

Adolescent Violence—Strategies, Outcomes and Dilemmas in Working with Young People and their Families

Marni Sheehan*

MATTERS is a program of Berry Street, and has been in existence since 1990. The service is funded to address parent/adolescent conflict and the service delivery model has developed over time in a direction which incorporates family therapy and conflict resolution techniques. Many families come to the service seeking assistance for problems regarding violence, and increasingly around a young person's violence to parents and other family members. In some instances, violence has been present over a long period and has become normalised within the family's experience. When working with families who present with problems of adolescent violence, the service aims to find a pathway for the young person/family to confront violent behaviour and move to a different position about the meaning of violence in their lives. This paper describes the team's approach to working with adolescent violence, utilising ideas from narrative family therapy and psychodynamic theory, and incorporating issues of power in society, culture and gender. Outcomes, dilemmas and future directions are also discussed.

INTRODUCTION

This paper describes the journey that the team at the Mediation and Family Therapy Service (MATTERS) is currently undertaking in our work with adolescent violence. The journey so far is one of discovery, of trial and error, of success, partial success and sometimes no success at all, in our efforts to assist families where a young person's violence is the main presenting problem. The sub-title 'strategies, outcomes and dilemmas' might more accurately read 'things we try, what works and doesn't work, and the multitude of questions raised in the process'. We don't have answers to many of these questions, but through our work we are trying to gather information about the issue of adolescent violence, and to assist families to avoid breakdown and separation. We believe that our style of working and its underlying philosophy has much to offer to families, and keeps us continually learning as therapists.

Working with violence constitutes 50–60% of our work, and half of these families present with the young person's violence as their major issue. In view of this we have worked hard to develop appropriate responses to assist families experiencing violent and aggressive

behaviour from adolescent family members. We aim, within a supportive framework, to help families free themselves from violence. This involves making space for the young person to take responsibility for their behaviour, and for parents or caregivers to stand up to the young person's violence without feeling blamed or responsible for that behaviour. It is comforting to imagine that our service is not the only service struggling to find effective ways of helping families overcome such problems.

The MATTERS program is part of Berry Street, an independent incorporated organisation which provides a range of services for children and families across four regions in Victoria. Berry Street has been in existence since 1877, and offers residential care, home-based care, family placement and youth housing for children and adolescents, and programs which support families with babies and young children. The mediation and family therapy service is located at Sutherland Community Resource Centre in Watsonia, and is one of an integrated range of services including family counselling, emergency housing, financial counselling, consumer support, no interest loans and domestic violence outreach. There are a number of projects under way within the Resource Centre, including a family violence project, a project taking a whole school approach to violence in schools, a parent education project and a project aimed at promoting conflict resolution and interpersonal skills for students in secondary schools. The MATTERS service began in 1990, as part of a pilot program set up by the Federal Attorney General's Department in response to the Burdekin Report into Youth Homelessness (1989), and is

* Marni Sheehan is senior counsellor in the MATTERS team and is also in private practise. An earlier version of this paper was presented at the New Zealand Psychological Society Conference in August, 1996, and in poster form at the APS Conference in Sydney, in September, 1996. Address for correspondence: Sutherland Community Resource Centre, 258 Nell Street West, Watsonia, Victoria 3087.

one of eleven similar services operating nationally under federal funding. The service has a preventative focus, with the majority of young people whom we see still living at home. Families contact our service when ongoing conflict or a crisis may put a young person at risk of homelessness.

Our service model originally focused on the conflict resolution strategies and processes used in other forms of mediation, particularly neighbourhood dispute settlement and divorce mediation. However, we found very early on that we needed to broaden our model to allow for the complexity and diversity of the issues which families brought to the service. The service model has developed over time in a direction which incorporates family therapy and conflict resolution. In working with violence, we have found it helpful to employ a meta-framework, utilising ideas and principles from psychodynamic theory as well as family therapy, and viewing violence through the socio-political lens of culture, gender and power in society. We believe that adolescent violence is a hidden factor in family breakdown and youth homelessness, and that parents may often be reluctant to talk about violence from an adolescent within the family until it has reached unbearable levels. This is one reason why we canvass the subject early on if other associated problems suggest that violence may be occurring.

THEORETICAL PERSPECTIVES ON ADOLESCENT VIOLENCE

1. Traditional Clinical Perspectives

Much of the literature relating to violent behaviour in children and adolescents is framed in terms of disorders—Oppositional Defiant Disorder as a precursor to Conduct Disorder (Loeber, 1990); and conduct disorder as part of a cluster of other attendant disorders including hyperactivity, withdrawn behaviour, anxiety, depression and substance abuse (Kazdin, 1987). The DSM IV describes conduct disorder as 'one of the most frequently diagnosed conditions in outpatient and inpatient mental health facilities for children' (1994: 88). Age of onset is described as varying from age five to six to early adolescence. The symptoms of aggressiveness, intimidation, property damage, running away, truancy, and theft (including breaking and entering) are well known, and are the kinds of symptoms reported by the families comprising our sample. The literature indicates that these symptoms are likely to persist into adulthood and are then described as Antisocial Personality Disorder (Hemphill, 1996). Other factors such as family stressors and socio-economic disadvantage are also mentioned. The development model of conduct disorder proposed by Patterson, DeBaryshe and Ramsay (1989) suggests that inept family interactions and parenting practices impact on the childhood developmental process in a way which reinforces antisocial behaviours in the child.

Recommendations for treatment of conduct disorder include parent effectiveness training, examination of

patterns of negative family interactions and assisting families to improve conflict resolution skills. Hemphill (1996) suggests that more needs to be known about the characteristics of children with conduct disorder, as well as factors such as maternal depression, parental discord and coercive and negative family interactions. From our service's point of view, it would seem that a more detailed investigation of family violence and its effects on family members is also warranted. A comprehensive review of other literature relating to adolescent violence is contained in Laurel Downey's (1997) article in this issue.

2. The Lens of Family Therapy

Traditional psychotherapies have focused on the individual, looking down the line of that person's life events for a cause to the presenting problem. Family therapists 'have replaced a lineal perspective with a circular one, and argue that the manifestations of pathological behaviour can be understood only to the extent that they are comprehended holistically or ecologically' (Gleeson, 1991: 92). In other words, the 'problem' is not resident exclusively in one member or part of a system, but is a matter for the whole system to address. In the context of family therapy, the individual system, the family system and the larger social system all need to be taken into account in any therapeutic intervention, and an assumption is that any change in a part of a system will effect change through the system as a whole (Watzlawick, Weakland and Fisch, 1967; Bateson, 1972; Gingerich, de Shazer and Weiner-Davis, 1988). I again refer to Downey (1997) for more on systemic understandings of adolescent violence.

3. The Narrative Lens

The power of languaging, narrative and people's depiction of their experience has become an important issue in some therapeutic approaches. Mendez, Coddou and Maturana see consciousness as socially constructed through human interaction and language, rather than physiologically constructed through the mechanisms of perception and the workings of the brain. 'We become our conversations and we generate the conversations that we become' (Mendez, Coddou and Maturana, 1988: 155). From this perspective, Efran and Heffner assert that 'the language of psychopathology is the language of defamation' (1991: 54), in that workers in the helping professions may unwittingly restrict clients' options for change by the use of such terms as 'disorder', 'pathology' and 'dysfunction'. Efran and Heffner see therapy as 'a place in which individuals can re-examine the implications of the tales they tell to themselves and others' (1991: 63). Anderson and Goolishian state that 'the therapist must be responsible for the creation of a conversational context that allows for a mutual collaborative problem defining process' (1988: 1). They also stress the importance of using 'co-operative versus unco-operative language' (1988: 1). De Shazer and Berg

are also concerned with the importance of conversational interaction as the main therapeutic tool.

Clients describe their situation from their own particular unique point of view. The therapist listens, always seeing things differently, always having different meanings for the words the clients use, and thus redescribes what the clients describe from a different point of view. The possibilities of new meanings open up from these two different descriptions ... The result is not the clients' views and meanings and it is not the therapist's view and meaning but something different from both (1992: 77).

The focus in therapy on language and the storying of experience is also a major feature of the approach of Michael White (1986, 1987, 1988a, 1988b, 1991, 1994). He proposes that over time we build a story about ourselves and our lives based on our experiences and perceptions of events. This will include how we see ourselves, and how we believe others see us. Our dominant story shapes our ways of being and acting in the world. The dominant story, however, is not the only story. Human lives and relationships are multi-storied and multi-layered. Alternative stories may not be attended to or may be out of awareness. According to White (1991), people come to therapy when the dominant story is somehow problematic, and the task of therapy is to deconstruct the dominant story and make space for new possibilities of meaning and action.

4. The Socio-political Lens

Much of narrative family therapy includes a political stance, placing therapy in a context of culture, gender and power in society. The work of Michael White and Alan Jenkins is very attentive to these matters, especially in relation to the deconstruction of violent behaviour, and reflection on how broader attitudes within society and family have been internalised by both perpetrator and victim. Jenkins (1990) investigates the notion of restraints, asking men who are violent about what might be getting in the way of them having a relationship based on equality and mutual respect. He assists men to deconstruct their ideas about masculinity, and challenges patterns of male ownership and female obligation, such as a sense of entitlement to be violent on the grounds that the victim 'deserves to be punished' or 'corrected'. In Alan Jenkins' work with women partners of men who are violent, 'the woman is invited to decline accepting any responsibility for her partner's violence' and 'encouraged to develop a sense of her own rights, independence and safety from violence' (1990: 104).

Judith Herman (1992) notes that the symptoms seen in survivors of childhood physical and/or sexual abuse are more accurately described in terms of post-traumatic stress disorder. Survivors of abuse have significantly higher scores than other patients on somaticism, anxiety, paranoia, insomnia, disassociation, anger, suicidal-ity, self-mutilation, drug/alcohol abuse, and depression. These symptoms were present in many of the young people in our sample, the majority of whom had experi-

enced or witnessed some form of abuse. Herman argues that seeing these symptoms as connected with experience of trauma may be more helpful when looking at treatment options. The work of Virginia Goldner and her colleagues with couples where the man is violent has been extremely helpful to us, and some of these ideas can be adapted by those working with adolescent violence (see Downey, 1997).

5. The Psychodynamic Lens

The richness of psychodynamic thought brings an added dimension to the other perspectives we use in our work with adolescent violence. We are finding that early childhood experience and attachments are an important part of a family's story about their lives and relationships. We are finding that for some young people, part of the story of their violence is about their need to defend themselves against overwhelming feelings of fear and internal chaos. For example, a fifteen year old boy said: 'I can't talk about it. I can't talk about things that have happened in the past. I get too angry and I don't know what I might do'.

We are finding that some of our work is in assisting parents to set limits which contain the violence, fear and chaos so that the young person can attain a longed-for sense of safety. Psychodynamic assessment procedures have been useful for us in getting a sense of a young person's psychic resilience or fragility. Can the young person sit with bad news offered about them by their family, which arouses uncomfortable feelings? Can the young person tell their story and reflect on other choices they might make? Can the young person access emotions such as fear or sadness which may be masked by their anger? Taking these factors into account can guide us in relation to the pace at which we may assist young people to confront the violent behaviours whilst encouraging them to continue with the therapy. The reframing of guilt as remorse—feeling sorry for what they've done—can pave the way for new choices which make atonement (or reparation) for the violence. The young person's internal world—their system of self—may contain parts which want to take action against the violence. These parts can be helped to grow. Exploration of the young person's story about his/her development—his/her gendered experience in the family and the outside world—opens up a space for new descriptions. For example, an eighteen year old girl who was physically violent to her mother said: 'My dad spends lots of time with my brothers, but not with me. I've always felt left out because I'm a girl'.

It also seems important for us as therapists to address the process issues which arise in sessions. This includes articulation of the therapist's 'hidden feelings', and making space for discussions about the therapeutic relationship where this is helpful to the family. We also need to give families the sense that we will be able to hear all aspects of their story, no matter how horrible some of the details may seem to them.

Part of incorporating psychodynamic elements into

my own work has meant taking into consideration the relationship between constructive and destructive elements operating in the human psyche and human relationships. Melanie Klein (1930, 1952) extended the ideas of Freud in exploring this complex theme and trying to make sense of it in analytic terms. According to Winnicott (1986), the developmental task of integrating and taking responsibility for destructive feelings and ideas resurfaces in adolescence. Constructive and creative experiences can make it possible for destructive ideas to be more easily accepted and integrated. 'You may see in someone's mending that he or she is building up a self-strength which makes possible a toleration of the destructiveness that belongs to that person's nature' (Winnicott, 1986: 88).

Winnicott notes the value of working with these issues in a way that is non-moralistic, honest and truthful, reliable in the sense of 'protecting the patient from the unpredictable' (1986: 116), and accepting of transference of 'the patient's emotions of love and hate' (1986: 117). Joan Symington (1985) describes the ideas of Esther Bick (1968) about omnipotent behaviour as a survival mechanism. In her work with children she reframes acting-out behaviours as ways a young person attempts to deal with emotional discomfort and fear of vulnerability. I have at times found these ideas extremely useful in trying to understand violent and out of control behaviour in some (not all) of the young people in my caseload, particularly when assessing the style and pace with which I should proceed in working with the young person. In thinking about the many descriptions and explanations of violent behaviour, we are trying to find a way of combining a number of perspectives, in order to move towards a broader range of interventions.

VIOLENCE—THE SERVICE'S DEFINITIONS, PRINCIPLES AND WORKING ASSUMPTIONS

Our service has chosen to see adolescent violence in the context of family violence and violence in society as a whole, rather than in terms of conduct disorder or challenging behaviours. In acknowledging that violent behaviour is complex and multi-dimensional, we believe we can offer families a more comprehensive description of what is happening to them. This increases their options in drawing on their own abilities to make changes through a collaborative therapeutic process. In broad terms, the service sees violence as an aggressive imposition of will by a variety of means: physical, emotional, and psychological. Violence becomes abuse when a power differential of some kind exists between the perpetrator and the victim. The means employed to impose one's will may include any threatening behaviour, intimidation, use of weapons, implied threats or even symbols. Weapons such as knives and fists are easily recognisable, but more obscure symbols and signals of violence and intimidation may occur in families. Certain looks, postures or mannerisms have been reported

by family members as being consistent warning signs that violence is about to occur. For example, the mother of a fifteen year old, who slept in her clothes and had the car facing down the driveway for a quick escape, said: 'I could tell by the way he looked at me that something was going to happen, and that I would have to be ready to get away'.

Family beliefs and traditions can incorporate ideas such as 'our family are a hot-tempered lot', where verbal abuse and intimidation are minimised and normalised, and violence is seen only in terms of a dramatic physical incident. Some families see physical and verbal violence as a way of standing up to perceived threats from others. For example, the father of a thirteen year old girl who had been physically assaulting classmates said: 'Don't take any s—t from kids at school ... stand up for yourself'. Families may also feel helpless when a young person suffering from a psychiatric illness is violent. A small proportion of the young people in our sample were referred on to psychiatric services and subsequently received psychiatric diagnosis and treatment. A mother of one 20 year old said: 'Sometimes I think he can't really help it. He doesn't seem to understand what I say to him, and I certainly don't understand what he means a lot of the time.'

When families seek assistance for problems in the area of violence, our approach to the problem rests on some basic principles and assumptions:

Principles

- Our intention is to ensure safety for family members.
- Violence is not acceptable.
- We focus on the violence whilst looking at family relationships.
- We locate violence in a social and cultural context. A political stance in relation to violence is important, especially in relation to imbalances of power and responsibility in society. Cultural mixed messages given to young people about violence can be challenged.
- We view violence as a tool of power. We cannot look at violence without looking at issues of power in society, and including the contexts of gender, race and class.
- We never minimise violence and always accept the victim's story.
- We try to be culturally sensitive in our work, and to be aware of differences which may arise around culture and customs, without in any way condoning the violence.

Assumptions

- Most people would prefer to develop alternative ways of resolving conflicts, but have become stuck in one way of reacting and dealing with conflict. This can be a barrier to reflecting on what is happening and to choosing alternative behaviours.

- While people are displaying violent behaviour they are overcome by strong emotions and they lose sight of their capacity for perspective-taking and for experiencing compassion.
- People often behave violently when they feel helpless and powerless, and they may also experience unresolved internal as well as external conflicts. The issue of violence is multi-layered and complex.
- Working to help people understand their own history of training in violence and vulnerability to violence is an important factor in increasing awareness and possibilities for change.
- When people experience alternative ways of behaving, the process of developing possibilities for change is enhanced. Noticing when violence is not dominating family relationships helps counteract problem-saturated descriptions of family life.

WHAT WE DO

There are a number of basic principles which guide our general work with young people and their families.

A Respectful and Transparent Way of Working

We believe it is important to respect what the family and/or young person wants when they come to our service, and we resist taking the role of 'expert' on the family's experience. We will consult with them about the problems they are experiencing, and try to assist them to find their own best solutions. This includes working transparently with the family, sharing our thoughts and feelings and doing our best not to be constrained by any hidden agendas or private 'theories' about what is happening.

Non-blaming and Non-pathologising

We believe that the concept of blame can interfere with constructive work being done with the family. If blame can be somehow defused, then family members can be freer to grapple with the problem. Where a young person has a diagnosis of some kind, we will work with this, but also try to open up space for parallel descriptions of the problem which may feel more empowering for the family, and offer more of a solution-focus. We have found that families will work more enthusiastically against the problem when individual or family pathology is not a focus.

Separating the Person from the Problem

Similarly, when the problem is seen as existing within one family member, other family members may put the responsibility for change solely on the 'identified client'. If the problem can be seen as separate from, but affecting, all family members in various ways, then this helps to disperse antagonism and increases the possibility of the family working together against the problem.

Assisting People to Notice when the Problem is Absent

Noticing the times when the problem is not around helps families to reclaim more of these times, gives a

sense of hope for change, and counteracts the pervasiveness of the problem context.

Working from the Position of Strengths and Resources

We assume that families have the abilities and resources to find the solutions which will fit best for them. We assist family members to identify these strengths and use them to combat the problem.

Assisting People to Take Responsibility if Violence is Occurring

Assisting the young person/family to take a stand against violence involves working with them to find a pathway to confront violent behaviour.

Our Way of Working in Relation to Violence

In our general work in the service, we use the tools of narrative family therapy and conflict resolution to assist families to find solutions to their conflicts. Where violence is present, it is necessary to focus firstly on this, and specifically on the safety of other family members whilst the work is taking place. The therapy needs to be a place where the family will feel safe to talk freely about what has been happening without fear of recrimination after the session. Many of the questions we ask in relation to violence are influenced by the work of Michael White (1988) and Alan Jenkins (1990). I want to acknowledge how helpful their work has been for us in formulating our own questioning styles and in some cases using some of Alan Jenkins' questions verbatim (shown with an asterisk*).

Safety Considerations

In the initial phone contact from a parent, we assess the level of violence, how fearful family members feel, and the degree of danger, which may involve protective concerns for other children in the family. The issue of child protection and possible involvement of the Department of Human Services is complex and sensitive. Early on in our meetings with the family we will discuss this option with them if children appear to be at risk.

What led you to contact us today?

Are you sometimes afraid of him/her?

Are other people in the family afraid?

Are there any weapons in the house?

What are you wanting to do about the situation?

If you speak your mind in the sessions, will you feel safe when you go home?

All family members are invited to the first interview, but we are mindful of the need to interview family members separately to assess in more detail how they are being affected by the violence. Safety considerations will be constantly monitored over the course of our work with the family.

(To young person) *Would you be able to keep me up to date if there is another incident or would you prefer your parents to do that?**

*If I ask your mum what's been happening this week, what do you think she'll say?
(To parent) Do you think that Anna can handle you talking honestly about her violence or do you think she needs you to water it down a bit?**

If the situation is severe and no change occurs early on, we will canvass with parents what they want to do to protect themselves and other children in the family. This may mean an intervention order against the violent young person. Taking out an intervention order can provide a breathing space for other options to emerge. We have found that an intervention order will always have some impact on the young person's violence.

Engagement and the Joining Process

When families seek assistance in relation to a young person's violent behaviour, engagement of the young person is no mean feat. Some young people flatly refuse to attend, but this is not always a hopeless situation. Working with parents alone can be effective, and in some cases parents continue to attend for months after the young person has opted out. Where a young person refuses to attend, we will phone them if they are willing, or write a letter of invitation. Sometimes their curiosity gets the better of them and they agree to attend. When young people do attend, they may be extremely wary and defensive at the first interview. The wise advice of a supervisor was to 'take up the negative transference at once'. Connecting with young people's anxiety puts them slightly more at ease and encourages them to participate.

How did you decide that you'd come here today?
Did your parents insist you come along, or did you decide by yourself?
Do you feel like you're in the hot seat?
What do you think your parents want to say to me?
Do you think I'll hear your side of the story, or only your parents' side?
Could you tell me if you think I'm taking sides?
Do you think talking about what's happening might help?

Hearing the family's story involves a detailed deconstruction of the violent incident/s from family members. Starting with the young can give them an opportunity to 'fess up' and take responsibility, and also to avoid them sitting through the list of their parents' worries and grievances. Tools from conflict resolution are useful at this point, as the young person and parents tell stories which are poles apart. Slowing down the conversation, addressing interruptions, and allowing for a family member to step outside for a breather can help defuse the strong feelings. At this stage, windows of opportunity for further exploration may arise. Young people are likely to have a story about their parent/s which will somehow blame the violence on them, or will give some sense of entitlement to what they did. This view needs to be challenged. Also it may be revealed that violent behaviour is present in more than one member of the family. We have to think carefully about how to proceed, according to each situation. If more than one fam-

ily member is being violent, we once again have to confront the complex nature of the problems the family is presenting, and we have to look to a flexibility of approach. Where an adult in the family is being violent, the focus needs to be on engaging them in the task of working against their violence in individual sessions, or else referring them on for this work to occur. If the violence has not reached too dangerous a level amongst family members, it is possible to examine what it might be doing to their relationships, and how they would prefer their relationships to be.

We also invite the family to link their anger to other feelings—sadness, worry, grief, distress, disappointment. Working with these emotions opens up space for other stories to emerge. Generally speaking, we will start with the present hot issues rather than specifically with a detailed family history. This is usually what the family wants in view of the current crisis which has brought them to the service. In the second or third session (depending on the level of ongoing crisis), a genogram session will yield large amounts of information. If the whole family is unable to attend the first interview, we will meet with whoever is wanting to come in. Separate sessions for parents, siblings and the young person are offered, and may be ongoing depending on the concerns which are expressed.

Questioning Styles

Asking questions which investigate the violence whilst keeping the family (mostly the young person) engaged, is something we are still struggling to do effectively. Balancing questions which encourage and questions which confront is a tricky process, and this is the point at which we have sometimes lost young people through not being able to strike this balance. It seems to be helpful to ask questions which elicit some good news about the young person. Whilst not attempting to soft-soap the violent behaviour, we are wanting to somehow remind the young person and their family that there is another side to the young person's identity which has fallen out of focus. A dilemma exists in the externalising of the violence, for instance asking the young person 'How is violence pushing you around?' or 'What does the violence make you do?' This may give the young person the false impression that their violence is something which is beyond their control. We believe that young people need to be confronted about the behaviour, their defences need to be probed, and they need to be helped to move to a position of taking responsibility, choosing to stop the violence because they know it is wrong. If a young person is sufficiently engaged, we try to assist this process in several ways.

- Asking questions which will bring forth the young person's 'honourable self', the 'feeling' self who is capable of conscience and empathy.

*What was it like for you when you hit your mum?
How did you feel afterwards?
When you're feeling angry, do you ever notice any other feelings there as well?*

When you're feeling angry, could you express that without hurting anybody?

If you could stand in your mum's shoes, what would the problem look like from there?

How would you know if anyone in the family was feeling scared of you?

How could you reassure them that they are safe?

- Asking questions which will bring forth the young person's agentive self, who is capable of taking action to stop the violence.

At what point did you choose to hit your dad?

Looking back, could you have chosen to act differently?

Thinking back now, what would you have done differently?

Can you think of a time when you wanted to hit your mum, but chose not to?

What did you do instead? Was that a better idea, or not?

How could you start to work against hitting? What would be the first thing you'd have to do?

- Asking questions which bring power, gender and culture into the conversation.

If a stranger came into the house and hit your mum, would you think that was ok or not?

Do you think that your mum has the right to be safe in her own home?

What kind of man/woman do you want to be when you are older?

Are you heading in that direction now, or not?

In your culture, how is violent behaviour viewed?

Is it very different from how violence is seen in Australia?

How do families handle this kind of situation in your culture?

Where a violent man has been in the household at some time, we may ask the young person *'What would it be like to think that you were becoming like him?'* Where the family comes from a culture other than our own, we will investigate how the family sees the problem from their own cultural perspective, and be frank about our need for their input in this regard.

- Questions which explore family beliefs around gender roles and the exercise of power in the family provide an opportunity to challenge the behaviour.

If an adult treated you the way your son is treating you, would you put up with it?

How have each of you tried to control or stop violence in the past?

Who has worked the hardest at this? How?

Who makes the rules in your family and how are they enforced?

Do men have more of a say, or women? Why would

that be?

Do you find it easier to listen to what your dad says, or to what your mum says? Why might that be?

What training do you think you might have had in hitting and yelling?

- Asking questions which explore each family member's experience of themselves in living with the young person's violence and its effects on their family life.

What was it like for you when your daughter was being violent?

Does it affect the way you feel about yourself as a parent?

What will it do to your relationship if nothing changes?

Does your sister's violence stop you from being her friend?

- 'News of difference' questions can help the family to notice improvement, or even signs that improvement may be about to occur.

Who will notice first if Jason is making an effort to control his violence?

How will Jason know if other people in the family are noticing his efforts?

Do you think your mum and dad see you differently when you are controlling your anger?

Do you think they know that you're trying to act differently?

How can you tell if they notice your efforts?

Now that Kylie is making an effort, are other people in the family acting differently too?

The work we are doing with adolescent violence is usually long term by family therapy standards. Even if a young person does not continue, we will keep working with parents for as long as they find this helpful. Some degree of change is possible if the family persists. Questions which focus on even the most minuscule improvement can help the family to claim the change and gradually move forward from the problem story. News of difference questions, scaling questions, and questions about the maturing of the young person are asked.

Therapist Process

Working with violence is stressful for our team members. So many of the issues we encounter will remind us of aspects of our own stories. Blind spots can occur which get in the way of our working efficiently: siding with one party, joining with the family's distress and stuckness, trying to rescue, feeling judgmental at times. Working with young people invites our own internalised adolescent to re-emerge and take over. At the same time, feelings experienced by the therapist during sessions may be useful clues for the work, and

these can be examined—sometimes with the family, sometimes in supervision. We try to keep in mind the need to care for ourselves in terms of supervision, peer support and debriefing.

SAMPLE

This section of the paper describes the features and characteristics of a clinical sample of families where an adolescent is violent. In our work with these 60 families which has been in some cases over a period of twelve months to two years, we have gained fairly detailed information about intimate and private aspects of family interaction. The generosity of families who share their stories, including their feelings of shame and distress, evokes our admiration and respect for the courage they show. We looked at a sample of sixty families where the violence of the adolescent was the main problem brought to us at intake. The sample consisted of families presenting at consecutive intake who fulfilled *all three* of the following criteria:

- that at least once the police had been called to the home because of the adolescent's violence;
- that the adolescent had physically assaulted a parent on at least one occasion;
- that parents reported being afraid of the adolescent at times.

Parents also reported in almost all cases frequent demands for money, which when refused resulted in property damage or physical assault by the young person. Although the service's general definition of violence includes verbal, emotional and financial dimensions along with physical violence, for the purposes of this paper we focused on the more measurable (not necessarily more severe) end of the spectrum, that is, acts of physical violence.

The 60 families consisted of 38 families seen by myself and 22 seen by a male colleague on the team. In general terms, our way of working across the team is fairly similar, although I acknowledge the 'different therapist' variable operating here.

Demographics

Males predominated amongst the young people referred to our service in relation to violence. The bulk of families presented with young people aged between eleven and seventeen. Families who presented with older adolescents reported that the problem of violence had a long history and had most often begun in late childhood/early adolescence. Two parent and single parent families were evenly matched, challenging the popular idea that violence may be more often present in single parent families. Nine young people were living in stepfamilies and one had been raised by grandparents. Only a small proportion of the families in our sample came from a culture other than Anglo-Celtic. This reflects a general ratio of service users coming from

areas which have a high Anglo-Celtic population. Other factors are that our service may not be well known to people from other cultural backgrounds, and that although we can supply interpreters, our workers are themselves from Anglo-Celtic backgrounds and do not speak languages other than English.

Twenty-one were regular school attenders, 25 were out of school but still enrolled, seven had dropped out of school and were unemployed, and seven had left school and were working either part-time or full-time. Violence at home towards parents and siblings had been present in 36 cases, and violence extending to home, school and the outside world was present in 24 cases.

Associated Problems

Along with the violence, associated problems and risky behaviours were described. There were fourteen young people in the sample whose families reported violence and general school problems as being the principal worries. The other families in the sample reported a number of associated problems. Frequent (daily or several times per week) drug or alcohol use was present in 29 cases, and played a part in the continuation of the violence and family conflict. Marijuana was the most reported substance, with alcohol also commonly reported. A few younger adolescents engaged in petrol sniffing or chroming, and a small proportion of the sample had used heroin. Running away was reported by 23 families. Criminal charges for theft, vandalism, and assault were both historical and pending for fifteen young people, and five female adolescents and one male

Table 1 Demographics

| <i>N = 60</i> | |
|----------------------------------|-----------|
| Sex: | |
| <i>Male</i> | <i>47</i> |
| <i>Female</i> | <i>13</i> |
| Age: | |
| <i>11-14</i> | <i>30</i> |
| <i>15-17</i> | <i>19</i> |
| <i>18-20</i> | <i>9</i> |
| <i>21-25</i> | <i>2</i> |
| Family type: | |
| <i>Two parent</i> | <i>25</i> |
| <i>Single parent</i> | <i>25</i> |
| <i>Stepfamily</i> | <i>9</i> |
| <i>Extended family</i> | <i>1</i> |
| School attendance: | |
| <i>Regular attending</i> | <i>21</i> |
| <i>Enrolled/non attending</i> | <i>25</i> |
| <i>Left/unemployed</i> | <i>7</i> |
| <i>Left/employed full/p-time</i> | <i>7</i> |
| Cultural background: | |
| <i>Anglo Saxon</i> | <i>54</i> |
| <i>Aboriginal</i> | <i>1</i> |
| <i>European/Asian</i> | <i>5</i> |

adolescent had experienced sexual assault and were reported as being continually at risk while on the streets or away from home. Self-harming behaviours such as cutting, self-inflicted burns and home-made tattoos were described in fifteen cases. Suicidal talk or suicide attempts were reported by nineteen of the 60 families (ten young people had attempted suicide, nine had told family members they felt suicidal).

Historical Factors

Family history of violence

Many of the young people in this sample were no strangers to violence and its effects. Only eleven came from families where no previous physical violence was reported. Sixteen had been witnesses of violence from their father or stepfather to their mother, 27 were survivors of physical abuse by a parent, and six were known to be survivors of sexual as well as physical abuse.

History of Presenting Problem

In eleven cases the violence had appeared within the last two years. ‘Since starting high school’ was a commonly reported identifying point. Twenty-five families had been experiencing violence from the young person for two to five years, and 24 young people were described as having had problems since they were two to four years old, or according to some parents, ‘as long as I can remember’. These young people had the most trouble with peer relationships and family relationships, and had come to see their situation as bleak. This view was usually shared by other family members and school personnel.

History of Previous Counselling

In fourteen cases no previous counselling had been tried. Twenty-one families had sought counselling over the past year. Sixteen families had more than one year’s history of counselling, and nine young people had a previous psychiatric diagnosis, mostly ADHD or conduct disorder. We found that the longer the problem had survived previous interventions, the more difficult it was to engage the young person and inject a sense of hope into the counselling process.

Table 2 Associated problems

| <i>N = 60</i> | <i>N</i> | <i>%</i> |
|-------------------------------|----------|----------|
| <i>School problems</i> | 14 | 23 |
| <i>Drug and alcohol</i> | 29 | 48 |
| <i>Running away</i> | 23 | 38 |
| <i>Criminal charges</i> | 15 | 25 |
| <i>Selfharming behaviours</i> | 15 | 25 |
| <i>Suicidal talk/attempts</i> | 19 | 32 |
| <i>Sexual assault</i> | 6 | 12 |

Attendance of Young Person and Outcome

In the 60 families, nine young people refused to attend at all, although parents of these did attend, some for one year or more. Twenty-seven young people attended for one to three sessions. Fifteen young people attended four to eight sessions and nine attended eight or more sessions. From the 60 families we saw, 36 young people either stopped or significantly reduced violent behaviour. Fourteen remained the same, three got worse and for seven, the outcome was not known. Four young people were subsequently diagnosed with either bipolar disorder or schizophrenia and were on and off medication. Outcomes were viewed as successful (by families and the therapist) where:

- all physical assaults by the young person ceased;
- assistance by police or the legal system was no longer required;
- parents and siblings were no longer afraid of the young person.

Violence was seen to be significantly reduced where the above three conditions applied, even where occasional instances of verbal abuse by the young person occurred and were dealt with by parents to their satisfaction. A trend we have noticed in the service is that families will re-contact if the problem re-emerges, or if they require support when the problem has not subsided. The service becomes an ongoing resource

Table 3 Historical factors

| <i>N = 60</i> | |
|---|----|
| Family violence history: | |
| <i>No previous violence</i> | 11 |
| <i>Survivors of violence</i> | 27 |
| <i>Witnesses/domestic violence</i> | 16 |
| <i>Survivors viol + sexual abuse</i> | 6 |
| History of presenting problem: | |
| <i>two years or less</i> | 11 |
| <i>two-five years</i> | 25 |
| <i>since infancy</i> | 24 |
| Previous counselling: | |
| <i>none</i> | 14 |
| <i>up to one year</i> | 21 |
| <i>more than one year</i> | 16 |
| <i>diagnosis: ADHD, Conduct Dis.</i> | 9 |
| Young person attendance: | |
| <i>refused (saw parents only)</i> | 9 |
| <i>1-3 sessions</i> | 27 |
| <i>4-8 sessions</i> | 15 |
| <i>8 or more sessions</i> | 9 |
| Outcome (family + therapist report) | |
| <i>stopped/largely reduced violence</i> | 36 |
| <i>remained the same</i> | 14 |
| <i>got worse</i> | 3 |
| <i>unknown</i> | 7 |

which families are tending to access over three and four year periods, at times when crises occur. We see this as positive. Unfortunately, the service has not yet undertaken any stringent measurement of outcome, but a current project for the service is to design and conduct a detailed quantitative and qualitative analysis of our service delivery model.

DISCUSSION AND CONCLUSION

In our work with these 60 families, we had varying degrees of success. Thirty-six families reported that the violence had either stopped, or significantly decreased. These were more likely to be the families where violence was not so entwined with the family's history, and where the adolescent attended at least three sessions. Some areas of our work are still quite unexplored. Because of the small numbers of families we have seen from cultures other than Anglo-Celtic, there is much we have to learn about the influence of culture and customs. We are in principle committed to being sensitive to these issues, but do not have much practice information about what cultural differences might mean in our work. The organisation generally is aware of the need to explore ways of increasing accessibility for families from other cultural backgrounds. We still have many questions about what factors play a part in outcomes when working with adolescent violence. Some factors which seemed to be associated with outcome were:

Deconstructing the Effects of Family Violence

In our sample, 49 of the 60 young people had experienced violence and abuse in their family history. Where young people can make the connection between their experience of violence from a father or stepfather and their own violence, space is opened up for them to reflect on and examine their options for the future. This is easier said than done of course, as love and loyalty often remain towards the former perpetrator, and the perpetrator's tactics are to some degree internalised by the young person and the non-perpetrating parent. This includes attitudes and beliefs around gender and power dynamics in the family.

Challenging Depictions of Violence in Society

The mixed messages about violence in society are very confusing for young people. It's okay for Chuck Norris or Jean-Claude Van Damme to get their way with a punch, and images of violence are often linked with solving problems and enforcing justice and righteousness. Challenging this sense of entitlement to violence with the young person may help to get them thinking about whether this fits with their ideas about what kind of person they want to be, and how they want the world to be for their future.

Containment by Parents in Assisting the Young Person to take Responsibility

Where parents have been able to take steps to contain the adolescent's behaviour, there has been more evi-

dence of change. Whether this constitutes an element of 'reparenting', where boundaries and limits which were not set early in life are now more clear for the young person, we cannot be sure. If this were so, then the young person may feel safer and less out of control when parents are able to give clear messages that the violence is unacceptable. This can assist young people in internalising the notion that their behaviour is wrong, and in taking responsibility to act against the violence.

Assisting the Family to Strengthen their Relationships

Whilst working with the violence, we also invited the family to examine the nature of their relationships, how all family members experienced themselves in the family environment, and how they experienced one another. We encouraged the expression of hopes and dreams, disappointments, and feelings which may have been long hidden, and sometimes new possibilities for understanding, acceptance and closeness emerged. Where family members were able to be open with one another, hear each other and empathise, they were able to move towards relationships which felt more satisfying.

Number of Sessions Young Person Attends

If young people attended and remained engaged, of course the chances of stopping the violent behaviour improved. Younger adolescents were more likely to continue to attend, but adolescents aged sixteen and over were sometimes harder to engage and were more likely to flatly refuse or to quickly drop out.

Duration of the Problem and Prior Counselling

If the problem had survived a number of interventions, it was less likely that the young person would see counselling as being of any use. An added complication was that for some young people, years of interventions and labelling had led them to see themselves in terms of their label (one thirteen year old said: 'I must have been born naughty'). This appeared to be the case for nine families, which were two parent families where no domestic violence had been reported, and the young person's history of violent behaviour extended back to infancy. It would be possible to make all sorts of hypotheses about how the young person's violence arose and maintained itself in these nine families. One hypothesis is that years of recursive negative interactions between the young person and their parents played a primary role. Some young people in the sample seemed well aware of the effect their violent behaviour had on their families, and were unwilling to give up the power that they gained through this.

Drug and Alcohol Use

Almost half of the sample were using drugs (mostly marijuana) and/or alcohol on a regular basis. Parents reported that violence was likely to occur when the

young person wanted money and either stole or demanded money from parents. Tension would run high as the young person insisted that the money was for some other purpose, but inevitably the money was used for drugs or alcohol. We saw the drug use as an attempt by the young person to self-soothe. However, the problems were only made worse when the young person chose this attempted solution. In relation to marijuana use, families reported that the young person was placid when under the influence, but became more and more irritable and likely to be violent when the drug had worn off. We found that where families could discuss the drug use openly and work together against it, the young person had more chance of giving up violent behaviour.

Suicide and Self Harm

Suicidal talk and attempts, and self-harming behaviours, were noticeably present in the sample, and in sixteen cases correlated with drug/alcohol use. Young people reported that they felt angry when cutting or burning themselves, and that they felt desperate, isolated and hopeless at the time when they considered or attempted suicide. When these young people did become suicidal, their families were galvanised into action; families who had been hostile and unable to understand the young person's plight became more supportive and were more able to hear the young person's side of the problems. In some cases there was a history in the extended family of suicide attempts or suicidal talk.

Trust Issues/Information

Some families found it difficult to trust us with details of their stories. Families who had experienced long term involvement with Child Protection did not feel safe to tell us certain parts of their stories, fearing that there might be repercussions. A few families were too afraid of the adolescent to speak freely. In some cases we suspected that there may have been issues of undisclosed sexual abuse (especially with young males). Even though we sought to explore their concerns around these issues, we were not always successful in gaining their confidence.

Legal Steps

Families were reluctant to take out intervention orders against their own children, and this is understandable. Where they did take out an order, this sometimes helped to contain the violence, but was not necessarily a step towards the adolescent taking responsibility. It did however have an impact on the young people, and sometimes their desire to return home or remain at home motivated them to participate in sessions.

Our work with adolescent violence is an ongoing focus for the team. Team members are exploring various directions—empathy and intimacy in family relationships, integrated models of work which include groupwork and work with women and children survivors of domestic violence, and evaluation of our service model. We are pooling our information across the service and where possible across the organisation, so

as to keep questioning and learning about this complex area of work.

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