Stopping adolescent violence in the home

An outcomes evaluation of Breaking the Cycle

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About the authors

Sez Wilks joined the Policy, Research and Innovation unit at Anglicare Victoria as a Research Officer in 2009. Upon completing a Bachelor of Arts (Honours of Geography) at The University of Melbourne in 2004, Sez developed her research skills with roles at the City of Melbourne and independent research agency Alliance Strategic Research. Sez has completed several community needs analyses and outcomes evaluations for Anglicare Victoria and brings to the work her dual passions of social justice and the interrogation of place and change.

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Acknowledgements

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This report provides an analysis and evaluation of the impacts of Breaking the Cycle, an eight week education/therapeutic group program for parents of adolescents who are violent in the home.

The research was commissioned by Meridian Youth and Family Counselling Services, who deliver the Breaking the Cycle program from Anglicare Victoria's Box Hill office.

Executive summary

The evaluation compared a treatment group and a control group at three time points: at program intake; upon program completion; and three months after the program. The treatment group comprised participants in the first group program of 2010 and the control group included parents/carers who were on the program's waiting list. This approach was complemented by two semi-structured, qualitative case study interviews.

The study's quantitative component involved the collection of data on adolescent-to-parent violence and parenting outcomes – attachment, communication, parenting discipline, relational frustration and parenting confidence.

The evaluation demonstrates Breaking the Cycle's positive impacts on the incidence of adolescent-to-parent violence, on parenting outcomes and on parents' insights, skills and readiness for change. The research found Breaking the Cycle to be highly effective in helping parents and carers recognise and interrupt the cycle of violence.

The program successfully supports parents to develop new insights and to learn and implement new parenting strategies in order to more effectively respond to violence. The program's positive impacts were shown to consequently reduce – in some cases entirely stop – a range of violent behaviours. The greatest change was observed between program intake and program end.

While there was a trend towards improvement within the treatment group on parenting aspects, the effectiveness of Breaking the Cycle on theses dimensions is qualified. The research shows a positive change for the treatment group on all parenting dimensions used in the evaluation (except for communication), but there was very little difference on outcomes between treatment and control groups.

The evaluation shows the complexity of adolescent-to-parent violence and its association with other family problems. It highlights the need for follow-up family support and recommends Breaking the Cycle's delivery within the context of a complementary suite of community services. The continued expansion of Breaking the Cycle is recommended in order to meet considerable demand for the program.

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Introduction and Background

Adolescent-to-parent violence

Adolescent-to-parent violence, also called 'parent abuse' or 'adolescent violence in the home', is defined as any act by a young person or adolescent "that is intended to cause physical, psychological or financial damage to gain power and control" over a parent or other caregiver (Cottrell, 2001:3). Adolescent-to-parent violence describes a range of behaviours deliberately acted out by adolescents, typically aged 11 to 24 years, in order to harm and control their parent or carer. Adolescent-to-parent violence is characterised by three main types of abuse: physical; psychological (including verbal); and financial (Cottrell, 2001; Paterson, Luntz, Perlesz & Cotton, 2002).

Research suggests that parent abuse tends to begin with verbal abuse before escalating to other forms, is committed by both boys and girls (Cottrell, 2001:7) and can increase in both frequency and intensity without intervention (Bachli, 2008, in McKenna, O'Connor & Verco, 2010:4).

Breaking the Cycle (BtC) is an eight week education/therapeutic group work program for parents of adolescents who are violent in the home delivered by Meridian Youth and Family Counselling Services, operating from Anglicare Victoria's Box Hill office. BtC was developed for Anglicare Victoria by Rosemary Paterson and Helen Luntz in 1997 in response to increasing numbers of referrals from parents (predominantly mothers), whose adolescent sons and daughters were behaving violently or abusively within the family home.

BtC was initially offered to mothers only. However, the program has been extended to include fathers, grandparents and carers (Anglicare Victoria, 2008). In its current form the program usually takes 8-10 participants (up to a maximum of 12 participants) and attrition is low. The program's advertising channels include community and school newsletters, civic noticeboards, local papers and leaflets.

Program rationale and logic

The NSW Department of Community Services[1] (2005) divides parenting programs into two broad categories: relationship focussed approaches and behaviourist approaches. Relationship focussed approaches "use techniques like active listening, understanding and acceptance", whereas behavioural programs favour techniques to "reinforce desirable behaviour and control undesirable behaviour" (NSW Department of Community Services, 2005:1). BtC combines elements of both behaviourist and relationship focussed approaches. The program logic model reasons that both the application of a range of parenting strategies, learnt and practised by participants throughout the BtC eight week group program, and addressing parents' experiences and their emotional states will help realise a reduction in the incidence of adolescent-to-parent violence and in turn normalise the parent-adolescent relationship (see Figure 1).

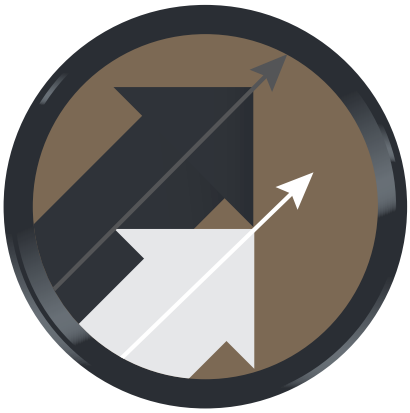
1 Now called the NSW Department of Family and Community Services

NEW PARENTING STRATEGIES

IMPROVED PARENTING SKILLS, ATTITUDES, KNOWLEDGE, BEHAVIOURS & CONFIDENCE

STATUS OF THE VIOLENCE

REDUCED ADOLESCENT-TO-PARENT VIOLENCE



CONDITION OF THE PARENT-ADOLESCENT RELATIONSHIP

IMPROVED PARENT-ADOLESCENT RELATIONSHIPS,
VITAL TO ADOLESCENT DEVELOPMENT

FIGURE 1.
Breaking the Cycle logic model

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Outcomes Evaluation

Anglicare Victoria's Research, Policy and Innovation (PRI) unit undertook an outcomes evaluation of the BtC program operating between March and December 2010. The outcomes evaluation sought to test the efficacy of the group program in relation to its aims to improve parenting approaches, reduce adolescent-to-parent violence and improve the parent-adolescent relationship (see Figure 1).

The evaluation specifically asked:

- Does participation in BtC lead to a reduction in adolescent-to-parent violence?
- Do positive impacts on adolescent-to-parent violence occur through shifts in participants' understanding of the cycle of violence, parental confidence and informed use of authoritative parenting strategies?
- Does participation in BtC contribute to a more positive parent-adolescent relationship?
- Are positive impacts on the parent-adolescent relationship the result of diminished episodes of adolescent-to-parent violence?

Evaluation design

The evaluation included both quantitative and qualitative approaches. The quantitative component utilised a quasi-experimental research design called the Non-Equivalent Groups Design (NEGD) (Web Center For Social Research Methods, 2006). NEGD is a frequently used design in social research. Its structure is similar to a pre-test post-test randomized experiment, but it lacks a key feature of the randomized designs; that is, the researcher does not control the assignment to groups through the mechanism of random assignment. Rather, NEGD employs comparison of a 'treatment' group and a 'control' group.

For the BtC evaluation the treatment group comprised participants in the group program commencing 25 March 2010 and the control group comprised parents/carers who had been accepted for the service and were on a waiting list to receive the program. The qualitative component of the evaluation involved an in-depth case study of two program participants captured through a one-hour interview 4-6 months after program completion. This aspect of the evaluation used a narrative inquiry methodology and purposeful sampling. The interview focussed on the implementation of insights and skills developed through participation in the program.

Sample characteristics

The sample frame for the evaluation was all eight (8) adults enrolled in the BtC program that commenced on 25 March 2010 and the 19 adults who had been accepted for the service and were on a waiting list to receive the program. Seven of the eight treatment adults (87.5%) and eight of the 19 control adults (42.1%) agreed to take part in the evaluation.

Suitability of the "wait list" control

A number of statistical tests were performed to determine whether the control group was a suitable comparison to participants in the BtC program (see Table 1). Group differences were conducted on all demographic data collected on program intake (T1). Although the control group had higher levels of income and a higher proportion lived in single-headed households, these differences were not statistically significant. It was not possible to perform a statistical test on gender, as there were no men in the control group (there were two men in the treatment group).

TABLE 1 CHARACTERISITICS OF THE TREATMENT AND CONTROL GROUPS

	Treatment group (*N* = 7)	Control group (*N* = 8)	Difference
Female	71.3%	100.0%	na
Age	*M* = 46.7 (*SD* = 9.25)	*M* = 45.8 (*SD* = 4.77)	$t(7) = .22$, $p = .83$, ns
Adolescent's mother	71.3%	100.0%	$z<1.65$, ns
Language other than English spoken at home	71.3%	0.0%	$z<1.65$, ns
Presence of partner/spouse	57.1%	37.5%	χ^2 (1, N = 15) = .58, $p = .48$, ns
Adults in the household	*M* = 2.00 (*SD* = 1.10)	*M* = 1.14 (*SD* = 0.69)	$t(8.12) = 1.66$, $p = .14$, ns
Children in the household	*M* = 1.29 (*SD* = 1.25)	*M* = 1.88 (*SD* = 1.13)	$t(12.24) = -.95$, $p = .36$, ns
Education			
Some secondary/ high school	14.3%	0.0%	na
Secondary/high school	28.6%	50.0%	$z<1.65$, ns
Trade Certificate/ Apprenticeship	28.6%	12.5%	$z<1.65$, ns
Bachelor degree	14.3%	25.0%	$z<1.65$, ns
Postgraduate degree	14.3%	12.5%	$z<1.65$, ns
Household income			
Less than $20,000	28.6%	12.5%	$z<1.65$, ns
$20,000 to $39,999	0.0%	12.5%	na
$40,000 to $59,999	28.6%	12.5%	$z<1.65$, ns
$60,000 to $79,999	28.6%	37.5%	$z<1.65$, ns
$80,000 or more	14.3%	12.5%	$z<1.65$, ns

Note: Due to small sample sizes, results should be interpreted with caution

Comparative analyses on parent abuse factors (physical and verbal, threats, and financial) and parenting (attachment, communication, discipline practices, relational frustration and parenting confidence) conducted at T1 and reported in the findings section later in the report also found no significant difference between treatment and control groups (see Tables i to viii, Appendix D).

While these findings suggest that the BtC wait-list was a suitable comparison for the treatment group prior to program commencement, it was not possible to ensure the control group did not receive any intervention during the evaluation period. While it is true that the wait-list group did not receive the BtC program during the evaluation period, parents and carers on the wait list were given a resource booklet and a book of stories by women who have experienced adolescent-to-parent violence. These resources help parents identify violent behaviours; suggest strategies for dealing with adolescents; and provide a contact list of services and agencies that can help parents deal with the situation they are in (Inner South Community Health Service, 2008). Family counselling is also recommended and parents are encouraged to call Anglicare Victoria if a crisis situation with their adolescent occurs. Access to such information and support is important to bear in mind when interpreting the findings set out later in the report.

Sample attrition

Quantitative data were collected for both treatment and control groups on program intake, on program completion and three months after program completion. Overall, there was very little attrition between T1 and T2. Most of the attrition occurred between T2 and T3; that is after program completion. Table 2 demonstrates sample attrition throughout the evaluation.

TABLE 2 ATTRITION OF SAMPLE THROUGHOUT QUANTITATIVE COMPONENT

Datapoints	Questionnaire	No. distributed	No. returned	Response rate by group (%)
1. Program commencement	PAI*	27	15	Treatment=7 (87.5%) Control=8 (42.1%)
2. Program completion	PAI*	15	14	Treatment=7 (100.0%) Control=7 (87.5%)
2. Program completion	ISRC**	8	8	Treatment=8 (100.0%)
3. Three month follow up	PAI*	14	9	Treatment=5 (71.4%) Control=4 (57.1%)

*PAI Parenting Adolescents Inventory
**ISRC Insights, Skills and Readiness for Change questionnaire (treatment group only).

Methods and Measures

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METHODS

Recruitment strategy

Quantitative component

The BtC program co-ordinator sent program participants and those on the waiting list written information about the evaluation and what taking part would involve. Parents/carers were given one week to advise the program co-ordinator if they wished to opt-out of the evaluation and were informed that after this time contact information would be provided to the researchers. Participants were advised that they would receive a $10 Coles gift voucher at each data collection point to acknowledge their time in taking part in the research. No participant chose to actively opt-out of the research.

Qualitative case studies

Researchers liaised with the program facilitator to identify potential participants from the treatment group. A qualified family therapist with good working knowledge of the BtC program was engaged to recruit participants to the case study aspect of the evaluation and to conduct the interviews.

Prospective interviewees were initially contacted by phone at which time the purpose and expected duration of the interview was explained to them. The interviewer arranged with participants a suitable time and place to conduct the interview. Participants who were interested in taking part were mailed an Information for Subjects form.

Before commencing the interview, participants had the purpose of the interview explained to them once again, and were asked to sign a written consent form. Interviews were digitally recorded and transcribed for validity purposes.

The two parents who participated in an interview received an additional $20 Coles gift voucher in acknowledgement of the time they contributed to the research.

Data collection strategy

Quantitative component

Information on adolescent-to-parent violence and the parent-adolescent relationship were collected at three points in time: T1 (program intake); T2 (program completion); and T3 (three months after program completion). The treatment and control groups were issued identical self-complete questionnaires at each data collection point, called the Parenting Adolescents Inventory (PAI)[2].

The PAI was mailed to both treatment and control groups (N = 27) at program intake. A stamped, addressed envelope for the return of the questionnaires and consent forms was provided. The treatment group was reminded to complete and return the survey throughout the program sessions. Non-respondents in the control group were followed up individually by phone and given the option to complete the questionnaire over the phone. The same process was followed on program completion and at the three months post-program point (T3).

2 The PAI comprised three sections: i) the Adolescent Violent Behaviour Questionnaire (AVBQ); ii) the Parenting Relationship Questionnaire (PRQ); and iii) About You and Your Family. Sections i) and iii) of the PAI are shown in Appendix A. Content from section ii) of the PAI is shown in Kamphaus & Reynolds (2006).

The treatment group also completed a survey (ISRC: Insights, Skills and Readiness for Change) about the insights and skills that they had developed through participation in the program as well as their readiness for change. This survey was distributed during the final session of the program (T2).

Qualitative case studies

Two members of the treatment group took part in a semi-structured interview. The first interview occurred in September 2010, four months after the respondent completed BtC. The second interview took place in December 2010, six months after the respondent had completed the program.

The interview component of the research aimed to provide information about participants' experience of the group program; whether or not they were able to implement what they learnt during the program; and interconnections between the two. Specifically, participants were asked to describe a situation of actual or potential violence/conflict that erupted post-program to understand how they managed the situation and whether or not they were able to apply specific strategies from the program.

MEASURES

Adolescent Violent Behaviour Questionnaire

Due to the absence of any existing, validated measure of adolescent-to-parent violence the Adolescent Violent Behaviour Questionnaire (AVBQ) was specifically developed for this evaluation (Appendix A). The AVBQ is a parent/carer reported measure of the occurrence of adolescent-to-parent violence. Development of the AVBQ was informed by Paterson et al.'s (2002) Violent Behaviour Questionnaire; current adolescent-to-parent violence literature; the Maltreatment Classification System (Manly, Cicchetti & Barnett, 1994); and the Conflicts Tactics Scale (Straus, Hamby, Boney-McCoy & Sugarman, 1996). In developing the instrument parental abuse items were identified from the relevant literature (Appendix B).

Constructing the Adolescent Violent Behaviour Questionnaire

Initially, 14 items or behaviours were developed. Items were scored on a four-point forced choice scale indicating how frequently the behaviour had occurred in the past two months. The four-point forced choice scale was used to guard against respondents using an acquiescent response mode. Respondents were asked to rate how often each statement was true for them. Response categories were: 0 (Never), 1 (Sometimes), 2 (Often) and 3 (Almost Always); all items were positively worded. High scores represented more frequent occurrence of violence. The face validity of the items were confirmed by counselling therapists.

To maximise the data available for the analysis the factor structure of the AVBQ was examined using all data collected throughout 2010[3]. These data were entered into an SPSS database in long (rather than wide) format, so that each case had multiple rows in the dataset (each participant in the evaluation group had potentially three rows of data and participants in subsequent groups had two rows of data). Notwithstanding issues regarding the dependence of the data, all 60 rows of data (or "cases") were used in the analysis.

3 This includes programs that were not part of the current evaluation, starting in July and October 2010.

Initially two items were removed due to low or no variance. These items were: 'Caused you a serious physical injury that required medical attention, regardless of how it was received (e.g. punched, beat, strangled, choked, used weapon)'; and 'Seriously harmed or killed your pets'.[4] Exploratory factor analysis (varimax rotation) was then performed on the remaining 12 AVBQ items. A further four items were removed due to cross-loading. These items were 'Directed minor insults at you (e.g. picked on you, put you down, called you names, laughed in your face)'; 'Damaged or destroyed your possessions or property (e.g. punched holes in walls, broke things, smashed your car)'; 'Disrespected you in significant ways (e.g. put you down in front of your friends, lied to you, withheld important information)'; and 'Created fear or scared you (e.g. ran away from home, stayed away from home all night)'.

The final factor solution iluminated three factors with eigenvalues greater than 1. These measured three sub-types of violence: 'physical and verbal' (four items), 'threats' (two items) and 'financial' (two items). Table 3 presents the rotated factor loading matrix for this final solution. The physical and verbal factor explained 47.0% of the variance, the threats factor explained 18.0% of the variance, and the financial factor explained 13.0% of the variance. In total, the three factor solution explained 78.0% of the variance. Internal consistency of each of the three factors was examined using Cronbach's alpha. The alphas were high: .83 for physical and verbal; .80 for threats; and .70 for financial.

TABLE 3 FACTOR LOADINGS AND COMMUNALITIES OF A VARIMAX ROTATION FOR EIGHT AVBQ ITEMS (*N*=60)

Item	Factor 1: physical & verbal	Factor 2: threats	Factor 3: financial
Caused you minor physical pain	.82	.35	
Caused you a physical injury that left minor marks and/or soreness	.69	.43	
Sworn, argued or challenged you	.86		.32
Shouted, screamed or yelled at you	.78	.24	.28
Threatened to harm his/herself, you or your family/friends/pets	.30	.82	
Threatened to kill his/herself, you or your family/friends/pets		.90	
Demanded your money, car or belongings		.31	.79
Stolen your money or misused your resources or possessions			.89

Note: Factor loadings < 0.2 are suppressed

4 Counselling therapists involved in the face-validity tests had indicated that these behaviours were located at the most severe end of the violent behaviour spectrum.

Parenting Relationship Questionnaire (PRQ)

The Parenting Relationship Questionnaire (PRQ) is a widely used, validated measure that captures a parent/carer's perspective of the parent-adolescent relationship (Kamphaus & Reynolds, 2006). Psychometric properties of the measure are available in Kamphaus & Reynolds (2006: 32-36). The 'attachment', 'communication', 'discipline practices', 'parenting confidence' and 'relational frustration' subscales from the PRQ were used in the current evaluation to measure the four parent-adolescent relationship constructs that BtC aims to change (communication, conflict management, parental nurturance and parenting stress). Respondents were asked to rate how frequently each statement described their beliefs or experiences. Response categories were: 0 (Never), 1 (Sometimes), 2 (Often) and 3 (Almost Always). High scores indicate more positive attachment, better communication, more consistent application of consequences in response to adolescent misbehaviour, greater parental confidence and higher parental frustration.

Reliability analysis was performed on all PRQ data collected in the course of the current evaluation; that is, data from 15 cases at three data collection points. Cronbach's alpha's were moderate to high: .67 for attachment; .72 for communication; .59 for discipline practices; .71 for parenting confidence; and .79 for relational frustration (see Table 4).

TABLE 4. CRONBACH'S ALPHA VALUES FOR PARENTING RELATIONSHIP QUESTIONNAIRE (PRQ) FACTORS

	No. of items	Alpha
Attachment (*n* = 30)	11	.67
Communication (*n* = 33)	9	.72
Discipline Practices (*n* = 33)	9	.59
Parenting Confidence (*n* = 32)	8	.71
Relational Frustration (*n* = 30)	12	.79

About you and your family

The 'About you and your family' section of the PAI incorporated standard demographic items including participant's age on last birthday (years), sex, highest level of education completed, marital status, relationship to the violent adolescent (parent/grandparent/carer), sex of the violent adolescent, cultural background, total family annual income, number of children living in household under the age of 18 years, number of adults living in household aged 18 years or over and course of referral (i.e. how they heard about the program).

Insights, Skills and Readiness for Change (ISRC) questionnaire

The Insights, Skills and Readiness to Change (ISRC) questionnaire (see Appendix C) was distributed to the treatment group during the final BtC session. The ISRC questionnaire sought to measure cognitive change as a result of exposure to BtC and general satisfaction with the program. The questionnaire captured participants' impression of the program environment, what insights and understanding they gained, whether their parenting skills and behaviours had changed, their readiness for change and their overall satisfaction with the program.

ANALYTIC APPROACH

Quantitative component

Cross-sectional analyses

Following cleaning, quantitative survey data were statistically analysed to assess the significance of differences in treatment and control group mean scores for violence factors and parent-adolescent relationship dimensions at each data collection point (T1, T2 and T3). Pair-wise independent samples t-test of treatment and control group mean scores was run for the three AVBQ violence factors (physical and verbal, threats and financial) and also for the five PRQ dimensions (communication, attachment, discipline practices, parenting confidence and relational frustration).

Repeated measures analyses

Statistical analyses were also conducted to measure longitudinal change between treatment and control groups as well as longitudinal change within the two groups separately. A one-way repeated measures ANOVA was conducted on violence and parenting scores at T1 (prior to the group program), T2 (following the group program) and T3 (three month follow-up). Here, analyses of treatment and control groups were run at the same time to enable a formal comparison and residual plots were also produced to check the model for variance. Analyses were then run a second time, without the presence of the between subjects factor (in this case 'group').

This allowed a separate repeated measures model to be fit for each group, in order to test the effect of time within each group. The effect for time was considered between T1 and T2 and between T1 and T3. Exclusions inherent in the design of the one-way repeated measures ANOVA function meant that only participants who had completed surveys all three time-points were included in these longitudinal analyses.[5]

The value of Wilks' Lambda, which offers an indication of the interaction effect for the two groups (i.e. whether there is a significant change in scores over time for treatment and control groups), was noted for each factor.

Analysis of Insights, Skills and Readiness for Change

Frequency analyses, designed to describe the nature and extent of the insights and skills gained by treatment group participants and the group's readiness to change, were conducted on ISRC questionnaire data.

5 Using a 'last observation carried forward' approach – for example, if data existed for T1 and T2 , but not for T3, then data from T2 would be carried forward to T3 – was deemed inappropriate for this evaluation, as participants' retention and responses may be related to the incidence of violent behaviour or difficulties in the parent-adolescent relationship. In following up non-responses this was found to be anecdotally so: one respondent reported that their child had run away from home and that their inability to complete the questionnaire was directly impacted by the situation.

Qualitative case studies

Thematic analyses

For the qualitative component, a thematic analysis of interview transcripts was undertaken and cross-validated. The thematic analysis coded interviewee's ideas in order to identify themes and relationships within the qualitative data. The themes that emerged aligned with the themes of the evaluation, namely the impact of the program on violence and the parent-adolescent relationship, as well as parents' insights, skills and readiness to change. Accordingly, presentation of interview responses in this report has been integrated with the quantitative findings.

Findings

HOW PARTICIPANTS HEARD ABOUT BREAKING THE CYCLE

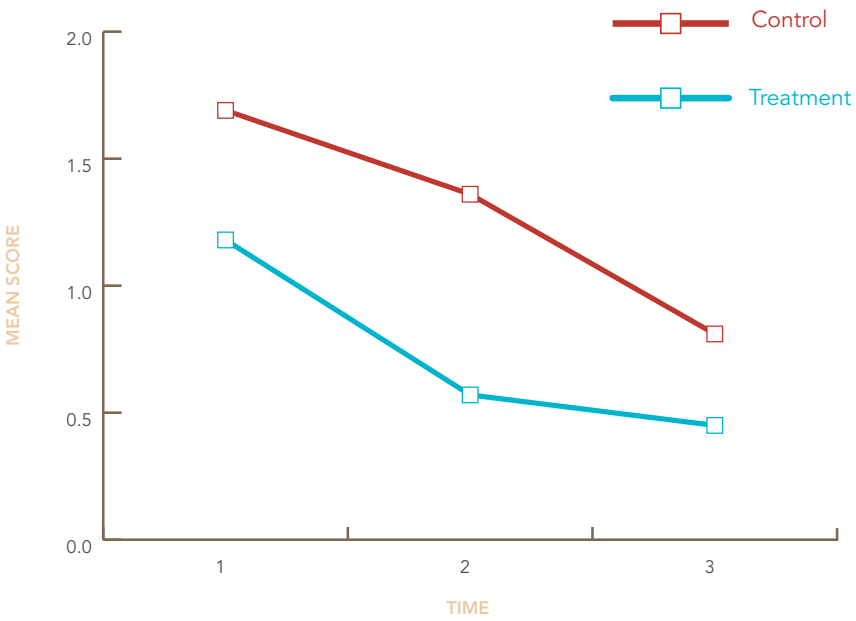
Table 5 illustrates the ways in which treatment and control group participants were informed of the BtC program. For both treatment (42.9%) and control (37.5%) groups, staff at Anglicare Victoria's Box Hill office were a key information source. School counsellors were also an important source for the treatment group, nominated by 42.9% of this group's participants. Just over one-third of participants (37.5%) in the control group responded 'Other'. Responses here included local family support services, domestic violence services, hospitals and a community service organisation for disability and aged carers.

TABLE 5. HOW RESPONDENTS HEARD ABOUT BREAKING THE CYCLE PROGRAM

	Treatment Group (*N* = 7)	Control Group (*N*=8)
Newspaper	0.0%	12.5%
Anglicare Victoria Box Hill staff member	42.9%	37.5%
Internet	0.0%	12.5%
School counsellor	42.9%	0.0%
Other	14.2%	37.5%
TOTAL	100.0%	100.0%

IMPACT OF BREAKING THE CYCLE ON ADOLESCENT-TO-PARENT VIOLENCE

Figure 2.
Changes over time in mean scores for physical and verbal violence



Quantitative findings on violence

Physical and verbal violence

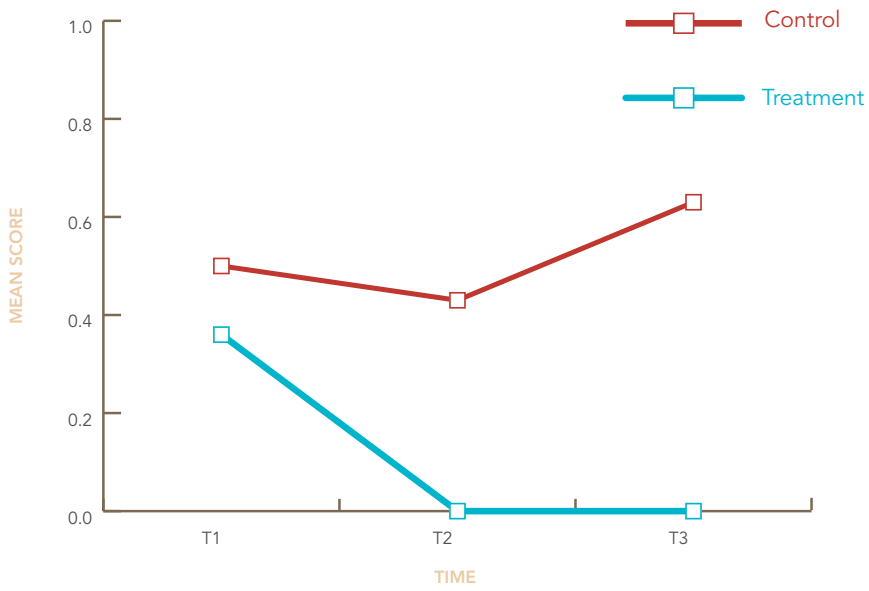
A general trend for both treatment and control groups was a reduction in physical and verbal violence over time. For both groups, mean scores for physical and verbal violence more than halved between T1 and T3. Figure 2 above plots physical and verbal violence scores for both treatment and control groups across the three waves of data.

At each data collection wave (T1, T2 and T3) the control group score on physical and verbal violence was higher than the intervention group. At T2 differences in physical and verbal violence reached conventional levels of significance ($p = <$ .05), suggesting improvement on this aspect in the treatment group compared to the control group (see Appendix D, Table i).

One-way repeated measures ANOVA showed that for the treatment group, the effect for time on physical and verbal violence between T1 and T2 was statistically significant (F (1,2) 10.60, p = .03), as was the effect between T1 and T3 (F (1,2) 13.84, p = .02). There was no statistically significant effect for time on physical and verbal violence for the control group between either T1 and T2 or T2 and T3.

While there was some indication of a sharper reduction in physical and verbal violence in the treatment group compared to the control group between T1 and T2, the repeated measures analyses found that physical and verbal violence did not decrease at a greater rate for the treatment group than for the control group between T1 and T3.

Figure 3.
Changes over time in mean scores for threats

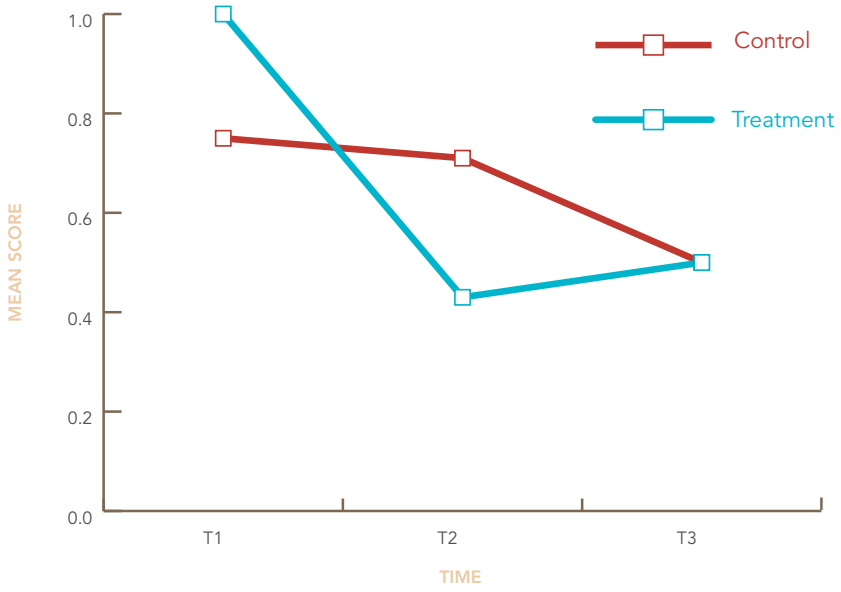


Threats

While there was no statistically significant difference in threat scores between treatment and control groups on commencement of the evaluation, scores diverged at T2 and T3 (see Appendix D, Table ii). Specifically, for the treatment group the incidence of threats was eliminated between T1 and T2. While there was a slight reduction in threat scores for the control group between T1 and T2, there was an escalation between T2 and T3 (see Figure 3).

Due to the elimination of the incidence of threats in the treatment group, cell values for these data were zero (0) and statistical comparisons were not conducted. However, Figure 3 clearly demonstrates converse trends in the data for treatment and control groups.

Figure 4.
Changes over time in mean scores for financial violence



Financial violence

The trend in financial violence scores was similar to that reported above for threats scores. That is, while there was no significant difference between the two groups at T1, scores for the treatment group reduced sharply between T1 and T2 (the intervention period) while scores for the control group remained constant across this time period. Concomitantly, scores between T2 and T3 increased marginally for the treatment group at which time a reduction in scores was observed for the control group (see Figure 4).

While differences were observed in the pattern of scores between the treatment and control group across the evaluation period, there was no statistically significant difference in scores between the two groups at T1, T2 or T3 (see Appendix D, Table iii).

Repeated measures analyses showed that the effect for time for the treatment group on financial violence between T1 and T2 was statistically significant, (F (1,2) 10.29, p = .03), whereas there was no statistically significant effect for time on financial violence for the control group. There was also a trend towards a greater rate of change on financial violence between T1 and T3 for the treatment group (Wilks' Lambda = .45, F (2,1) 3.67, p <.10).

Qualitative findings on violence

The longitudinal impacts of BtC on adolescent-to-parent violence were also supported by qualitative findings from case study interviews with two treatment group participants. On starting the program, interviewees Therese and Mary (pseudonyms) were both experiencing adolescent-to-parent violence. Therese encountered violence from her 16 year-old son and Mary from her 15 year-old daughter.

Both mothers experienced physical and verbal abuse and financial violence and emphasised that the severity and frequency of violence was escalating. Therese's son had damaged the family's garage and had broken a window in their home. Therese described her son's swearing, mocking and bumping into her "whenever he walked past". He was also found to be running up large phone bills and over-using the family computer.

Mary's daughter had "become very verbally abusive" and "extremely defiant". Mary's daughter was also physically intimidating her by standing over her and blocking exits, as well as "abusing privileges at home like internet, telephone".

Several months after the program finished, the women spoke of their adolescents' improved behaviour. In Mary's case, the incidence of violence from her daughter had significantly reduced:

> *"We still have our difficulties, but it has lessened. It's not as bad as how it was before."*

In Therese's instance, violent behaviour by her son had ceased altogether:

> *"There were a number of them [violent episodes] and it has now stopped."*

Therese also spoke to there being fewer arguments and less aggression between her and her son:

> *"The way he's behaving now we don't even think along the lines of, oh, he may be violent again (…) He no longer abuses me verbally or pushes or bumps past me. His behaviour there is completely different."*

IMPACT OF BREAKING THE CYCLE ON PARENTING

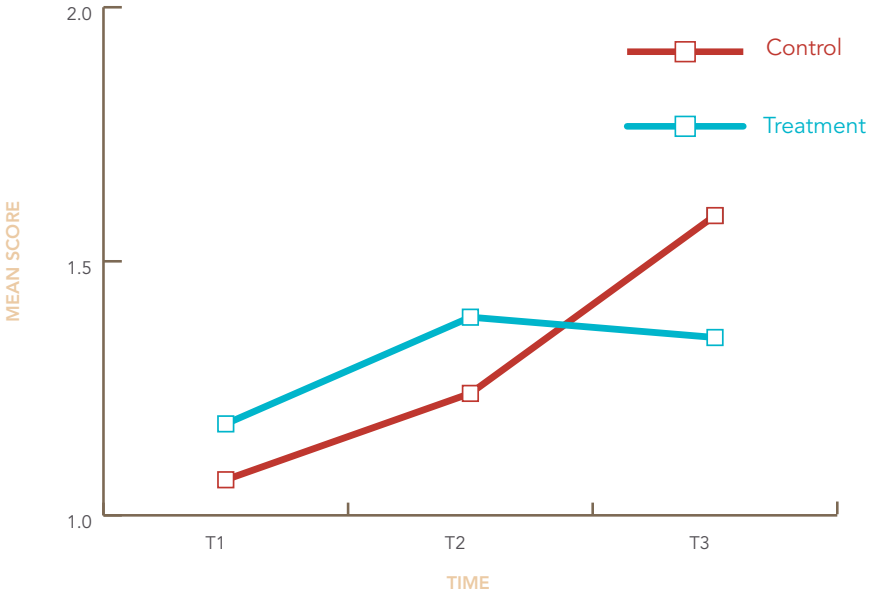
Quantitative findings on parenting and parenting relationship

Attachment

During the BtC program attachment scores increased between T1 and T2 for the treatment group. However, by the three month follow-up data collection (T3), mean attachment scores for the treatment group had levelled off. For the control group, attachment scores increased steadily from T1 to T2 and from T2 to T3 (see Figure 5). There was no statistically significant difference ($p > .10$) between treatment and control group mean scores for attachment at either T1, T2 or T3 (see Appendix D, Table iv) .

While the repeated measures ANOVA showed no statistically significant effect for time on attachment for the treatment group, there was a trend for an effect for time on attachment between T1 and T3 for the control group (F (1,2) 7.74, $p = .07$). There was no significant effect for time between groups on attachment.

Figure 5.
Changes over time in attachment

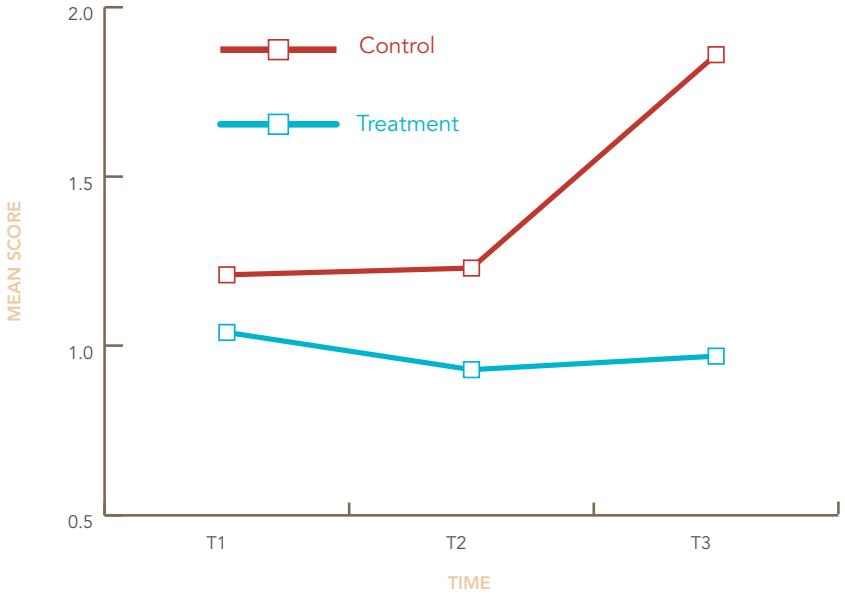


Communication

Findings on communication were unexpected. While there was little change in communication scores between T1 and T2 for both groups (the intervention period), there was a relatively large increase in communication scores between T2 and T3 for the control group (see Figure 6). There was no statistically significant difference between treatment and control group mean scores for communication at either T1, T2 or T3 (see Appendix D, Table v).

The repeated measures ANOVA revealed no statistically significant effect for time on communication for either the treatment or control group, nor was there an effect observed for time between these two groups.

Figure 6.
Changes over time in parent-adolescent communication

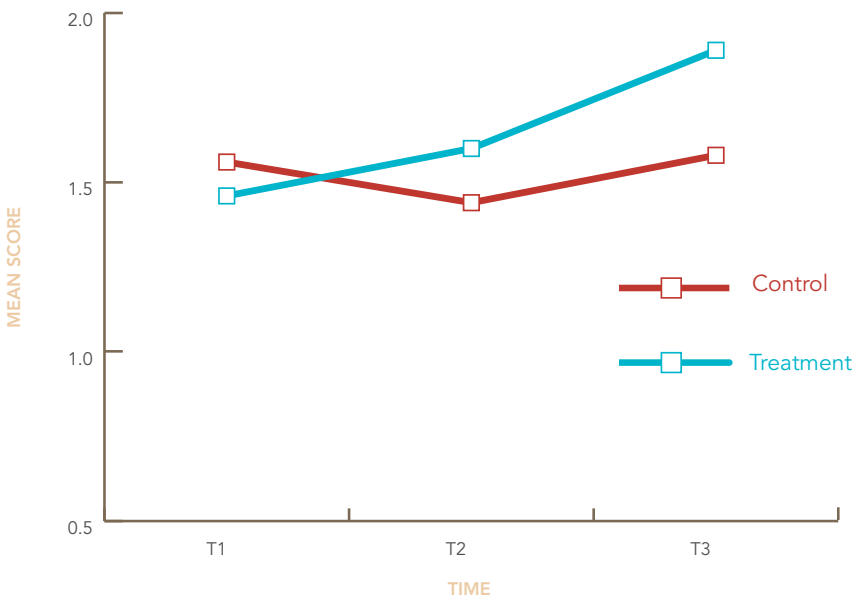


Discipline practices

As expected, the treatment group's mean scores for positive discipline practices increased between T1 and T2, whereas scores for the control group decreased during this same period. Scores for both groups increased between T2 and T3 (see Figure 7). There was no statistically significant difference ($p > .10$) between treatment and control group mean scores for discipline practices at either T1, T2 or T3 (see Appendix D, Table vi). The repeated measures ANOVA revealed no statistically significant effect for time on discipline practices for either the treatment or control group, nor was there an effect observed for time between these two groups.

The repeated measures ANOVA revealed no statistically significant effect for time on discipline practices for either the treatment or control groups, nor was there an effect observed for time between these two groups.

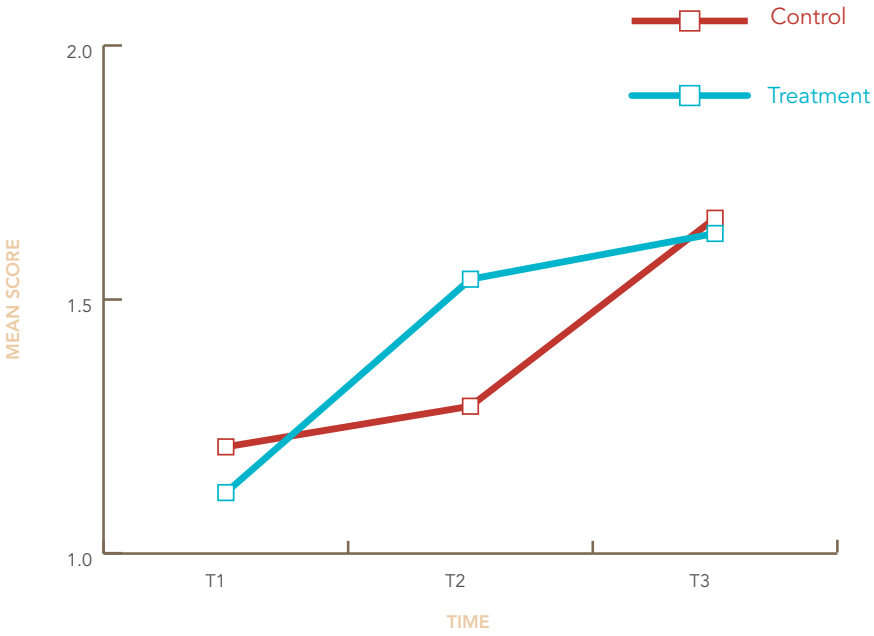
Figure 7.
Changes over time in discipline practices



Parenting confidence

Mean scores on parenting confidence increased for both the treatment and control group between T1 and T2, although the change in scores was larger for the treatment group. Between T2 and T3 both groups recorded another improvement in parenting confidence, although the control group experienced a bigger change in this period (see Figure 8). There was no statistically significant difference ($p > .10$) between treatment and control group mean scores for parenting confidence at either T1, T2 or T3 (Appendix D, Table vii).

Figure 8.
Changes over time in parenting confidence



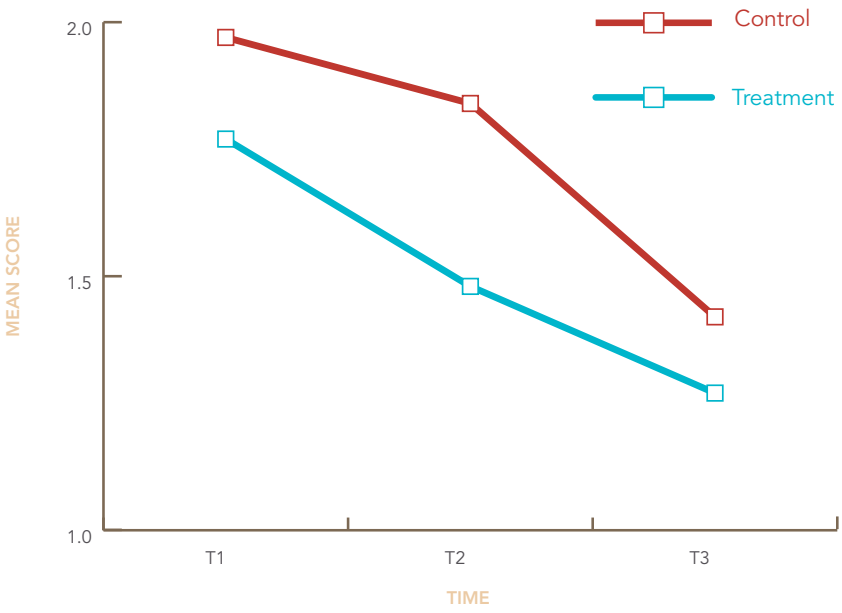
For the treatment group, the effect for time on parenting confidence between T1 and T2 was approaching statistical significance (F (1,2) 5.88, $p = .07$) as was the effect for time on parenting confidence between T1 and T3 (F (1,2) 10.50, $p = .09$). There was no effect between the treatment and control groups between T1 and T3.

Relational frustration

As anticipated, mean relational frustration scores for treatment group participants decreased between T1 and T2, and further decreased between T2 and T3 (see Figure 9). The control group's mean relational frustration scores also decreased at a similar rate. There was no statistically significant difference ($p > .10$) between treatment and control group mean scores for relational frustration at either T1, T2 or T3 (see Appendix D, Table viii).

Within both the treatment and the control groups no statistically significant effect for time on relational frustration was observed ($p > .10$).

Figure 9.
Changes over time in relational frustration



Qualitative findings on parenting

Positive change in discipline practices and communication were most readily identified by case study interviewees. These elements were front of mind for Mary and Therese in discussing strategies learned during BtC, and the ways in which implementing these had or hadn't impacted their adolescent's behaviour. Dimensions of relational frustration, attachment and parenting confidence were less overtly expressed.

Discipline practices

Changes in discipline practices, like setting limits and following through with consequences, were of importance to both mothers. Mary found her daughter was responding to the boundaries she was setting:

> *"She would like her boyfriend to stay there every night if possible and I said, 'No, only once a week.' She likes to push the boundaries. But when she pushes the boundaries, then she becomes abusive about it, now I've learnt to say, 'Look – if you're going to talk to me that way, your boyfriend isn't going to be allowed to stay over here.' And that does work really well with her."*

> *"She knows for a fact that it's still important [for me] to be maternal, to be compassionate, but when you need to stick to the boundaries it still needs to be there."*

Therese identified that she had been setting consequences with her son and following them through:

> *"I'd talk to him now and say, 'Look, if you choose to behave like this there are gonna be consequences. You choose'."*

> *"My husband is quite willing to turn off the computer, put it away, and the games and… just not make life comfortable for him at home. And he's got to be up and out by a certain time."*

Also important for both mothers was the renewed support of other adults in their household. Both Therese and Mary commented on the benefits of working as a team with their partners. Mary found her new partner's support helped to reinforce the boundaries she'd set with her daughter:

> *"One of the things that has helped me [is] I have my partner, 'cause he's very firm on boundaries. He will say, 'If I were you I wouldn't let her do these things.' He supports me."*

Therese felt better supported and experienced an improved sense of wellbeing at now sharing the responsibility of discipline with her husband:

> *"Before he would say, 'You're the mother, you deal with it.' So I was the disciplinarian all the time. But now that's changed and [my son] sees us talking together about things. And if he approaches one of us we say, 'Oh, we'll talk about that with mum,' or 'We'll talk about that with dad'."*

Communication

Mary and Therese's experiences of parent-adolescent communication since the program were somewhat different. Both had implemented communication strategies learnt through the BtC program. For example, Therese had stopped 'keeping on' at her son:

> *"It was me just nagging all the time, but now that's changed."*

Therese had also learnt to slow down the decision-making process and involve her husband, so as to not allow her son to play one adult against the other:

> *"Now he doesn't try to play one off against the other. If he does approach me, he knows that I'm going to say, 'Well, I'll talk about this with dad, we'll see.' It's never a yes or no."*

Mary had become better at recognising her daughter's behaviour patterns and had begun talking to her daughter "before she escalates". Mary expressed that instead of becoming defensive when her daughter became abusive, the program had taught her to compassionately ask her daughter what she was feeling:

> *"So I ask, 'What's wrong? Why are you angry? Is there something bothering you?' Sort of think outside the square. I'm not just taking it personally."*

If that approach didn't stop the escalation to verbal abuse, Mary explained, she reinforced her boundaries:

> *"Being able to put a stop to it [by saying],'If you're going to talk to me in an abusive way, I'm not going to talk to you, I'm going to walk away.' And meaning it, when you say that."*

Mary also emphasised the importance of reflection and follow-up communication if a situation went badly:

> *"If my gut feeling [is] 'I don't think I did the right thing', I try to have a conversation with her."*

However, the impact of applying new communication strategies on their adolescent's behaviour was more successful for Mary than for Therese. Mary reported significant improvement in her daughter's openness and communication:

> *"Now [she] has learned that when she's getting angry, getting depressed, she's more open to me about it, because before she wouldn't want me to worry about it. She would keep everything inside."*

By contrast, Therese felt that despite her own efforts, communication between her and her adolescent son was an area that still needed improvement:

> *"Even to this day, he's not a child that talks about what is going on in his mind. We ask questions, we don't get answers (…) And still to this day I wouldn't know if he now thinks otherwise, 'cause he just won't talk about anything."*

Relational frustration

In discussing their adolescents' skills development and behavioural changes, Mary and Therese recognised the contribution of both themselves and their adolescents taking responsibility for the frustration in the relationship. Therese noted the significance of her son's realisations in creating lasting positive change between them, such as experiencing her concern as care and deciding of himself to change his behaviour:

> *"Do you know what? I think it's more him than us. That he has seen that we were willing to go the distance, if you like (…) I really think a lot of the things that have turned around have been because he's turned it around."*

> *"I really think my son had to make the decision himself to make some changes, because [otherwise] it wouldn't have been possible. It would have been a longer struggle."*

Mary learned to select more appropriate moments to remind her daughter of her behaviour, in order to avoid ongoing relational frustration throughout the day:

> *"For example, when I try to correct her in her manners or the way she's acting, I say it in a more calm, caring voice, without being too critical. And I choose my moments. Because if she had a bad day or if she just woke up and has me nag at her, then we'll just end up fighting all day."*

Attachment

With regards to changes in the parent-adolescent bond, both interviewees expressed the difficulty of balancing the two aspects of mothering – being compassionate and caring while also establishing boundaries. Mary reflected on her improved ability to recognise "the positive things in the relationship between your children and yourself" and to identify "what I really love about my daughter". Mary also observed more trust in the relationship:

> *"Slowly, I've learned to trust her. And she recognises that. And I think that's one of the things that has improved [our relationship] a lot. And if I remind her that she has forgotten to do something, she will recognise that and say, 'Oh, I'm sorry mum if I did do that'."*

Similarly, joy had been restored in Therese's relationship with her adolescent son. She expressed the return of humour and play as a signifier of their closer bond:

> *"We can have a joke again. We can laugh again."*

Parenting confidence

During their interviews, Mary and Therese were able to identify improved confidence in their application of parenting strategies learned during the course of BtC. Therese acknowledged that she and her husband had become better at establishing limits and were "soldiering on" with renewed drive:

> *"In the beginning we found it very difficult to set boundaries… That's probably a change from the finish of the program to now, [the] fact that we are comfortable in setting limits now."*

Mary spoke of her increased parenting confidence in terms of believing in the words and strategies she was implementing:

"Being able to just put a stop [to abusive behaviour, by saying]: 'If you're going to talk to me in an abusive way, I'm going to walk away.' And meaning it when you say that."

Qualitative description of circumstances before and after the Breaking the Cycle program

Reports from interviewees Mary and Therese on how they felt prior to the BtC program and their reflections on where they were in relation to their children's violent behaviour after they had received the program are a powerful illustration of the program's impact.

Both mothers had similar feelings before starting the group program. They described feeling shock and fear, as well as a strong sense of confusion and loss in relation to the breaking down of the parent-adolescent relationship. In Therese's words:

"It was heart-breaking. You know, you like to think you're the mum."

Mary and Therese also conveyed feelings of helplessness when the situation with their adolescent "became too much", as well as feeling judged by their community:

"Other people think that there's something wrong with your parenting, when your child turns out to be that way."

"We were screaming out for help."

Mary expressed functioning day-to-day in survival mode:

"As a single parent, I was used to just surviving. To be able to survive the next day."

There was a sharp contrast in how Therese and Mary felt at the program's end compared to their feelings pre-program. The mothers felt a combination of joy and relief and both articulated that a turning point had been reached:

"Things have turned around."

"She still has a long way to go, but I can see the changes there (…) She has come a long way."

Having completed the BtC program, feelings of gratitude and hopefulness were also prominent. Two comments by Therese sum up these emotions:

"I'm just so grateful. It was the support we were looking for."

"Right from the first night we turned up I just felt there was, at last there was hope."

However, the mothers' positive emotions were countered by continuing feelings of fatigue from the hard work it took to turn their situations of violence around. Mary conveyed the need for ongoing effort and persistent feelings of being overwhelmed:

"I try my best to be consistent and to stick with the boundaries, but of course there are times that I get tired, too (…) There [are] times when it becomes too much."

Therese also expressed feeling drained of energy:

"I'm totally exhausted. I'm hoping that changes and picks up a bit."

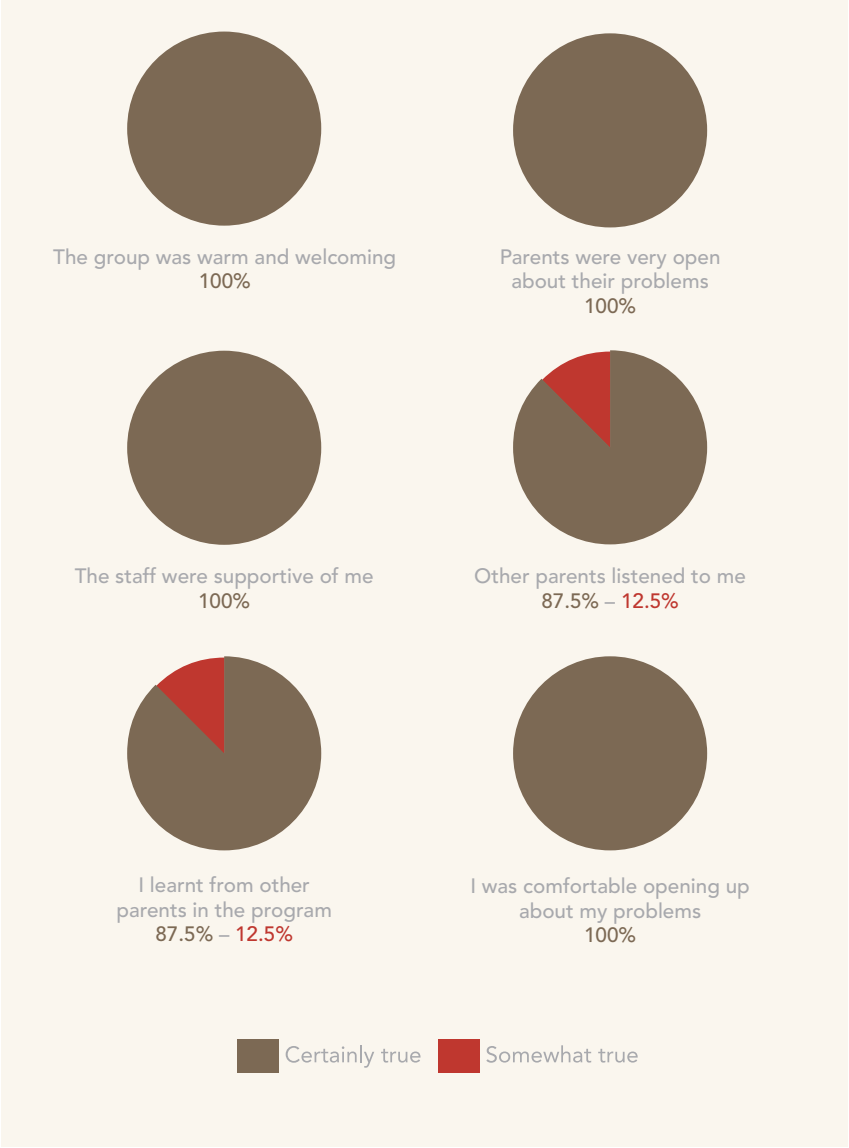
INSIGHTS, SKILLS AND READINESS FOR CHANGE

Impressions of the program environment

Expected change in knowledge, skills and behaviours of participants were assessed in two ways: using the ISRC questionnaire with treatment group participants at the end of the program (T2); and through case study interviews.

Participants in the treatment group attended between six and eight sessions, with a median attendance of seven sessions. Participants reflected positively on BtC's program environment. All agreed that it was 'certainly true' that the environment was one of warmth, welcome, openness and support where they felt comfortable discussing their problems (see Figure 10). Most (87.5%) also felt that it was 'certainly true' that they learnt from and were listened to by other parents in the program.

Figure 10.
Participants' impressions of the program environment



The following comments by interviewee Mary supported these findings:

> *"Everybody was open about their situation. And when we [had] our break, we would discuss our situation and everybody seems (sic) to be caring enough to ask, or give advice without being really intrusive. It's not like a lip service (…) This one was different. It was very genuine."*

> *"It was a very positive experience for me. It's good to be in a safe group [where] you're not the only one who's going through the same things. You hear other people's stories. And it's good to be able to learn from other people, 'cause they also make comments about you, as a person, as a mother. It was good to hear that, actually, because they would say, "You're a very good mother"… You forget those things."*

Therese spoke of the immediate feeling of hope that attending BtC gave her:

> *"Right from the first night that we turned up, I just felt at last there was hope. I could see a light at the end of the tunnel. I knew straight away that there was help for us, there was support, that we were going to be learning strategies to deal with what we were going through."*

Through the interviews, the mothers also expressed that they found the group environment to be caring, reflective and safe. In Mary's words:

> *"You feel safe, that it's okay to talk about these things, that it does happen."*

Mary particularly appreciated having dedicated, regular time and space in which to "process your emotions":

> *"People are just so busy nowadays, but [through the program] you have two hours every week to do that. It really gave you time to step back and think of how you have been doing things and how you can improve."*

Mary and Therese also agreed that while the material was confronting, the program's highly practical information and experienced facilitators allayed their anxieties. Mary explained:

> *"[The facilitators] speak with authority because they've gone through the research, they've done it for so many years, they have children of their own… and at the same time there were important points that they raised, you know, recognising the cycle of violence, that was really helpful."*

Helpfulness of working through problems in a group context

The treatment group were asked to rate, on a ten point scale, how helpful they felt it was to work through their problems with other parents, where 1 = 'not at all helpful' and 10 = 'extremely helpful'. Half of the treatment group (50.0%) rated the helpfulness at ten, or 'extremely helpful'. The remainder of responses were across at ratings of five (12.5% of responses), seven (25.0% of responses) and eight (12.5% of responses). In her interview, Mary also spoke to the usefulness of working through problems within a group setting:

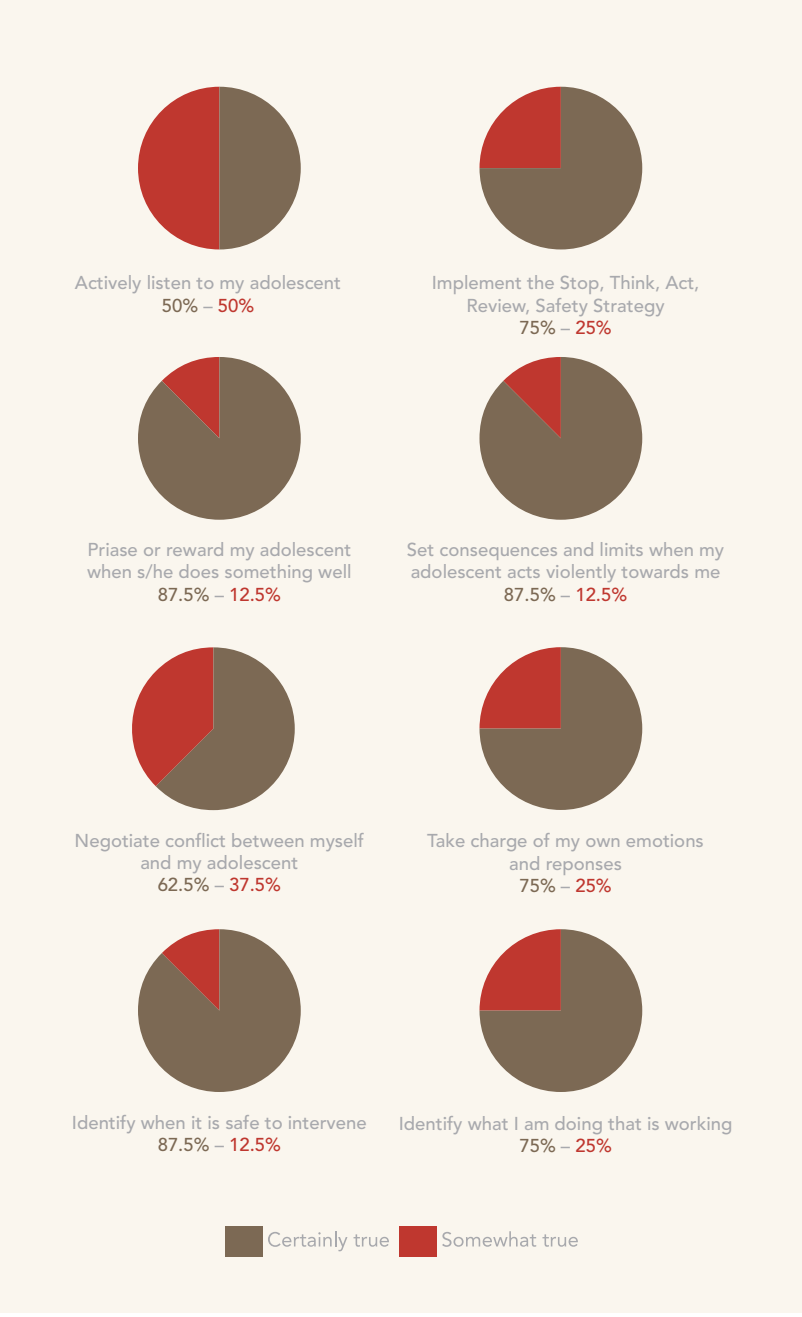
> *"It feels good to be in a group like that, wherein they're not judgemental… because the situation is not a normal thing happening, but it does happen."*

> *"You always think that you have the worst situation. But to be able to hear other people, what they're going through, it makes you feel you're not alone."*

Change in knowledge and understanding

Treatment group participants responded to ten statements relating to possible insights and understanding gained as a result of completing BtC. For five statements, the proportion of participants who responded "certainly true" (87.5%) and those who responded "somewhat true" (12.5%) were the same. These statements were: 'I am aware of my negative, troubling or undesirable emotions'; 'I recognise my beliefs about violence and its origins'; 'I can identify behaviour that is violent'; 'I can identify my own anger 'triggers''; and 'I view my adolescent in a new way' (see Figure 11).

Figure 11.
Insights and understanding gained by participants



Participants' responses against other insights and understanding statements exhibited slightly greater variation, however, 'certainly true' remained the most common response. Seventy-five per cent of respondents felt that it was 'certainly true' that they could identify their adolescent's anger 'triggers'; recognise what makes active listening difficult; and view themselves in a new way. Almost two-thirds (62.5%) felt it was 'certainly true' that they could recognise the cycle of violence; half of respondents (50.0%) felt it was 'certainly true' that they could recognise different communication styles. One participant (12.5%) felt that the program didn't result in them viewing themself in a new way.

Three months after completing the program, case study interviewees Mary and Therese were able to see their adolescent as a person with good qualities as well as bad. In Mary's words:

> *"She has improved a lot. I mean, she still has a long way to go, but I can see the changes there. She has come a long way."*

Mothers saw themselves differently, too: as a person with good qualities, a better parent, and as supported and less burdened. Mary felt that the program had changed her "in a lot of ways":

> *"If you want to change someone, the change needs to come from yourself, because you can't change the other person. And that has helped a lot because it has changed me in a lot of ways."*

Participant confidence in applying new skills

Participants in the treatment group were asked whether they felt confident applying a number of approaches taught throughout BtC. For all except one statement – 'I feel confident I can recognise different communication styles' – most participants felt that their confidence in using new skills and modifying old behaviours was 'certainly true' (see Figure 12).

Mary and Therese differed in what strategies they found most difficult to implement. Therese found that while her confidence in setting consequences and establishing boundaries was growing, this was still a hard skill to apply. Mary named remembering strategies in the heat of the moment and having the energy to not give in to her adolescent when poor behaviour re-surfaces as the two most difficult aspects of BtC to implement:

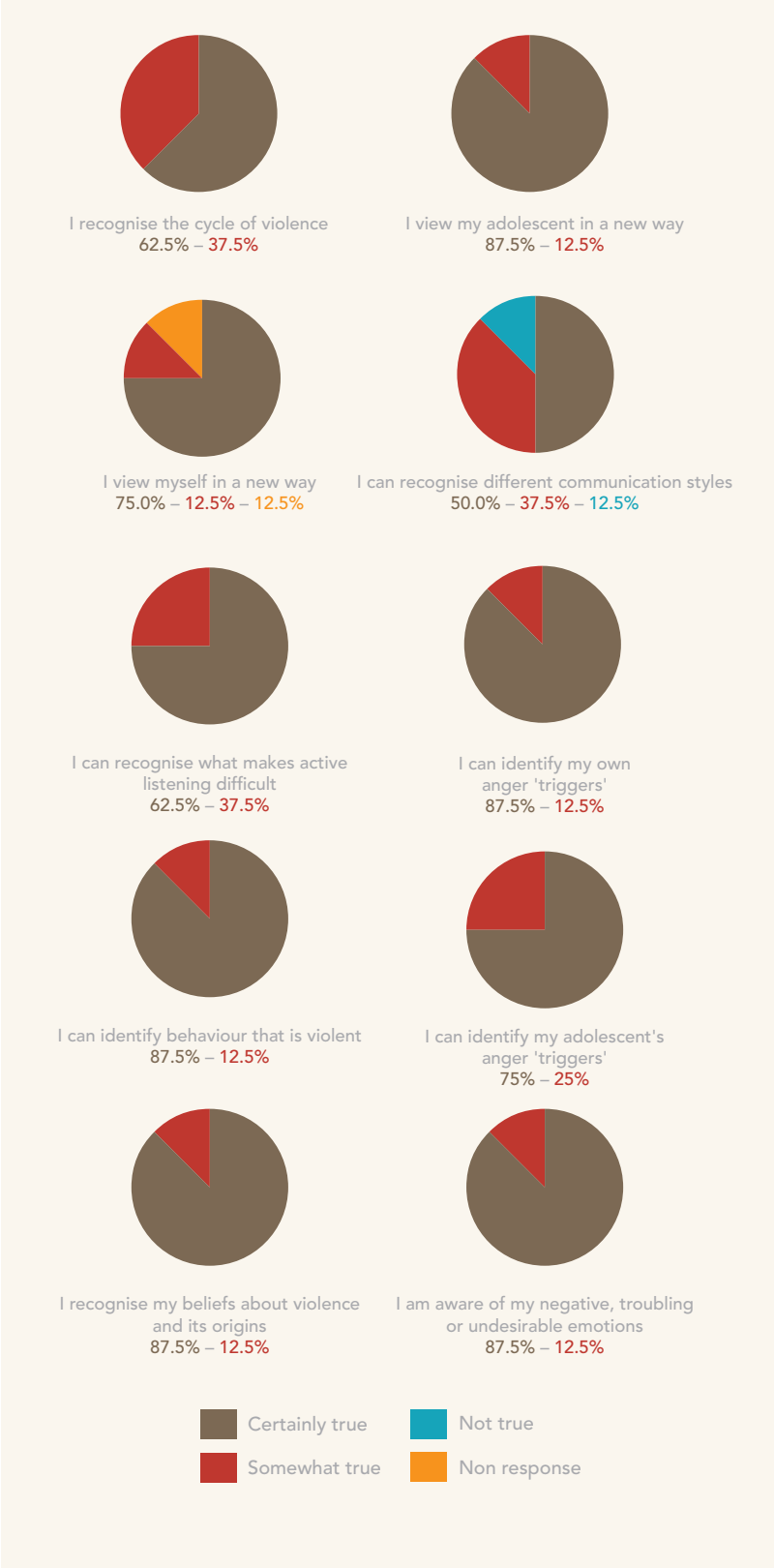
> *"Because – you know what? It's just so easy to give in, especially when they're being violent, and just walk away."*

Both mothers found everything learned through BtC to be of practical use; when asked what they found least useful about the program, nothing came to mind:

> *"Oh, that's hard. Because there was just something every week. Every week we attended we got something out of it, there's not anything that comes to mind that I thought 'Oh, that wasn't helpful'. No, nothing!"*

> *"I can't think of anything that needs to be added to [BtC]. Perhaps more of them around!"*

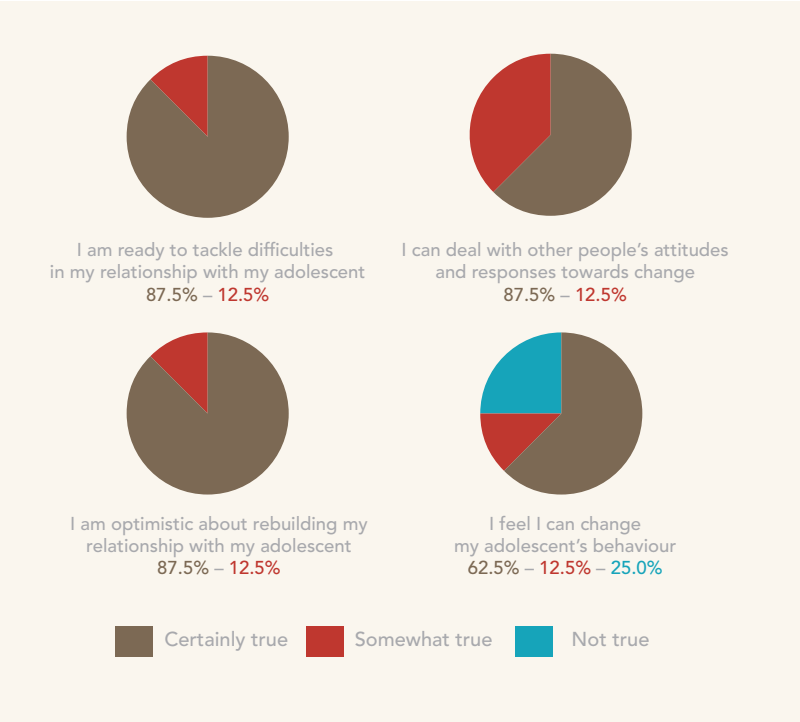
Figure 12.
Participant confidence in applying new skills



Readiness for change

Participants had mixed feelings about their readiness for change. However, most responses suggested that the group felt optimistic and driven to overcome problematic relationship styles. Of the four items relating to readiness for change, 87.5% felt certain they were able to tackle difficulties in the parent-adolescent relationship and 87.5% also felt optimistic about rebuilding the relationship with their adolescent. While more than half of the treatment group (62.5%) felt that it was 'certainly true' that they were able to change their adolescent's behaviour, two participants (25.0%) felt that they could not change their adolescent's behaviour (see Figure 13).

Figure 13.
Participant feelings about readiness for change



The mixed feelings about readiness for change in the parent-adolescent relationship were echoed in the interviews. Mary and Therese acknowledged the ongoing nature of change.

The women spoke of their confidence in applying new skills and behaviours – in Therese's words, "We're still learning. So it's an ongoing process." They also spoke of ongoing change in terms of aspects of the parent-adolescent relationship they felt could still improve:

"It has been a very bumpy road – although a lot of things have changed."

"I wouldn't say there's a complete change, but slowly he's changing."

Suggested program improvements

In describing their opinions of how BtC could be improved, participants focused on increasing the length of the program in order to provide "more opportunities to discuss", "more time to explore topics" and "more time for practising role plays". Participants expressed that the program was "very intense", that the "complexity [was] very high" and that each session covered "a lot of material". One participant felt that, in addition to the handouts, having a copy of some of the readings in the Leader's Manual would be useful.

These themes were repeated by Mary and Therese, who felt that longer sessions and more detailed hand-outs explaining the information, rather than leaflets with dot-points, would improve the program. Mary commented:

> *"For me, I like keeping those manuals because… you don't remember all of these things. They gave us those handouts, they're just diagrams or exercises, but I like keeping those kind of manuals [to] refer back to, 'cause you sort of forget things."*

> *"I still have the paperwork…I have it out on my bedside table… I know it's there to fall back on."*

For Therese, leaving the course materials out at home was also helpful in broaching the program with her son:

> *"I often left stuff around. Actually he said, 'Oh, where are you going on these nights?' and I said, 'We go over to Anglicare, to a group that is going to make us better parents'."*

Overall program rating

Participants rated the BtC program highly. Of five possible ratings – excellent, very good, good, fair and poor – all participants nominated positive ratings. Half of participants (50.0%) nominated 'excellent'. A treatment group participant made the following response about ways to improve the program:

> *"It was the best program we could have done. I would recommend it to any parent struggling with their adolescent."*

Amongst those interviewed, parent's overall experiences of the BtC program were also overwhelmingly positive:

> *"I'm just so grateful the program was suggested to me and we were able to get in."*

SUMMARY OF FINDINGS

Findings from the evaluation provide some rich insight into the benefits of the BtC program and the processes through which change is mediated.

Adolescent-to-parent violence outcomes

The balance of the evidence from the evaluation suggests that BtC was effective in reducing adolescent-to-parent violence.

Within group analyses

Within the treatment group, the longitudinal analyses showed an effect for time on physical and verbal violence between T1 and T2 (F (1,2) 10.60, p = .03), and between T1 and T3 (F (1,2) 13.84, p = .02). The analyses also showed an effect for time within the treatment group on financial violence between T1 and T2 (F (1,2) 10.29, p = .03) and a trend towards a greater rate of change on financial violence between T1 and T3 (Wilks' Lambda = .45, F (2,1) 3.67, p <.10). While there was some positive change for the control group on violence outcomes, particularly between T2 and T2, these did not reach conventional levels of statistical significance.

Between group analyses

Differences were observed on violence outcomes between treatment and control groups in the period between T1 and T2. Specifically, the cross-sectional analyses at T2 on physical and verbal violence showed a significant difference between the treatment (M = 0.57, SD = .52) and control group (M = 1.36, SD = .68), t(14) = -2.45, p = .03), suggesting improvement on this aspect in the treatment group compared to the control group. While not reaching conventional levels of statistical significance, the trend in financial violence and threats scores for both groups was similar to physical and verbal violence scores; that is, scores for the treatment group reduced sharply between T1 and T2 (the intervention period) while scores for the control group remained constant across this time period. In relation to the longitudinal analyses, the difference in the rate of change between the treatment and control groups on threats was approaching significance (Wilks' Lambda = .61, F (2,1) 3.86, p < .10).

The positive change on violence outcomes were supported in case studies. Interviewees expressed less aggression and arguments from their adolescents and a reduced incidence of adolescent-to-parent violence.

Taken together, these findings are consistent with the idea that the BtC program was effective in reducing violence outcomes.

Parental relationship outcomes

While there was certainly a trend towards improvement within the treatment group on parenting aspects measured in the evaluation, the effectiveness of BtC on these dimensions is qualified due to improvements also observed within the control group.

Within group analyses

There was a positive trend in the treatment group data on all parenting dimensions used in the evaluation (except for communication), most noticeably in relation to parenting confidence and discipline practices. The effect for time on parenting confidence for the treatment group was approaching significance between T1 and T2 (F (1,2) 5.88, p = .07) and between T1 and T3 (F (1,2) 10.50, p = .09). However, no statistically significant change was observed on attachment, relational frustration, discipline practices and communication outcomes.

Contrary to expectations, there was a relatively large increase in communication scores between T2 and T3 for the control group. There was also trend towards an effect for time on attachment between T1 and T3 for the control group (F (1,2) 7.74, p = .07).

Between group analyses

There was very little difference on outcomes between treatment and control groups observed at each data point or across time.

Discussion and Conclusion

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DISCUSSION

The pattern of increasing confidence in parenting and use of positive discipline strategies combined with a reduction in violent behaviour reflects the BtC program logic model.

It is likely that acquiring fresh insight and new skills leads to a more effective response to violence, which provided positive feedback to participants, reinforcing their use of new strategies and increasing their confidence in managing violent behaviour.

Findings from the ISRC questionnaire suggest that participants learnt new responses to violent behaviours. The case studies also supported the idea that parents/carers were able to implement positive discipline strategies such as setting boundaries and establishing clear expectations and consequences regarding abusive behaviours. Both women who participated in a case study interview reported that they were no longer operating in 'survival mode' since the program and felt a turning point had been reached. The case studies showed that participation in the BtC program provided a sense of hope for the future.

The case studies also illustrate a move from destructive to constructive forms of communication – for example, choosing to stop a conversation's escalation to verbal (or other) abuse, less engagement in long arguments, not trying to talk their adolescent around at the point of abuse. However, as one interviewee reported, positive communication strategies may not be reciprocated on the part of the adolescent, and may even elicit defensive/withdrawal type responses early on.

Findings from the case study material are also helpful in understanding the pattern of results on relationship dimensions across the evaluation period. While the program logic predicts an improvement in the parent-adolescent relationship following a reduction in violent behaviour, this was not observed during the evaluation period (three months post-program).

We surmise that participants in the treatment and control groups may be at different points of change and beliefs regarding their parent-adolescent relationship. The case studies suggest that a critical part of the journey of change for a parent who has received the BtC program is a realisation of the unhealthy pattern of relating that had developed between themselves and their adolescent and understanding of the challenges that lie ahead in terms of needing to change interaction, communication and discipline styles. These new insights and knowledge can produce a sense of sadness and loss and can alter parents' subjective ratings of relationship quality. In contrast, control group parents are unlikely to have entered this stage in the change process, and through their initial contact with the service may feel better supported and more hopeful about their relationship. The slight convergence of violence scores between the treatment and control group at T3 is consistent with the idea that the "wait list support" provided to the control group was beneficial.

There was also some indication from the case study accounts that treatment group participants find it difficult initially to implement BtC change strategies such as establishing boundaries and maintaining closeness and warmth in their relationship. This accords with earlier research by Paterson and colleagues (2002), which found that boundary setting and other discipline and self-preservation strategies were difficult to 'hold in balance' with compassion and nurturance aspects of parenting. Indeed, the research by Paterson and colleagues indicated that some mothers regarded the responses they needed to employ initially as "betrayal, damaging or non-motherly" (Paterson et al., 2002:98).

Taken together, this information suggests that significant improvement in the quality of the parent-adolescent relationship may not be measurable until some time after parents start to understand their own circumstances and the cycle of violence and implement changes in the way they interact with and respond to their adolescent.

While an increase in skills and knowledge and a reduction in violence is clearly evident in the short-term, restoration of healthy relationships and communication and attachment dimensions of relationship appears to occur over a longer period than what was observed in the current evaluation. Whether the quality of relationships do improve over a longer period of time needs to be tested through further empirical research.

CONCLUSION

This report contributes to a small but growing body of literature assessing the efficacy of group programs for parents and carers experiencing adolescent violence. Specifically, the research demonstrates that BtC is an effective intervention that furnishes parents and carers with the confidence, knowledge and skills needed to recognise the cycle of violence and their own emotional states and how to intervene to reduce such behaviour among their adolescent charges. While there was no clear evidence that the quality of communication and attachment between parents/carers and young people improves in the immediate- to short-term, further research with a longer-term follow-up of program participants may uncover these developments.

Adolescent violence is a complex issue and a high proportion of affected families have other problems and needs that are associated with young people's behaviour, including parents' and adolescents' own experience of trauma and violence. Delivery of the BtC program is therefore most appropriately undertaken within the context of complementary community services in order to offer families follow-up support.

Another ingredient of successful implementation relates to the characteristics of the facilitator. Given the complexity of both the program content and the issues confronting participants, it would seem an important element of the program's expansion that facilitators are well trained and appropriately qualified to run the group.

Developments in Breaking the Cycle training and delivery

Anglicare Victoria runs a one-day BtC training program for staff involved in case work, family services, Child FIRST activities, youth services and residential care who wish to further their understanding of the issues contributing to adolescent-to-parent violence and how to best respond.

Delivery of the BtC program has also extended within Anglicare Victoria and the Community Services Sector more broadly. At the time of writing, new programs were being delivered in Werribee (Anglicare Victoria), inner-Melbourne (Melbourne City Mission), Broadmeadows (Anglicare Victoria) and the Yarra Ranges (Anglicare Victoria).

Improved awareness of the program is also being helped by BtC's participation in a new, federally-funded project by Victorian peak body No To Violence (NTV), which aims to map the important work done by services dealing with adolescent violence in the home.

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Adolescent Violent Behaviour Questionnaire (AVBQ)

No matter how well a parent and their adolescent get along, there are times when they disagree. When there is conflict some adolescents can act out against their parents physically or in other ways that can be hurtful and difficult to manage. Here is a list of things that might happen when you and your adolescent have differences.

NOTE: If you have more than one adolescent living with you, please answer about the behaviour of the adolescent who you have the most serious disagreements with. Please indicate how often your adolescent has done these things in the past two months.

In the past 2 months, has your adolescent…	Never	Sometimes	Often	Almost Always
Caused you minor physical pain (e.g. pinched, pulled, grabbed, shoved, blocked doorway)*				
Caused you a physical injury that left minor marks on your body and/or soreness (e.g. hit, slapped, kicked, bit, threw object)*				
Sworn, argued or challenged you ("I don't have to do anything you say")*				
Shouted, screamed or yelled at you*				
Threatened to harm him- or herself, you or your family/friends/pets*				
Threatened to kill him- or herself, you or your family/friends/pets*				
Directed minor insults at you (e.g. picked on you, put you down, called you names, laughed in your face)				
Disrespected you in significant ways (e.g. put you down in front of your friends, lied to you, withheld important information)				
Created fear or scared you (e.g. ran away from home, stayed away from home all night)				
Demanded your money, car or belongings*				
Stolen your money or misused your resources or possessions (e.g. overused your phone, computer)*				
Damaged or destroyed your possessions or property (e.g. punched holes in walls, broke things, smashed your car)				

* Items in the final three factor solution.

About you and your family:

What sex are you? (Please select one)

- ☐ Male
- ☐ Female

How old you were on your last birthday?

_____

What is the highest level of education you have completed? (Please select one)

- ☐ Primary school or less
- ☐ Some secondary/high school
- ☐ Completed secondary/high school/matriculation
- ☐ Trade certificate/apprenticeship or similar
- ☐ Bachelor degree
- ☐ Postgraduate degree

What is your present marital status? (Please select one)

- ☐ Never married
- ☐ Married or living with de facto partner
- ☐ Separated, widowed or divorced

What is your relationship to the adolescent targeted in this questionnaire? (Please select one)

- ☐ Mother
- ☐ Father
- ☐ Grandparent
- ☐ Other carer (please specify):

_____

What sex is the adolescent targeted in this questionnaire? (Please select one)

- ☐ Male
- ☐ Female

Do you/your family normally speak a language other than English at home?

- ☐ Yes
- ☐ No

What is the income (before tax) from all sources of your family household? (Please select one)

- ☐ Less than $20,000 a year
- ☐ $20,000 to $39,999 a year
- ☐ $40,000 to $59,999
- ☐ $60,000 to $79,999 a year
- ☐ $80,000 or more a year

How many children under 18 years are living in your house hold?

_____

How many adults aged 18 years or older, including yourself, are living in our household?

_____

How did you hear about the Breaking the Cycle program? (Please select one)

- ☐ School newsletter
- ☐ Brochure/pamphlet
- ☐ Newspaper
- ☐ Friend/family member/neighbour
- ☐ Anglicare Victoria Box Hill staff
- ☐ Internet
- ☐ Other (please specify):

_____

Please return your completed questionnaire and your signed Participant Consent Form in the reply paid envelope supplied. Thank you.

Domains Of Adolescent-to-Parent Violence

Physical violence

Physical violence is defined as any non-accidental injury or damage to a person or animal and ranges from a minor deliberate infliction of pain to more significant and potentially life-threatening physical impairment of a person. In the context of adolescent-to-parent violence, physical violence includes pushing hitting, punching, slapping, kicking, throwing things, punching holes in the walls and harming pets, spitting (Cottrell, 2001:4).

Psychological abuse

Psychological abuse is behaviour that torments, intimidates, harasses or is offensive to a person. It occurs most often in the form of verbal abuse (considered separately below), emotional abuse (bullying, humiliation, degradation), isolation (restriction of emotional contact), intimidation (frightening or controlling actions or gestures) and threats. Emotional abusive behaviour by adolescents "undermine parents' personal or interpersonal competence, affects their ability to function in the typical parent role, compromises self-esteem, instils the belief of negative personality characteristics and results in emotional distress" (Eckstein, 2004: 367; see also Price, 1996). Adolescent-to-parent psychological abuse includes: intimidating parents, causing parents to feel fearful, maliciously playing mind games, making unrealistic demands on parents, lying, purposely not telling parents where they're going or what they're doing, running away or staying out all night, degrading the parent or other family members, threatening to injure family members, withholding affection, and threatening to run away, harm themselves or to commit suicide (Cottrell, 2001:4).

Verbal abuse

Verbal abuse is a specific sub-type of psychological abuse involving the use of language to torment, intimidate, harass or offend a person. In the context of adolescent-to-parent violence, verbal abuse is "a destructive form of communication that focuses an implicit attack on the self-concept of the parent" (Eckstein, 2004: 367). Adolescent-to-parent verbal abuse includes such behaviours as; yelling, arguing, challenging, being sarcastic, critical and belittling family members, name calling and swearing (Cottrell, 2001:5).

Financial violence

Financial abuse in the context of adolescent-to-parent violence is the restriction, control or overuse of a parent's financial or other domestic resources by their adolescent. Financial abuse reduces a parent's ability to depend on their own economic or social resources (e.g. car, phone, computer, house, money). In the context of adolescent-to-parent violence, financial abuse includes stealing money or parents' belongings, demanding goods parents cannot afford, incurring debts that parents must cover, selling parents' possessions and destroying property in the home (Cottrell, 2001:6).

Insights, Skills and Readiness for Change Questionnaire

These questions are about your experience of the Breaking the Cycle group program.

How many sessions did you attend?

Impression of the program environment

The following questions are about your experience of the group. Please indicate whether the following statements are Not True (N), Somewhat True (S) or Certainly True (C).

	Not True	Somewhat True	Certainly True
The group was warm and welcoming			
Parents were very open about their problems			
The staff were supportive of me			
Other parents listened to me			
I learnt from other parents in the program			
I was comfortable opening up about my problems			

Please indicate on the scale below how helpful you felt it was to work through your problems with other parents, where 1 = not at all helpful and 10 = extremely helpful.

1 2 3 4 5 6 7 8 9 10

Insights and Understanding

Based on your experience over the past 8 weeks, please indicate whether the following statements are Not True (N), Somewhat True (S) or Certainly True (C).

	Not True	Somewhat True	Certainly True
I am aware of my negative, troubling or undesirable emotions			
I recognise my beliefs about violence and its origins			
I can identify my adolescent's anger 'triggers'			
I can identify behaviour that is violent			
I recognise my own anger 'triggers'			
I can recognise what makes active listening difficult			
I can recognise different communication styles			
I view myself in a new way			
I view my adolescent in a new way			
I recognise the cycle of violence			

Skills and Behaviours Based on your experience over the past 8 weeks, please indicate whether the following statements are Not True (N), Somewhat True (S) or Certainly True (C).

I'm confident that I can...	Not True	Somewhat True	Certainly True
Actively listen to my adolescent			
Implement the Stop, Think, Act, Review, Safety (STARS) strategy			
Praise or reward my adolescent when s/he does something well			
Set consequences and limits when my adolescent behaves violently towards me			
Negotiate conflict between myself and my adolescent			
Take charge of my own emotions and responses			
Identify when it is safe or unsafe to intervene			
Identify what I am doing that is working			

Readiness for change Based on your experience over the past 8 weeks, please indicate whether the following statements are Not True (N), Somewhat True (S) or Certainly True (C).

	Not True	Somewhat True	Certainly True
I am ready to tackle difficulties in my relationship with my adolescent			
I can deal with other people's attitudes and responses to change			
I am optimistic about rebuilding my relationship with my adolescent			
I feel I can change my adolescent's behaviour			

In your opinion, how could the program be improved?

How would you rate the program overall?
(Please circle)

Excellent
Very Good
Good
Fair
Poor

Results of Cross-Sectional Analyses

TABLE I. DIFFERENCES BETWEEN TREATMENT AND CONTROL GROUPS FOR PHYSICAL AND VERBAL VIOLENCE

Time of data collection	Treatment group *M*(*SD*)	Control group *M*(*SD*)	*t*-value, *p*-value
T1 (Program start)	1.18 (*SD* =.24)	1.69 (*SD* = .65)	-2.06, .07
T2 (Program end)	0.57 (*SD* = .52)	1.36 (*SD* =. 68)	-2.45, .03
T3 (Three month follow up)	0.45 (*SD* = .45)	0.81 (*SD* = .80)	-.81, .46

Note: Equal variances not assumed.

TABLE II. DIFFERENCES BETWEEN TREATMENT AND CONTROL GROUPS FOR THREATS

Time of data collection	Treatment group *M*(*SD*)	Control group *M*(*SD*)	*t*-value, *p*-value
T1 (Program start)	0.36 (*SD* = .24)	0.50 (*SD* = .76)	-.47, 0.65
T2 (Program end)	0.00 (*SD* = .00)	0.43 (*SD* = .93)	na
T3 (Three month follow up)	0.00 (*SD* = .00)	0.63 (*SD* = 1.25)	na

Note: Equal variances not assumed.

TABLE III. DIFFERENCES BETWEEN TREATMENT AND CONTROL GROUPS FOR FINANCIAL VIOLENCE

Time of data collection	Treatment group *M*(*SD*)	Control group *M*(*SD*)	*t*-value, *p*-value
T1 (Program start)	1.00 (*SD* =.76)	0.75 (*SD* = .89)	.59, .57
T2 (Program end)	0.43 (*SD* = .61)	0.71 (*SD* =.1.15)	-.58, .58
T3 (Three month follow up)	0.50 (*SD* = .71)	0.50 (*SD* = .41)	.00, 1.00

Note: Equal variances not assumed.

TABLE IV. DIFFERENCES BETWEEN TREATMENT AND CONTROL GROUPS FOR ATTACHMENT

Time of data collection	Treatment group *M*(*SD*)	Control group *M*(*SD*)	*t*-value, *p*-value
T1 (Program start)	1.18 (*SD* =.23)	1.07 (*SD* = .36)	.70, .50
T2 (Program end)	1.39 (*SD* = .32)	1.24 (*SD* =.41)	.77, .46
T3 (Three month follow up)	1.35 (*SD* = .36)	1.59 (*SD* = .17)	-1.34, .23

Note: Equal variances not assumed.

APPENDIX D: RESULTS OF CROSS-SECTIONAL ANALYSES

TABLE V. DIFFERENCES BETWEEN TREATMENT AND CONTROL GROUPS FOR COMMUNICATION

Time of data collection	Treatment group *M*(*SD*)	Control group *M*(*SD*)	*t*-value, *p*-value
T1 (Program start)	1.04 (*SD* =.18)	1.21 (*SD* = .54)	-.85, .42
T2 (Program end)	.93 (*SD* = .29)	1.23 (*SD* =.48)	-1.41, .19
T3 (Three month follow up)	.97 (SD = .28)	1.86 (SD = .85)	-2.01, .12

Note: Equal variances not assumed.

TABLE VI. DIFFERENCES BETWEEN TREATMENT AND CONTROL GROUPS FOR DISCIPLINE PRACTICES

Time of data collection	Treatment group *M*(*SD*)	Control group *M*(*SD*)	*t*-value, *p*-value
T1 (Program start)	1.46 (*SD* = .52)	1.56 (*SD* = .52)	-.36, .72
T2 (Program end)	1.60 (*SD* = .44)	1.44 (*SD* =.30)	.80, .44
T3 (Three month follow up)	1.89 (*SD* = .60)	1.58 (*SD* = .38)	.93, .39

Note: Equal variances not assumed.

TABLE VII. DIFFERENCES BETWEEN TREATMENT AND CONTROL GROUPS FOR PARENTING CONFIDENCE

Time of data collection	Treatment group *M*(*SD*)	Control group *M*(*SD*)	*t*-value, *p*-value
T1 (Program start)	1.12 (*SD* = .26)	1.21 (*SD* = .30)	-.60, .56
T2 (Program end)	1.54 (*SD* = .40)	1.29 (*SD* =.42)	1.14, .28
T3 (Three month follow up)	1.63 (*SD* = .38)	1.66 (*SD* = .33)	-.13, .90

Note: Equal variances not assumed.

TABLE VIII. DIFFERENCES BETWEEN TREATMENT AND CONTROL GROUPS FOR RELATIONAL FRUSTRATION

Time of data collection	Treatment group *M*(*SD*)	Control group *M*(*SD*)	*t*-value, *p*-value
T1 (Program start)	1.77 (*SD* = .39)	1.97 (*SD* = .33)	-1.03, .33
T2 (Program end)	1.48 (*SD* = .48)	1.84 (*SD* =.36)	-1.57, .15
T3 (Three month follow up)	1.27 (*SD* = .37)	1.42 (*SD* = .39)	-.59, .58

Note: Equal variances not assumed.

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