# MARAM Practice Guide – Practice Note Update: Resource for working with adolescents using family violence and their families, during coronavirus (COVID-19) period

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| For up to date public health advice, visit the [Department of Health and Human Services website](https://www.dhhs.vic.gov.au/coronavirus).  **This is for professionals who might be working with adolescents who use family violence during COVID-19. Other MARAM Practice Notes are available** [**here**](https://www.vic.gov.au/maram-practice-guides-and-resources#maram-victim-survivor-practice-guides)**.** **Services should implement relevant guidance in their service contexts.**  For practitioners working in child and family and specialist family violence services already engaged with families[[1]](#footnote-1), this guide supports engagement with parents and carers during home isolation. **As soon as possible, revise risk assessment and management plans (including safety plans) for all current and new clients (adolescent using family violence, family members, including children) in response to COVID-19.**  For workers from various service sectors including child protection, education, health, youth justice, mental health, homelessness and police, this guide promotes visibility of adolescent family violence, identifies key risk factors and supports families to seek intervention with specialist services.  In recognition of the complexity of this issue and the need for Aboriginal led practice advice, Family Safety Victoria will continue working with Aboriginal Controlled Community Organisations to develop additional advice for Aboriginal young people, their families and their community. Allowing greater time for these conversations will enable a response that is culturally safe, transparent and accountable to Aboriginal young people, their families and their communities.  COVID-19 is presenting unprecedented challenges in relation to maintaining service delivery for children, young people and their families. Social isolation and physical distancing measures, online learning, job insecurity and media saturation of deteriorating health and economic conditions around the world present a challenging situation for all families. Limited face-to-face service delivery by many services and reduced community visibility of what is happening in homes compounds the risk of violence for families already experiencing additional vulnerabilities, structural inequality or current or historic discriminatory practices. |

## The Broader Context

### Underlying practice principles

The [MARAM Foundation Knowledge guide](https://www.vic.gov.au/sites/default/files/2019-07/MARAM-practice-guides-foundation-knowledge.pdf) defines adolescent family violence in detail and should be read in conjunction with this document. It includes family violence used by an adolescent (10 – 18 years of age) in family-like relationships, including kinship care. It does not include adolescents who use family violence in residential care settings. Guidance on responding to adolescents who use family violence in intimate partner relationships will be released in 2021. These behaviours may co-occur with violence used against family members and should be considered in a holistic response to risk identification, assessment and safety planning.

Intervention with adolescents who use family violence requires a whole-of-family lens. Practitioners need to recognise the complexity of the family context and the need to engage young people as both victim survivors and users of family violence in many circumstances. The [MARAM Framework and Practice Guides](https://www.vic.gov.au/maram-practice-guides-and-resources) outlines principles for working with children and young people and recognising their unique experiences, needs, risks and identities. The following are practice considerations, consistent with the MARAM Principles, for working with adolescents who use family violence and their families.

1. **Safety:** It is critical to ensure the safety of the victim survivor, adolescent using family violence and other children in the family.
2. **Trauma and violence-informed:** Models of care must acknowledge the intersecting impacts of systemic and interpersonal violence on a person’s life.
3. **A nuanced approach:** A core principle in working with adolescents who use violence is a ‘both/and’ approach since the person using violence is still a child.
4. **Developmental lens:** Practitioners need to respond to each adolescent in ways that recognise their age, brain development, history and maturity.
5. **Accountability:** adolescents must be expected and equipped to take responsibility for the use of family violence.
6. **Gendered lens:** Gendered beliefs and assumptions facilitating the use of violence need to be addressed.
7. **Self-determination**: Aboriginal young people and their families affected by family violence must be supported in self-determination.
8. **Intersectionality**: Adolescents and their families come from diverse community groups and might require access to tailored models of care.
9. **Strengths-based:** A strengths-based approach supports adolescents to identify their strengths and areas for improvement in a way that will encourage respectful family relationships.
10. **Family assessment of adolescent’s progress**: Progress is best assessed through a child wellbeing framework by a professional experienced in working with adolescents and with input from the victim survivor.
11. **Justice system as a last resort:** reliance on the justice system should be avoided unless it is necessary to ensure safety, given the need to support adolescent development and wellbeing and to prevent criminalising the young person.

## For specialist workers already engaged with families

The following guidelines for working with clients are consistent with [the MARAM Framework and Practice Guides](https://www.vic.gov.au/maram-practice-guides-and-resources) and the best available evidence.

### New ways to engage and communicate with families

#### Working with parents and carers

In cases where an adolescent has been using family violence prior to COVID-19, practitioners should consider increasing their contact with the parent/carers during this time, exploring the safest and most effective ways to do so. This might involve working separately with the parents/carers and adolescent when the safety risks are too high and the relationships too fragile. For Aboriginal communities, this might involve working with another family or community member to make sure the cultural safety and connection of that young person and their family are well understood by the practitioner and that responses are client directed and Aboriginal specific when requested.

Practitioners must also be aware of the possibility that an adolescent might have experienced or is still experiencing family violence or abuse perpetrated by a parent/carer or sibling. Where it is safe, appropriate and reasonable to do so, services should seek to collaborate with the parent who is not using violence to ensure accurate and detailed information about the adolescent is collected and assessed. Practitioners need to make sure that phone conversations cannot be overheard by others in the household. This might mean asking the parent to find space outside or go for a walk while taking the call. Where possible, the return to face to face service delivery or flexible/assertive outreach while maintaining physical distancing restrictions will ensure that conversations are not overheard and should include the adolescent where appropriate.

Practitioners can help parents/carers decide which of the adolescent’s behaviours to address now and which could be left for a less stressful time; encourage parents/carers to adjust their expectations of themselves and their children during this period; and encourage parenting practices that balance the following:

* Maintaining a focus on their own **safety** as parents/carers and that of other children in the family.
* **Understanding** of and promoting empathy for the adolescent’s circumstances and context, which might include their own experiences of family violence and complex trauma, a mental health diagnosis, a disability, or a dual diagnosis.
* Reminding a parent/carer of **conflict resolution and problem-solving** skills and applying these to a COVID-19 environment to promote family safety. It is important for parents and their children to agree on the places in the house they can use when there are early signs of escalating aggression.
* Continuing to work from the position of strengths and resources, **building a parent’s/carer’s confidence** and assertiveness skills to support an adolescent to stay safe.
* Supporting a parent to **notice small positive differences in behavior** that an adolescent has exhibited and assisting parents to provide this feedback to their child.
* Supporting a parent/carer to ‘book times’ with their child to **discuss expectations** for living through COVID-19 and providing the adolescent with the opportunity to make their own choices about their routine, within parameters. These may relate to screen time, times for exercise, and times for communicating with peers online.
* Supporting parents to avoid allocating blame (either to themselves or their child) and to maintain a balance within this common dynamic.

#### Working with adolescents

Practitioners should maintain regular contact with the adolescent to check on their wellbeing and safety.

**Do not discuss risk assessments with an adult perpetrator**: If an adolescent using family violence is also assessed as experiencing violence from an adult, do not include the perpetrator in risk assessment conversations, and do not involve the perpetrator in conversations about the adolescent’s use of family violence. Instead, ask if the adolescent would like another appropriate support person to be present. Make sure that conversations cannot be overheard in the house.

**Maintain engagement:** Some specialised interventions for adolescents using family violence might involve following set program material each week. During COVID-19, consider whether continuing with this structure is necessary. It might be more appropriate during this period to maintain engagement for the purposes of maintaining baseline safety. If it is more effective and meaningful to engage with the adolescent face to face, and the risk to safety is considered high, assertive outreach strategies should be considered while complying with physical distancing restrictions.

**Discuss a communication approach:** During this period, practitioners and the adolescent could agree on how they will communicate. If there has been strong engagement previously, practitioners could continue contact via videoconferencing applications and potentially increase this. For other adolescents, it might be less threatening to communicate on a regular basis via phone calls or texts. In this case, practitioners could consider using scaling questions to assess wellbeing and safety.

**Impacts of COVID-19 on existing vulnerabilities:** Engagement with the adolescent should be based on a comprehensive understanding of underlying practice principles including MARAM and [the Best Interest Case Practice Model (BICPM)](https://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model). Additionally, practitioners should recognise the major challenges that COVID-19 creates for the adolescent. Current or past experience of complex trauma might affect the adolescent’s emotional responses, so it is important for practitioners to engage in culturally and trauma informed approaches, particularly when understanding the interconnection and transgenerational experiences of family violence for Aboriginal communities. Adolescents impacted by complex trauma may experience difficulties in their ability to think, learn and concentrate; their impulse control; self-worth; quality of their peer and family relationships; and ability to engage in schooling. These aspects are likely to become heightened during COVID-19 and need to be planned for in respect to an adolescent’s daily routine.

**Adjusting to COVID-19 restrictions**: It is crucial that adolescents are aware of COVID-19 related physical distancing and travel restrictions. It is important to explore with the adolescent:

* What they will need to change about their day-to-day life to comply with government regulations
* Behaviours that might be non-compliant with isolation regulations and how they will manage these
* Health and other consequences that might result from non-compliance
* Cultural connections – from parents, extended family and/or to a strong Aboriginal person in the community that they can connect with and trust.
* How they can comply with the restrictions while also having ‘time out’ and maintaining connectedness to friends and family to support emotional regulation or de-escalation.

During this time, practitioners can support adolescents to develop small goals that are achievable, create ‘lines in the sand’ to break up the day, find ways to appeal to their self-interest, and support activities that enable an adolescent to feel confident and competent. Practitioners could undertake this work with an adolescent or support parents to be aware of these strategies.

Useful questions for engaging adolescents:

* *Do you think I can work with your [parent/carer] and understand your perspective at the same time?*
* *Can you let me know if you think I am not getting that right?*
* *Can you let me know if you are starting to feel a bit angry or frustrated?*
* *Can we have a chat a couple of times each week about how you have been feeling?*
* *Can you let me know if there is another incident, or would you prefer your [parent/carer] to do that?*
* *If I asked your [parent/carer] what’s been happening today, what do you think they would say?*

### Revising risk identification

Remember: In deciding whether to directly assess a child or young person, you should consider whether it is **safe, appropriate and reasonable to do so.** MARAM Practice Guides outline approaches to working with children and young people, parent/carers who are not using violence (including if they are also victim survivors).

Risk assessment and management for adolescents using family violence should always consider if they are experiencing violence or abuse. Practitioners need to understand the adolescent’s behaviour in relation to their age, developmental stage and individual circumstances, and include therapeutic responses as required.

Priority should be given to families where there has been police involvement, and/or any family members named as respondents or applicants on current or past Intervention Orders (i.e. for adult perpetrators and/or adolescents using family violence). In this context, parents may be more likely to resist reporting and seek to minimise the harms associated with the violence. Practitioners need to undertake assessments in a way that keeps all parties, including the adolescent, safe.

If a family has a past or current family violence presentation involving an adult perpetrator, practitioners also need to refer to the [MARAM Practice Guide – Practice Note Update: Minimum response to victim survivors during COVID-19 period](https://www.vic.gov.au/sites/default/files/2020-04/MARAM%20Practice%20Guide%20Practice%20Note%20Update%20-%20Minimum%20response.docx).

#### Conducting a risk assessment

Where an adolescent is using family violence, **discuss the following** with a non-violent parent or carer:

* Any immediate risks to the safety, security and development needs of the adolescent using family violence
* Parents’/carer’s capacity to take action to protect themselves, other children and family members.

Your revised risk assessment during the COVID-19 pandemic will need to identify the following **risks and needs** for the following:

* Family assessment of the impact of COVID-19 in respect to employment; income and financial security; housing; health; schooling and learning environment; social isolation, and general adjustment to the restrictions
* Abusive behaviours used by an adolescent over a weekly period
* Changes in level of drug and alcohol use
* Presence of specialist NDIS supports in the home, and whether further referrals are needed to support an adolescent with a disability and/or developmental delay
* Mental health issues of the adolescent
* Mental health issues of parent/s
* Changes in cultural engagement, including connections with extended family, community and cultural activities
* Quality of family and parenting relationships, including levels of family conflict
* Impact on siblings or other children.

#### Identification of violence, escalating behaviour

In addition to the above, practitioners will need to work with the parent/carers, and the adolescent separately if possible, to identify early warning signs for escalation of behaviours such as:

* Abusive name calling and put-downs of family members
* Being overly demanding, intimidating and threatening when trying to get their own way
* Screaming and yelling
* Physically hurting family members, including siblings
* Purposeful property damage
* Absconding

Wherever possible, it is important to balance the parent’s response with an adolescent’s response and perspective in relation to the above screening questions.

### Updating safety and risk management plans

Following a revised risk assessment, it is crucial to update the safety and risk management plan. Depending on levels of engagement, this can be conducted with the parent/carer and the adolescent either separately or together.

An update should include the following:

* What strategies will be used to **improve home safety** in the COVID-19 environment?

Suggestions might include removing potential or actual weapons; putting knives away; not leaving siblings alone with the adolescent use family violence.

* **De-escalation strategies** in a COVID-19 environment will need to draw upon creative solutions to use the space in the home well for time-out. Practitioners will need to plan with parents, and if possible the adolescent, for the de-escalation of tense or challenging moments. Best results will be achieved if both the parent and adolescent are involved with making these plans and agreeing to them.
* Practitioners may also work with the adolescent to develop some **reflective activities** to do during de-escalation, to enable problem solving and avoid angry rumination (e.g. concentrate on your breathing, practice self-calming, let go, stop your angry thoughts with more realistic self-talk).
* **Plans** for when the de-escalation strategies **do not work**. (e.g. depending on the urgency and time of day, calling a support worker or on-call service or police.)
* How an adolescent and their family may be supported to have access to **culturally safe**, informed support as part of the safety planning and healing process, in a way that reflects Aboriginal cultural strengths, values and traditional wisdom.

#### Useful questions

* What is the fastest/easiest/safest way for you and any other children to exit the house?
* Would you be comfortable calling the police (000) in an emergency? If not, how can we support you to do so?
* Who are your personal emergency contacts?
* How are we going to communicate during quarantine or physical isolation? Do you have access to a phone or the internet? (Zoom, Skype, social media or contact with friends, family or school?)
* Can you contact friends, family or someone trusted if you need to? Consider a code word or signal with a safe person or someone close by who knows how to respond if you contact them in an emergency.
* Can your support person contact police on 000 on your behalf?

### Collaborating and coordinating risk assessment and management

A wide range of service providers, sectors and workforces will come into contact with adolescents who use family violence. Regardless of whether this violence is associated with pervasive developmental delay, autism, other disabilities, gendered or other factors, the adolescent will benefit from an integrated response. Similarly, regardless of the circumstances created by COVID-19, practitioners that work for organisations that are prescribed Information Sharing Entities (ISEs) are still required to use the Family Violence Information Sharing Scheme (FVISS) and Child Information Sharing Scheme (CISS) to request information from and to voluntarily share information with other agencies. This assists practitioners to keep adolescents experiencing family violence safe and in view, whether they are users of violence or victim survivors or both.

If the adolescent and family are engaged with other services, practitioners will need to use their information sharing authorisation to conduct regular risks assessments and share risk and wellbeing information with supporting services and/or care teams. Families that present with adolescents using family violence might be involved with child protection, youth justice, clinical mental health services, drug and alcohol services or the Victims Assistance Program. Adolescents and their families should be supported by multidisciplinary care team meetings to coordinate and share the risk and wellbeing information. Practitioners are encouraged to use FVISS and CISS practices to request and proactively share information with relevant agencies.

Practitioners are encouraged to work together with the care team to develop and coordinate consistent care and risk management plans responding to the needs and wellbeing of each family member. Proactively communicate with universal services, such as schools, to seek information about the adolescent’s and family’s needs and any co-occurring risk or wellbeing concerns. Universal services that regularly engage with families can support monitoring of risk and wellbeing and share with the care team.

## For professionals working with adolescents in other sectors

Parents experiencing fear and stigma associated with their child using family violence are unlikely to seek help until the adolescent’s behaviours are well-entrenched and causing significant harm. It is therefore important that workers in universal services are aware of this type of family violence and the severe impacts it can have on families and the adolescent’s own experience as a victim survivor of family violence. Universal services have an important role in proactively taking steps to identify the presence of family violence in an adolescent’s life, as a victim survivor, user of family violence or both. There are multiple service ‘touchpoints’ that provide opportunities for professionals to pick up on concerning behaviours in an adolescent’s life, such as allied health services, school and early childhood settings, and other family support services.

#### Presentations of adolescent family violence

Adolescent family violence will present in different contexts, and the dynamics of these presentations needs to be understood to ensure the most appropriate response for the adolescent and their family. The following contexts may not always be relevant but may indicate the need for referral into a specialist program (including adolescent family violence specific services) which can then provide a more thorough screening and response for the use of family violence.

All of these presentations need to be considered in the context of intersectionality. This means that some groups in the community face additional barriers to reporting, seeking and obtaining help with their experience of adolescent family violence. It may also mean that not all experiences of adolescent family violence are reflected in current police and practice frameworks, including young people and their families from lesbian, gay, bisexual, trans, intersex and queer (LGBTIQ), culturally and linguistically diverse (CALD) and faith communities.

**Disengagement from school or online learning:** Schools are in a unique position to identify patterns of student behaviour that could indicate violence at home. Adolescents using family violence often have chronically low rates of school attendance and engagement with learning. They might be actively excluded from school due to behavioural issues or refuse to attend due to social anxiety, peer issues, bullying etc. However, not all adolescents using family violence engage in violent or aggressive behaviours in school or public spaces.

As a result of COVID-19, schools in Victoria in Term 2 are returning from online to on-site learning by 9 June 2020. Adolescents from specific cohorts, including students with a disability, or those experiencing vulnerability, continue to be able to attend school on site throughout the restrictions, which may provide relief to some families. However, parental attempts to get the adolescent back to school or to complete online learning activities prior to 9 June could result in volatile situations that present risk of harm to family members. During COVID-19, schools could continue to have a role to play in helping families navigate possible supports, observe child and family risk and wellbeing and share information to respond to escalation of risk.

**Disability and developmental delay:** though children with disability are three to four times more likely to be victims of violence than children without disabilities, professionals in other sectors might not be aware that some adolescents with intellectual disabilities are also at increased risk of displaying aggressive and externalising behaviours, which may manifest as family violence. Violence in this context may be expressive and reactive, or a manifestation of trauma, and specialist advice can be provided by peak disability groups or child and family services with experience of working with adolescents with disability. Behaviours due to cognitive, emotional regulation or other related cognitive impairments should have a disability and medical needs response.

**Mental health:** Many adolescents who have experienced and/or are using family violence are at an increased risk of experiencing mental ill-health and may therefore come to the attention of allied health or specialist mental health services. However, it is important to note that symptomatic mental health behaviours could also be indicative of having experienced complex trauma. For practitioners supporting adolescents with mental health issues and exploring additional specialist referrals, there are various options for parent/carers and adolescents to access support online from mental health practitioners.[[2]](#footnote-2)

**Not adhering to COVID-19 restrictions:** physical distancing restrictions create additional challenges for parents/carers who are trying to implement consistent expectations about behaviour and curfews. Some adolescents could be enacting pre-COVID19 safety plans that require them to temporarily leave the household (e.g. stay with a friend) in order to de-escalate. Others might abscond from the home in a way that is not complying with the new eased restrictions, not appreciating the severity of the situation and preferring to socialise with a group of friends. Some adolescents using family violence are known to engage in problematic substance use and could leave the home to source alcohol and other drugs.

**Problematic substance use:** adolescents using family violence may or may not engage in problematic substance use. For those who do engage, family violence could be fuelled when trying to obtain money from parents, and states of intoxication could also heighten this violence. The use of family violence can in turn affect a parent’s capacity to support their child to stop or reduce substance use[[3]](#footnote-3). It is also important to be aware that adolescents who were previously using drugs and alcohol might have restrictions on their normal usage and as a result experience withdrawals or mood disturbances.

**Accessing homelessness support services:** Some adolescents might be actively excluded from the home by parents. In other cases where there has been police involvement, an Intervention Order might exclude the adolescent from the home, but due to isolation measures they could struggle to find another friend or family member to stay with. Accommodation supports that are appropriate for the adolescent’s age and developmental stage should be considered as a priority.

**Identified trauma**: A number of key agencies can be involved in identifying trauma, including DHHS Child Protection. When practitioners are engaged with an adolescent on a protection order, screening needs to be done to make sure that appropriate referrals are in place if the adolescent is using family violence.

Maternal Child Health (MCH) services provide an early touch point for families. MCH nurses can gather early insights and screen for emerging issues, particularly any exposure to trauma, family violence or other concerning behaviours. Identifying early signs of behavioural issues and intervening is crucial in preventing violence escalating and becoming entrenched. MCH have a critical role to play in supporting earlier intervention.

**Sibling disclosures:** Many adolescents using family violence have younger siblings living in the house. Identification of family violence might occur via disclosure by a sibling who is experiencing harm. These disclosures of violence and any concerns for other children in the household need to be actively assessed and managed, and appropriate referrals made. Violence against siblings may also include sexual abuse – if this is suspected or identified, a report needs to be made to Child Protection. A referral can then be made by Child Protection to a program that supports adolescents who use or display [problematic or harmful sexual behaviours](https://services.dhhs.vic.gov.au/sexually-abusive-behaviours-treatment-services).

## Reporting obligations and referrals

Know your reporting obligations. Use of the MARAM Framework and [MARAM Practice Guides](https://www.vic.gov.au/maram-practice-guides-and-resources#update-practice-note-for-minimum-response-to-victim-survivors-during-the-coronavirus-covid19-isolation-and-quarantine-period)is in addition to existing legal obligations, including mandatory reporting to Child Protection if you have reasonable grounds for believing a child has suffered or is suffering significant harm. Anyone with a concern for a child or family wellbeing can make a referral to Child FIRS/The Orange Door.

Where it is safe, appropriate and reasonable to do so, involve non-violent parent/carers in the referral or reporting process. You can use your professional judgement to determine this and consider how to assist them to continue engaging with your service and support them in this process. This will contribute to a person-centred approach (see [Foundation Knowledge Guide](https://www.vic.gov.au/sites/default/files/2019-07/MARAM-practice-guides-foundation-knowledge.pdf)**Section 9.3**) and partnering with victim survivors.

Concerns for a child’s wellbeing should be referred to Orange Door/Child FIRST and other professional supports as required. In the COVID-19 context, additional assistance can be offered to parents as a ‘warm referral’ to specialist family violence and child and family service agencies might increase the likelihood of the family engaging with the service. Services should be asked to participate in care team meetings, as appropriate.

1. Includes workers from dedicated programs targeting adolescent family violence, Orange Door, Child Protection and other specialist family violence/child & family services [↑](#footnote-ref-1)
2. Headspace: [How to cope with stress related to COVID-19](https://headspace.org.au/young-people/how-to-cope-with-stress-related-to-covid-19/); Kids Helpline: [Coping strategies during COVID-19](https://kidshelpline.com.au/coronavirus); Reachout: [10 ways to take care of yourself during coronavirus](https://au.reachout.com/articles/10-ways-to-take-care-of-yourself-during-coronavirus) [↑](#footnote-ref-2)
3. Howard (2018) Adolescent Family Violence: A report for Family Safety Victoria. p. 73. [↑](#footnote-ref-3)