

Motivating Respect

A Welsh
intervention into
youth-perpetrated
domestic abuse

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Executive Summary

This report tackles the emerging issue of domestic abuse perpetrated by adolescents, explored through the experiences of Gwent Domestic Abuse Service (GDAS), a charity founded in 2002, providing support to both the perpetrators and victims of domestic abuse, delivered with a 'whole family' approach.

Domestic violence perpetrated by people under the age of 18 is an emerging problem, with violence and abuse directed towards parents and carers being a particularly prevalent but ignored issue, although violence against partners/ex-partners, siblings and peers are also found in Wales and may be under-recognised. So far, interventions to challenge abusive behaviour have overwhelmingly focussed upon adults. GDAS's pilot targeting young people is innovative, based on one-to-one encounters primarily using the techniques of Motivational Interviewing. These techniques are labour-intensive but allow for pro-active and tailored approach to young people's behavioural issues.

GDAS's interventions are well-received by referring agencies and in much demand, particularly with regard to the emerging issue of the abuse of parents and carers in Wales. There is scope for development through securing reliable funding to underwrite and extend this much-needed service, and to provide additional in-house support to victims in line with GDAS's 'whole family' approach.

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Introduction

Domestic abuse perpetrated by children, adolescents and young adults is increasingly recognised as an emerging problem (Agnew and Huguley 1989; Arriaga and Foshee 2004; Holt 2013; Condry and Miles 2014). This has been acknowledged in domestic abuse policy through the extension of the category of victims to include 16-17 year olds from September 2012. Simultaneously, the Home Office extended the definition of domestic abuse to include coercive control, which they describe as:

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial, and emotional. Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. (2012)

This effectively reframes domestic abuse from a crime of violence against the person to a crime against individual liberties of a person subjected to regulatory control by the perpetrator, and a recognition of the erosion of the individual's psychic space and self-identity as a result of being subjected to this control (Williamson 2010).

This redefinition acknowledges young people as potential victims, particularly due to concerns around 'dating violence' (Arriaga and Foshee 2004; Wekerle et al. 2009; Woodin and O'Leary 2010; Cui et al. 2013; Freeman et al. 2013). These concerns were first raised in the United States but then acknowledged in the UK (Schütt 2006). The effect of this change in the definition of victims was a simultaneous expansion in the category of perpetrators, since a great deal of 'dating violence' occurs between age-matched individuals.

Adolescence is a time of intense social and psychological stress. As a period wherein young people may be embarking upon their first relationships, adolescent experiences may be formative in developing strategies for dealing with disputes within intimate relationships; hence early identification and intervention may have a long-term effect in reducing violence throughout the life course. This increasing awareness of abuse between young people in intimate relationships spilled into

other aspects of domestic abuse instigated by young people, including that targeted at siblings and parents/carers.

Young people's violence may continue into adulthood if unchecked which may risk exposure to the criminal justice system. The insertion of the young person into the criminal justice system is likely to have negative consequences both for the individual and his or her family, and may lead to careers of perpetration (and victimisation). Interventions designed to address perpetration at an early stage have a very valuable potential to arrest abusive trajectories and to reduce both the risk and the number of incidents of abuse over the life-course.

GDAS

Gwent Domestic Abuse Services (GDAS) is a registered charity established in 2002 to provide a free and confidential information and support service to those affected by domestic abuse within Blaenau Gwent. According to Monckton Smith (2010), GDAS is:

...more inclusive and equitable in its approach to victims of abuse than many of those services which explicitly focus on violence against women. The more long standing and traditional focus on female victims, whilst still acutely relevant, must as a result of the human rights and equality agendas, evolve to give support to male victims and those victims in gay or lesbian relationships.

It is this inclusiveness and capacity for innovation in response to the needs of their user-base which underlies GDAS's development of a pilot study into domestic abuse perpetrated by young people.

Blaenau Gwent

Blaenau Gwent is a county borough in the South Wales Valleys, composed of post-industrial mining towns. According to Save the Children, 29% of children in the borough live in poverty; 20% in severe poverty. Over 5,750 children in the county live in households where the only income is state benefits. Over the period 2011–2012, Blaenau Gwent had the highest rate of unemployment (14.4%) of all 22 local authorities in Wales. The Valleys have been particularly hard-hit by austerity measures introduced by the coalition government (Beatty and Fothergill 2011). Wages in Blaenau Gwent are the lowest in Wales (BGCBC 2012, p. 71); a slightly greater proportion of school-leavers are classed as NEET (i.e., not in employment, education or training) than across the rest of the country (Chamberlain and Mullineux 2012, p. 3).

Blaenau Gwent also has the highest level of lone parenthood (Statistics for Wales 2013), teenage conceptions (Statistics for Wales 2014) and one of the highest suicide rates in Wales (Brock et al. 2006).

The rate of domestic abuse in Blaenau Gwent stands at 21.7 recorded incidents per head of

population compared to 16.22 across the rest of the Gwent region (BGCBC 2012, pp. 85-86).

The Blaenau Gwent region can be identified as an area with many intersecting social problems, which includes high levels of domestic abuse and deprivation.

Understanding youth-perpetrated domestic abuse

Young people's perpetration of domestic abuse can take many forms. There is currently little research into these, showing the importance of GDAS's work in this area. The most common are listed here:

Intimate partner violence (IPV)

One of the primary reasons for the inclusion of 16 and 17-year olds in the revised Home Office definition was the recognition of abusive relationships between adolescents, a phenomenon which has become visible since the 1980s. Between 9% to more than 40% of young people have experienced physical abuse in their early relationships (Sears et al. 2006, p. 1192). Research conducted with 14-18 year olds in Scotland found that 81% of respondents were, or had been, in intimate relationships, and that of these, 12% of respondents had been frightened during disagreements with their partners (Burman and Cartmel 2005).

Young people are also unlikely to disclose abusive relationships, and when they do, this is often to peers (Fry et al. 2014), rather than adults or services. While the revision of the definition of domestic abuse was intended to put adolescent IPV on the map, as Clancy et

al. (2014, p. 35) note, the ASSET system in place within the Youth Offending Service has not yet been updated to reflect the inclusion of intimate partner abuse amongst adolescents, suggesting that this is an issue that has yet to filter through into practice in the Welsh context.

CAADA identify that teenage victims of domestic abuse are particularly vulnerable, where 85% of victims experience jealous and controlling behaviour, 79% physical abuse, and 55% severe physical abuse. Around a fifth of victims are pregnant; 23% have financial problems and 26% self-harm (CAADA 2012, p. 14).

Adolescent to parent violence (APV)

Violence by young people against their parents, grandparents and carers is increasingly recorded (Holt 2013; Condry and Miles 2014). In Wales, a respondent from the police commented that:

We are seeing more and more teenagers abusing their parents whilst still living at home. There seems to be more and more abuse of this type. (Clancy et al. 2014, p. 36)

Research from the United States and Canada suggest that APV occurs in between seven and 18% of two-parent families, increasing to 29% in single-parent homes (Contreras and Cano 2014). It should be noted that this makes APV a very common form of domestic abuse. APV is, in fact, more common than child abuse, yet the awareness of the issue, and support systems in place for parents and carers abused by their children is extremely underdeveloped by comparison. Agnew and Huguley (1989) found that APV was associated with youngsters who had weak ties to their parents, and had low expectations of ramifications for their abuse. The effectiveness of positive parenting upon the well-being of adolescents is well established (Boudreault-Bouchard et al. 2013).

Condry and Miles (2014) note that of almost 2000 cases of APV reported to the London Metropolitan Police Force, 87% of suspects were male, and 77% of victims were female. While these statistics may simply reflect that APV is more readily recognised and recorded by police when it intersects with their pre-existing understandings of domestic abuse as a gendered phenomenon, similar patterns have been found in other research. For example, Contreras and Cano (2014) find that the mother is the most typical victim of APV, whether the perpetrator is male or female, and whether or not she is a lone parent

Violence against siblings

Violence between siblings is a neglected area of domestic abuse theory and practise, yet may be one of the most common forms of abuse in the household, with around three times the prevalence rate of parental child abuse (Krienert and Walsh 2011). Abuse by a sibling may affect up to 50% of children (Shadik et al. 2013). Such is the prevalence of abuse between siblings it is frequently accepted as a 'normal' part of development but violence between siblings indicates an unhealthy family environment and correlates with both IPV and APV (Simonelli et al. 2002; Hendy et al. 2012) as well as such negative phenomena as increased anxiety, eating disorders, alcohol misuse, depression, low self-esteem and criminality (Krienert and Walsh 2011). Individuals who have been victimised by a sibling may also be bullied by their peers, magnifying the negative repercussions (Tucker et al. 2014); children who bully their friends are both more likely to have been exposed to IPV in the home, and to go on to abuse intimate partners (Knous-Westfall et al. 2012; Narayan et al. 2014).

The scale, correlates and sequelae of sibling violence clearly indicate that it is a social problem in need of intervention.

Interventions into youth-perpetrated domestic abuse

Rosewater highlights the value of early intervention into abuse:

Focusing attention on girls and boys age ten to 15 can stem violence among 16 to 24 year olds. Emerging evidence suggests that patterns of violence and victimization may develop in early adolescence, and soon become difficult to reverse. (2003, p. vi)

Victim support for young people who have been abused by their partners is currently in a process of development. CAADA (2012) have recommended that specialist advocacy roles be developed to attend the particular vulnerabilities of victimised teenagers (these are known as Young People's Violence Advisors or YPVAs¹), and Women's Aid often have Child Support workers in their refuges to provide emotional support and guidance in adjusting to life in a new environment. At GDAS, there is a specialist YPVA in post in recognition of this identified need.

Work with young people who instigate domestic abuse is much less developed. Despite the growth of perpetrator programmes as a solution to domestic abuse (Bowen 2011), very few programmes exist to provide services either to young perpetrators or their victims. Ac-

cording to Holt (2013, p. 112), in 2013 there were only two perpetrator programmes for APV in the UK, and both of these appear to be modelled upon the IDAP² style structured step programme (it is likely that more programmes have been developed subsequently).

Interventions with youth have been shown to reduce several forms of abuse over the long-term (Foshee et al. 1998; Foshee et al. 2004). In terms of reducing violence and its negative effects, early intervention can have the effect of multiplying the effects: even a minor reduction in abusive behaviour, if sustained, can have a major cumulative impact across the life-course, and unhealthy attitudes and behaviours may be easier to root out before they become entrenched. Indeed, early intervention has become increasingly recommended as a means of primary and secondary prevention, such as through delivering healthy relationship information through educational institutions (Renold 2012; Foshee et al. 2014; Bridges et al. 2015) and to populations deemed at high-risk.

1. See <http://www.safelives.org.uk/practice-support/resources-frontline-domestic-abuse-workers-and-idvas/resources-ypvas>

2. IDAP stands for the Integrated Domestic Abuse Programme, as used by probation services

Original research on youth-perpetrated domestic abuse in Wales

Methodology

We undertook original research using a mixed methods approach, that combined interviews, case-study analysis and internet surveys carried out between July 2014 and February 2015. There two major areas of research: firstly, to gauge the perceived levels of various types of youth-perpetrated domestic abuse and perceived trends, as well as the capacity of professionals to address issues of domestic abuse perpetrated by young people. Secondly, we sought to assess and describe the interventions being delivered under GDAS's Youth Research Project. To achieve this, we derived data from four sources

- Survey data from Welsh practitioners working with young people (n=27)
- Qualitative data from n=3 practitioners at GDAS: the Youth Respect Worker, the Child Support Worker and the Manager. Information was provided via face-to-face semi-structured interviews and supplemented via email and feedback from the interviewees and the Manager of GDAS.
- A selective review of individual case files (n=5) supplied by GDAS taken from 14 available open cases at towards the end of December 2014;

- A survey of referring agencies (n=4).

For the practitioner survey, we designed an internet-based survey into professionals' experiences of youth-perpetrated domestic violence across Wales which was circulated using the CASCADE³ network at the beginning of February 2015, gaining 27 responses which are used to situate GDAS's work in a Welsh context and gain some background data on the occurrence of youth-perpetrated domestic abuse and the availability of responses to it. The text of this survey can be found in Appendix 1 (page 36).

For the referring agency survey, all agencies which interact with GDAS's Youth Respect services were emailed a link to a survey asking them to evaluate the service. Four responses were received, from Youth Offending and Social Service teams who had between them referred some 18 clients to GDAS's youth respect service over the past 12 months. The text of this survey can be found in Appendix 2 (page 40).

3. CASCADE is the Children's Social Care Research and Development Centre run by Cardiff University. <http://sites.cardiff.ac.uk/cascade/>

Findings from Welsh Practitioner Survey

Of the 27 responses to the Welsh survey of, one of these came from a private organisation, with around half of the remainder coming from either statutory or voluntary bodies. This included agencies involved in youth offending, young people's services, education, health, housing, domestic abuse services and policing. The majority of those working at a county level were in South Wales, with just two responses from North Wales. Cardiff and Caerphilly areas were particularly well represented, forming ten of the total 27 responses. Of services which covered more than one area, all predominantly worked in South Wales.

Well over half of the respondents had worked for more than five years in their respective field; 48% had worked for more than five years with their current agency, representing a stable, low turnover workforce. Almost half of these worked at a managerial level. Almost all respondents reported that some of the children they came into contact with exhibited abusive behaviour. Given the range of agencies involved, the proportion of children and young people exhibiting abusive behaviour that the agency dealt with varied widely: from barely any to 80%.

In terms of experiences and trends of violence instigated by young people, the available responses were that over the past 12 months the most common findings were:

- Violence against parents/carers was encountered **frequently** (33%);
- Violence against partners/ex-partners was encountered **often** (36%);
- Violence against peers was encountered **sometimes** (43%);
- Violence against siblings was encountered **sometimes** (50%).

APV was the only form of violence displaying a marked trend in occurrence, with 57% of responses suggesting that rates of APV were higher than they had been in the previous year. Other forms of violence had varied responses where the most popular response was that violence was about the same.

In terms of responses to these forms of violence, only 22% had a strategy for dealing with APV although those that had one described them as 'effective' or 'very effective' from a list of options. A majority of respondents (80%) stated that there was a need for responses to this form of violence to be developed, indicating that the scale of the problem is sufficient to make the service gap appear significant: the high level of demand for the development of interventions thus maps onto the perceived levels and trends of experiencing this kind of violence.

Reasons given were that parents/carers were reluctant to make use of the systems established for adult victims of IPV, such as shelters and legal actions, since they retained a responsibility to support their child. In addition,

abused parents often had feelings of guilt and needed support in dealing with the emotional repercussions of victimisation, which required a distinctive skill set that was aligned but not identical to that possessed by IPV-trained workers. Finally, there were likely to be complicated histories of abuse within the family that needed to be addressed. These were often lengthy, inter-generational and involved many parties, setting them apart from the victim-perpetrator dyad that is expected in most IPV-oriented interventions.

Nearly 70% of agencies had no strategies to support the siblings of abusive young people, and 58% said that responses needed to be developed in this area. One respondent commented that siblings often fell between official categories and their needs were hence ignored.

Over half of agencies had no strategies in place to deal with young people's abuse of their partners/ex-partners. On the other hand, all agencies that had strategies in place rated them as 'effective' or 'very effective'. In terms of victim support, 70% considered there was a need to develop responses to support young people who had been victimised by their boyfriends or girlfriends (the remaining 30% were unsure).

Just over half of agencies had access to interventions to challenge young people's abusive behaviour. Of these, most provided referral to other agencies to provide interventions to challenge young people's abusive behav-

our. None of these were rated ineffective, but over 70% were not convinced of whether or not these were effective, suggesting a lack of confidence in the current interventions⁴. In comments, problems were noted around difficulties in securing project funding for young perpetrators and victims alike, with one respondent stating 'the amount of work we are able to do in this important area is restricted by resources. The need exceeds the service.'

Also highlighted was a lack of awareness of the issue (particularly in the education system) with a call for 'abuse awareness' to be placed in the curriculum, and perceptions of increasing levels of substance abuse in Wales which could be related to abusive behaviours.

4. There were no responses to this survey from agencies working solely in Blaenau Gwent county region, so it is unlikely that any of these assessments related to GDAS itself.

Interventions at GDAS

This section will address the other data sources in order to describe the nature of the services delivered at GDAS commencing with a summarisation of the data gathered through interviews. Quotes featured in this section are based on transcribed data recorded during the interviews, which have been emended through the integration of clarifications provided by the Youth Respect Worker.

The Youth Respect post was initially created in 2014 with a view to providing support in cases of violence within young people's intimate relationships, dealing with young people between the ages of 11 and 19. However the majority of referrals (over 90% according to the Youth Respect Officer) have been in relation to APV. This was related to lower referral rates for IPV, and a need for training in schools to identify and refer young people to the service rather than APV being necessarily more predominant.

The Youth Respect Worker explained that due to a high demand for services to address APV, there was a need for an ad hoc development of the project in order to address this pressing need.

The reason it wasn't incorporated in the pilot from the start, was we didn't have the capacity to support the parents in-house...so...we had to

go around a lot of different houses to find partner agencies to accept this work to allow us to open up the pilot through providing the much needed support for victims. (Youth Respect Worker)

The higher levels of referral of APV compared with IPV amongst young people are likely to be related to the short-lived nature of teen-aged relationships which are easily broken, and where the parties do not live together, in comparison to the more permanent, and co-resident bonds between family members. Where individuals share housing and finances, there are more potential flashpoints for conflict, and they may spend comparatively more time in each other's company, thus presenting a more chronic form of abuse.

Therefore, the project was adapted fairly soon after inception to cope with the far more prevalent issue of APV, while continuing to provide interventions into adolescent IPV which were delivered through one-on-one encounters.

The one-on-one approach

One of the weak points in the treatment of batterers is that we assume that one size of the programme fits for all pe-

trators. Research has shown that this group can be divided in subtypes with specific needs, so curriculums should be tailored to these needs with regard to contents and length of treatment. (Hamilton et al. 2013, p. 1197)

GDAS provides the majority of its counselling services using a one-on-one approach, whereas the majority of domestic abuse perpetration programmes are delivered through group-work. The Youth Respect Worker explains the rationale for this approach as follows:

This is why I think you need that fluidity within the programme to be able to do tailor services for individuals, which is why I would struggle to get it into a programme when they are all at different points of change and don't have the same needs. Different relationships, different understandings, different acceptances of abuse...There is such a variation of issues that it makes group work difficult to facilitate. (Youth Respect Worker)

Within this environment, GDAS's one-to-one approach is innovatory. From a financial perspective, the expense of a standard step programme with a set number of interventions presents a much more predictable profile for funding, and group delivery increases throughput: indeed, GDAS intend to develop group-work to supplement the current work through the identification of individuals with similar

presenting needs (GDAS 2015, p. 12). The decision made at GDAS to deliver its services initially through one-to-one counselling stems from concerns about the appropriateness of the step and group model to young people with diverse service needs. The Youth Respect Worker, building on his experience of working with vulnerable young people within the care system, felt that maintaining engagement was more likely through one-on-one contact and that disengagement from a group programme would be particularly likely with young people living chaotic lives and with little investment in changing their behaviour. He also felt that a model of counselling based in the principles of motivational interviewing needed to be able to take account of individuals at different stages of readiness and ability to change, and that this required an individualised approach.

Furthermore, the range of severity and different levels of entrenchment of the abusive behaviours, and the possibility of negative peer influences upon younger and more impressionable clients had the potential to lead to escalation of abuse within a group-work environment. There were cognitive differences between older and younger clients and those with greater and lesser intellectual ability which inflected their understandings both of their behaviour and the interventions being delivered.

If he's young I won't use the term abuse...I will use the term unacceptable behaviour...They have to have awareness of that term

[abuse] if you are going to use it with effect. Otherwise I will use terms like respect...With some of the younger ones I will be asking them what behaviours they think they need to change – ‘What didn’t you like about the way you spoke to Mam?’...It’s no point...saying...‘your behaviour is unacceptable and abusive’, because an 11 year old doesn’t get that. It’s key to their understanding that you convey the message in the right way. (Youth Respect Worker)

While this may have proven to be resource-intensive in terms of requiring a great deal of labour, including travel to schools and homes, where clients were frequently unavailable, this provided another specific advantage: that of making the intervention extremely responsive to the specific situations that the young person encounters in their everyday lives. This can enable situational triggers within domestic and educational environments to be identified and discussed in situ. This proactive approach was carried out with a certain level of sensitivity to the therapeutic process, the volatility of adolescent emotional states and the drug/alcohol consumption patterns of some individuals: it was recognised that upon some occasions, the client was not in a suitable state for counselling to take place upon that day; and on some occasions where the client failed to attend a pre-arranged meeting, this provided a valuable informal opportunity to gather feedback from other family members.

This close attention to clients also allowed the Youth Respect Officer to monitor small changes in attitude and behaviour which would not have been perceptible within a group setting. Besides this core work, the Youth Respect Worker also provided some primary interventions: over the 2014-15 period, GDAS organised a ‘White Ribbon’ session for 243 boys and young men at a local comprehensive school. The Youth Respect Officer also provided training for 227 professionals with more training sessions planned for early 2015 (GDAS 2015).

Tertiary prevention, through intervention with individuals who are already displaying violent and abusive behaviour is the final tier of preventative interventions, and represents the main strand of GDAS’s Youth Respect services, and may present the greatest challenge to the deliverer in requiring the intervention to address behavioural patterns that are already established.

Motivating respectful relationships

The Youth Respect Worker describes his interventions as being founded in the techniques of Motivational Interviewing and Cognitive Behavioural Therapy.

British models for perpetrator interventions remain underpinned by the ‘Duluth curriculum’ (Miller 2010) which focussed upon male abusers, although a variety of other therapeu-

tic methods were also influential (Philips et al. 2013) including Cognitive Behavioural Therapy (CBT) and Gestalt therapy. GDAS's approach involves Motivational Interviewing (MI), a counselling intervention which uses empathic listening to minimise resistance and increase the potential for positive change (Rollnick and Allison 2004, p. 107). MI has been shown to reduce depression in abused women (Saftlas et al. 2014; Wahab et al. 2014), and to decrease drug and alcohol use, depression and violent behaviours in adolescents who had experienced injury (Zatzick et al. 2014). Randomised trials have strongly and robustly suggested that MI is very effective at reducing so-called 'dating violence' amongst adolescents (Walton et al. 2010; Resko et al. 2012; Cunningham et al. 2013) and young adults (Woodin and O'Leary 2010).

MI assumes a 'cycle of change' (see Figure 1) where the therapist guides the individual through a variety of stages towards positive change. In the context of abusive relationships, MI works upon the perpetrator's ambivalence about their own behaviour. One aspect of the interventions is identifying practical reasons for changing behaviours. This may be particularly relevant with young people who tend to be impulsive and lacking in the ability to understand how their behaviours can affect their future in the long-term. This was described as:

Awareness of repercussions for their actions, if it's about how that might reflect back in the future: on



Figure 1: Cycle of change in Motivational Interviewing

employability, criminality...really all the social outcomes...I mean you might end up with a criminal record for this, it might strain relationships, friendships...This can be enough to stimulate change or move them towards contemplating change. (Youth Respect Worker)

The therapeutic approach used in GDAS is also informed by Cognitive Behavioural Therapy (CBT) which provides a necessary flexibility in adapting the style of therapy the individual and to their progress throughout the therapeutic process to best foster engagement and retention.

Family dynamics and histories of abuse

As the Child Support Worker identifies, exposure to abuse in the household can lead to low self-esteem, aggression, lack of confidence and problems with expressing anger in healthy ways and problems with respecting others, often siblings.

A lot of the issues with the children I work with are that they are aggressive because of the domestic violence they have witnessed. (Child Support Worker)

Almost all of the young people discussed in the case files (below) involve histories of abusive families. GDAS suggest that 90% of perpetrators of adolescent to parent abuse have been exposed to domestic violence in childhood (GDAS 2015, p. 6).

It was noted by both the Youth Respect Worker and the Child Support Worker was that violence against parents (most often mothers) and siblings could be precipitated by the departure of an abusive parent (often fathers).

Dad has led the family dynamic, and upon him leaving the family home, he may still pressurise the young person to be 'the man of the house' and he's controlling Mum that way, and feeding information back to the perpetrator. (Youth Respect Worker)

The Youth Respect Worker described the specific dynamics that provoked these changes, which were often highly distressing to the young person, where, for instance, a mother who had finally ended years of abuse at the hands of a partner managed to extract herself from the situation only for the abuse to re-emerge at the hands of her own son.

While it is normal in families for both parents to take a certain level of authority and control over their children due to their responsibility to provide care, support and education during their development (Figure 2), in certain families the control was exerted by an abusive, domineering individual, frequently the father, to the extent that the mother had lower authority than the children who had been co-opted into supporting the abuser's behaviour.

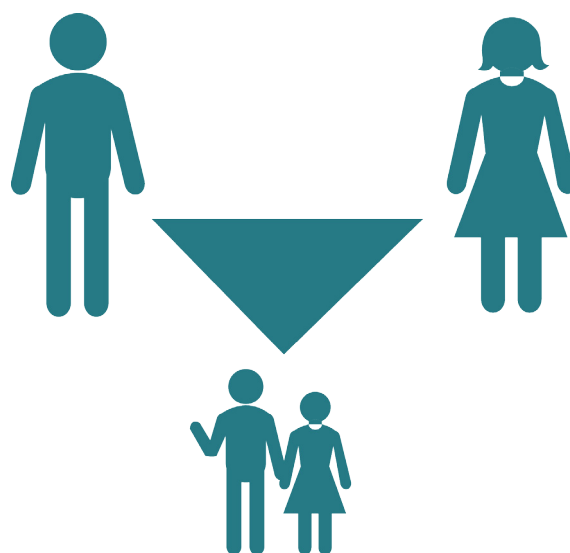


Figure 2: Balanced family authority

Upon the departure of the father from the household, the power vacuum is taken up by the children who assume the dominant role (as shown in Figure 3).

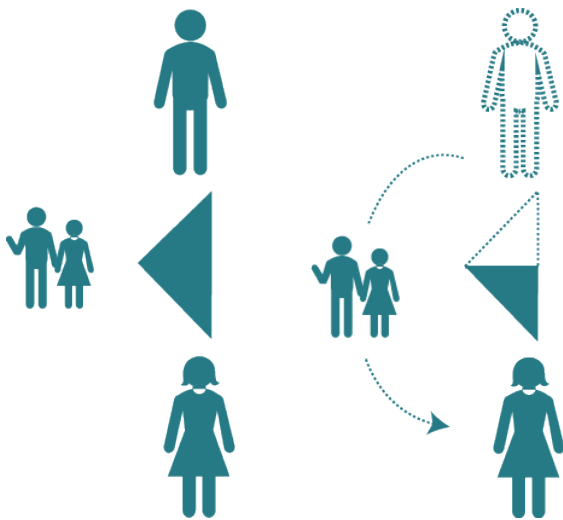


Figure 3: Departure of abusive partner exposes dysfunctional family dynamics which can lead to APV

Such dynamics could be exacerbated by parent's feelings of guilt which often led them to adopt overly permissive parenting styles and to excuse the behaviour of their children on the basis of their experiences of witnessing abuse.

These can lead to young people using the abusive techniques they have witnessed in order to gain control over their parent and in some cases remain co-opted to the abusive behaviours of the absent parent. These dynamics can be particularly destructive when parents are reluctant to address the issues involved.

I've worked with young people who genuinely want to make positive changes and who have been really proactive but Mum doesn't want to go into groups to talk about her side of things. It's about feeling very guilty about not being able to parent when they have been in abusive relationships. It's difficult to initiate changes in parental behaviour and boundary setting especially for people coming out of abusive relationships. (Youth Respect Worker)

Further nuance was added from comments given by the Manager which added a gendered explanation to these shifts in family dynamics: in the aftermath of family breakdown, where a formerly abused parent might experience depression or a lack of confidence in her (or his) own parenting, an older sibling (often a daughter) might 'step into the breach' through adopting a quasi-parental role but be lacking the emotional maturity and experience of healthy family relationships needed to do so. In these instances, a restorative approach was deployed to create a shift in the family dynamics: 'allowing the child to let go of the responsibility [of acting in a parental role] by increasing their confidence in their parent.'

In the Manager's experience, different strategies were necessary for another category of young people (mostly boys) who exploited the power vacuum of the household through learned behaviour often modelled upon that of the departed abuser, and a sense of entitle-

ment. For these young people, therapy more explicitly challenged and confronted their ideas about gender and control in ways which bore a stronger relationship to the work that GDAS conducts with adult perpetrators of domestic violence. Here, it was more important to establish boundaries and to develop an understanding of the consequences of abusive behaviour.

Instrumental abuse

Where teenagers seek the trappings of adult status, such as adult leisure activities, fashions and status symbols but do not have the financial power or independence to achieve these using legitimate means, they may resort to illegitimate means to do so.

One such way may be deploying instrumental pressure against a parent or carer to secure resources.

Sometimes...finance is a very a big motivator for young people to be abusive...They often want the newest technology and money for various things....[and] use various abusive tactics to obtain these. Mum's maybe worn down from an abusive relationship before, maybe overcompensating, and now she's trying to make a bit of a change [but it's] difficult to put the boundaries in place. (Youth Respect Worker)

Cigarettes can be a particular flashpoint, because young people are unable to purchase these for themselves:

Some young people may use statements such as, "Yeah, I was abusive to Mum but she didn't give me money and she didn't give me fags." Cigarettes are a massive trigger for young people, more so than money. (Youth Respect Worker)

Substance abuse

Substance abuse was a common theme noted by the Youth Respect Worker which can negatively impact the delivery of interventions for some perpetrators, where in some cases alcohol was used as an excuse for abusive behaviour, but also use of psychoactive drugs was identified as a complicating factor:

Some clients really like taking Meow [i.e. mephedrone] and then they'll take...benzos [i.e. benzodiazepine] to be able to function next day...The polyuse of drugs has a massive effect on mood. So if I go there one day when they know they are going to get 'off it' on Friday then they are feeling quite happy and are responsive and receptive to intervention, and I go and see them on Monday after they have had a bender... they can be very volatile and have very low motivation. (Youth Respect Worker)

Some form of substance abuse is involved in as many as 92% of reported incidents of domestic violence (Zilberman and Blume 2005), providing an excuse, and justification, for the perpetration of violence. Alcohol and drug use can also inhibit the efficacy of perpetration programmes (Easton et al. 2007).

Alcohol use in Wales is particularly troubling, with the highest rate of underage drinking in 40 countries surveyed (Gartner et al. 2009, p. 4). Blaenau Gwent stands out for the highest rate of alcohol related hospital admissions in Wales (Gartner et al. 2009, p. 32), and an above-average rate of binge drinking (p. 15).

Drug use is a frequent correlate of violent behaviour in adolescents (Saner and Ellickson 1996; Ellickson and McGuigan 2000). Psychoactive substances which are more readily available to young people include cannabis, mephedrone and prescription tranquilisers. Around 22% of 16-24 year olds in Wales reported using illegal drugs in the last year (Statistics for Wales 2009). Poly-drug use can have a particularly heavy impact upon memory and executive functioning.

Disengagement

Young people who have contact with multiple agencies have often learned from them that the way to end obligations they find irksome is to deliberately disengage.

If I was here to talk about football, they'd be here every week. But if I'm talking about their abusive behaviours towards their parents and siblings, it's often, they have to get in the right frame of mind to even want to broach those subjects. So, I get a lot of cancelled appointments and a lot of non-engagement as well... young people learn if they just [don't] turn up to appointments, then the professional will just say well, 'he's not engaged, I'm closing the case'. The key to engagement is recognising these signs and being flexible and often persistent in your engagement methods. (Youth Respect Worker)

The Youth Respect Worker actively pursued his clients for their interventions, meaning that there was a reduced opportunity for individuals to fail to attend appointments, as will be seen in the following casefiles.

It should be considered that this means that GDAS's decision to pursue a proactive approach towards disengaging clients, and their one-to-one delivery of counselling, means that they are likely to be accessing individuals who might have dropped out of step-work programmes (Askeland and Heir 2013). Assessment of GDAS's achievements should be factored against this knowledge that they are likely to be dealing with individuals with profiles that present the greatest challenges to caseworkers.

Casefile analysis

We surveyed five case studies selected at random and provided by GDAS to gain an impression of the interactions between the Youth Respect Officer and his clients. These are summarised here.

Case Study 1: Paul⁵

Paul was 12 years old at the time of referral to GDAS, with a history of abusive behaviour towards his elder sister, his mother and his maternal grandparents. The Child Worker made three visits, during which Paul became more open about his abusive behaviour and admitted that he did not want to continue to be aggressive to his family. As part of the intervention, he was encouraged to write a letter of apology to his grandparents.

Given Paul's age, it was decided that he was a better candidate for long-term intervention by the Youth Respect Worker and there was a handover visit to make introductions. Interventions continued both inside and outside the home sometimes involving Paul, and sometimes both Paul and his mother. Paul was at first resistant but slowly increased his receptivity and learned anger management techniques and respect for boundaries. Negotiations between Paul and his mother were established.

After a succession of missed appointments by Paul, it emerged that Paul was exhibiting violent outbursts towards his mother and sister in the aftermath of contact visits with his father. Although

the father was approached by GDAS, he refused to engage with the process or accept any criticisms of his parenting. This was followed by several more missed appointments. However, reports from school confirmed that Paul's behaviour had improved. Moreover, encounters with Paul and his mother, both separately and together, revealed that both were happier and felt safer in the relationship, although there was still a little way to go. The case was closed by mutual agreement.

This case demonstrates a successful intervention by GDAS, enabled by the dedication of the Youth Respect Worker who was tenacious even in the face of resistance and the chaotic lifestyles of his clients, and demonstrates the teamwork and mutual support between the Child Support Worker and the Youth Respect Worker in developing positive dynamics to support their clients. It also indicates a factor which will be reflected in other case files, and one which has very significant relevance for policy-makers: the influence of an abuser being spread to a young person through child contact meetings.

The one-to-one approach may be labour-intensive, but has flexibility and the ability to adapt to different locations: encounters can be in schools, at home, or in third locations, such as restaurants or at leisure activities. This allows for the Youth Respect Worker to vary the participants in each intervention and provide attention to a young person's behaviour

5. All case-studies have been anonymised with pseudonyms

in various settings. Here, he was able to identify a balance between Paul's behaviour, and the family's expectations and build a bridge between them. Paul developed greater self-control while the family became more tolerant of behaviour which could be considered typical of adolescence.

Case Study 2: Rhys

Rhys was referred to GDAS at the age of 12 for verbal aggression towards his mother and physical violence towards his father. Rhys missed several initial appointments so the Youth Respect Worker arranged to meet him at school. The first meeting was productive, particularly since Rhys identified that his parents' participation in parenting classes had been effective. The Youth Respect Worker suggested that Rhys's behaviours stemmed from a lack of self-control, and loose parental controls. He engaged in a discussion in how to identify triggers and how to deal with frustration. Rhys was less cooperative in a second in-school session a fortnight later, so the Youth Respect Worker arranged to conduct a home visit and liaise with Rhys's parents.

A third in-school session showed further progress, where Rhys reported less tension in the household, particularly in relation to his mother. Rhys and the Youth Respect Worker discussed his fatigue, where staying up late tended to lead to Rhys being irritable in the morning. The Youth Respect Worker stressed that Rhys needed to take responsibility for his own bed-time in order to reduce

the likelihood of aggressive outbursts in the morning, and identified that Rhys was still reluctant to assume personal responsibility for his behaviour.

At the time the case-notes were supplied, a family meeting was in progress of being arranged to discuss issues between Rhys and his parents.

In Rhys's case, the flexibility of the one-to-one approach is demonstrated, allowing the Youth Respect Worker to proactively pursue alternate lines of contact when one petered out. It also indicates that parenting support is an essential part of the picture, recognising that permissive parenting styles can lead to a young person lacking in boundaries and understandings of acceptable behaviours.

This indicates the importance, demonstrated in adult perpetrator work, of combining work with abusers and those affected by abuse simultaneously in order to provide successful interventions (Kelly and Westmarland 2015) and measure programme effectiveness. It also displayed the ability of the one-to-one approach to focus upon a particular issue (Rhys's lack of sleep) and address this specifically.

Case study 3: Sam

Sam was 13 when he was referred to GDAS, and was in foster care. Sam was a troubled young man, who had been verbally aggressive to his foster carers and had shoved his female carer. More-

over, Sam had a record of self-harming behaviour. The Youth Respect Worker arranged a meeting in the school environment, where Sam was subdued but appeared open to changing his behaviour. However, further appointments at the school did not proceed as planned and the follow-up session was carried out around six weeks later at the home of Sam's foster carers. Sam was resistant and frequently left the room to avoid engagement. He became agitated and defensive when challenged and demanded to be placed with alternative foster carers.

Around two weeks later at the next appointment, Sam was more receptive and acknowledged that he did not wish to change his foster placement, but was using this as a form of manipulation. The Youth Respect Worker identified that this tactic could be dangerous to Sam's own interests. However, Sam remained unwilling to take responsibility for his actions and minimised his abusive behaviour.

Despite several attempts at reconnecting with Sam, including unannounced visits to his home address, he failed to attend any more appointments and the case was suspended.

For Sam, disengagement proves to be an endpoint for intervention, despite the best efforts of GDAS. One explanation is that young people may lack motivation or that at least initially, their motivation may be focused on evading sanctions rather than changing their behaviour. It takes time for the benefits of non-abu-

sive relationships to become apparent and for an intrinsic motivation for change to develop. Here, the Youth Respect Worker shows a strategic approach, in attempting to develop extrinsic motivations in the first instance, where, with longer engagement, it would be hoped that healthy relationships would become recognised by the young person as valuable in their own right within a longer intervention process.

Case study 4: Harley

Harley was 11 when he came into contact with GDAS under the Child Support Worker due to the breakdown of his parent's relationship due to his father's abuse. Harley was the eldest of five children in the household which included a toddler. One of his sisters shared his challenging behaviours and was receiving support from the Child Support Worker. The family had multiple and complicated needs which were being addressed by several agencies. The Child Support Officer identified that Harley could benefit from a supportive male figure.

At the first session, Harley was guarded but prepared to acknowledge that some of his behaviours were extreme. He mentioned that he saw his father during child contact sessions and when the father dropped off laundry at the family home. The Youth Respect Worker was able to pass on this information, which was in breach of an agreement that the father remained away from the household. A second session revealed

that Harley was confused around the breakdown of his parent's relationship, missed activities he had shared with his father and wished his parents would reunite. The Youth Respect Worker gave Harley some guidance on the nature of adult relationship breakdown. He agreed to a reward chart system to discourage his negative behaviours.

A month later, the Youth Respect Worker attended a core group meeting in relation to this family where he was able to report on Harley's situation; a second core group meeting took place in the presence of Harley's father in which arrangements for further contact were established. In the next one-to-one session, it was revealed that Harley's father had once more breached his agreement and this information was passed on to Social Services. After one more successful meeting, two meetings were missed.

Perpetrator work with the father was terminated due to his refusal to accept any responsibility for his behaviour and notes record that the parents are continuing to have heated arguments on the phone within the hearing of the children. Following up with a home visit, the Youth Respect Worker liaised with the mother who reported improvements in Harley's behaviour to herself and his siblings. Two school-based encounters followed, in which Harley seemed receptive; however in the second he was upset by his father's decision to move out of the area. The Youth Respect Worker proposed clearing out the back garden of the family home as an activity, to which Harley responded with enthusiasm. By the next session, the plan to clear the

back garden was underway, which Harley enjoyed and which gave him a sense of accomplishment. Harley appeared to have developed a more reflexive consideration of his behaviours: admitting that he had behaved badly since the last session and acknowledging that he needed to use the tools provided by the Youth Respect Worker to control his behaviour. He also admitted his ambivalent feelings towards his father.

The Youth Respect Worker attended a core group where he discussed Harley's progress, and the negative impacts of contact with Harley's father. In the next one-to-one session, Harley was lively and appeared appreciative of his own progress, although also hurt by his father's failure to attend a contact meeting. However, the next session showed a downturn: Harley refused to attend the next meeting, apparently due to feelings of shame over his recent abusive behaviour which he did not disclose. However, the next meeting took place as planned, and Harley admitted that his use of abusive behaviours was used to control his mother to get what we wanted. It also emerged that Harley's father had stayed overnight in the family home. This information was passed back to Social Services. During the next one-to-one meeting, it appeared that Harley, and some of his siblings, had exhibited numerous abusive acts, which had not been appropriately disciplined by the mother.

Harley's father attended the next core group meeting, where he was overbearing and rude to professionals. He agreed that Harley's behaviour was regressing and that Harley should continue working with the Youth Respect Worker. Howev-

er, he was resistant for taking responsibility for his own parenting of Harley and would not accept that he could be encouraging abusive behaviour in his son.

While the casefile above indicates long term engagement, it also tends to show a very positive interaction in terms of the return on one-to-one time: despite Harley's multiple issues, and the often negative effects of Harley's father's erratic engagement with the family, including his history of abuse towards Harley's mother, there were indications of positive change from one appointment to the next, particularly when appointments could be sustained. However, there were similarly signs of regression where Harley missed sessions.

Furthermore, the presence of the Worker across extended periods of the life of the client provides an insight into domestic relationships which informs the ongoing intervention, and which can be a source of liaison, where, for instance, the Worker can provide information to Social Services if there are indications of neglect, or if it appears an exclusion order or contact agreement is being routinely broken. This said, in around 80% of closed cases over 2014-2015, the Worker's engagement lasted between one month (or less) and six months (GDAS 2015, p. 10).

The Worker's ability to participate in meetings related to the family such as core group meetings can provide an insight into the effects of abusive parental relationships upon children.

These represent extrinsic benefits: they may be unrelated to the core objective of reducing abusive behaviour, but they tend towards the greater wellbeing of the family and community. Such benefits form an important part of a community approach to domestic abuse, but are often neglected in conventional measures of success which focus upon the individual's progress.

Harley's case demonstrates most clearly the need for parenting support to victims in cases of APV. Harley's mother appears unable to provide structure and discipline, and the father's interventions appear likely to stymie development. Here, an ability to liaise with the parents closely through the process might have improved Harley's progress.

Case study 5: Adam

Adam was 14 at the time of first referral to GDAS in 2010 due to concerns he was imitating his father's abusive behavior against both his mother and sister. Concerns increased when it appeared that Adam was also behaving violently to his grandparents while residing with them, attacking other children at school and displaying no empathy or regret after his attacks. In early 2011, he arrived at his mother's workplace and was verbally aggressive. After being reprimanded for this behaviour he moved in with his father and was seeing the school counsellor.

In 2014, now 17 years old and involved with both YOS and the Probation Ser-

vice, Adam was referred back to GDAS after an assault on his mother. Various forms of support were arranged for Adam's mother and sister at the first meeting, although Adam was not present. The Youth Respect officer made a determined effort to contact Adam (more than eight phone calls over several days) but Adam refused to engage. Through liaising with social services, the Youth Respect Officer learned that Adam had assaulted his mother again, and that she had been found by the social worker hiding in a garden shed in a panicked condition, although police had not been alerted. Concerns were raised around Adam's sister, at the time 16 years old, who was not present at this attack, but was believed to be at risk. A Child in Need meeting was held for Adam's sister, and the Youth Respect Worker continued to attempt to engage with Adam.

The first engagement was positive, addressing Adam's drug issues and coping mechanisms. However, Adam did not attend for the second. It also arose that Adam's mother had ceased attending victim support groups at GDAS. A subsequent meeting was also missed, and the next postponed due to Adam's arrest and overnight imprisonment, apparently related to drug-related offences.

The next appointment went as planned and the Youth Respect Worker was able to prompt Adam to discuss his feelings around his mother's new relationship and to express that Adam should not attempt to control his mother's personal life. Due to difficulties in engagement, the Youth Respect Worker attempted to arrange cooperation with Probation Services so that he could be more assured

of Adam's attendance. Despite these measures, the next appointment was unsuccessful due to Adam being agitated about missing another appointment and refusing to engage (the Youth Respect Worker suspected this 'appointment' was with a drug dealer.) With Adam now 18 and refusing appointments due to work commitments, his casefile was re-designated as an adult.

The complexities of Adam's case indicate patterns of behaviour which have become entrenched, a hostile attitude and a chaotic lifestyle which creates extreme barriers to engagement which the Youth Respect Officer addressed with considerable tenacity.

Even in these situations, a few moments of genuine communication appear to have struck chords with Adam and these suggest that, with engagement on both sides, there was a potential for Adam to develop a critical understanding of his behaviour. Compared with the other cases outlined where engagement started in the early teenage years, Adam's progress appears to be stalled, his behaviour more violent and has escalated to impact more individuals. The complicating factor of his drug use became more problematic over the development of the case.

The value of early intervention is clearly displayed here as well as the service shortfall in being unable to deal with clients who exceed the age range of GDAS's provision, but who may not be appropriate for adult programmes.

Referrer responses

Two respondents estimated that around 35-40% of the young people they dealt with exhibited abusive behaviours in the home. All respondents expressed concern around youth-perpetrated domestic abuse which was either described as increasing or increasing dramatically over the past 12 months. No form of abuse was described as decreasing, although half of the respondents considered that levels of abuse of partners/ex-partners, peers and siblings were unchanged over the period.

There were discrepant goals between the two agencies most likely to be dealing with young people with abusive behaviours, where those in the Youth Offending service prioritised goals around the criminal justice system, while those in Social Work wished to support positive changes in attitudes and behaviour. Overall, when asked to prioritise, respondents identified the following goals:

- Short-term goals: decreasing the likelihood of contact with the criminal justice system, increasing respect and learning healthy ways of dealing with conflict.
- Mid-term goals were: building healthy intimate and family relationships.
- Long-term goals were increasing employability and educational achievement.

The most common grounds for referral to GDAS were age and the expectation that the

client would engage with the service. The most common form of abuse experienced by referring agencies was adolescent to parent abuse, which was recorded around 2/3 times a month. Abuse of siblings and other relatives was never recorded – which may suggest that these are still under-recorded.

The service was rated as ‘very effective’ overall; two comments praised GDAS’s one-to-one approach and how this contact allowed the Youth Respect Worker to model healthy relationships in order to learn how to express their anger in healthy ways, and ‘how to be respectful to others, and that respect works both ways’. Other comments related to the commitment of the workers, and the GDAS’s evidence base. GDAS staff were described as ‘committed’, ‘willing’, ‘helpful’ and ‘aware’, and two comments specifically referenced GDAS’s communication and information-sharing skills which allowed for collaborative casework.

One comment noted:

Staff are always helpful. They respond to most referrals instantly and start working with young people and parents as early as possible. Staff always provide up-to-date information and attend Child in Need meetings as often as possible.

Areas for attention

GDAS referrers provided opinions upon service gaps, which they primarily related to shortfalls in funding and staffing. For example, one comment related to funding rulings which limited interventions to particular age groups. Two comments expressed a wish that GDAS could expand its services geographically, due to a lack of effective services in the surrounding areas. In addition, there was a perceived need for an increase in the age range of clients served since some young people could benefit from the provision after the age of 18.

An item of particular importance was the lack of a 'victim worker'; a specific need in relation to adolescent to parent abuse, where the respondent stated that 'it would be beneficial to have a dedicated victim worker' at GDAS to deal with the specific needs of parents and carers dealing with young people exhibiting abusive behaviours.

Case files reveal that the effects of poor parenting can hinder the progress of young individuals towards rejecting abusive behaviours. A situation noted by both workers was that court-enforced child contact with abusive parents, particularly fathers, served as a route for abusive attitudes to be transmitted. There were even examples of children being deployed as proxy abusers by their absent fathers. It also shows that parents in these chaotic families, like the children, find engagement challenging and would benefit from the same kind of proactive interventions.

While GDAS are carrying out effective liaison with parents as far as they are able – generic parenting and domestic abuse victim support, referral to Families First and a specialist parenting programme for victims of domestic abuse (GDAS 2015, p. 6) – there is an inability to provide more intensive one-on-one interventions for parents, similar to those provided to young people, which means that many parental attitudes remain unchecked and the effects of abuse unaddressed. Even where these are provided by other services, an in-house joined-up approach which links interventions between the parents and children would provide valuable routes of feedback and collaboration.

The issues presented by parents of young people who exhibit abusive behaviours are complex, with complex and overlapping identifications of victimisation and perpetration, which may well be outside the capacities of a standard parenting intervention. Parents/carers themselves may require the same tailored response which appears to be effective with young people and which can build upon the interventions with the perpetrators, addressing changing relationships as they develop. It may also prove that engaging with parents/carers increases engagement by young people themselves through positioning counselling as a family, rather than an individual activity.

Conclusion

GDAS's Youth Respect pilot project is innovatory and very much needed in the face of emergent forms of youth-perpetrated domestic abuse. The concentration upon adolescent-to-parent violence reflects the emergence of this form of violence as a matter of serious concern: however, this could also reflect the under-referral of young people involved in other forms of abuse which presents a need for identification and training. The extent of youth-perpetrated domestic violence is an issue of urgency with a need to develop intervention services across Wales.

Although labour-intensive, the one-to-one approach at GDAS is effective in dealing with and proactively reaching very challenging clients and offers extrinsic benefits of liaison and risk assessment and monitoring. Interventions may prove to have long-term benefits if they can arrest potential careers of perpetration over the life-course and direct young people towards healthier and more productive lifestyles

The effects of this would be reinforced through the provision of complementary victim support to provide a holistic, family and community based response to young people's abuse. A more comprehensive model of intervention might be usefully informed by the techniques of Non-Violent Resistance, which has been identified as valuable in the parenting of abusive children (Coogan 2014; Ingamells and Epston 2014; Newman et al. 2014), as well as guidance on developing discipline and psychological and emotional support. This will also develop engagement across the family, which may reduce attrition and provide a joined-up service in tune with other domestic violence interventions (Westmarland et al. 2010).

Recommendations

- 1.** Dealing with youth violence should be a priority. Early intervention may be particularly cost-effective in reducing violence over the life-course, leading to fewer incidents and a reduction in the high costs of domestic violence, having a better chance of uprooting behaviours before they become entrenched.
- 2.** The services provided by GDAS appear to be effective and in great demand. Based on the evidence gathered for this report, funding should be allocated to allow these services to continue and even expand in order to address overstretched staff members.
- 3.** Although the one-to-one approach of GDAS's youth interventions are cost and resource intensive, they provide extrinsic benefits including the ability to monitor changes in behaviour at close range in their home environments, and to liaise closely with young people and other services throughout the process. This also allows the service to be effectively provided to a diversity of clients, including young people of a variety of ages and levels of cognitive ability engaged in a variety of offending behaviours. It also allows for the modelling of healthy and respectful interactions through the one-to-one contact between worker and client. This is a highly valuable component of the intervention.
- 4.** The greatest progress is indicated when sustained contact between GDAS and the young person can be achieved. Other agencies which can encourage regular engagement should cooperate with GDAS in its programme delivery through encouraging and facilitating their engagement with young people. A 'carrot and stick' approach should be developed between agencies to encourage and monitor engagement.
- 5.** Since abusive attitudes may be passed from absent parents through contact visits, courts should consider any accounts of APV as contraindications against contact with abusive parents in order to reduce young people's likelihood of imitating abusive behaviours or behaving as abusers by proxy. GDAS's Youth Respect programme can provide valuable evidence in the determination of child contact decisions by the courts.
- 6.** Given the high co-occurrence of youth violence with dysfunctional parenting styles, and the success of GDAS's whole family approach, it is a clear and identified need that interventions with parents, relatives and carers of young people are provided simultaneously with the Youth Respect project.

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Appendices

These appendices outline the questions asked in the surveys upon which this report has been based.

1: Wales Practitioner Survey

1. **What is the name of your agency?**
2. **What sector does your service operate in?**
 - a. Statutory
 - b. Private
 - c. Voluntary
 - d. Other
3. **What kind of service do you work for?**
 - a. Youth offending
 - b. Education
 - c. Health service
 - d. Housing
 - e. Young people
 - f. Domestic abuse
 - g. Policing
 - h. Other
4. **In which local authority area do you work?**
 - a. More than one
 - b. Bleanau Gwent
 - c. Bridgend
 - d. Caerphilly
 - e. Cardiff
 - f. Ceredigion
 - g. Conwy
 - h. Denbighshire
 - i. Flintshire
 - j. Gwynedd
 - k. Isle of Anglesey
 - l. Merthyr Tydfil
 - m. Monmouthshire

- n. Neath Port Talbot
- o. Newport
- p. Pembrokeshire
- q. Powys
- r. Rhondda Cynon Taff
- s. Swansea
- t. Vale of Glamorgan
- u. Torfaen
- v. Wrexham

5. In which part of Wales do you mainly work?

- a. All Wales
- b. North Wales
- c. Mid and West Wales
- d. South Wales West
- e. South Wales Central
- f. South Wales East

6. How long have you been working in this area?

- a. Less than six months
- b. Six months to one year
- c. 1-2 years
- d. 3-4 years
- e. 5 years or more

7. How long have you been working for this particular agency?

- a. Less than six months
- b. Six months to one year
- c. 1-2 years
- d. 3-4 years
- e. 5 years or more

8. What is your primary position?

- a. Managerial
- b. Supervisory
- c. Caseworker
- d. Other

9. How many young people does your agency deal with every year?

10. Are any of these known to have shown abusive behaviour to their partners, peers, relatives and carers?

- a. Yes
- b. No

11. **Can you estimate what percentage of the young people you deal with display abusive behaviour?**
12. **How often has your agency dealt with abusive behaviour to young people over the past year?**
- a. **Against parents/carers:** Never Rarely Sometimes Often Frequently
 - b. **Against peers:** Never Rarely Sometimes Often Frequently
 - c. **Against partners/ex-partners:** Never Rarely Sometimes Often Frequently
 - d. **Against siblings:** Never Rarely Sometimes Often Frequently
 - e. **Against other relatives:** Never Rarely Sometimes Often Frequently
13. **How would you describe the trends in domestic abuse by young people which your agency has encountered this year, as compared to last year?**
- a. **Against parents/carers:** Much higher Higher About the same Lower Much lower
 - b. **Against peers:** Much higher Higher About the same Lower Much lower
 - c. **Against partners/ex-partners:** Much higher Higher About the same Lower Much lower
 - d. **Against siblings:** Much higher Higher About the same Lower Much lower
 - e. **Against other relatives:** Much higher Higher About the same Lower Much lower
14. **Parents and carers: Does your agency have a specific strategy to support parents and carers who have been abused by their children?**
- a. Yes
 - b. No
 - c. Unsure
15. **How would you describe your strategy to support parents and carers?**
- a. Very ineffective
 - b. Ineffective
 - c. Effective
 - d. Very effective
 - e. Unsure
16. **Why would you say that?**
17. **Do you think there is a need to develop specific support for parents and carers who have been abused by their children?**
- a. Yes
 - b. No
 - c. Unsure
18. **How would this be different from support for other forms of domestic violence?**
19. **Siblings: Does your agency have a specific strategy to support parents and carers who have**

been abused by young people?

- a. Yes
- b. No
- c. Unsure

20. How would you describe your strategy to support siblings?

- a. Very ineffective
- b. Ineffective
- c. Effective
- d. Very effective
- e. Unsure

21. Why would you say that?

22. Do you think there is a need to develop specific support for siblings who have been abused by young people?

- a. Yes
- b. No
- c. Unsure

23. How would this be different from support for other forms of domestic violence?

24. Partners/Ex-partners: Does your agency have a specific strategy to support parents and carers who have been abused by young people?

- a. Yes
- b. No
- c. Unsure

25. How would you describe your strategy to support partners/ex-partners?

- a. Very ineffective
- b. Ineffective
- c. Effective
- d. Very effective
- e. Unsure

26. Why would you say that?

27. Do you think there is a need to develop specific support for partners/ex-partners who have been abused by young people?

- a. Yes
- b. No
- c. Unsure

28. How would this be different from other forms of domestic violence?

29. **Does your agency provide interventions to challenge young people's abusive behaviour?**
- a. Yes
 - b. No
 - c. Unsure
30. **Does your agency refer young people to other agencies for interventions to challenge their abusive behaviour?**
- a. Yes
 - b. No
 - c. Unsure
31. **Do you consider these interventions to be effective?**
32. **Why do you think that?**
33. **Do you think there is a need for specific interventions to challenge young people's behaviour?**
34. **How would interventions directed at young people differ from interventions directed at adults?**
35. **Any further comments?**

2: GDAS Referrers Survey

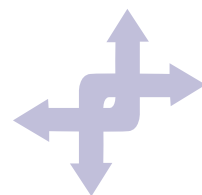
1. **What service do you work for?**
2. **In the course of your work, what trends have you seen in the levels of abuse perpetrated by young people over the past year as compared to the previous year?**
- a. **Against their girlfriends/boyfriends:** Increasing dramatically Increasing Staying the same Decreasing Decreasing dramatically
 - b. **Against their parents/carers:** Increasing dramatically Increasing Staying the same Decreasing Decreasing dramatically
 - c. **Against their siblings:** Increasing dramatically Increasing Staying the same Decreasing Decreasing dramatically
 - d. **Against their peers:** Increasing dramatically Increasing Staying the same Decreasing Decreasing dramatically
 - e. **Against other relatives:** Increasing dramatically Increasing Staying the same Decreasing Decreasing dramatically
3. **How many adults have you referred to GDAS over the past year?**
4. **How many young people have you referred to GDAS over the past year?**

5. **How long has your agency been working with GDAS?**
6. **What is your role?**
7. **This list contains ten priorities for addressing young people's perpetration of domestic abuse. Please can you order them in importance, where one is the highest priority and 10 the lowest.**
 - a. Reducing aggressive behaviour over the long term
 - b. Decreasing the likelihood of the young person entering the criminal justice system.
 - c. Improving interpersonal relationships
 - d. Increasing social skills and employability
 - e. Building healthy family relationships
 - f. Increasing parental authority and control
 - g. Building self-esteem
 - h. Increasing respect for others
 - i. Developing healthy ways of managing conflict
 - j. Improving educational outcomes
8. **Please group these priorities into Immediate, Mid-term and Long-term Objectives**
 - a. Reducing aggressive behaviour over the long term
 - b. Decreasing the likelihood of the young person entering the criminal justice system.
 - c. Improving interpersonal relationships
 - d. Increasing social skills and employability
 - e. Building healthy family relationships
 - f. Increasing parental authority and control
 - g. Building self-esteem
 - h. Increasing respect for others
 - i. Developing healthy ways of managing conflict
 - j. Improving educational outcomes
9. **What considerations do you take into account when making a referral to GDAS's Youth Respect programme? Please select as many as apply.**
 - a. Age of the client
 - b. Family history of the client
 - c. Severity of offending behaviour
 - d. Willingness to engage with intervention
 - e. Other
10. **How is the need to make a referral determined?**
11. **How many young people do you deal with over the course of a year?**
12. **What proportion of these exhibit abusive behaviour to their parents/carers, partners/ex-partners, siblings and peers? Please estimate a percentage.**

13. **In the course of your work, how often have you encountered a situation involving abuse perpetrated by a young person over the past year?**
- a. **Against their girlfriends/boyfriends:** Never Less than once a month Once a month 2-3 times a month Once a week Daily
 - b. **Against their parents/carers:** Never Less than once a month Once a month 2-3 times a month Once a week Daily
 - c. **Against their siblings:** Never Less than once a month Once a month 2-3 times a month Once a week Daily
 - d. **Against their peers:** Never Less than once a month Once a month 2-3 times a month Once a week Daily
 - e. **Against other relatives:** Never Less than once a month Once a month 2-3 times a month Once a week Daily
14. **How would you rate the effectiveness of the service provided by GDAS in challenging young people's abusive behaviours:**
- a. Very ineffective
 - b. Ineffective
 - c. Neither effective nor ineffective
 - d. Effective
 - e. Very effective
15. **Why do you think this is so?**
16. **How could the service be improved?**
17. **What are the positive aspects of the service at GDAS?**
18. **What are the limitations of the service?**
19. **Are you aware of services designed to support individuals who have been victimised by young people?**
20. **What kind of support?**
21. **Do you think there is a need for tailored services for people who have been victimised by children and young people in domestic violence incidents?**
- a. Yes, for parents/carers
 - b. Yes, for partners/ex-partners
 - c. Yes, for siblings
 - d. Yes, for peers
 - e. No
22. **How do you think services need to be tailored for the parents/carers of young abusers?**
23. **How do you think services need to be tailored for the partners/expartners of young**

abusers?

- 24. How do you think services need to be tailored for the siblings of young abusers?**
- 25. How do you think services need to be tailored for the peers of young abusers?**
- 26. Any further comments?**



Gwent
Domestic Abuse Services

Gwent Domestic Abuse Services

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