONCLUSION

As with any form of family violence, the impact of child and adolescent family violence has far reaching effects. The findings from this research project confirm that violence and abusive behaviour by children and young people in families is an issue that impacts significantly on the health and wellbeing of mothers in particular. However, all family members are likely to suffer including siblings of the young person behaving violently. As a result, the problem can become a child protection issue for other children in the family. Additionally, the emotional strain on all family members has far reaching effects. The problems also impact on the community in diverse areas including the workplace, educational and social settings.

Families seeking support are finding very little available from professionals working in diverse supporting roles including welfare, medical, justice and educational roles. Parents have reported that they are often not believed or, alternatively, they are blamed and held responsible for the violent behaviour of their children.

The phone-in has identified that there is a problem of child and adolescent family violence in South Australia although further research is required to identify the extent of the problem. This research highlights the profound impact on the health and wellbeing of the families of these young people. There is an identified need for greater awareness of the impact of this behaviour on families including recognition of the significant hidden costs to the community in terms of health and safety, and economic costs. The problem must be acknowledged both within the community and by professionals working with families to ensure that appropriate and effective support is made available.

Recognition of the problem and having the courage to name the behaviour as violence and abuse is the first step to addressing the problem and seeking workable solutions. This is a problem that cannot adequately be theorised by drawing on conventional theories of power and control. A new and innovative approach is required. Based on the findings from this research it is considered that this can best be addressed by the provision of a dedicated agency to explore and deliver a range of appropriate responses to address the complex issues of child and adolescent family violence.
Endnotes

1 Comment by mother of 17 year old male
2 Comment by mother of 25 year old male
3 Comment by mother of 25 year old male
5 hereafter called the Regional Alliance
6 Comment by mother of 21 year old male
7 Comment by mother of 22 year old male
8 Comment by mother about behaviour of 14 year old male
9 Comment by mother of 16 year old female
10 Comment by mother of 12 year old male
11 Comments by mother of 11 year old male, mother of 22 year old male, mother of 15 year old female, mother of 18 year old female, mother of 19 year old female, mother of 12 year old female, mother of 21 year old male.
12 Comment by mother of 14 year old male
15 The South Australian steering groups are: TidalWaves, in the northern metropolitan region; Lower North TidalWaves, in the Clare valley region; Reverberations, in the western metropolitan region; CAFVAG (Child and Adolescent Family Violence Action Group) in the southern metropolitan region. There is also a group in the development stage in the Murray Bridge region. Each steering group is comprised of members from a variety of agencies that provide services to families.
19 See Acknowledgements
20 After researchers removed two that were outside the parameters of the research.
21 For the purpose of the questionnaire, parents experiencing violence and abuse from more than one young person were asked to focus on the most difficult young person when completing the questionnaire.
22 Comment by mother of 22 year old male
23 Comment by mother of 12 year old male
24 Comment by mother of 14 year old male
25 Comment by mother of 22 year old male
26 Comment by mother of 14 year old male
27 Comment by mother of 22 year old male
28 Comment by mother of 14 year old male
29 Comment by mother of 17 year old male
30 Comment by mother of 12 year old male
31 Comment by mother of 15 year old female
32 Comment by mother of 22 year old male
33 Comment by mother of 25 year old male
34 Comment by mother of 17 year old male
35 Comment by mother of 14 year old male
36 Comment by mother of 12 year old male
37 Comments by mothers of 17 year old female, mother of 6 year old female and mother of 16 year old female.
38 Comment by mother of 14 year old male
39 Comments by mother of 18 year old female
40 Comment by mother of 16 year old male
41 Comment by mother of 14 year old male
42 Comment by mother of 15 year old male
43 Comment by mother of 12 year old male
44 Comment by mother of 25 year old male
45 Comment by mother of 17 year old male
46 Comment by mother of 25 year old male
47 Comment by mother of 17 year old male
48 Comment by mother of 22 year old male
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Comment by mother of 16 year old male

For further details contact Mary McKenna. Email: mary.mckenna@flinders.edu.au

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