YSAS
YOUTH SUPPORT + ADVOCACY SERVICE

Family Violence Capability Framework

Implementation Final Report
December 2018-December 2019

Acknowledgement

YSAS would like to acknowledge the Victorian Government, Family Safety Victoria for their funding and support of this project.

We would also like to acknowledge the participation of all workforce members who contributed to this project.

Project Overview:

Between December 2018 and January 2020, Family Safety Victoria engaged the Youth Support and Advocacy Service (YSAS) to deliver a project focused on translating the "Responding to Family Violence Capability Framework" into the Youth Alcohol and Other Drugs (Youth AOD) setting alongside existing AOD workforce capabilities.

Project Governance

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Introduction

In 2015 the Victorian Government undertook a Royal Commission into Family Violence (RCFV 2019) in response to growing community concern and advocacy around the use of family violence in Victoria. The Royal Commission included submissions and testimony from nearly 1,000 individuals, communities and/or agencies. The Royal Commission concluded following a comprehensive and systemic analysis of evidence and resulted in 227 key recommendations relating to the impacts, drivers, risks, prevention, responses, governance and service system roles and responsibilities regarding family violence in Victoria (RCFV 2019). In turn, the Victorian Government has committed to implementing all 277 recommendations to be integrated into a 10 year plan for change.

Key in these recommendations were the need for transformation in the way family violence is both understood and addressed and the need to foster greater cross-sector collaboration, the broadening of responsibility and accountability and the incorporation of family violence work into the practice of multiple sectors. This process included identifying, developing and implementing a foundational level of family violence capability for the broader sector. The Family Safety Victoria Responding to Family Violence Capability Framework (Family Safety Victoria 2017) is designed to articulate the skills required for foundational family violence work in both specialist and non-specialist sectors.

The Responding to Family Violence Capability Framework recognises five key capabilities required to ensure effective responses to family violence. These competencies include:

1. Engaging effectively with those accessing services;
2. Identifying and assessing family violence risk;
3. Managing risk and prioritising safety;
4. Providing effective services;
5. Advocating for legislative, policy and practice reform.

This project has considered the Responding to Family Violence Capability Framework competencies alongside many other key national and state policies for the prevention of violence against women and children, such as Ending Family Violence: Victoria's Plan for Change (Victorian Government 2016), Change the Story (Ourwatch 2019) and the Victorian State Government Multi-Agency Risk Assessment and Management (MARAM) Framework amongst others. (Victorian Government 2019)

Introduction to YSAS

The Youth Support and Advocacy Service (YSAS) is Victoria's largest youth drug and alcohol service, working with young people with diverse and complex needs and high levels of vulnerability. YSAS provides a variety of integrated services to young people aged 12 to 21 years old including youth drug and alcohol outreach, street based assertive outreach, youth residential rehabilitation, youth residential withdrawal, primary health day programs and a variety of other specialist programs.

Young people accessing YSAS services have many strengths, however they often experience multiple intersecting complex needs such as substance use, housing instability, criminal justice system contact, child protection system involvement, educational and social disconnection, trauma and mental health issues.

YSAS holds a vision where all young people are valued, included and have every opportunity to thrive. In order to achieve this vision, YSAS employs four key values:

- **Acceptance:** We accept and value the diversity of people, cultures and life's experience
- **Respect:** We respect the rights of others and treat others as we would like to be treated
- **Honesty:** We are impartial and authentic in our practice and how we relate to colleagues within and outside of our organisation
- **Empowerment:** We create a positive environment for staff and young people to make valuable contributions

Presently YSAS employs over 350 staff members across a variety of support and treatment programs. The YSAS workforce is multidisciplinary with staff holding a range of professional experience and education ranging from Certificate, Bachelor, Postgraduate and Masters Qualifications in fields such as Youth Work, Social Work, Psychology, Occupational Therapy, Nursing and Drug and Alcohol specialisations.

A note on terminology:

This report uses the term "Young Person". For the purpose of this project, young person is defined as being between the ages of 12-22 years.

Adolescence and young adulthood is an important life stage during which multiple biopsychosocial processes are experienced. (Harms 2010;280) These processes can involve changes across a broad spectrum of life domains including: (Harms 2010 pp280-294)

- Puberty and the onset of hormones that prompt primary sexual characteristics such as the ability to produce sperm and menstruate
- Secondary Sexual characteristics such as voice changes, facial, underarm and pubic hair and body odour
- Physical growth (e.g. weight and height)
- Changes in sleep and nutritional needs
- Neuronal/brain development/changes
- Resulting cognitive changes including more complex processing such as rationality, world and personal values, self-consciousness, abstract thought and foresight
- Personality development and coping skills acquisition
- Risk taking and boundary formation
- Autonomy seeking, individuation and transitioning to independence
- Intimate relationship and sexual identity formation
- Meaning making, moral and spiritual changes and value exploration and consolidation

In addition to the complexities associated with adolescent development, Young people accessing YSAS Services experience multiple strengths and challenges in their lives. It is for this reason that Youth AOD practice aims to use practice which is developmentally sensitive and responsive to the unique experiences of young people.

YSAS Sites and Programs: A Brief Overview

YSAS sites are located in multiple regions across Victoria including Dandenong, Box Hill, Abbotsford, Preston, Sunshine, Frankston, Bendigo and Morwell regions. Each YSAS site is often home to a variety of different program types and services that include and often extend beyond Youth AOD Outreach. YSAS has local partnerships and funding to provide a variety of innovative local level programs to address specific geographical or community needs and work collaboratively and sensitively amongst different cultural and social contexts. Examples of these programs can include: PIVOT, Wilum Supported Accommodation, RECONNECT and the Youth Empowerment Project amongst many other initiatives.

In addition to Youth AOD Outreach and local initiatives, YSAS also provides the following key services:

Residential Programs
YSAS Youth Residential Withdrawal units are located in Glen Iris, Geelong and Fitzroy and Youth Residential Rehabilitation units in Eltham and Hastings. There are no geographical catchments for young people accessing YSAS Youth Residential Withdrawal units and Residential Rehabilitation units and these services may be attended by young people from any location including interstate. Young people are eligible to access these units multiple times throughout their support-seeking journey. Young people are able to remain in Youth Residential Withdrawal for a period of up to 14 days, and Youth Residential Rehabilitation for up to six months. Bunjilwarra, the YSAS Youth Residential Rehabilitation Service in Mornington Peninsula is Aboriginal and Torres Strait Islander specific utilizing culturally sensitive practice.

Day Programs
YSAS Primary Health Day Programs also do not contain geographical catchment eligibility criteria, and may be accessed by young people from any location. These programs work on a "drop-in" and brief intervention basis and are frequently an opportunity for young people to be introduced to YSAS and other services. YSAS Abbotsford Primary Health Day Program operates a youth medical clinic, a secondary Needle and Syringe Program (NSP), provides showers, washing machines and material aid and acts as a referral pathway for both YSAS and other youth services. This program is a safe recovery space and young people may attend substance affected.

YSAS Dandenong Day Program does not offer space for those substance affected but does offer young people access to a variety of recreational, support, material aid and employment programs as well as linkages to local services and supports.

Youth Support Services
YSAS is also a provider of the Youth Support Service (YSS) a crime prevention program which is not AOD-specific, and works holistically with young people and their families from a diversionary and early intervention framework. Young people are referred to this program primarily by Victoria Police, and are eligible for brief intervention for a period of up to six months. YSAS YSS catchments include the Metropolitan North, South, West and East and the Latrobe Valley regions.

Embedded Youth Outreach Pilot
The YSAS Embedded Youth Outreach Pilot (EYOP) pairs Youth Workers and Victorian Police Officers for secondary responses to young people coming into contact with Victoria police from an offending risk intervention and prevention perspective. This program is delivered in the Southern and Western regions of Melbourne.

Headspaces
YSAS is also the key provider/consortium partner for two youth mental health services – Headspace Collingwood and Headspace Frankston.

Centre for Youth AOD Research and Practice
YSAS runs the Centre for youth AOD research and practice to improve the outcomes of young people across the sector and the country. Activities of the unit include research, program evaluation and training provided to workers in various sectors. Finally, the unit provides drug education programs to Victorian secondary students.

A note on terminology:

YSAS adopts what is referred to as a **"Harm Minimization"** approach to drug and alcohol.

Harm Minimization is a key policy framework of the Australian National Drug and Alcohol Strategy 2017-2026 (Australian Government 2019). Harm Minimization from an Australian National Policy perspective does not condone drug use, but instead recognizes the following considerations (Australian Government 2019):

- Drug use occurs across a continuum, from occasional use to dependant use;
- A range of harms are associated with different types and patterns of drug use;
- The response to these harms requires a multifaceted response.

The implementation of the Harm Minimisation approach is the responsibility of relevant agencies, in Commonwealth, State and Territories and has been adopted as a framework since 1985. The Harm Minimisation Approach is underpinned by three pillars including: (Australian Government 2019)

- **Demand Reduction:** Preventing the uptake and delay onset of first use. Reduce harmful use and support people to recover. Demand reduction can include treatment, diversion, building community knowledge and addressing the underlying determinants of substance use.
- **Harm Reduction:** Reduce risk behaviours and support safer settings for substance use. This may include information and peer education, diversion from the criminal justice system into treatment, blood borne virus prevention, creation and maintenance of safe spaces such as "chill out" or "sobering up" spaces, safer injection practices, replacement therapies etc.
- **Supply Reduction:** Control illicit drug and precursor availability. Reduce illicit drug availability and accessibility. Supply reduction may include the regulation of retail sale of tobacco and alcohol, border control and enforcing legislation.

Young People who access YSAS Youth AOD Services

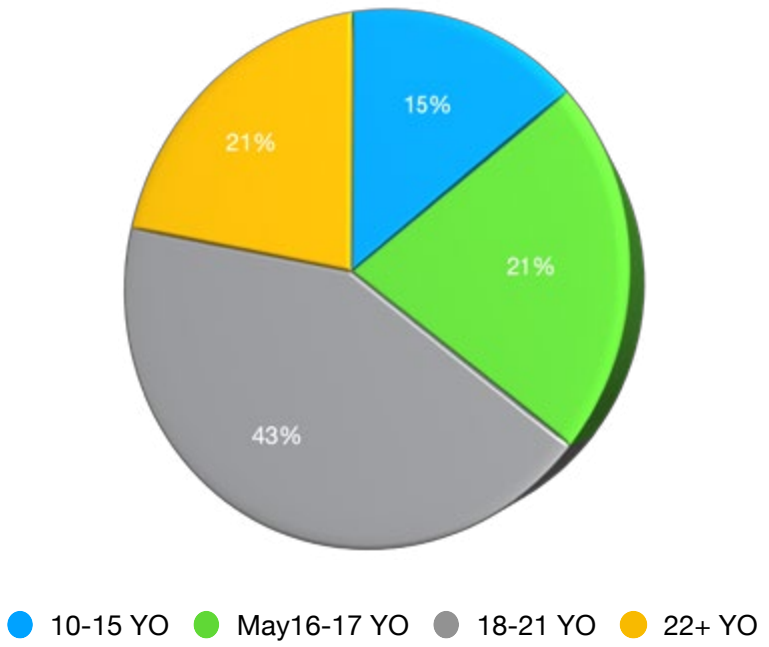
Between the periods of 2016-2017, approximately 1834 young people were supported through YSAS AOD Services, resulting in 4811 episodes of care provided by the agency. (YSAS 2019)

During 2016-2017, a total of 1173 young people accessed Headspace Collingwood and 1374 young people accessed Headspace Frankston. (YSAS 2019) The YSAS Youth Support Service (YSS) also provided support to 417 individual clients during this time. (YSAS 2019)

During the period of 2016-2017, approximately 33% of young people accessing YSAS were female and 67% male. A large proportion of young people accessing YSAS services are 18-21 years old, whereas young people aged 16-17 years old also make up a key proportion of YSAS service users. Data obtained from 2016-2017 has identified the following information regarding YSAS service user's age:

2016-2017 Age of YSAS Service Users
Source: YSAS 2019

Percentage of total young people accessing YSAS AOD Services



Between 2016-2017, approximately 51% of young people accessing YSAS Youth Drug and Alcohol Services identified as unemployed, 28% as students, 15% as employed, 4 as other and 2% as undertaking home duties (YSAS 2019)

Between 2016-2017, the primary drug for which young people sought support for from YSAS services was cannabis (51%) followed by alcohol (20%), amphetamines (20%) and other drugs constituting 9%. (YSAS 2019)

The 2016 Youth Needs Census: A further insight into young people's experiences and needs

In 2016, workers from 35 government funded Victorian Youth Alcohol and Drug treatment services completed a comprehensive survey in relation to the complex needs and lives of the young people in their care. This Census resulted in the data of 857 young people's experiences being obtained. (Hallam, Landman, Hall, Kutin, Bruun, Ennis 2018) This comprehensive 2016 survey expanded on a similar census that was undertaken in 2013, allowing a comparative analysis.

The 2016 Youth Needs Census highlights a variety of key findings in relation to drug related harms, service and program utilisation, criminal offending, physical and mental health, educational outcomes, housing, employment and family relationships. (Hallam et. al. 2018) A full copy of the census is available at ysas.org.au.

The Youth Needs Census identified that amongst most young people seeking support from youth AOD services – cannabis remained the most frequently used drug (45%) identified by young people as a substance of concern and focus of their treatment. (Hallam et. al. 2018) Other key substances young people sought support for included methamphetamines (27%), alcohol (14%), tobacco (2.7%) and heroin. (1.4%)

In relation to drug related risk and harm, 37% of young people suffered from substance related harm in the three month period prior to the census. These drug related harms included hospitalisation, physical injuries or harm, substance affected driving, unprotected sex and being the victim and/or perpetrator of physical violence. (Hallam et. al. 2018)

A higher proportion of workers reported being unaware of young people's experiences of abuse, neglect and trauma than workers who were aware of young people's experiences of such issues. Consequently, the rates of trauma, neglect and abuse may be higher than what was identified in the Youth Needs Census. However, workers identified being aware that of the young people in their care - 36% of young people experienced neglect, 51% emotional abuse, 39% physical abuse, 17% sexual abuse and 22% of young people were victims of violent crime. (Hallam et. al. 2018)

The 2016 Youth Needs Census enquired generally in relation to family conflict and family connection, rather than direct experiences of family violence. Family conflict was defined in the Youth Needs Census as extending from conflict related to normal adolescent and young adult development through to significant family dysfunction, violence, neglect, parental mental illness or substance use. (Hallam et. al. 2018) It is noted that multiple factors including barriers young people experience in reporting family violence, the rates of young people's experiences of family violence may be higher than identified in the Youth Needs Census. Furthermore, the Youth Needs Census did not specify different typologies of violence such as young people who use violence in the home, adolescent intimate partner violence etc.

Approximately half of the young people in the Youth Needs Census had experienced family conflict in the four weeks leading to the census. Furthermore, 39.4% of young people had previous involvement with the Child Protection system at one point in their lives, and 16.8% had current Child Protection system involvement. (Hallam et. al. 2018) Workers were aware that in the four weeks leading to the Youth Needs Census survey, 21% of young people were identified as experiencing emotional abuse, 9% physical abuse and 7% neglect. (Hallam et. al. 2018)

The 2016 Youth Needs Census highlighted that due to multiple complexities, specific groups of young people had specific vulnerabilities and needs. These specific needs included: (Hallam et. al. 2018)

- Young women had greater experiences of psycho-social burden resulting from substance use than young men did - including increased risk of violence and childhood sexual abuse
- Young men were at greater risk of assault and experiences of physical abuse in their histories;
- LGIBTQ young people were at higher risk of mental health issues, suicide and non-suicidal self-injuries than other young people
- Greater difficulties in engaging with education and employment were experienced by young people of Aboriginal and Torres Strait Islander Communities.

Young People and Family Violence

Family violence involves the use of power and control to create and maintain an infringement on the basic human rights, freedoms, security, safety and autonomy of another person. (Fitz-Gibbon, Walklate, McCulloch, Maher 2018 pp3-7) Family violence has significant and traumatic impacts on the lives of impacted people, families, society, communities and also young people.

Young people experience multiple biopsychosocial developmental processes during adolescence (Harms 2010 pp280-294). At this developmental stage, young people's cognitive, social-relational, problem solving and emotional systems are being formed and consolidated. Human instigated actions are the most critical forms of disruptive stressors that young people can experience. (Rheineck, Miars 2008;159) The abuse, power and control that occurs during family violence can impact these developmental processes and alter young people's perceptions of the world as a safe space and their views towards themselves and others.

A note on terminology:

The term "Victim Survivor" is frequently used to describe those who have/had experiences of family violence. Victim survivors of family violence may be children, young people and adults. It is important to recognize that people who are victim survivors of family violence have and continue to exhibit significant strength, agency and have made decisions and undertaken actions to manage their own safety. Although not all of those who have had experiences of family violence may associate or identify with the term "victim survivors" it is the term used within the context of this project to describe young people who have previously had or currently experience family violence.

This project deliberately adopts the term "Young people who use violence", given the age of the young person and their concurrent safety and development needs, rather than the term "perpetrator of violence" that is commonly cited in adult family violence literature.

Exposure to family violence can impact young people's identities, emotions, meaning making, relationships and other key developmental domains as they transition into adulthood. There are a multitude of different trauma behaviours that may be experienced in response to family violence, including:

- Young people may blame themselves for abuse and carry a sense of worthlessness, low self-esteem and a sense of lack of control in life
- Some young people may have learnt to self-silence and engage in passivity and appeasement as a way of surviving family violence
- Living in a constant state of fear and anxiety may cause young people to have dysregulated emotions

- Some young people may have normalized the power, control and abuse they have experienced and believe this to be acceptable behaviour in relationships
- Self-injury may occur as a trauma response or coping behaviour
- Young people may engage in disordered eating as a way of obtaining control over their bodies and/or as a result of self-objectification
- Risk taking at a level beyond that of normal adolescent development may occur
- Young people may abscond from their homes as a way of maintaining their safety and avoiding conflict.
- Young people may use substances as a way of coping and managing their trauma experiences

Sources: (Hay 2000;348) (Batchelor 2005;367) (Heimer, De Coster 1999;283-287) (Howard, Qiwang 2003;10) (Cleveland, Herrera, Stuewig 2003;325) (Towns, Scott 2013 pp541-548) (Ussher 2010;19) (Kerig, Becker 2012;136-7) (Ford, Grasso, Hawke, Chapman 2013;788)

Young people experience many vulnerabilities resulting from their age, including not having access to safe alternative accommodation, transport, finances or basic resources. Absconding from home to protect themselves from or avoid conflict may result in young people being visible in public places and/or experiencing homelessness. (Watson 2011;642) Furthermore, many young people may engage in survival behaviours such as shop lifting essentials or survival sex, (Chesney-Lind, Shelden 2014;145) (Watson 2011;642) placing them at risk of further harm, exploitation or criminal justice system contact. (Burman, Batchelor 2009;278) (Chesney-Lind, Shelden 2014;145)

Victim survivors of family violence make decisions and use the resources available to them to manage their safety. For young people this may include using resources such as their social networks and peer groups. Unfortunately, some of these social and peer groups may attempt to leverage young people's vulnerability, potentially making these situations also unsafe.

A note on Terminology

Poly-victimisation is a conceptual framework used to describe young people who have multiple intensive trauma experiences that can result in young people exhibiting behaviour responses beyond the bounds of Post-Traumatic Stress Disorder. (Ford, Grasso, Hawke, Chapman 2013;788) Frequently young people who experience poly-victimisation have histories with significant family violence and child abuse incidents. Although poly-victimisation impacts young people of all genders, young women are significantly at risk due to the higher rates of sexual assaults, sexual trauma and family violence victimisation experiences experienced by women. (Ford et. al. 2013;769)

Due to the impacts of complex and intensive trauma, young people with poly-victimisation experiences may exhibit behaviours that are highly complex. Examples of such trauma behaviours can include emotional dysregulation, impulsivity, disassociation, reactive aggression, relational problems, self-injury and addictive behaviours. (Kerig, Becker 2012;136) Family violence and other abuse experiences can create trauma responses where young people may engage in "pathological adaption" as a form of coping in situations of immense hostility, distress and inescapability. (Kerig, Becker 2012;136) These behaviours may include emotional numbing, outward expressions of defiance and insensitivity. Residing in environments of intensive family violence and abuse is extremely distressing for young people. Prolonged exposure may lead to heightened distress, anxiety, terror and alarm and can impact a young person's ability and skills in emotional and behavioural regulation. (Kerig, Becker 2012;136)

Adolescent Intimate Partner Violence

Adolescent intimate partner violence, also referred to as "teen dating violence", "dating aggression" and "adolescent relationship abuse" (Maurer 2019;58) is an area of family violence historically under-researched. Emerging evidence and research in this field have highlighted the seriousness of adolescence intimate partner violence, including the risks of harm, both present and future. (Maurer 2019;58) Although some behaviours may desist as development continues, the family violence behaviours initiated during adolescent relationships can continue into adulthood (Maurer 2019;58). It is suggested that 30-50% of adult intimate partner violence include individuals who experienced or engaged in adolescent intimate partner violence. (Johnson, Giordano, Manning, Longmore 2015 cited in Maurer 2019;58)

The developmental processes of adolescence correspond with a young person's initial introduction to romantic, intimate and sexual relationships. For young people, adolescence is a time of learning about communication, intimacy and sexual identity. Furthermore, during this time, young people are increasingly introduced to and navigating social systems and dynamics without adult supervision, including online settings.

The expansion of social groups and peer referencing is an important process of adolescent development. Young people experience tension between individuation and autonomy seeking from parent/caregivers whilst still requiring their needs warmth, intimacy and attachment needs to be met. (Foshee, Benefield, Reyes, McNaughton, Faris, Ennett 2013 pp471-486) The reliance on peers to meet these needs, and resulting enhanced susceptibility to peer influence, is heightened in early adolescence and decreases later in young adulthood when the developmental tasks of identity formation are progressed. (Foshee et. al 2013 pp471-486)

Peer norms, beliefs and acceptance regarding the use of both intimate partner violence and aggression as an acceptable form of conflict resolution have been identified as risk factors for the emergence and continuation of adolescent intimate partner violence. (Connolly, Josephson 2007; pp3-5) (Foshee et. al. 2013 pp471-486) (Wekerle, Tanaka 2010;690) Bullying has also been identified as a risk behaviour for adolescent intimate partner violence, due to the transferability of these control and aggression behaviours from social to intimate partner relationships. (Connolly, Josephson 2007; pp3-5)

There are multiple situational and background risk factors associated with experiences and use of Adolescent Intimate Partner Violence. Examples of these risk factors can include: (Cleveland, Herrera, Stuewig 2003 pp325-335) (Connolly, Josephson 2007; pp3-5)

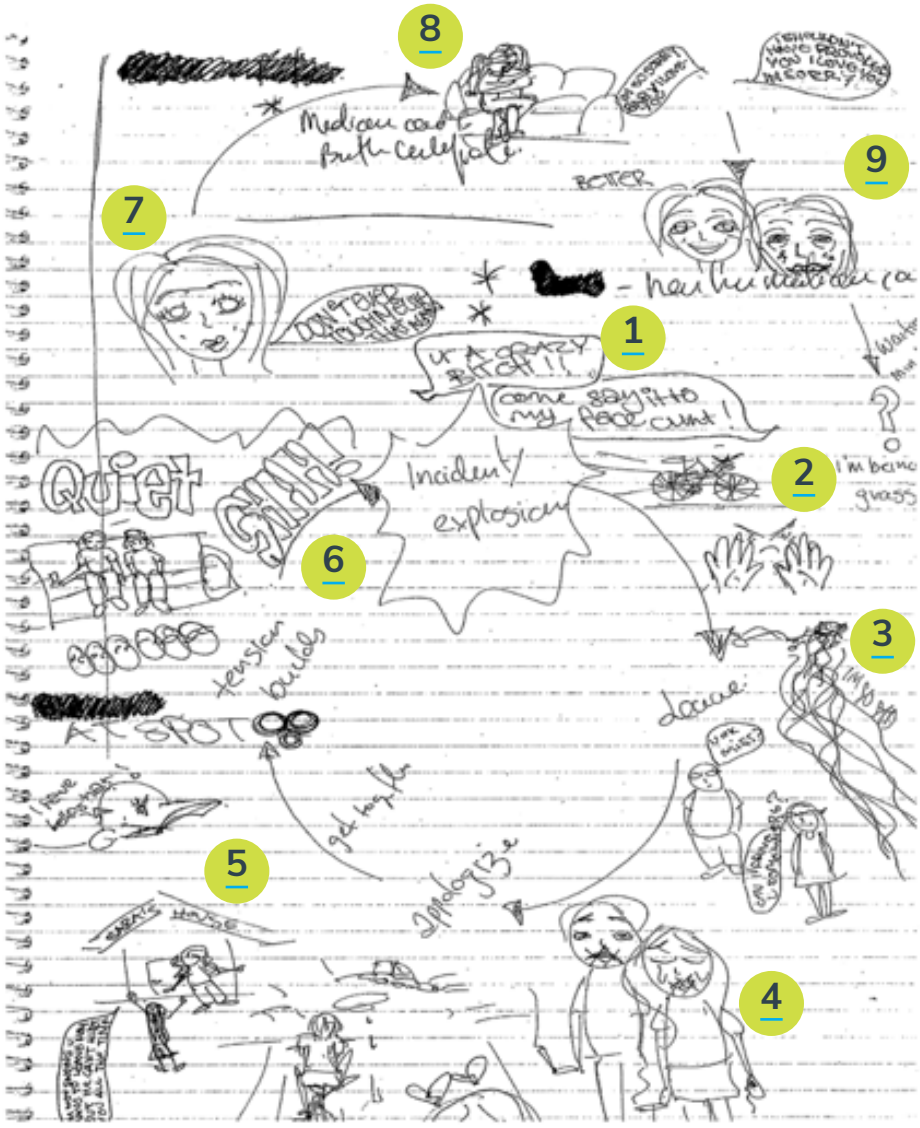
- Family and school problems
- Exposure to violence in the family of origin
- Justice system contact
- Substance use
- Parental attachment issues
- Personal histories of both internalizing and externalizing problems
- Specific features of the dating relationship
- Poor interpersonal skills
- Peer groups tolerant of romantic aggression
- Attitudes accepting the use of aggression to solve interpersonal conflict

Adolescent dating relationships are frequently shorter in duration, particularly earlier during adolescence, and often positioned within local social and peer networks. (Taylor, Sullivan 2017;3) (Maurer 2019;58). The perceived seriousness of the adolescent dating relationship can also have some influence in the occurrence of adolescent intimate partner violence. (Cleveland, Herrera, Stuewig 2003;325) (Connolly, Josephson 2007 pp3-5) Possessiveness, jealousy, fears of infidelity often exist as the initial emerging tactics of power and control within these relationships and can extend to verbal and emotional abuse, monitoring and other controlling behaviours. (Taylor, Sullivan 2017;3) (Murphy, Smith 2010;640) (Baker 2016;911) Jealously related violence at times can be interpreted and confused by adolescents as examples of “love” rather than as control. (Connolly, Josephson 2007; pp3-5) Users of violence will frequently use verbal, emotional and psychological abuse to target issues that are sensitive during adolescent development. Examples may be abuse that targets young people’s changing bodies and sexual reputation. This behaviour is designed to humiliate, control, intimidate and degrade victim survivors.

Women aged 25 years and younger are at higher risk of suffering intimate partner violence than any other age group (Australian Bureau of Statistics 1996, cited in Murphy, Smith 2010;39) with a rate of up to 3x more vulnerable to Intimate Partner Violence than women of any other age groups. (Davidson, Gervais 2015;331)

Like adult victim survivors of family violence, adolescents often experience a significant amount of confusion, hurt, isolation, shame and self-blame. These may be some of the first intimate and sexual relationships in the lives of young people. These relationships occur during an important time in their lives when young people are forming their identities and making meaning of the world.

Diagram 1. A young person's visual representation of intimate partner violence.



Legend for Diagram 1

1. The YP became aware that her partner had been saying derogatory things about her amongst their social group. When she confronted him in person about this, the partner called her a “crazy bitch”. She responded by requesting him to say what he had been saying to other people openly to her face.
2. In response her partner was physically violent, pushing her until she fell to the ground and began “crying a river of tears” with numerous physical grazes.
3. Adult bystanders on the street had offered to assist, including driving her somewhere. The YP was embarrassed about her unstable living situation and didn’t have an address to return to.
4. The YP and her partner did not speak to each other for a period of time. She drew this as their “mouths being stitched up into silence”.
5. The YP spent time couch surfing with her similar aged female friends, often staying a few nights at a time at each residence. During these visits her friends would indicate his behaviour was not OK but that she did not need to break up with him.
6. The YP’s partner was present at a social gathering. She described it as being uncomfortable. He came and sat beside her on the couch and they did not talk for some time. She felt many of her peers were watching.
7. The YP attempted to assert herself in this situation by saying to the partner “don’t ever touch me like that again”
8. The YP and her partner began talking. He apologized to her and they hugged. He acknowledged he “shouldn’t treat her like that” and she stated “I shouldn’t have provoked you”
9. The YP and worker spoke about whether the conversation and relationship made her feel like she was being “grassed”. The YP and worker described “grassing” as a behavioural dynamic where her partner attributed and justified his use of violence as being caused by her mental health. (Gaslighting).

Substance use and Adolescent Intimate Partner Violence

A reinforcing relationship exists between substance use and adolescent intimate partner violence, with those experiencing intimate partner violence victimisation at greater risk for substance use. (Taylor, Sullivan 2017;21) Conversely, substance use is also a risk factor for intimate partner violence victimisation (Taylor and Sullivan (2017;21)

Substance use in early adolescence may predict experiences of intimate partner violence victimisation in young adulthood (Foshee et. al. 2004 cited in Taylor, Sullivan 2017;4) whereas experiences of intimate partner violence victimisation in adolescence can lead to increased substance use in young adulthood (Ackard et. al. 2007 cited in Taylor, Sullivan 2017;4), particularly for young women. (Agnew 2006 cited in Taylor, Sullivan 2017;4)

The links between alcohol use and family violence are further supported by an increasing body of empirical evidence identifying that alcohol can causally contribute to aggression, (Wilson, Graham, Taft 2014;1) that the effects are stronger for men (Wilson et al. 2014;2) and that perpetrator intoxication has been linked to more severe intimate partner violence and higher rates of injury and fear experienced by victim/survivor women. (Wilson et. al. 2017;116)

Youth and Family Violence: Reporting and Rates

Under-reporting of Family Violence and Barriers to Disclosure
Family violence is a preventable social and public health issue. Although policy, health and public awareness campaigns are actively working to create awareness and social change, much family violence remains under-reported, particularly in relation to young people's experiences.

For young people, the complexities arising from adolescence may impact their ability to seek support in relation to use or experiences of family violence. Factors that may impact young people's reporting of family violence can include (Whitman 2017 pp11-12)

- Worries about punishment from parents or authorities
- Young people may feel a sense of personal failure, embarrassment or shame
- They may worry their confidentiality might not be maintained or their experiences not believed
- Young people are seeking independence and may insist on "handling it" on their own or deny issues
- May not disclose abuse because of fear of retaliation from perpetrators
- May not disclose due to safety concerns for children, younger siblings or other family or kin members
- Negative stereotyping or stigma may also cause young people to feel their experiences will not be believed
- A sense of distrust towards adults or figures of authorities.

Data of Young People's exposure to Family Violence
Family Violence has serious and significant impacts on individuals, families, communities, society and the economy. (Family Safety Victoria 2019)

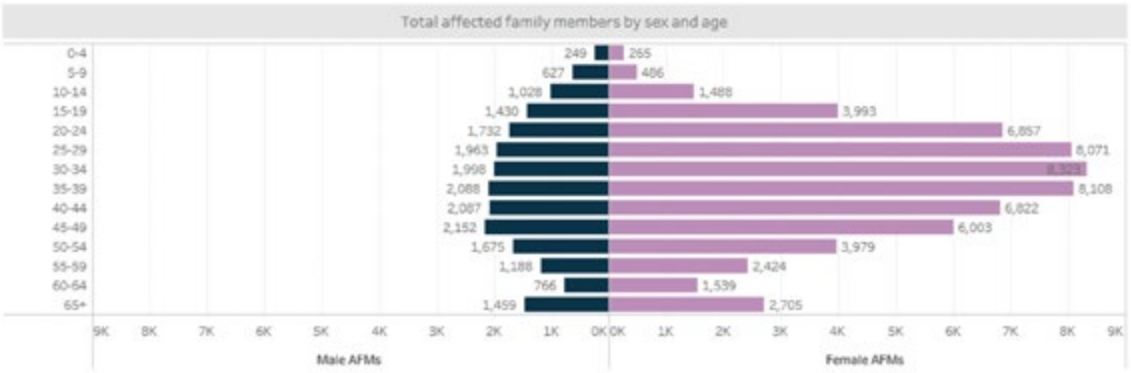
The below data was extracted from the Victoria Police Law Enforcement Assistance Program (LEAP) in relation to "Family Incidents" between July 2018 – June 2019. Family Incidents involve the completion of a L17 form advising that the presenting Victorian Police Officer had completed a process of Risk Management and Risk Assessment was completed. The data refers to the term "Affected Family Member" who is recognized as impacted by the events occurring from the Family Incident. (Crime Statistics Agency 2019)

During the period of July 2018 – June 2019 Victoria Police recorded the demographic information of "Affected Family Members" including age and gender. (Crime Statistics Agency 2019) The below statistics identify that young people (those aged 10-24 years) constituted 20% (16 528) of total (81 505) affected family members in Family Incidents that occurred from 2018 to 2019.

Young women aged between 10-24 years-old constituted 20% (12 338) of Female Affected Family Members (61 063) in the Family Violence Incident recorded by Victoria Police in 2018 to 2019.

Total Affected Family Members by Age and Sex

Source: Crime Statistics Agency- Victorian Government



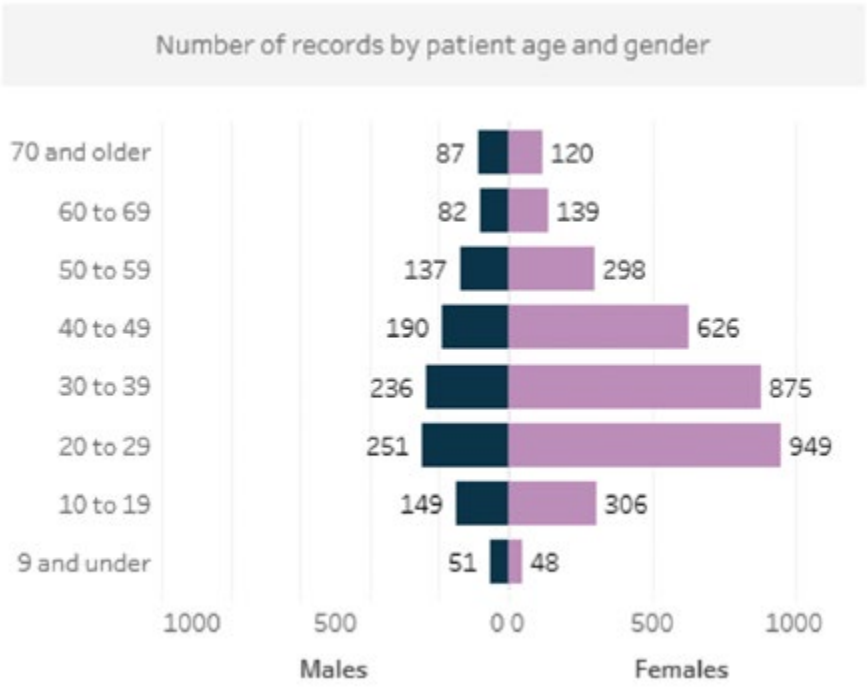
Age	Male	Female
0-4 years old	249	265
5-9 years old	627	486
10-14 years old	**1028**	**1488**
15-19 years old	**1430**	**3993**
20-24 years old	**1732**	**6857**
25-29 years old	1963	8071
30-34 years old	1998	8323
35-39 years old	2088	8108
40-44 years old	2087	6822
45-49 years old	2152	6003
0-54 years old	1675	3979
55-59 years old	1188	2424
60-64 years old	766	1539
65	1459	2705
TOTAL	**20442**	**61063**

The Victorian Police data contained on the Crime Statistics database identify that the average age of youth Affected Family Members is 12.3 years old and that 8.6% of total affected members are aged 17 years or younger. (Crime Statistics Agency 2019). Furthermore 60.4% of incidents involving youth as Affected Family Members occurred where the young person was a child of the "other party", defined as the other person involved in the incident. (Crime Statistics Agency 2019.)

In June 2016 Ambulance Victoria paramedics began capturing information about family, domestic and sexual violence. This information is available on the Crime Statistics Database and highlights that since recording of this data commenced approximately 1255 patients treated by Ambulance Victoria were young women aged between 10 years old to 29 years old. (Crime Statistics Agency 2019)

Ambulance Victoria Patient Records where Family, or Sexual Violence was recorded by treating Paramedic

Source: Crime Statistics Agency. Victorian Government 2019



Young People who use Violence in the Home

The Royal Commission into Family Violence identified there is an inherent lack of awareness surrounding the issue of young people who use violence, from the community, family violence prevention, youth services and the justice system. (RCFV 2017;150))The unique and complex characteristics relating to adolescent family violence require responses that are different to that of adult perpetrators. (Howard 2015 cited in Fitzgibbon et. al. 2018;52) Adolescent family violence had significant detrimental and wide reaching impacts for the young people involved, their caregivers, extended family and siblings. (Fitzgibbon et. al. 2018;23)

Adolescent family violence may be defined as the use of violence in the home by a young person towards family members such as parents, grandparents, siblings and/or caregivers. (Fitzgibbon et. al. 2018;4) Also referred to as “young people who use violence in the home”, “adolescent violence in the home” and “adolescent to parent abuse” (Holt 2016, McKenna 2010 cited in Fitzgibbon et. al. 2018;4) can encompass a wide range of behaviours including physical, emotional, verbal, psychological, financial and sexual abuse. (Fitzgibbon et. al. 2018;4)

Family members and care givers who are victim survivors of young people's use of violence may also face multiple barriers to reporting and support seeking. These barriers can include: (Fitzgibbon et. al. 2018;23):

- Parental shame, guilt and stigma
- Parental fears surrounding the criminalisation of the young person
- Concerns relating to safety, escalation of violence and lack of alternative accommodation options

Between July 2011 to June 2016, Melbourne Children's Court identified that 6228 applications were made for a Family Violence Intervention Order where the respondent was under the age of 17 years old, 70% (4379) of which the young person identified as male. (Fitzgibbons 2018;57) Adolescent family violence was also identified as being gendered with young men more likely to engage in physical violence and young women more likely to engage in verbal violence and property damage. (Fitzgibbon 2018;1). Young men were more inclined to engage in adolescent family violence with severity of incidents incrementally increasing between the ages of 10-17 years old, whereas for young women's use of adolescent family violence declined after the age of 13 years old. (Fitzgibbon 2018;12) There also exists an extended complexity surrounding young people who experience Autism Spectrum Disorders, Attention Deficient Hyperactive Disorder and Asperger's Syndrome and use violence in the home. (Fitzgibbon 2018;20)

Family Violence Typologies used in this Project

During this project, Youth AOD workers were invited to share their understandings, perspectives and insights in regard to their experiences of working with young people who were victim survivors and/or use family violence. For the purpose of the interviews undertaken during this project, Youth Family Violence experiences were separated into three typologies. These typologies are summarized below:

- **Young people who are victim/survivors of adult instigated family violence.** This family violence may have been instigated by caregivers, siblings, parents or other relatives and kinship members in the young person's life both currently or historically, directly or witnessed.
- **Young people who use violence in the home** towards caregivers, siblings, parents or other relatives and kinship members. Much literature refers to this violence as "Adolescent violence in the home" (Fitzgibbon et. al. 2018 pp18-28) and recognizes the need for young people receive prevention, treatment and diversion options that are different to adult perpetrators of family violence. (RCFV 2017;150) (Fitzgibbon et. al. 2018;52)
- **Adolescent Intimate Partner Violence** refers that tactics of power and control and family violence that occurs within adolescent intimate and romantic relationships. Adolescent Intimate Partner Violence can occur in both heterosexual and LGBITQ relationships.

Unlike adults, there may be a shorter timeframe or an overlap between young people's experiences of being victim survivors of family violence and their own use or experience of family violence in their own intimate relationships.

Despite the use of typographies for this project, it is recognized that young people may have multiple, co-occurring and overlapping experiences of family violence victimisation, use of violence in the home and adolescent intimate partner violence.

The YSAS Family Violence Capabilities Project

Project Scope:

The project explored how family violence capabilities can be integrated into existing Youth AOD sector capabilities by embedding with existing practice frameworks, professional development, training and resources.

The learnings of this project culminated in the development of online learning curriculum 'modules' for the Youth AOD sector. This curriculum provides foundational knowledge and skills necessary for the workforce to be aligned on a preliminary level with the capabilities outlined in the Family Safety Victoria "Responding to Family Violence Capability Framework".

During the course of this project, the Multi-Agency Risk Assessment and Management (MARAM) Framework was released by the Victorian Government. The online learning curriculum for the Youth AOD sector developed during this project was also structured to align with the MARAM.

YSAS Positioning amongst the Capability Framework Tiers

The Responding to Family Violence Capability Framework identifies 4 Tiers of sectoral structuring in relation to family violence capability. This project has identified that YSAS and the Youth AOD sector predominantly are located within Tier 3: mainstream and non-family violence specific services. However, in the context of the unique and complex needs of young people accessing YSAS Youth AOD services and the diversity of programs provided by YSAS, there will be components of Tier 2 capabilities that must be incorporated into the knowledge and skills of Youth AOD workers.

A baseline of capabilities consistent with Tier 3, but with some knowledge of Tier 2 capabilities is particularly relevant for certain programs delivered by YSAS in recognition that young people's experiences and/or use of family violence as a referral reason and the subsequent delivery of brief interventions relating to youth family violence.

Child Safety and MARAM

YSAS is committed to the safety and wellbeing of young people, and holds both a legal and moral responsibility to protect children and young people from harm. YSAS holds a Child Safety Reporting and Response policy and a Safeguarding Young People policy to ensure that any incidents of suspected child abuse that occur are promptly and appropriately dealt with and referred to both internal line management as well as relevant agencies and authorities. (YSAS 2017) The YSAS Child Safety Reporting and Response policy operates on the following principles:

- Safety as a human right
- Duty of Care
- Harm reduction
- Best interests of the child
- Compliance with relevant legislation

Following the 2019 release of the MARAM (Multi-Agency Risk Assessment and Management) framework, YSAS currently holds an internal MARAM Steering Committee and overseeing the implementation and alignment of the MARAM within YSAS services and programming. This process is currently ongoing.

It is noted that during this project, qualitative interview participants were invited to share their knowledge and insights of working with young people who have family violence experiences from a general perspective, without specified timeframes. Interview participants acknowledged adherence to relevant polices and guidelines undertaken at the time of the incidents to support young people's safety during the described experiences.

Project Timeline

The project was funded to provide deliverables based on three phases:

- **Phase 1** involved a policy review and a literature review of key theoretical and practice frameworks as they related to Youth AOD and family violence prevention, response and intervention. Phase 1 of this project included the preliminary mapping of FV Capabilities against Youth AOD Capabilities to identify gaps and opportunities for alignment and intervention
- **Phase 2** of this Project involved qualitative interviews with YSAS workers in a variety of programs across Victoria to identify existing practices, worker's experiences of supporting young people with co-occurring substance use and family violence experiences and perceived needs, challenges and opportunities. Phase 2 of this project also allowed an assessment of the workforce's current baseline of practice for supporting young people with co-occurring family violence and AOD experiences and opportunities to integrate and align capabilities.
- **Phase 3** of this Project involved the development of the online learning and training curriculum necessary for the integration and alignment of the Family Violence Capabilities into Youth AOD Practice.

Methodology and Activity

This project was undertaken from an Action Research Methodology. The following activities were undertaken to gather evidence to inform the Capability Alignment and online learning curriculum development:

- Consultations and interviews undertaken with 130 YSAS workers from across the state;
- Extensive academic literature review of 100+ peer reviewed journals, databases and texts relating to youth AOD and family violence;
- National and State Policy review;
- Attendance of Project Worker at more than 40 forums, workshops, meetings, consultations, trainings and conferences relating to family violence, youth AOD, youth mental health, violence prevention and gender equality programming implementation and the intersections of these issues.

Consultation Process

The consultations with the 130 YSAS workers occurred during team meetings, site meetings or on an individual or small group basis. These consultations occurred across a variety of program types including:

Program	Program Locations
Youth AOD Outreach	Dandenong, Frankston, Preston, Abbotsford, Box Hill, Bendigo, Latrobe Valley and Sunshine
Youth Residential Withdrawal	Glen Iris, Geelong and Fitzroy
Youth Residential Rehabilitation	Birribi (located in Eltham)
EYOP – Embedded Youth Outreach Program	EYOP West and South (Sunshine and Dandenong based)
Other – Reconnect, PIVOT, Wilum Supported Accommodation and other regional specific programs	State wide
Assertive Youth AOD Outreach	Abbotsford
Primary Health Day Programs	Abbotsford and Dandenong
Youth Support Service (YSS) Early Intervention and Crime Prevention Programs	YSS North, East, South, West and Latrobe Valley Regions
Headspace	Headspace Collingwood
YODAA – Youth Alcohol and Other Drugs telephone and online support	State wide, based in Fitzroy

Key findings of Project

Family Violence is a common amongst those accessing Youth AOD Services

This project has identified that there is a significant number of young people accessing youth AOD services who have family violence experiences.

The 2016 Youth Needs Census undertaken by YSAS provided preliminary insight in relation to young people's experiences of co-occurring youth substance use issues and family violence experiences. It is noted that the 2016 Youth Needs Census did not specifically focus on Family Violence, meaning that within the sample of 800 young people collected during the 2016 Youth Needs Census, rates of family violence experience and use may be understated. However, this 2016 census identified that 32.8% of young people reported being victim survivors of family violence, 33.3% reported witnessing family violence and 15.8% were instigators.

April's Story

April (name changed) was a 17 year old woman who shared her experiences of Adolescent Intimate Partner violence in her relationship with an 18 year old man. April was engaged with a YSAS worker over the course of 12 months. The young woman was referred to YSAS for early intervention following a shoplifting offence. She was couch surfing at the time of referral and described an estranged relationship with her family of origin. April had no fixed address, was only sporadically contactable on her mobile phone (due to being unable to charge the battery), frequently shop lifted food/sanitary items and was reliant on public transport. Visits occurred at least weekly in easily accessible public places. Early in the work April often presented as cannabis or benzo diazepam affected.*

April identified in her initial assessment that she wanted support with accommodation, addressing her substance use, obtaining Centrelink and support in re-engaging with school or training. In an early session, April appeared anxious and repeatedly checked her phone. In the course of the session she shared with the worker multiple text messages from her partner. These messages demanded to know her whereabouts and also referred to her in derogatory language. Exploring her relationship during sessions, she expressed feeling like a failure and blamed herself and her mental health for this, despite having no formal mental health diagnosis. She was hesitant in discussing her partner - often stating she didn't have the language to explain, that he was "protective" of her, and she was reliant on him for accommodation and substances.

April exhibited low self-esteem, self-blame, and shame. She did not identify with the term "family violence" and would discontinue conversations if this word was used. She vehemently stated throughout the intervention that she did not want police involvement due to her substance use. She refused to provide worker with details of her partner.

During the current project, YSAS AOD workers were invited to discuss their experiences, observations and views specifically in relation to youth experiences of and/or use of family violence. This project that identified that across all YSAS programs and sites, workers reported consistently supporting young people with co-occurring substance use and family violence experiences.

Young people's experiences of family violence included both past and or/current experiences of:

- Adult perpetrated family violence
- Intimate partner violence victimisation
- Use of intimate partner violence
- Use of adolescent violence in the home

It is critical to note that there is frequent overlap between multiple forms of violence victimisation and/or perpetration simultaneously occurring for young people accessing youth AOD services. These multiple forms can be both historical and current.

Other discourses of violence that have been identified in the project included horizontal violence and bullying between young people in settings such as social groups and communities. Young people may also have had violence related offences resulting in youth justice or criminal justice system involvement. Child protection involvement relating to family violence and current or past experiences of Out of Home Care (OHC) also were experienced by some young people accessing youth AOD services.

Reflections of Youth AOD Workers

"They might come from a home where violence is seen as a normal resolution to conflict and have experienced violence themselves growing up. They then act this out as a conflict resolution strategy in their own relationships"

"We will see young men answer for the young women, use derogatory language such as "bitches" "your dumb" "you're a fucking idiot" and put their partners down in front of others. Their use of derogatory language reflects their norms on the outside"

"The program sometimes acts as a respite for young people experiencing violence in their relationships. The young people are aware that there are staff who will intervene to manage safety"

Many young people accessing youth AOD services also had experiences of intergenerational family violence. Intergenerational co-occurrences of family violence and substance use could also occur in the young person's family unit. Workers identified these situations created many complexities in providing support to young people. The staff consultations identified that for young people accessing YSAS services, family violence is so common an occurrence amongst their peers and within their own life experiences that violence had become "normalized" in their views on relationships and conflict resolution.

The intersection of adolescent substance use and violence for young people is complex. Young people may use substances to cope with past or current experiences of family violence and intimate partner violence trauma. Young people may also use substances as a tactic of power and control in intimate partner relationships.

Reflections of Youth AOD Workers

"They use substances to numb the feelings of their past violence experiences or current violent partners. This is difficult for young people who are pressured to attend detox [Youth Residential Withdrawal], as their substance use might be their only coping mechanism"

"Sometimes if a young person experiences family violence growing up, they seem to normalize it. They minimize it "I don't hit her, I'm not as bad as my dad was. I only punch walls, I only push her" In their mind the "yardstick" of normal is skewered because they feel they are not as violent in their own relationships as what they experienced themselves or saw from their parents"

"The young people attend detox [Youth Residential Withdrawal] is to do something good for themselves. But their partners accuse them of wanting to sleep around. There is emotional blackmail. When they are in the unit, the partner will call, stating there is a crisis and/or make threats of suicide if the young person doesn't leave. This can be really distressing for the young person who is withdrawing."

"It is common for young women to have relationships built around AOD use with older men. These men know what to say to them, that they "love them, care for them" and then start to isolate them from supports. As the relationship intensifies, the substance use becomes more chronic, and the power and control escalates to physical and sexual violence"

"A lot of young men's violence is not reported by young women. They don't want the police involved because of the drug use"

Family Violence directly impacts young people's AOD treatment and support

The tactics of power and control used in family violence directly impacts young people's ability to both access and maintain their engagement in youth AOD treatment and support. The consultations identified that frequently youth AOD workers observed:

- Perpetrators of IPV prohibiting young people from accessing treatment, in particular residential treatment services
- Verbal and psychological abuse in relation to jealousy, sexual reputation and threats/fears of infidelity were the most common tactics of power and control used by IPV perpetrators to prohibit young people's access to residential treatment services
- Sabotage of residential treatment stays, frequently through the "creation of a crisis" which pressured or coerced the young person to leave.
- This occurred frequently in IPV relationships, but also in adult instigated family violence. These experiences created distress, fear, anger and anxiety for those in treatment
- Tactics of power and control were observed such as:
  - Attempting to confirm the young person was with workers during outreach visits through monitoring or phone calls
  - Attempted stalking whilst in residential treatment
- Examples of young people disclosing to staff that they access primary health day programs and residential treatment as respite from IPV and family violence

Youth AOD Intervention and work to support young people in learning and accessing harm minimization were also impacted by family violence.

Youth AOD worker's identified that the patriarchal nature of many drug dealing settings had impacts in creating conditions of high risk and high vulnerability for young people. Young women and LGBITQ populations (in particular same sex attracted young men) were especially vulnerable to exploitation in these conditions. Tactics of power, control and exploitation experienced by young people in these settings included:

- Perpetrators of IPV were frequently responsible for obtaining, distributing and managing the substances used by themselves and victim/survivors
- Deliberate withholding of substances to exert and maintain power and control
- Perpetrators of IPV prohibiting young people from learning and accessing harm minimization strategies such as safe injecting
- This created dynamics of power and control where young people were reliant on the perpetrator to administer substances, such as injecting them
- Significant sexual assault and sexual violence experienced by young women
- Sexual coercion and sexual exploitation in exchange for substances
- Sexual exchange for substances is frequent and not identified as being sex work by young people
- Blackmail, pressure, coercion to engage in sexual acts, sexual exchanges and filmed or photographed sexual imagery (eg sexts) and threats of/or distribution
- Financial control
- Coercion and pressure to engage in body modification such pubic hair removal or disordered eating
- Adolescent violence in the home used as a tactic to obtain finances from adults and caregivers
- Perpetrators of family violence obtaining and managing young people's medication
- The weaponizing of young people's mental health issues by perpetrators as a form of power and control
- Significant emotional abuse which is often conceptualized as "love" and "care" rather than power and control

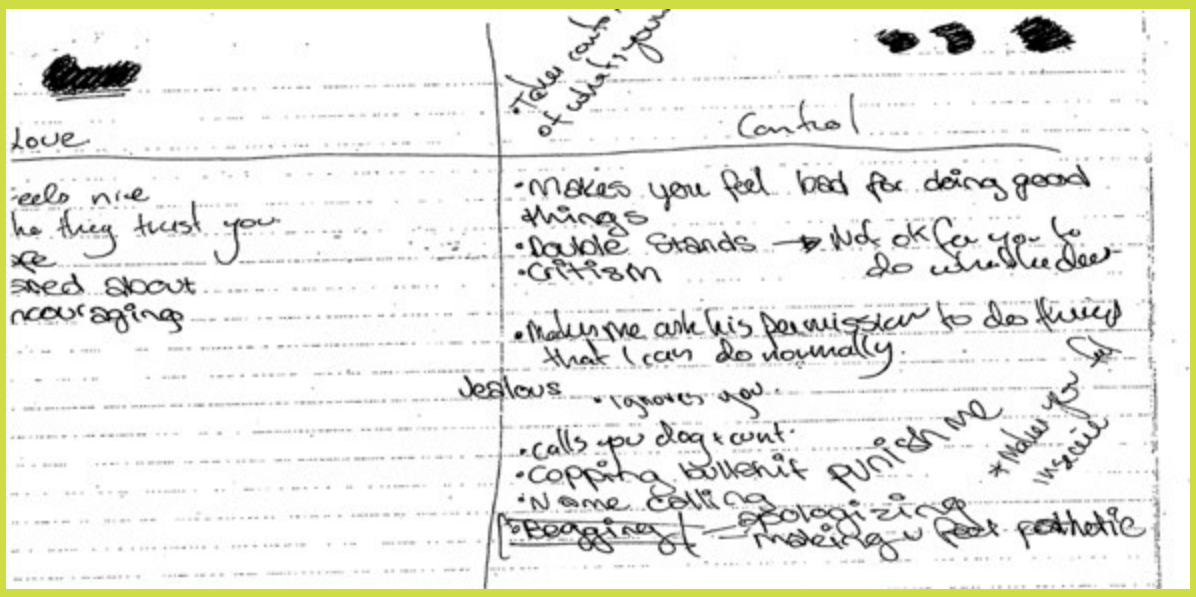


Diagram 2. Love versus control.

During one visit, April and worker drew a diagram to untangle the concepts of "love" and "control" and to define what each felt like. April described "love" as things she hoped for from a relationship. She described "control" based on experiences in her current relationship.

Love *was defined as: "feels nice, like they trust you, safe, cared about and encouraging"*

Control *was defined as: "makes you feel bad for doing good things, double standards – it is not okay for you to do what he does, takes control of what is yours, makes me ask his permission to do things that I can do normally, jealous, ignores you, calls you dog and cunt, copping his bullshit, name calling, making you beg, feel pathetic and apologize. Makes you feel insecure and punishes you."*

The use of violence in the home and in intimate relationships by young people was identified by the workforce as being significantly complex. These complexities were compounded by the presence of intersecting issues such as Spectrum Disorders and cognitive delays in combination with substance use. The lack of alternative safe housing options and lack of formal intervention and diversion options created problematic issues for young people using violence in the home. Risk of homelessness and concerns regarding justice system involvement were identified as barriers that families experienced in reporting adolescent violence in the home.

Frequently young people remained in violent relationships due to lack of accommodation options, geographical isolation, transport issues and at times ineligibility for support or crisis housing. Vulnerability resulting from these issues created a cascade effect of social and educational disengagement, reliance on peers for resources and accommodation, financial strain and continued exposure of young person and/or family/caregivers to abuse and risk of exploitation.

Reflections of Youth AOD Workers:

"The partner will limit her access to dealers, placing himself as the only person she can get drugs off. Sometimes men will deliberately withhold drugs from young women for power and make them beg for them. Or they will go and score together but he will be the holder of the drugs and she has to go through him to have access, which allows him to control her distribution. They can't leave, they are vulnerable because of their addiction."

"The young women burn out after multiple experiences of family violence and intimate partner violence. The mental health issues that result from extended victimisation become so debilitating that they (young women) loose the fire in their bellies and just begin getting stoned or using other drugs to numb it".

"It is common for their boyfriends to inject them. The men act as a barrier to the women learning to inject themselves so they can control them"

"The partners gaslight their mental health and vulnerability and it destroys their self-confidence. The young woman becomes exhausted trying to manage it, and her mental health becomes increasingly unstable. When you try to refer for supports, agencies are like "Oh no, it's because she is BPD [Borderline Personality Disorder] or she is suicidal because she is using substances". You can't address substance use when there is such severe family violence and the young person is using substances to self-medicate the trauma their current circumstances create."

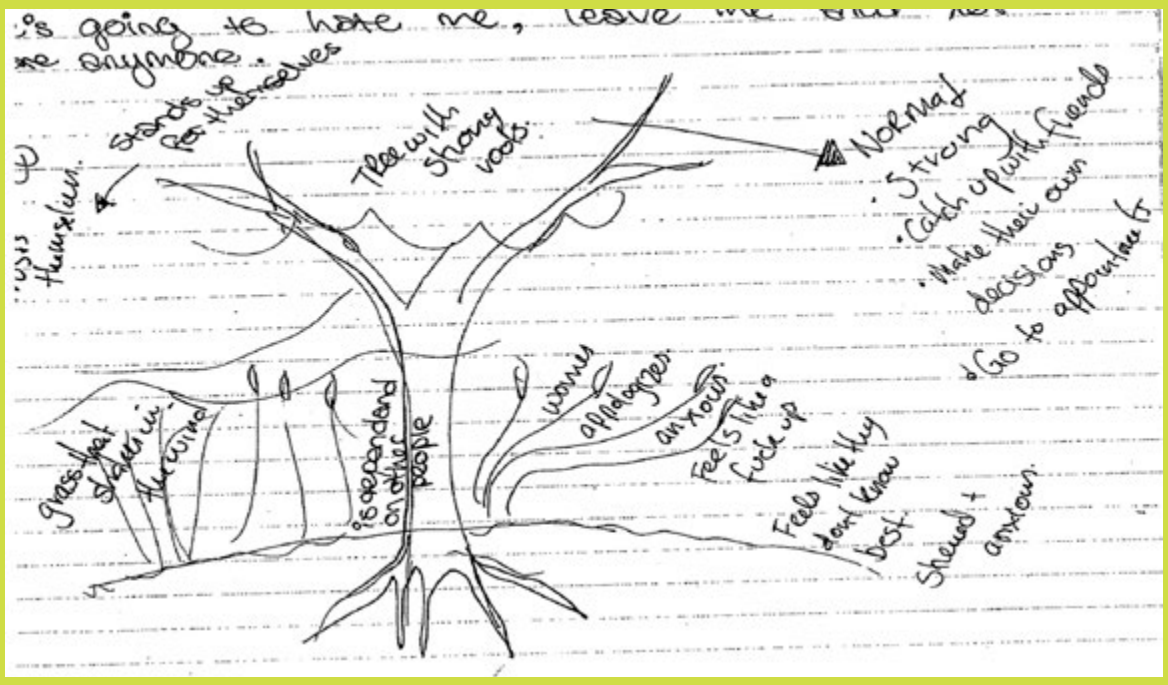
The tactics of power and control exerted by perpetrators of violence impacted young people's ability to maintain treatment in session-based appointment models. This occurred due to direct barriers created by perpetrators in accessing services, or through logistical and transport issues making it difficult for young people to access appointments without perpetrator knowledge. These issues created significant complexities for both the young person and the worker's supporting them.

April's Story... continued

April identified substance use as her primary coping mechanism for her circumstances. The AOD intervention focused on Harm Minimization until stability in her circumstances could be achieved. The treatment focused on establishing her self-confidence, and connections to external supports, access to material aids and safety. Deliberate celebration of achievements was undertaken at each step to support her motivation, self-worth and self-confidence.

April struggled to talk about her situation but was a talented artist, and over the course of the intervention she developed a series of continued metaphors and drawings to describe situations including a "tree with strong roots" when things were okay and "grass that shakes in the wind" when she felt overwhelmed. These descriptions became an "art code", with fires to describe crisis, worms to describe "controlling behaviours" and flowers to describe friendships. Worker purchased her a small art diary and drawing supplies which allowed her to confidentially record her goals, feelings and experiences as images. Concerned about the partner accessing her phone, the "art code" was also used in text messages with worker.

With her worker April used drawing and art to create a representation of the dynamics of the relationship and created a visual Safety Plan that was accessible to her in her language and able to be carried with her at all times. This plan included numbers of after-hours crisis supports including Safe Steps, family violence crisis lines and public hospital emergency departments...



How the Workforce Responds

The majority of the Youth AOD workforce have not undertaken formal family violence training. Presently YSAS does not offer internally facilitated family violence training.

Workforce members who have sought training in relation to family violence have frequently done so in a self-directed manner in response to the recognized needs of young people or programs. Training accessed by these workforce members is generally reflective of what is locally available and predominantly focused on adult and childhood experiences of family violence.

Most workers describe drawing upon knowledge and skills from frameworks such as Trauma-Informed Care to support young people with family violence experiences. These frameworks provide a good foundation for responding to and supporting young people with trauma experiences, including trauma that has occurred from family violence. However, Trauma informed models have limitations in encompassing the complex dynamics of family violence including the gendered drivers of family violence, intersectionality and an understanding of power and control. For the Youth AOD workforce to become family violence capable, frameworks that incorporate intersectionality, gender and power discourse analysis are required.

Developmentally sensitive non-collusive practice must also be embedded into the Youth AOD workforce. Without knowledge of developmentally sensitive non-collusive practice skills, there are risks of workers colluding with young people who attribute their or other's use of violence to substance use, intoxication and withdrawal rather than as tactics of power and control.

April's Story continued...

As the therapeutic relationship and tangible material supports were established (such as accommodation wait lists, identification documents and Centrelink) the work began to draw and discuss explicitly the dynamics of her relationship. This focused on disentangling the concepts of "love" and "control". April disclosed a relationship history of physical violence, deliberate withholding of substances as a form of power and control, being publicly degraded by him, shaming of her body (resulting in purging food) and feeling powerless and oppressed. She disclosed past suicidal ideation and self-harming in response to the abuse she experienced. The Safety plan was updated and the language shifted to explicitly describe the behaviour as "domestic violence".

This project has identified the need for the Youth AOD workforce to embed frameworks of Intersectionality and developmentally sensitive Non-collusive practice. Furthermore current models of Resilience based frameworks used in the Youth AOD sector must be extended to incorporate elements of family violence practice.

This project has identified that within the YSAS Youth AOD workforce there is an identified need and a deep willingness amongst staff to access and learn knowledge, practice and skills to support young people with family violence experiences.

Staff report facing barriers and challenges when attempting to advocate or support young people with co-occurring substance use and family violence experiences. Staff also describe feeling uncertain about the best ways to provide support. Without providing staff with necessary training and support there is a risk of vicarious trauma, systemic fatigue and burnout within the workforce. This highlights the need for the Youth AOD sector to access family violence training specific to the needs of adolescent development and the co-occurrence of family violence and adolescent substance use.

Reflections from workers

"Outreach is so important. Responding with "just get out" won't work as they are at greater risk because of lack of housing and accommodation options. They know it. If you respond with this, it just closes the conversation down. They don't have options to just leave."

"The systems designed to protect women in these environments are not made for young women."

"Drug and alcohol works from a framework of Harm Minimization. But you can't take this route with family violence, there are dynamics of power and control to consider"

"For young people, they can't always just walk away and calm themselves down and they often don't have the coping strategies or resources for the trauma they've experienced. They don't know where to put their anger and feel unsupported. They end up doing things like hitting walls because they are so angry"

"The issue is that many of the models, such as Men's Behavioural Change Models, are for adults, they are not made for engaging and supporting young men to undertake change."

"Sometimes the control in their relationships impacts their ability to attend appointments. Outreach is helpful as it can support linking in with young people who have emotional abuse, crisis and chaos. It takes time, sometimes young people don't have the language to describe what is going on."

Family Violence Capability Alignment with Youth AOD Workforce

This project has identified that the alignment of the Family Violence Capabilities with the Youth AOD Workforce is highly complex and multi-faceted.

The factors that create and compound these complexities include:

- The intersection of adolescent development with other factors
- The lack of adolescent-specific family violence services
- The eligibility barriers that exist for young people attempting to access adult Family Violence Services
- These barriers exist for young people who both experience and/or use family violence and are compounded by adolescent substance use
- The lack of resources available to adolescents immediately impacts and complicates young people's safety needs. These resources issues include:
    - Frequent reliance on public transport
    - Limited after hours transport options
    - Lack of financial independence
    - Lack of emergency and ongoing accommodation options

- Youth homelessness and accommodation instability are particularly problematic for young people. These issues directly impact young people's ability to leave unsafe relationships and situations
- There is a lack of empirically evidenced practice and theoretical frameworks nationally and internationally relating to the co-occurrence of adolescent substance use and family violence to guide practice
- There is limited availability of youth specific intervention and diversion programs and services available for young people who use violence
- There exists a need for some forms of adult family violence intervention to be altered in order to be appropriate for practice with young people
- There is a lack of adolescent specific family violence interventions and resources available to staff to effectively undertake this work. This is particularly relevant in remote areas

The Youth AOD Workforce is well positioned to provide support

Young people accessing Youth AOD programs frequently experience social isolation, disengagement from education and employment as well as variety of other complex needs. As a result, many of these young people may not have access to primary prevention and gender equality initiatives such as Respectful Relationships curriculum.

The embedding of a baseline knowledge of practice and language relating to gender equality, primary prevention, family violence identification, risk assessment, safety planning and therapeutic intervention skills into the Youth AOD workforce provides a unique opportunity for primary prevention and early intervention surrounding the drivers of violence as well as more secondary responses of intervention and diversion.

April's Story Conclusion

April began undertaking emergency short stays at youth Residential Withdrawal as respite from both her relationship, the insecurity of her living circumstances and her substance use. Residential Withdrawal staff were alerted to the family violence occurring and plans were made to continue her treatment goals whilst in detox. She obtained accommodation and was supported by worker to attend. All other agencies were advised of the family violence occurring. Safety plans were updated and she was assisted in accessing a local art program, enrolled and attended flexible schooling and assisted to undertake work experience at a café. Her non-suicidal self-injury had ceased and her drug use had decreased to social settings such as parties and infrequently at nights. Assertiveness training and re-development of safety plan occurred regularly as she frequently would see her ex-partner at social events.

She was supported in obtaining a mental health assessment and linked into Youth Mental Health services. Due to aging out of YSAS YSS program eligibility (at the age of 18 years) a transition plan was undertaken to continue her support with other agencies.

The start of a shift in practice paradigms

It is recognized that the issues resulting from intersections of adolescence, family violence and youth AOD are severe, largely absent from the dominant family violence or adult AOD discourse and in need of unique treatment and service responses. Furthermore, the complex nature and vulnerabilities associated with adolescence create both barriers and opportunities for the effective implementation of the Family Violence Capabilities and there is a need for extended specialist knowledge.

The completion of the online learning modules and other activities undertaken in this project provide some scaffolding to begin to meet these needs, but there is significantly more work to be done.

This project has highlighted that there are populations experiencing family violence who require additional support. These populations include:

- Young women,
- Young people who use violence and
- Adolescent LGBITQ populations

More work is needed to embed Family Violence Capabilities into youth AOD contexts and MARAM responsibilities. This is partially due to the need for not only foundational Family Violence knowledge as a baseline, but also the need for specialist knowledge to support the complex needs of young people accessing youth AOD services. Implementation of new skills and capabilities require comprehensive supports including supervision, policy change and organizational capacity building. .

The development of online modules of Family Violence practice capabilities is a cornerstone for the workforce. Despite this, it is only the first of many steps to make the youth AOD workforce skilled in working with family violence issues

The Youth AOD workforce requires coordination and support to integrate the key capabilities and MARAM responsibilities into services, programming and day to day practice as well as face to face training and support, access to consultation and enhanced coordination and connection with family violence services and resources specific to the needs of young people. Services are also required to align to the MARAM Framework.

Similarly, the Family Violence sector needs to respond to the unique needs of young people with co-occurring substance use issues and family violence experiences. This may involve expanding practice, service eligibility, resources and systemic responses to be flexible, inclusive and responsive to the issues resulting from the intersections of adolescent development, youth substance use and family violence experiences.

These shifts require specialist knowledge, continued research and learning, skill sharing and ongoing coordination and collaboration from local through to structural levels.

Ultimately, these changes require a shared shift in practice paradigms to ensure that all young people receive the right and opportunity to feel safe, to live a life without violence and transition to adulthood with dignity.

Appendices A: Key terms and definitions

Legal Definition of Family Violence
Family violence is defined within Section 5 of the Family Violence Protection Act 2008 (Vic) as:

a) Behaviour by a person towards a family member of that person if that behaviour:
   i. Is physically or sexually abusive; or
   ii. Is emotionally or psychologically abusive; or
   iii. Is economically abusive; or
   iv. Is threatening; or
   v. Is coercive; or
   vi. In any other way controls or dominates the family member ad causes that family member to feel fear for the safety or wellbeing of that family member or another person.

b) Behaviour by a person that causes a child to hear or witness, or otherwise be exposed to the effects of, behaviour referred to in paragraph (a)

Absconding from home and Family Violence
Absconding from home is a behaviour that young people may engage in to manage their safety in situations of family violence. (Chesney-Lind, Shelden 2014;145) (Mak 1996 pp36-37) Young people may fear or feel anxious in situations of adult authority and conflict. Their experiences as victim survivors of family violence may have caused them to identify these behaviours as signs that a situation has the potential to escalate. They may pre-emptively attempt to avoid conflict and abuse by leaving the home. (Peled, Muzicant 2008;439) (Chesney-Lind, Shelden 2014;46)

Anti-Oppressive Practice
Anti-Oppressive Practice is a form of practice that considers power and the impacts of discrimination, control, oppression and exclusion. Similar to Intersectionality, Anti-Oppressive practice considers identity and how social and structural issues can influence the way that identity is formed and navigated. (Egan, Nicholson 2009 pp35-38) (Payne 2014 pp 373-390) Both Anti-Oppressive practice and Intersectionality consider different forms of oppression and challenges a person may experience due to multi-layered barriers and power. A key goal of Anti-Oppressive practice is to work alongside and in partnership with people to gain greater control of their lives. (Egan, 2010; pp80-85) The impacts of these experiences on areas such as identity, self-confidence, resilience and motivation amongst others, are very important during adolescent development. (Harms 2010) Anti-Oppressive practice has a wide scope and considers and challenges the broader issues that lead to oppression, discrimination and violence. (Egan, Nicholson 2009 pp35-38) (Payne 2014 pp 373-390) It is also helpful in working towards violence prevention as it is a framework that considers and challenges the way in which power is enacted across historical, social, cultural and structural domains. (Egan, Nicholson 2009 pp35-38) (Payne 2014 pp 373-390)

Intersectionality
Intersectionality is a recognition that power and social inequality is caused by no single factor, rather the intersection of multiple factors that interplay to create, compound or reinforce oppressive systems. (Multicultural Centre for Women's Health 2018;5) Intersectionality provides a useful lens to remove notions of universality in experience. (Segrave 2018;130) Intersectionality provides a

platform for understanding diversity in a way that moves beyond a surface recognition of difference to an intrinsically deeper and more multi-faceted understanding of lived human existence. (Talwar, 2019;4) Intersectionality considers the "dimensions of difference such as racism, heterosexism, ableism, patriarchy, class-based oppression and other forms of systemic and institutionalized discrimination". (Shin 2015; Talwar 2015 cited in Talwar 2019;38) Adopting an intersectional lens in practice can illuminate how the interplay of such structural, political and historical factors can create complexity in the social and personal constructions of identities. (Talwar 2019;38)

Non-Collusive Practice

Non-Collusive practice draws upon the importance of reflexivity, reflection and critical awareness in practice. Reflexivity, reflection and critical awareness allow practitioners to develop a greater understanding of the situations and contexts that they are facing in practice. (Payne 2004;79) Some people who use family violence may adopt a "victim stance" or present themselves as a victim as a form of avoiding accountability for their behaviour. Accountability refers to an individual's ability to accept responsibility for their decisions, behaviour and actions. This is an important step in undertaking the change process, although it can be a difficult experience for those who have engaged in abuse. The process of holding oneself accountability may create feelings of shame, anger, denial and embarrassment that are difficult to acknowledge. (No to Violence 2018;7) (North West Primary Care Partnerships 2018 pp6-8) Non-collusive practice is a form of working that supports those who use violence in holding accountability for their behaviour whist undertaking the change process. For practitioners skills such as constructive challenging and critical thinking and self-awareness are key skills in embedding this form of practice.

Resilience-based practice

Resilience is a dynamic process and relates to an individual's "capacity to face, overcome and even be strengthened by life's adversities." (YSAS 2019) Resilience occurs as a result of reciprocal interactions between a young person and their environment and involves processes such as Resistance, Recovery, Normalisation and Transformation. (Masten, O'Dougherty, Wright 2009 cited in YSAS 2019) In practice, resilience refers to the vast array of skills, abilities, knowledge, psychosocial resources and insights that people have gained and hold as a response to challenges, adversities and oppressions faced throughout their lives. (Briggs 2010;172) Uncovering, harnessing, activating and developing resilience can support young people's resistance to challenges and adversity. Similarly to Strengths-Based Practice, Resilience-based practice must ensure that the change process is directed and owned by the service user. (Briggs 2010;172)

Trauma Informed Care

A Trauma-Informed Model of Care incorporates elements of a Strengths Based Practice Framework with an understanding of the responsiveness, impacts of and physical, psychological and emotional safety for survivor/victims of trauma. (YSAS Knowledge Centre 2019) The utilisation of a Trauma-Informed Model of Care in AOD practice identifies the experiences of trauma exposure can be common amongst those accessing AOD services and provides guidance for practitioners surrounding the prevalence, implications and complexities of trauma in treatment. (YSAS Knowledge Centre 2019) A Trauma-Informed Model of Care has also been widely adopted within Child Protection settings (Strand 2018;4) recognizing the key integration of trauma in intervention through uses of stages including stabilisation, integration and consolidation. (Strand 2018;6) and have been successfully empirically evidenced within youth residential centres with a strong focus on attachment, regulation and competency to support young people in addressing complex trauma. (Hodgdon, Kinniburgh, Gabowitz, Blaustein, Spinazzola 2013;680)

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