

Opinion

Child-Perpetrated Family Violence in Kinship Care in Victoria

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There is growing evidence to support our understanding of adolescent violence in the home, however, there is a paucity of research about child-perpetrated violence that occurs within the context of kinship care. In 2017, Baptcare commenced research with 101 kinship carers in Victoria to gain a better understanding of how family violence was impacting on children and families. This research included a focus on child-perpetrated violence directed towards carers once the kinship placement commenced. In this context, family violence means any act of physical violence, emotional/psychological violence, verbal abuse and property damage caused by the child. This study utilised an online survey and semi-structured interviews that specifically targeted kinship carers who had direct experience of family violence. Findings demonstrated the disturbing types of child-perpetrated violent and aggressive behaviours kinship carers experienced. The data indicates that incidents of violence occurred early in the placement, they occurred frequently, and carers experienced multiple acts of violence from the child. The impact of the violence on the carer's household is significant in terms of the carer's health, wellbeing and placement stability. Further, the findings highlight the transgenerational nature of family violence in the context of kinship care in Victoria. The study described in this paper is the first step in understanding and exposing this complex issue and draws attention to some of the significant issues confronting Victorian kinship families experiencing family violence. This paper will describe the approach that Baptcare is taking to address family violence in its kinship-care programs.

■ **Keywords:** out-of-home care, kinship care, family violence, adolescent violence, child-perpetrated violence

Family Violence and Kinship Care

“Just, you know I’ve always got things to deal with, with these two, especially my nephew because he’s very violent. And he’s smashed holes in walls in my house where I was living before, at my mum’s house, um he hasn’t done it here thank God but he’s just got a very violent side so yeah it’s not easy.”

Kinship care is defined as ‘family-based care within the child’s extended family or with close friends of the family known to the child, whether formal or informal in nature’ (United Nations General Assembly, 2010). In Victoria, 8564 children are placed in formal kinship care, with kinship-care placements (54.9%) currently exceeding foster placements (49.1%) (AIHW, 2016). These prevalence rates continue to rise.

Child-perpetrated violence (often termed adolescent violence in the home) is an emerging form of family violence in which a child engages in controlling, abusive and violent behaviours towards their carers (Howard, 2011; NTV, 2012). Legislative restrictions mean that violence committed by children under the age of 10 years is unrecorded by police as it cannot be dealt with through the legal system. Violence by older children is recorded as adolescent violence in the home for which there is legal recourse, but there is a lack of support programs to address this kind of violence (DVRCV, 2010).

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Domestic and family violence in Australia is under-reported (Campo, 2015; Richards, 2011), as violence and abuse thrives on secrecy (Cooper & Vetere, 2005). Uncertainty around prevalence rates for family violence within the kinship care context may be partly attributed to a lack of reporting (Font, 2015). Kin carers tolerate difficulties longer than foster carers and under-report difficulties which can, in turn, lead to significant periods of placement stress (Farmer, 2009). This is often due to a conflict between keeping children safe versus maintaining family connection with the biological parent (Cooper, 2012). In the context of child-perpetrated violence, Bobic (2004) states that a carer's belief that it is their responsibility to protect their children, even when it is to their own detriment, may contribute to the lack of recognition of this kind of violence. While this may demonstrate resilience by kinship carers facing adversity without support – it highlights the systemic issues which place kinship carers and the children in their care at greater risk (Day & Bazemore, 2011).

Exposure to, or witnessing family violence, is a key contributing factor for children entering out-of-home care. In one study, 52% of children in kinship care had experienced family violence leading to them being placed in care (Farmer, 2009). Few children are removed from their parental home due to family violence concerns alone, however, the co-occurrence of violence with other types of abuse form a constellation of risk to the child (DeBoard-Lucas & Grych, 2011). The complexity around family violence includes a range of comorbidity for children, including substance abuse, poverty, family dysfunction, emotional, sexual and physical abuse, neglect, mental ill-health and social isolation (Bromfield et al., 2010; Gewirtz & Edleson, 2007; Goddard & Bedi, 2010; Higgins, 2004). This context provides insight into the multifaceted needs and increased vulnerability of children who are exposed to violence and enter out-of-home care (Boetto, 2010; Weston & Moloney, 2014).

There is a compelling evidence base of the impacts of family violence on children. Herrenkohl, Sousa, Tajima, Herrenkohl, and Moylan (2008) reviewed over 500 studies and concluded that child abuse compounds the effects of family violence and increases the likelihood of psychological problems in youth and adulthood. Price-Robertson, Higgins, and Vassallo (2013) found that long-term exposure to multiple forms of maltreatment results in 'cumulative harm', which has similar effects to trauma, but with more specific outcomes for children's development and behaviour. These include aggression towards self and others, self-hatred, lack of awareness of danger and disturbed attachment behaviours.

A meta-analysis of 118 studies examining exposure to domestic violence during childhood by Kitzmann, Gaylord, Holt, and Kenny (2003) (cited by Humphreys 2007) found that over one-third of children exposed to domestic violence demonstrated wellbeing comparable with, or better than, children from non-violent homes. A range of 'mediating factors' such as children's age, gender, coping ability and so-

cial support, may influence the extent of the trauma suffered by children exposed to domestic violence (Bedi & Goddard, 2007; Clements, Oxtoby, & Ogle, 2008). Whilst it is accepted that not all children who experience family violence will engage in violent behaviours themselves, there is evidence of an intergenerational relationship between childhood exposure to violence and future perpetration of violence (DVRCV, 2010).

Briggs and Broadhurst (2005) report that one-third of carers are threatened or intimidated by the child in their care. There has been little attention focused on the incidence and prevalence of violence in kinship care households – particularly grandparent-led households. Day and Bazemore (2011) cite the risk posed by violence towards multiple generations by reporting the potential danger for carers and the children in their care (Kosberg & MacNeil, 2003). Within the context of kinship care, family dynamics and hostility that place the child at risk (Weston & Moloney, 2014) provide an explanation for children's challenging behaviours towards grandparents (Dunne & Kettler, 2008).

Baptcare is a non-government community organisation operating in Victoria, South Australia and Tasmania. The agency provides a range of services to vulnerable adults, families and children, including kinship and foster care. In 2017, Baptcare sought to gain a greater understanding of family violence in kinship care and undertook a study to investigate this issue and explore the (1) types, (2) frequency and (3) impact of child-perpetrated family violence directed towards the carer's household upon placement commencement.

Research Methods

This study used a mixed methods approach that included an online survey and qualitative semi-structured interviews. The online survey asked about the types, frequency and impact of family violence on the carers caused by the child in their care. Recruitment of participants was specifically targeted towards kinship carers who had direct experience of family violence since the placement started. In total, 101 kinship carers from Victoria responded to the survey, of which 46 carers had direct experience of family violence caused by the child since the placement commencement. It is unknown how many surveys were sent, and then returned, due to the way the survey was distributed. The survey link was distributed to both formal and informal kinship carers through various networks within the sector as well as a closed group of kinship carers on Facebook. Most carers in this study were women, mainly grandmothers and aunts of children in care. Semi-structured qualitative interviews were conducted with carers who wished to share their story in greater detail. Consent for interviews was obtained by the carer's willingness to indicate their interest at the end of the survey. Twenty-three carers provided consent and 22 carers were interviewed. Data collection occurred from November

2016 to June 2017. This study received ethics approval from the Cabrini Human Research Ethics Committee.

Findings

The survey findings of this study demonstrated disturbing results for the kinship carers who had experienced family violence caused by the child in care since the placement began. The carers in this study recalled the distressing acts of family violence they suffered from the children in their care. For example, incidents of verbal abuse, the child blaming others for their behaviour, intimidation, the carers being pushed, shoved or grabbed and the carers being hit with an object were reported. Other concerning behaviours included threats to harm or damage something of the carers, carers being slapped (including around the face and head), carers being kicked, punched and bruised, and threats to hurt someone – including other family members were noted. In a few cases, carers experienced abuse towards the family pet, the use of a knife/weapon, threats to kill and attempted strangulation.

The findings suggest that the onset of violence and aggression caused by the child in care started early in the placement. Most carers experienced violence within a week of the placement starting, with many others reporting violence and aggression within a week to six months. The remaining carers experienced violence and aggressive behaviours caused by the child after 6 months, with a reported increase of violence 12 months after the placement started.

The carer's noted frequent violent acts from the child. Most carers had, on average, experienced violent incidents daily or weekly. Others experienced family violence ranging between a month to six months upon placement commencement. Very few carers experienced violence infrequently (less than once per year).

Incidents of child-perpetrated family violence did not occur in isolation. Most carers experienced more than seven violent incidents since the beginning of the placement. Others had experienced between 2 and 7 incidents. There were no reports of carers experiencing a single incident of violence from the child they cared for.

Most of the acts of violence were perpetrated by males (31 males compared to 15 females). Many carers also reported the acts of violence were committed by younger children aged between 5 and 10 years.

The findings illustrated that most violent incidents were directed towards the carer, other children in the carer's household and/or the partner of the carer. For some carer households, the violence was directed towards more than one household member.

Impact of Family Violence on the Carer

The findings of this study revealed the significant and detrimental impacts of child-perpetrated family violence on the carer. The greatest impacts on the carer were stress, dete-

rioration of physical and mental health, conflict with the child and conflict with others in the household. These consequences may, in turn, contribute to placement destabilisation. Additionally, a decline in the carer's physical health, a sense of powerlessness and isolation, household repairs, lost time at work and conflict with supports such as a social worker and community service organisation were reported. The impact of violent behaviours was frequently described as severe for the carer.

Some carers experienced dual perpetration of violence, that is, violence directed towards them both from the child being cared for and the close family member of the child (usually the child's mother and/or father). Adding to the complexity of transgenerational violence, carers reported that most of the children in their care experienced family violence caused by their close family member once placed in care. The violence occurred both in front of the carer and when out of their immediate care, thus subjecting these children to further abuse and re-traumatisation.

Discussion

This research highlights the transgenerational impact of family violence on carers and the children in their care. The threats to carers' physical and psychological wellbeing caused by family violence must be addressed as a priority by both the commonwealth and state governments and support services charged with supporting kinship families.

This study used a purposive sampling approach. Given the nature of the sample, no prevalence data was obtained and therefore it remains unknown the true extent of carers experiencing family violence from the child for whom they provided care. However, in this study, nearly half of children in kinship care were reported to have committed violent behaviours towards their carers. These findings revealed the early onset of child-perpetrated violence and aggression. The first incident of violence usually occurred within weeks of the placement starting, which might reflect both the distress children experience when subject to trauma and separation from their parents or learned aggression. Additionally, it may indicate an absence of impulse and aggression regulation in these children. A theoretical framework to explain why traumatised children may become abusive towards their grandparents involves (1) the neurophysiology of trauma (Kagan, 2004), (2) the attachment process of children (Ainsworth, 1972; Bowlby, 1988; Kagan, 2004) and (3) the family systems process (Day & Bazemore, 2011).

Carers reported the children's violent behaviours occurred frequently and they experienced multiple acts of violence and aggression from the child. Day and Bazemore (2011) report that children living without their biological parents are more likely to present with problematic behaviours, particularly psychological issues. Further, they describe that grandparents are often at an increased risk for victimisation, given the dynamics between the vulnerability of the grandparents and their grandchildren experiencing

emotional and behavioural challenges (Day & Bazemore, 2011).

Many carers noted that the violence was perpetrated by younger children. This highlights the difficulties in recording accurate prevalence rates due to these children being below the age of legal responsibility. It is likely these behaviours are not viewed through a lens of family violence related behaviours. Gebo (2007) notes the challenges of reporting adolescent violence to authorities, which is often treated more leniently by the legal system. This, in turn, may send the wrong message to the young offenders that violence towards family members is less serious or important than non-family members.

The data showed that violent behaviours were more frequently reported in relation to males. This finding is consistent with other research in adolescent violence in the home (NTV, 2012). Research findings suggest that exposure to family violence increases the propensity for male children to become violent themselves (Carr & Vandusen, 2002; Cornell & Gelles, 1982; Gallagher, 2004; Howard & Rottem, 2008).

Child-perpetrated violence was frequently described as having a severe impact on the carers, particularly in regard to verbal and emotional abuse rather than physical aggression. Kosberg and MacNeil (2003) acknowledge the loyalty of grandparents as carers, with the removal of highly abusive grandchildren from their care unlikely unless their lives were under threat. Additionally, their persistence in providing care may override the extent of challenges carers face in terms of older age, poorer health, financial difficulties and physical and emotional exhaustion (Kosberg & MacNeil, 2003).

Removing a child from their parental environment and placing them in out-of-home care is not sufficient to mitigate the risks that are inherent in the complexity of child trauma. Scaffolding of support services and specialised treatment of the child (that includes a focus on key aspects of relationship building and psychosocial development) are essential to work towards safety.

Given the transgenerational nature of violence, and the traumatic circumstances that lead to children entering out-of-home care, child-perpetrated violence is inevitable. This is a significant issue that is currently under-researched in the area of domestic and family violence in out-of-home care (Day & Bazemore, 2011). The findings of this study provide a small insight in understanding child-perpetrated violence in the context of kinship care in Victoria.

Baptcare's Response

To further enhance the understanding of family violence in kinship care, Baptcare will be repeating this study in New South Wales using a much larger random sample of both non-mandated and mandated kinship carers. Additionally, a further study will be undertaken in Tasmania through Baptcare's Grandparents and other Relative Carers program.

Both studies will strengthen the evidence base pertaining to family violence in kinship care.

Baptcare is actively working to support kinship carers and children affected by family violence. A set of resources is currently being developed, including a kinship care guide and material for carers that contains information provision and support to help deal with family violence. Further, Baptcare is trialling a twice yearly therapeutic 'kinship care retreat' for carers and the children for whom they care. The focus of the retreat is to provide a range of activities over a weekend that helps to educate, promote healing, self-care and resilience for kinship families affected by violence.

Baptcare is providing access to specialised trauma support counselling through its 'Reaching Children through Universal Service' demonstration program for children in kinship care who are affected by family violence, and specialist support groups for kinship carers. Baptcare staff are also developing an online training package for kinship carers that has a focus on caring for traumatised children and the impact of family violence. Education is being provided to the biological parents of the child in relation to the long-term impacts of their perpetration of family violence on both the carers and the child in care via the Circle of Security groups facilitated by Baptcare. Baptcare runs kinship carer support groups in both western metropolitan Melbourne and for the grandparent carers in Tasmania. Staff, carers and children have access to specialist therapeutic practice consultants for additional training and support. A tailored trauma training package, designed to meet the needs of kinship carers, is under development and will be implemented late 2018.

Further, Baptcare is implementing an innovative, evidence-based program in western metropolitan Melbourne that aims to improve health and wellbeing outcomes of children and their carers in kinship care. The efficacy of this model will be independently evaluated.

Baptcare will continue to influence responses to family violence in the context of kinship care and welcomes the introduction of the revised kinship care model in Victoria that will provide increased support and assistance for kinship families. During 2018, Baptcare will continue to strongly advocate for kinship carers by disseminating the research findings at conferences and undertaking policy development to further improvements for kinship carers.

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