

Child and Adolescent Use of Family Violence: Research Snapshot

Child and adolescent (those under the age of 18) use of family violence in the home originates with an experience of family violence. 89% of young people who had used violence in the home reported that they had been a target of family violence. The highest likelihood of an adolescent using family violence resulted from both being a target of family violence, and witnessing family violence occurring between other family members (Fitzgibbon et al, 2022).

Many of the impacts of family violence on child development arise from the impact of the family violence on attachment relationships, which may be damaged even in the absence of violence targeted at or witnessed by the child.

Children and young people with disability

47.4% of children and young people who use violence in the home were identified as having disability. (Campbell et al, 2020, p.93). Young people with disability were:

- 1.3 times more likely to use violence in the home
- 2.8 times more likely to use severe forms of AFV in the home
- 1.4 times more likely to use frequent violence in the home.

Who are the targets of children and young people who use violence?

2 out of 3 young people who reported using violence said they had used violence against a sibling, including step-siblings. 50% said they had used violence against their mother (including adopted mothers). 37% had used violence against their father (including adopted fathers). (Fitzgibbon et al, 2022)

Reciprocal violence

93% of young people whose siblings had been violent towards them, and 68% of respondents whose mothers had been violent towards them had used violence against these family members in turn. However, rates of reciprocal violence decreased for fathers (54%) step-parents/foster carers (29%), grandparents (26%) and extended family members (16%). (Fitzgibbon et al, 2020).

Why children and adolescents who use violence are not perpetrators

Structurally, children and young people do not have the power to exercise coercive control over adults. Developmentally, the full capacity to regulate emotions and control behaviours is achieved at age 25. These capacities are supported by attachment to a reliable and empathetic caregiver, which is often damaged in family violence contexts.

References:

- Fitz-Gibbon, K., Meyer, S., Boxall, H., Maher, J., & Roberts, S. (2022). Adolescent family violence in Australia: A national study of prevalence, history of childhood victimisation and impacts (Research report, 15/2022). ANROWS.
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Child and Adolescent Use of Family Violence: Practice support

Adequate responses to children who are experiencing family violence are a vital piece in preventing future family violence, in childhood, adolescence and adulthood. Adolescents who use family violence in the home and receive a justice system response are “much more likely to become adult DFV offenders, and reoffended more frequently.” (Boxall et al).

No family violence is OK. But intervention to support children and young people to cease using violence is vital.

1) Children and adolescents must not be considered perpetrators of family violence.

Children and adolescents are not capable of exercising coercive control over adults, which is the core of family violence. Developmentally, they do not have the self-control of adults.

2) Behaviour is communication. Children and adolescents who use family violence in the home must be understood and responded to as experiencing a significant child wellbeing issue, and responded to as such.

Services designed to support children, adolescents, and families, to recover from violence can be accessed via The Orange Door. Practitioners should collaborate to address family violence risk, including with schools, youth workers, parents, and others.

3) Avoiding criminalisation is vital to improving the likelihood of recovery.

Early criminalisation exacerbates rather than reduces the use of violence by children and young people, and undermines their trust in parents, adults, and the community in general. Intervention orders are similarly not recommended as a response.

4) Acknowledging the impact of children and adolescents' use of violence is vital in supporting parents and/or intimate partners who are subject to their violence.

Parents report struggling to access services, or to be believed when they disclose family violence being used by their children. Many adolescents who use violence in the home also use violence in their intimate partners relationships. Collaboration with schools is especially important in these cases.

5) Safety planning should prioritise keeping the family together, and explicitly addressing any identified triggers of violence with a trauma-informed, harm reduction approach.

This might mean ensuring that the child or adolescent using violence has their own space, and access to tools and strategies for regulation.

6) Children and adolescents may use family violence in a context where there is an adult using family violence also. Risk management must take account of both forms of violence.

It is vital that relationships between children and adolescents and adult victim-survivors are protected in and through any crisis response.