

# Adolescent Family Violence: Trauma and/or Accountability?

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# Agenda

- Overview - Royal Commission on Family Violence
- Accountability and trauma – either/or?
- Restorative practice – where does it fit?
- Engaging young people and their families through restorative practice – conversations about stopping violence

# Acknowledgements

- Thanks to Lily Anderson & Greg Routt from Step Up Seattle for their generosity in sharing their wisdom, skill and knowledge

# Question

- Why the topic – trauma and/or accountability?
- How much of your work with young people is influenced by trauma informed and/or accountability frameworks?

# Royal Commission on Family Violence

Key data:

- 64% of offenders are male
- Most primary victims are mothers
- A 'gendered issue'
- Increase (where offenders aged under 19 years) over past 5 years was from 4, 516 to 7,397 cases
- Almost one in ten family violence police call outs relates to adolescent family violence
- Intergenerational cycle of violence

# Determinants

A range of interrelated individual, familial and societal determinants:

- A society that supports gender inequity and power over
- Experience of trauma, especially family violence
  - brain development
  - learnt behaviour/role modelling
  - power & control/gender
- Entitlement
- Developmental delay/mental health
  - ADD, ADHD, Autism spectrum

## AOD

- Not a cause but a contributing factor eg disinhibitor
- May 'give permission' to use violence
- May be the source of family conflict

# Neurobiological learnings

Adults use prefrontal cortex

- Abstract thinking
- Organize and manage complex thoughts- realistic reasoning, planning
- Problem solving
- Manage emotions
- Impulse control



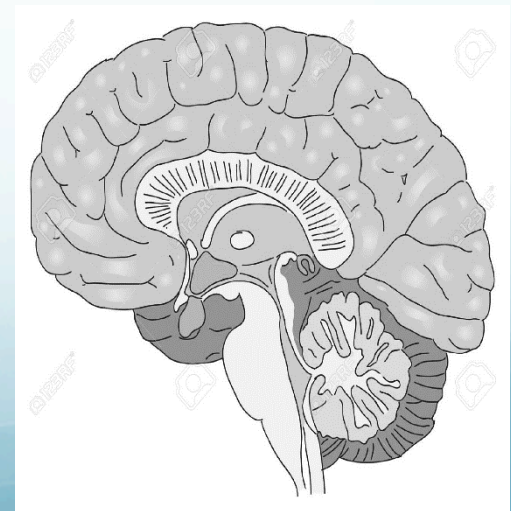
# Adolescent brain

Adolescents use amygdala

- Storage for emotional, unconscious, non verbal memory
- Flight, freeze or flight centre
- ‘Instinct’ or ‘gut reaction’
- Due to their premature prefrontal cortex, adolescents, especially middle adolescents, process emotion differently than adults.

# Pre-frontal Cortex-thinking, reasoning, calming

- **Brainstem**-basic drives, food, sleep and safety
- **Limbic System**-instinct, survival, and seat of our emotions
- **Amygdala**- A small almond size part in the limbic system that takes in information and evaluates- “is this good, or bad?” It perceives danger and triggers the nervous system into ‘fight or flight’.
- The amygdala is a good thing, except it can be activated when we don’t really need it. It can become over-activated for people who have had a lot of stress or fearful experiences. This can result in over-reacting to things that are not worthy of such strong emotions or behaviors. This is because our bodies and the limbic system hold memories of events that can be unconsciously triggered by another event that produces a similar type of emotion.
- When peoples’ limbic systems are over activated, they might over-react to situations that cause feelings similar to a past distressful or fearful event in their lives.



# Impacts of trauma

- Trauma (including family violence) - over engaged amygdala
- Impulsive, reactive, irritable, concentration
- Difficulty resolving conflict – fight or flight
- Memories are disorganised and incoherent - flashbacks
- Narrow range of emotions, difficulty expressing emotions (except anger, boredom)
- Emotionally either ‘shut down’ and feel nothing at all or see and feel only their trauma
- Difficulty self soothing (substance use)
- Shame – “I am a bad person”, “lesser than”

## Supporting change

- Many adolescents who use violence against family members are impacted by trauma
- A trauma informed approach is helpful and adolescent accountability is also essential to support change – why?

# Trauma/accountability

- What is a trauma informed approach?
- What is an accountability approach?
- Can the two be integrated?
- What difference would this make in terms of family outcomes?

# Trauma informed framework

- A trauma-informed framework is a strengths-based framework grounded in an understanding of, and responsiveness to, the impact of trauma
- This framework acknowledges the impact of trauma on physical, psychological, and emotional safety and wellbeing on clients and workers
- It supports opportunities for survivors to rebuild a sense of control and empowerment (Hopper et al., 2010, p 82)
- Client centred – how has the trauma impacted you?

# Goals in working with adolescent trauma

- Maximize sense of safety (with attention on triggers or reminders)
- Comprehensive assessment of trauma experiences & impacts on development and behaviour (timing to do this is critical – engagement first)
- Reduce ‘flooding’ of overwhelming emotions (practical strategies)
- Address impact and subsequent changes in behaviour, development & relationships (in positive light – as coping strategies)
- Help make meaning out of trauma history and current experiences
- Service co-ordination (all on the same page)
- Evidenced based treatments
- Support and promotion of positive & stable relationships
- Provision of support & guidance to caregivers (supporting a traumatised adolescent)

# Self calming/emotional regulation

- Understanding how the brain works (psycho-education)
- Using techniques to shift the nervous system to a calmer state (skill development)
- Learning how to identify and process emotions safely (skill development, CBT)
- Communication, conflict resolution, impulse control (CBT, skill development)
- Adolescents take an interest in learning about their brains, and are more interested in trying new strategies when they know how and why they work.



# Accountability

*From:*

“I am a bad person; I am not capable”

*To:*

“I am a good person; I chose a wrong behavior. I am capable of taking responsibility and repairing the harm. I can choose a different behavior next time”

To ‘self’ rather than to ‘others’ – internal locus of control

# Accountability through restorative dialogue

- Offers a vehicle to both release and 'manage' shame ( for parents and adolescents)
- Often invokes shame within a re-integrative ritual that enables families to gain meaning as to what happened (group conferencing can assist this)
- Begins to repair their 'hurts' & gives adolescents a healing pathway back into those 'key' relationships.

(Braithwaite, 1995)

# Shame vrs Guilt

- Shame- who I am - person
- Guilt- what I do - behavior

# Accountability framework

- A framework where ‘the system’ holds perpetrators, particularly those who have committed violent acts, visible and accountable for their actions
- Is aware of collusion (inadvertently or directly) – denial, blame, minimisation & justification
- Involves restorative practice – making amends for harms done
- May include family group conferencing
- System should ideally include the ‘family system’
- As a youth AOD worker working with adolescent family violence what does ‘the system’ mean to you?

# Accountability

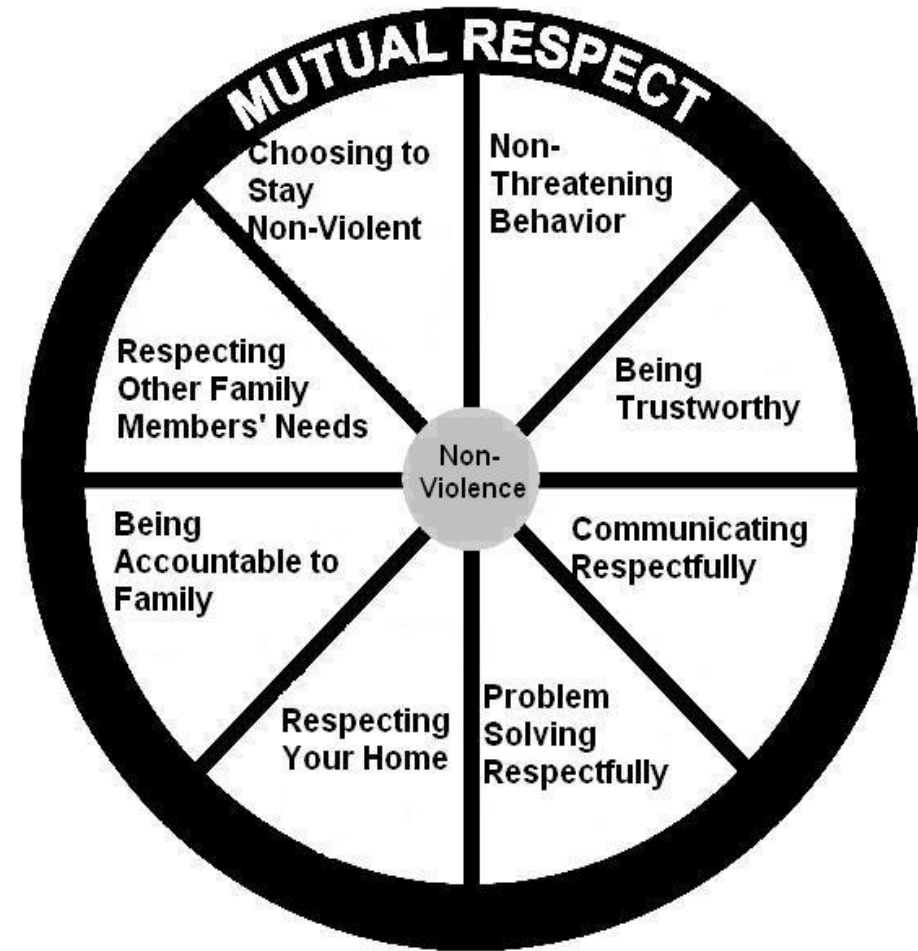
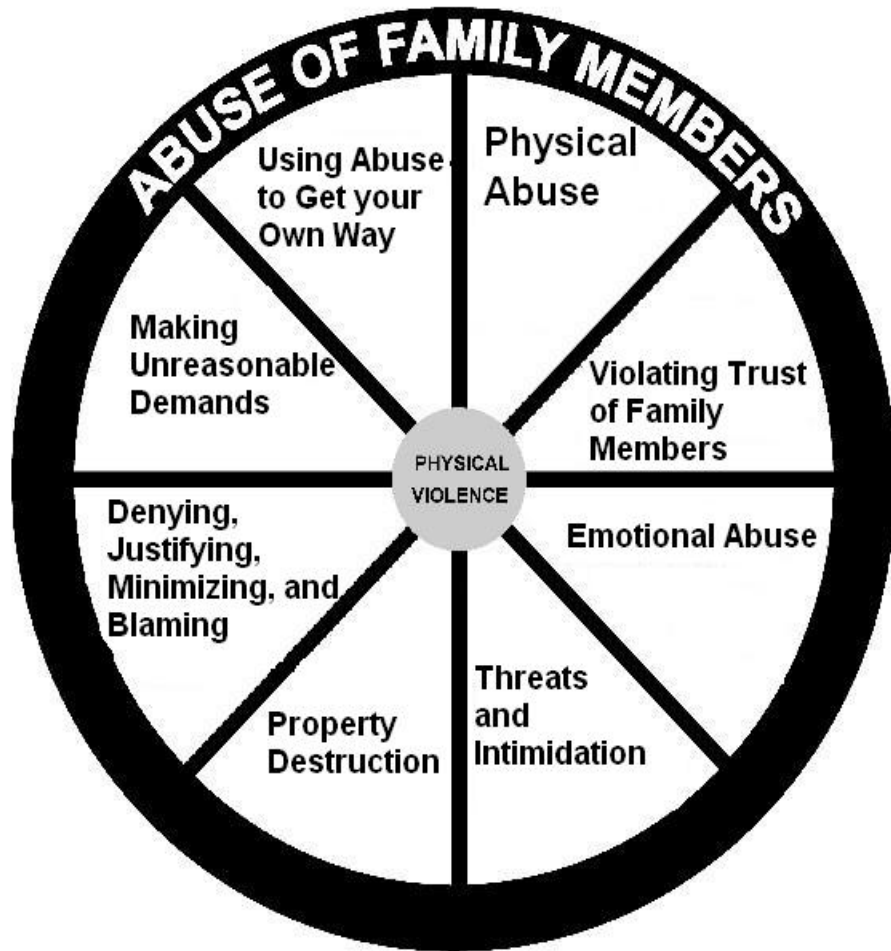
- Who was harmed by my behaviour?
  - What was the harm done to them?
  - How did it affect them?
  - What other harm or damage was caused?
- How did it affect my *relationship* with my family member?
- How did my behavior affect me?
- What could I have done differently?
- What do I need to do so I don't repeat that behaviour again?

# Restorative Practice

- Promotes whole of family safety (monitors risk level, safety planning and a safe therapeutic environment)
- Understanding cognitive, emotional and behavioural processes - self awareness through understanding the relationship between thoughts, feelings and behaviors
- Encompasses both a trauma informed and accountability lens
- Shifts shame into guilt - the healthier emotion that promotes empathy and a desire to repair the harm done and make it right

# Restorative practice

- Is used to engage adolescents' understanding of the impact of their behavior and motivate the desire to change
- Includes skill building sessions to develop competency in the different elements of restorative process: empathy, accountability, making amends, and skills for restorative dialogue, such as identifying and acknowledging feelings
- Promotes respectful communication – including the skills to do this. Includes talking about difficult feelings, learning and practicing active listening, working through disagreements.
- Self calming and emotional regulation – the skill of disengaging from conflict, self soothing and calming ie mindfulness
- Support and skills for parents





# Concurrent adolescent/parent restorative work

- Is underpinned by current and future safety considerations (emotional, psychological, physical)
- When conflict can be safely managed – eg. no putdowns, listening skills
- When all family members wish to participate, commitment to the process

# Tips for parents – supporting adolescent change

- Acknowledge the adolescent's feelings, without judgment
- Avoid blaming- when you take away blame, they stop defending
- Avoid defending – when you defend, they blame
- Don't excuse their behavior- excusing takes away their ability to feel what they need to feel to motivate change
- Be an 'ally', on their side to figure this out
- Stick to the 'behavior', not the 'person'
- Give them space to talk about it without your comment – listen, listen, listen (as long as they are staying respectful)

# Case study

Michael is 15 years old, uses cannabis and 'occasional' party drugs. He has a younger sister, Zoe, aged 11 years. He experienced violence from his father until the parental separation when he was 11. He has 'behavioural' issues at school and non attendance. Mother blames Michael's ADHD diagnosis for the problems. Violence in the home for almost two years. Referred by police after mother called them when he kicked in the front door. Intervention Order through Children's Court.

How would you work with a purely trauma informed framework?

What difference would it make to work with both?

Role play using Restorative Framework questions

# Thank you

- Questions??