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Adolescent Violence towards Parents – The known and unknowns

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Adolescent violence towards parents is one of the most poorly understood forms of family violence despite it being relatively common. This paper presents an overview of current knowledge about adolescent violence towards parents for practitioners who work with families, considering issues around definition, prevalence, impacts and the key characteristics of perpetrators. It is concluded that both clinical and justice responses are, at present, not well informed by basic knowledge of the circumstances in which adolescent violence towards parents occurs, and there is a need to work systematically with families to balance safety and welfare needs.

Keywords: Adolescents, Adolescent Violence towards Parents, Family Violence, Parents, Violence.

Key Points for Practitioners

1. Approximately 1 in 10 family violence incidents in Australia are perpetrated by an adolescent
2. Most victims are women, typically mothers, and adolescent violence towards parents is typically perpetrated by males
3. Criminal action is taken in only a minority of incidents
4. Parental blame is a significant barrier to any coherent understanding of the problem and to families who seek help
5. Systematic intervention that balances welfare and safety is required

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Introduction

The very idea of violence within the family challenges idealised views of how family life should be. Instead of the family representing a safe harbour and a place of love and care, it becomes characterised by threats, harm, and shame. When violence is perpetrated by adolescents towards a parent, the power dynamics that typically exist within families are quickly reversed and traditional parent-child relationships no longer apply. However, although this type of behaviour is thought to be relatively commonplace, adolescent violence towards parents (AVTP) is the least likely form of family violence to be reported and the least well understood (Barnett, 2011; Charles, 1986; Holt, 2016; Walsh & Krienert, 2007). Gallagher (2004) has suggested that this may be a result of the generally less serious nature of injuries, the lesser impact the violence often has on the relationship, and the tendency for the violence to be temporary (i.e., the child grows up or leaves home). This is further complicated by many family violence situations which feature the victim accommodating, minimising and at times forgiving the perpetrator in the broader context of the love that they have for them. The aim of this paper then is to provide an overview of the current understanding of the occurrence and characteristics of AVTP, in order to promote awareness of the issues that need to be considered by both practitioners and policy makers. It is important, however, to start by considering the challenges associated with defining AVTP.

The Difficulty with Definitions

The way in which AVTP is defined has significant implications for how information is collected, extracted, analysed, and interpreted, as well as for how it may be applied to prevention and treatment efforts and as policy development. There are, however, many inconsistencies in the research literature in how AVTP is defined, with differences arising even in relation to the terminology used around adolescents. For example, adolescents who are violent towards parents are often referred to as ‘offenders’ or ‘perpetrators’, terminology that acknowledges that they are the elicitors of the violence and that their use of violence can lead to a criminal conviction (see Howard & Abbott, 2013). Consistent with this approach, parents are referred to as ‘victims’ or as being ‘victimised’ as a consequence of their reported experiences of injury, embarrassment, and helplessness. And yet there is evidence that the majority of young people who perpetrate violence towards parents have witnessed domestic violence themselves, and many have been a victim of physical abuse (Routt & Anderson, 2011). Thus, whilst they are offenders in one sense, they are often victims in another. The

idea that victimisation can be a shared experience, and cyclical in nature, has profound implications for how AVTP is recognised and responded to.

AVTP has been referred to in a myriad of ways in the research literature including parent abuse, adolescent family violence, youth violence towards parents, youth violence in the home, teen violence towards mothers, child to parent violence, adolescent violence towards parents, parents abused by children, adolescent violence in the home, battered parents and many more, with each description conferring a slightly different meaning. A number of definitions of the behaviour are available; however, AVTP is not specifically defined in many of the published studies. The three definitions provided in Table 1 are inclusive in so far as each refers to the inappropriate use of power and control rather than only focussing on the physical action. The challenge here is operationalising what terms such as power and control actually mean, particularly in the context of the existing power dynamics between children and parents. In addition, Haw (2010) has suggested that the behaviour needs to be *ongoing* to be considered to be AVTP, although the other definitions (e.g. Barnett, 2011; Cottrell, 2001) refer to *any act* of violence.

Insert Table 1 here

Adolescent Violence towards Parents: What We Know

AVTP was relatively unheard of until Harbin and Madden (1979) were credited with identifying what was termed ‘Battered Parents Syndrome’ – considered at the time to be a ‘new’ form of family violence (Walsh & Krienert, 2007). It has since been viewed as secondary to other forms of family violence (Routt & Anderson, 2011; Walsh & Krienert, 2009), despite suggestions that it has no socio-economic bounds or biases (it occurs in all kinds of families), and often has profound effects on parents and other family relationships (Howard & Abbott, 2013).

One of the most significant barriers to understanding AVTP is the underlying idea that parents are responsible for their adolescent’s behaviour, even when it is to their own detriment (Barnett, 2011; Bobic, 2004). This often stems from the violence being regarded as their fault and parents are blamed by the community, by the adolescent, and by themselves, seeing the behaviour as a reflection of an inadequacy in parenting (Gallagher, 2008; Walsh & Krienert, 2007). This can lead some parents to minimise the abuse and make excuses; only

seeking support when a crisis arises (State of Victoria, 2016). The response, or lack of response, by the justice system can also leave parents feeling responsible, and give the message that there are no serious consequences for this type of violence (Routt & Anderson, 2011). It has also been suggested that parental fear can also lead to unhealthy patterns of relating where the parent accommodates unreasonable demands of the adolescent (e.g., not telling anyone; not seeking assistance). Fear of what the adolescent may do if they do disclose may also perpetuate the violence; (Holt, 2016).

Prevalence - the size of problem

There is huge variance in basic data relating to prevalence, key characteristics, and the nature of AVTP in Australian families. This reflects confusion and inconsistencies in definition and terminology, as well as a range of issues related to measurement and under-reporting. Whilst the accuracy of self-report data is limited by an unwillingness to disclose and the tendency to hide or minimise the problem, criminal justice data only encapsulates 'extreme' or 'ongoing' cases. As a result, relatively little is known about the true prevalence of AVTP (Holt, 2016). International estimates nonetheless suggest that as many as 1 in 10 parents will experience this form of violence (Bobic, 2004; Cottrell & Monk, 2004; Edwards, 2013; Routt & Anderson, 2011; Strauss et al., 1980; Walsh & Krienert, 2007). One of the largest international prevalence studies to date, conducted by Snyder and McCurley (2008), involved an analysis of the 2004 US National Incident-Based reporting data (from 29 states) for offenders aged 7 years and over. They reported that one in every 12 'intimate violence offenders' were under the age of 18, and one in four (24%) young people had committed assaults offending against a family member (50% parents, 25% siblings).

There are currently no Australia-wide prevalence data that are publically available, although some analysis has been conducted in Victoria and Western Australia. Data collected as part of the 2016 Victorian Royal Commission into Family Violence, for example, showed that approximately one in 10 family violence incidents that were reported to the police were perpetrated by an adolescent (State of Victoria, 2016). Between 2009 and 2014 the number of incidents of family violence where the person using the violence was 19 or under grew from 4,516 to 7,397. Previous studies in this jurisdiction have also reported that Victorian police are attending more of this type of incident, with 4,438 incidents of AVTP reported between 2012 and 2013 (Howard & Abbott, 2013) compared to 2,344 in the previous year (Human Services State Government of Victoria, 2014). These data also reveal that criminal action was

taken in only 16 per cent of all cases (Human Services State Government of Victoria, 2014). In Western Australia between 2009 and 2014, 1,416 cases of reported assaults within the home were recorded as perpetrated by adolescents (Hopkins, 2014). These datasets generally show that in most cases of AVTP, the victims are women (mothers) and the perpetrators are young men (sons) (State of Victoria, 2016). This contrasts with the findings of the Snyder and McCurley (2008) study which suggested that females were more likely to perpetrate AVTP.

Even less is known about prevalence of AVTP within Indigenous communities, although it has been well-established that Indigenous males are over-represented in the juvenile justice system (Wundersitz, 2010). For example, in 2010-2011, 5% of young Australians were Indigenous, whilst on an average day 39% (n=2,820) of young Australians under juvenile justice supervision were indigenous (AIHW, 2012). In 2010-2011 Indigenous adolescents were also 4–6 times as likely to be charged by the police and 8–11 times as likely to be proven guilty (AIHW, 2012) than non-indigenous young people. In 2007, Indigenous males accounted for 76 per cent of the 3,796 Indigenous persons who were apprehended for a violent offence (Wundersitz, 2010). Indigenous young people were 10 times more likely than non-Indigenous youths to be charged with common assault (AIHW, 2012). There has, however, been no research on the occurrence of AVTP within Indigenous communities.

The lack of reliable, substantive and culturally inclusive prevalence data means that the realities of AVTP remain unknown, and contribute to inconsistent service responses. There is a need for accurate estimates of the true size of the problem if efforts to educate about the challenge of AVTP, as well as to encourage people to report and to seek help and support, are to be successful.

Perpetrator and victim characteristics

Given the lack of reliable prevalence data, it is perhaps unsurprising that relatively little is known about the characteristics of perpetrators, even in terms of basic descriptors such as gender. As noted above, some studies identify a gender imbalance, with some suggesting more males perpetrate AVTP than girls (e.g., Ibabe, Arnoso and Elgorriaga, 2014; Nock and Kazdin, 2002; Routt and Anderson, 2011; Sheehan, 1997, Walsh and Krienert, 2007) and others more females than males (e.g., Day & Bazemore, 2011). Many studies have found no differences in gender (e.g. Pagani, 2004). Ulman and Straus (2003) have also suggested that there are marked variations in the age at which violence commences, although they argue that

this is simply a reflection of the varying definitions and methodologies used. Nonetheless, Walsh and Krienert (2009) have reported that perpetrators are typically between 14 and 17 years old.

The extent to which cycles of victimisation, for example child maltreatment or exposure to domestic violence, lead to later perpetration has been fiercely debated. This is despite evidence that exposure to family violence is a well-established risk factor for contact with the justice system (Baker & Jaffe, 2003). With regard to AVTP, Routt and Anderson (2011) report that approximately 53% of perpetrators of AVTP will have witnessed family violence, with 38% being victims of physical abuse. They propose that adolescents who have experienced violence at home learn to see violence as a legitimate means to resolve conflict. However, this is not inevitable, with some studies highlighting how different family violence experiences impact on AVTP (e.g., Bobic, 2004). Others, such as Edwards (2010), have concluded that AVTP is more likely to be correlated with the experience of child abuse (rather than witnessing family violence), although there does appear to be a cumulative effect. The pathway here may be that children learn that violence and being hostile in relationships is normal, and then this is activated, or tested during adolescence, as a way to manage problems (Earls, Cairns, & Mercy, 1993).

A number of other individual factors have been identified as potentially related to AVTP. These include deficits in emotional control and coping skills, impulse control, external locus of control, social skills and self-esteem, although evidence to establish the strength of these associations is lacking (Routt & Anderson, 2011). Others have also identified factors such as mental illness (schizophrenia, post-traumatic stress disorder), alcohol and drug use, and exposure to a peer who uses violence at home as relevant, with one study suggesting approximately 39 per cent of AVTP perpetrators have a diagnosable psychological disorder (Routt & Anderson, 2011). Kennair and Mellor (2007) also noted that low frustration tolerance, and generally oppositional and aggressive behaviour are higher in adolescents who perpetrate AVTP. Their review concluded that children who were chronically aggressive to teachers, coming down from drug use, and involved with antisocial peers, were more likely to perpetrate AVTP, although they argued that there was no relationship between AVTP and conduct disorder symptoms, non-aggressive antisocial behaviours, or psychological functioning, which appears counter intuitive. Finally, Contreras and Cano (2014) reported the findings of a study with a sample of 90 Spanish young offenders (30 of whom had committed an AVTP offence). They concluded that perpetrators

of AVTP were more likely to come from single parent homes, have poor communication and a lack of warmth within their relationship.

The challenge when considering the characteristics of victims is to avoid, or minimise, parent-blaming. Studies in this area have consistently concluded that the victims are predominately mothers (with estimates as high as 80%), with the typical age of victims of being 41-50 years of age (Kethineni, 2004; Nock & Kazdin, 2002; Routt & Anderson, 2011; Walsh & Krienert, 2009). Some studies have argued that fathers are victimised, particularly from sons, in approximately one in three cases (Walsh & Krienert, 2009). Single parent and step-parent households appear to have the highest incidence of AVTP, perhaps due to a change in the structure or source of power and control (Routt & Anderson, 2011). For example, AVTP has been estimated to occur in 18 per cent in two parent families, and 29 per cent in single parent families (Walsh & Krienert, 2009). It is acknowledged that this may not just reflect family structure, and the challenges in parenting without support, but also the context of single parent families often resulting from family violence relationships.

According to Taft (2016), AVTP occurs more often when other forms of family violence are present in the home, such as witnessing partner violence and child abuse (Ulman & Straus, 2011). The victims, usually mothers, have often (53% of cases) experienced intimate violence from previous partners (and sometimes even left the partner), before experiencing abuse from the adolescent (Routt & Anderson, 2011). Parents are also thought to be more likely to be victimised if they have a permissive parenting style, are middle to higher socioeconomic status, and have high family stress levels (Kennair & Mellor, 2007).

What is known about the impact of AVTP?

The negative impacts of AVTP include those that occur at the biopsychosocial, financial, and community levels and can be felt by both the young person and the parent. For parents, beyond the evident physical harms, there are a number of negative social, psychological and emotional impacts, including poor physical and mental health, economic hardship (through property damage or theft of property), and at the most extreme end, eviction from property (State of Victoria, 2016). Due to parent blame and shame, AVTP parents may isolate themselves and withdraw from friendships and family (Bobic, 2004). Friends or family may lack understanding, referring to it as 'rebellion' or 'just a phase' - an invalidating response for parents (Stewart, Wilkes, Jackson and Mannix, 2006). Indeed, the stigma attached to AVTP is a huge obstacle in obtaining effective help, leaving parents

feeling powerless, overwhelmed or frustrated, and at a loss as to how to change or improve the situation (Edgette, 2002).

For the adolescent, there are a number of potentially negative effects on their broader social and community functioning. These include impacts on schooling (Pagani et al., 2004; Sheenhan, 1997), mental health (particularly depression), criminal behaviour, and increased suicide attempts (see Baker & Jaffe, 2003, Paulson et al., 1990; Sheenhan, 1997). Generally, however, the impacts of AVTP on the adolescent perpetrator have been rarely studied, with knowledge of this area based on data that is over 15 years old.

The Justice Response

For all incidents of intimate violence and child abuse, the priority of the court system is the victim as well as maintaining the parent-child relationship - as long as safety can be ensured (Routt & Anderson, 2011). However, within AVTP, the perpetrator is a child and the victim is an adult, complicating the criminal justice response, particularly around issues relating to placement and legal responsibility, predominantly when alternative placements and service options are limited (Routt & Anderson, 2011; State of Victoria, 2016). The challenge for the courts is to balance the needs of the young person with the safety of the victim, in a context in which appropriate and specialised services are not widely available (Howard & Abbott, 2013). Additional considerations are that many parents do not want their child to have a criminal record or to become involved with the criminal justice system (Routt & Anderson, 2011). For families that are impacted by AVTP, the ideal outcome in most cases is reconciliation. In the recent Royal Commission into Family Violence (State of Victoria, 2016) for example, evidence was submitted that many parents saw the police as a 'last resort'. Howard and Abbott (2013) also reported that many parents (80%) waited for years before they contacted the police; mainly due to shame, stigma and guilt, the feeling that they should be able to manage the problem themselves, and not wanting the child to have a permanent record or be permanently removed.

Routt and Anderson (2011) have argued that the response, or lack of response from the justice system often leads parents to feel that they are responsible for their child's behaviour. This often gives the adolescent the message that s/he is not responsible, and that there are no serious consequences for their behaviour (Williams, Tuffin, & Niland, 2016). There has been little research, particularly quantitative, on the impact and outcomes of various justice responses, creating a challenge for the design and implementation of more

appropriate responses. Intervention Orders have, in some cases, been utilised, with some suggesting that whilst these represent an important step in reducing AVTP, they cannot be successful without attitude and behaviour change (Gallagher 2004). However, others suggest that Intervention Orders are counterproductive (Clarke & Gwynne, 2011; Robinson 2010). In Howard and Abbott's (2013) study both parents and adolescents nonetheless believed that police (and, at times, Intervention Orders) did reduce AVTP, although they had a negative impact on the relationships.

What Don't We Know

Walsh and Krienert (2009) have identified several limitations of the current literature on AVTP. Firstly, they note that there is limited research in this area, and the majority of data is over 10 years old. The more recent research tends to utilise small sample sizes, be based on clinical samples and case studies, and often relies on survey data or qualitative, exploratory methods. Variation in definitions, age ranges and interpretation also creates inconsistencies, making it difficult to draw any overarching conclusions. As Williams, Tuffin and Niland (2016) conclude, research in AVTP has been largely explorative in nature and under-theorized with ambiguous findings.

Ulman and Straus (2000) have discussed the lack of consensus that exists about risk factors and how this confuses practitioner responses. The majority of research in this area has also been conducted in the United States or Europe (e.g., Bobic, 2004; Condry & Miles, 2012; Holt, 2012; Howard & Abbott, 2013; Routt & Anderson, 2011; Walsh & Krienert, 2009; Wilcox, 2012), with most Australian research only having been conducted in one state (Victoria).

Family and Other Interventions

A Cochrane Review of educational and school based interventions for preventing adolescent family violence (including AVTP) concluded that there is currently no evidence that interventions reduce episodes of violence or improve the attitudes, behaviours and skills that are associated with violence, finding only evidence for a small increase in knowledge (Fellmeth et al., 2013). Whilst no single intervention has been found to be effective, a number of observations have been made about the features of an effective intervention program. For example, Martsolf, Colbert and Draucker (2012) argue that mentoring and motivational interviewing are likely to be key components of success. Reyes et al. (2015) also discuss the

mediating role of normative beliefs about violence and poor anger management as key treatment targets. A systematic review by Cox et al (2016) also identifies the importance of enhancing protective factors at the individual and family level to ensure the success of any intervention, with Moore et al. (2015) also proposing that services are appropriately triaged after screening for AVTP.

The 2016 Victorian Royal Commission nonetheless determined that targeted counselling and family therapy are likely to be the most effective means of addressing AVTP (State of Victoria, 2016). A cost benefit analysis conducted by the Washington State Institute of Public Policy (2016) also determined that family interventions have the most benefits, and the least costs, in reducing juvenile offending more generally, suggesting that family-level interventions are likely to offer the most efficient approach to sustained change.

Conclusion

There is no single factor or predictor of AVTP; rather it might be best considered as a 'perfect storm' of different factors. Causal explanations of AVTP consistently highlight the complexity of inter-related determinants, with current research presenting an inconsistent picture of the key factors that influence the occurrence of AVTP. Trying to determine a central 'cause' does not seem possible, and any attempt to do so is likely to either underestimate the complexity or over-estimate the influence of any single factor (Gallagher, 2004). Perhaps the most appropriate model to understand AVTP is, therefore, a nested ecological model, which considers the impact of individual, family and community factors on the occurrence and experience of the behaviour (e.g. Cottrell & Monk, 2004).

One of the greatest barriers to research and working with those who are impacted by AVTP is the inconsistency in definition, and the consequential lack of clear evidence around prevalence and family characteristics. This perpetuates the isolation of parents when AVTP occurs and limits recognition and intervention by practitioners. Helping parents to identify and name their experience is a first step in supporting families who experience AVTP. There is an obvious need for more research and work with Aboriginal and Torres Strait Islander communities (and other culturally and linguistically diverse communities) to help understand cultural differences and experiences of AVTP, and to ensure that services are sensitive when working with families, around cultural and family accepted norms.

In conclusion, AVTP is a prevalent and damaging phenomenon that has lasting impacts on family relationships. The clinical and justice responses are, at present, not well informed by basic knowledge of the prevalence and circumstances in which AVTP occurs. Broader issues remain, however, about how to best balance the priorities of safety and welfare. It is likely that effective intervention in this area will need to adopt a systemic approach, therapeutically working with families, and welfare and justice sectors to reduce the occurrence of violence towards parents.

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Table 1: Main definitions of AVTP

Definitions	Type of Behaviour	Key agent	Victim
Cottrell (2001): ...any act of a child that is intended to cause physical, psychological or financial damage to gain power and control over a parent (pg. 3).	Physical Psychological Financial	To gain power and control over a parent	Parent
Barnett (2011): ...any act perpetrated by a child/adolescent that inflicts injury on a parent and/or threatening and controlling acts aimed at a parent (p. 262).	An act that inflicts injury Threatening and controlling acts	To threaten and control	Parent

	Haw (2013)	Deliberate and ongoing	To exert power and	Parent
		“infliction”	control	
<p>... Adolescent violence towards parents (AVTP) refers to the deliberate and ongoing infliction of abuse from an adolescent child towards a parent or guardian, with the intention of exerting power and control. (p. 8)</p>				

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