

A problem hiding in plain sight

Adult Family Violence in alcohol
and other drug services

A WHITE PAPER

Acknowledgements

We acknowledge the traditional custodians of the diverse lands across Australia upon which both the researchers and the participants of this study live, work, and gather. We recognise that Indigenous Australians have an ongoing connection to the land, sea, and community, and we value their unique contribution to the wider Australian society. We pay our respects to Elders past and present.

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Executive Summary

Adult family violence (AFV) - violence perpetrated by an adult child against a parent - is an emerging but poorly recognised issue for alcohol and other drug (AOD) services.

Although increasingly encountered by frontline clinicians, AFV remains poorly understood within research, policy and practice, leaving services with limited guidance for recognising and responding to affected families. This white paper was commissioned by Gateway Health after clinicians within the Family Drug Support (FDS) Program observed a growing number of parents experiencing violence, intimidation and abuse from adult sons or daughters who are using substances.

Drawing on international and Australian literature, policy and grey literature, and Gateway Health service experience, this paper examines what adult family violence is, why it occurs, how it affects families and what this means for regional AOD services.

The evidence demonstrates that AFV differs from intimate partner violence, elder abuse and adolescent violence in the home. It occurs within enduring parent–adult child relationships characterised by ongoing caregiving, emotional attachment and dependence. Parents often continue to provide housing, financial support and advocacy despite experiencing intimidation, coercive control or physical violence, creating complex challenges for safety planning and service delivery.

The review identifies alcohol and other drug use, mental ill-health, housing insecurity, financial dependence and prolonged co-residence as common interacting drivers of AFV. While no single factor causes violence, these circumstances frequently coexist and may be amplified in regional communities where housing shortages, workforce constraints and fragmented service systems limit options for families.

Gateway Health’s experience closely reflects these findings. The Family Drug Support Program has seen a marked increase in parents seeking support because of violence perpetrated by an adult child, highlighting that AFV is already presenting within regional AOD services and that current service systems are often poorly equipped to respond.

This white paper concludes that improving responses to adult family violence requires action across policy and practice. Six recommendations are proposed:



Recommendation 01

Improve recognition of adult family violence across health and human services.



Recommendation 04

Build integrated regional pathways across AOD, mental health, family violence, housing and primary care.



Recommendation 02

Strengthen assessment and safety planning that reflects the unique dynamics of adult family violence.



Recommendation 05

Strengthen workforce capability through training, supervision and specialist support.



Recommendation 03

Adopt family-centred models of care that support both parents and adult children.



Recommendation 06

Invest in research, evaluation and routine data collection to strengthen the evidence base.

Adult family violence has been hiding in plain sight. By bringing together the available evidence with Gateway Health's frontline experience, this white paper provides a practical foundation for improving recognition and supporting more coordinated, evidence-informed responses for families affected by this complex and often overlooked form of family violence.

1. Introduction

Adult family violence (AFV) perpetrated by adult children is an emerging but poorly recognised challenge for alcohol and other drug (AOD) services.



Although increasingly encountered by frontline clinicians, violence perpetrated by adult children against their parents remains poorly understood within research, policy and practice, leaving services with limited evidence to guide assessment, risk management and family-centred responses. This white paper was commissioned by Gateway Health in response to clinicians' observations of a growing number of families experiencing this complex and often hidden form of violence.

Notably, the Ovens Murray Community Needs Assessment (Rich et al., 2024), commissioned by the Ovens Murray Child and Family Services Alliance and the Ovens Murray Mental Health, Alcohol and Drug Alliance, identified family violence as one of the region's four priority issues. However, the report adopts a broad family violence framework and does not explicitly recognise adult family violence as a distinct form of violence or consider the unique dynamics of violence perpetrated by adult children against parents.

Gateway Health is a regional health service operating across the Ovens Murray region of north-east Victoria and into Albury-Wodonga. The catchment encompasses large rural and regional

communities facing persistent workforce shortages, limited public transport, housing insecurity, and constrained access to specialist alcohol and other drug (AOD), mental health and family violence services. These challenges create a complex service environment in which individuals and families often experience multiple, intersecting needs and where opportunities for early intervention and coordinated care may be limited.

Within this context, Gateway Health's Family Drug Support (FDS) Program provides counselling, education and support to family members affected by another person's alcohol and other drug (AOD) use. Rather than treating family members as secondary to the person using substances, the program recognises them as clients in their own right and supports their wellbeing, safety and capacity to cope. During 2024–25, the program supported 77 family members across the Ovens Murray region through 225 counselling sessions.

Over recent years, clinicians within the FDS program have observed a notable shift in the families seeking support. Whereas referrals historically centred on parents of adolescents and partners affected by substance use, the program is now increasingly supporting older parents experiencing violence, intimidation and coercion from their adult children. This change prompted Gateway Health to commission this white paper, with the aim of better understanding the evidence surrounding adult family violence and identifying opportunities to strengthen service responses.

“Even when risk of serious physical harm to an older parent/s is recognised, the current service responses are limited to legal and protective interventions that reduce the parent/s’ capacity to continue to provide support for their adult child’s complex co-occurring needs. These parents report feeling they are forced to choose between their own safety and wellbeing and that of their adult child.”

Alicia Phillips | AOD Specialist Family Violence Advisor & AOD Family Therapist

2. Approach to evidence synthesis

This white paper adopts an evidence-informed public health approach to understanding and responding to adult family violence. Rather than undertaking a de novo systematic review, it integrates multiple complementary sources of evidence, including findings from recent systematic reviews (Benbow et al., 2023; Klun et al., 2025), an updated review of contemporary literature, Australian policy and grey literature, and Gateway Health service data.

Consistent with evidence-informed policymaking and knowledge translation frameworks (Graham et al., 2006; Lavis et al., 2009), the paper progresses from defining the problem, understanding the contextual drivers and impacts of adult family violence, to examining local service evidence and identifying implications for practice within regional alcohol and other drug services.



3. What is adult family violence?

Adult family violence occurs when one adult uses family violence against another adult within a non-intimate, familial relationship.

(BENBOW ET AL., 2023)

This most commonly involves violence by an adult child towards a parent and is therefore also referred to in the literature as **violence against parents by adult children**, although AFV may also occur between other adult family members, including siblings and across generations (e.g. grandparents and adult grandchildren, aunts/uncles and adult nieces/nephews) (Benbow et al., 2018). Although terminology remains inconsistent, Klun et al. (2025) define AFV as the abuse of physical, psychological, social or economic power by an adult child with the intention of achieving control, subordination, financial gain or personal satisfaction. This abuse may include physical, psychological, sexual and financial violence, coercive control, neglect and property-related offending. Despite increasing international recognition, AFV remains an emerging area of research, characterised by relatively few empirical studies and considerable inconsistency in terminology and conceptualisation (Benbow et al., 2023; Klun et al., 2025).

AFV overlaps with several related forms of family violence but is conceptually distinct from each. It differs from **elder abuse**, which is primarily defined by the age of the victim (commonly 60 or 65 years and older) and may be perpetrated by a range of individuals including intimate partners, adult children, other relatives, paid carers or people in positions of trust (Australian Law Reform Commission, 2017). By contrast, AFV is defined by the relationship between the adult using family violence (AUFV) and victim rather than the parent's age. Consequently, violence perpetrated by an adult child towards an older parent may fall within both frameworks, whereas violence towards younger or middle-aged parents would not (Bows, Pullerits, et al., 2025; Klun et al., 2025).

AFV also differs from **adolescent violence towards parents**, commonly referred to as child-to-parent violence (CPV) or adolescent violence in the home (AVITH). While both involve violence directed towards parents, research on CPV has largely focused on adolescents and young people within

juvenile justice, education or child protection contexts (Rogers & Ashworth, 2024). Adult family violence concerns legally adult children (18+) and occurs within substantially different developmental, legal and service contexts. As Klun et al. (2025) note, while violence towards parents may persist across the transition from adolescence to adulthood, AFV involving adult children should not be understood simply as a continuation of AVITH. The contexts, dynamics and support needs may change substantially as children enter adulthood, warranting specific consideration of AFV involving adult children.

Similarly, AFV should be distinguished from **intimate partner violence (IPV)**. Although both fall within the broader umbrella of family and domestic violence, IPV occurs between current or former intimate partners, whereas AFV occurs within familial relationships, most commonly between parents and adult children (Victorian Government, 2021a). In Australia, family violence policy and risk assessment frameworks have primarily developed in response to the substantial burden and gendered nature of intimate partner violence (Australian Government, 2022). While these frameworks acknowledge that family violence can occur within broader family relationships (Victorian Government, 2021a), comparatively little attention has been paid to violence perpetrated by adult children against their parents within policy, practice or research (Benbow et al., 2023).

Importantly, the presence of coercive or controlling behaviours within AFV should not be assumed to reflect the same dynamics, motivations or patterns of risk as coercive control within IPV. Parent–adult child relationships differ fundamentally from intimate partnerships in their developmental history, caregiving roles, patterns of dependence and shifts in power across the life course. Evidence from related fields, including elder abuse, suggests that violence and abuse within family relationships may arise through heterogeneous pathways and may be associated with immediate conflicts over resources,

care or dependency rather than an enduring strategy to establish power and control (Warren et al., 2024). Applying conceptual frameworks developed primarily for IPV to AFV therefore requires caution.

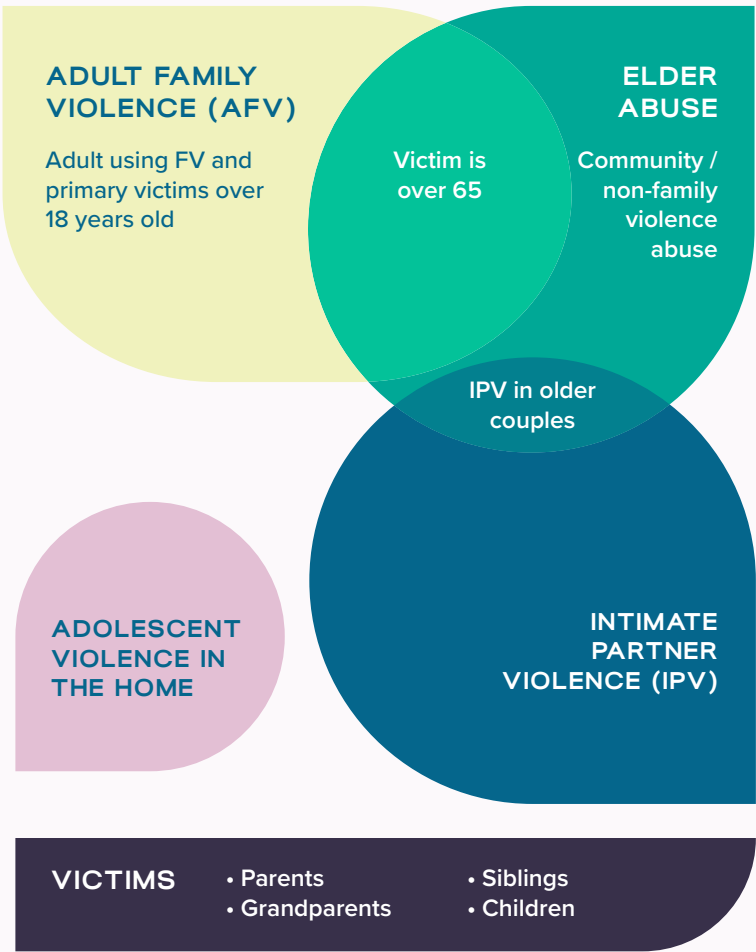
Gateway Health in practice

A guiding principle of the MARAM Framework (Multi Agency Risk Assessment and Management) is a shared language for identifying and assessing risk. But if we can't name it [adult family violence], we can't see it.



Collectively, these distinctions have contributed to AFV being subsumed within broader concepts such as domestic and family violence, elder abuse and AVITH (Figure 1). As a result, its unique characteristics have often been overlooked within research, policy and service systems, contributing to its relative invisibility and the absence of clear practice guidance.

FIGURE 1. Conceptualisation of adult family violence and its relationship with elder abuse and intimate partner violence. Adapted from Benbow et al. (2019).



4. Understanding the drivers of adult family violence

Adult family violence (AFV) is a complex and multifactorial phenomenon. Rather than arising from a single cause, the available evidence suggests that AFV develops within the context of interacting individual, relational and structural factors.

Across the literature, common contributing factors include alcohol and other drug (AOD) use, mental ill-health, prolonged dependence between adult children and their parents, financial hardship, unemployment and ongoing caregiving relationships. These circumstances are often compounded by broader societal issues, including housing insecurity, rising costs of living and limited access to health and social services. Importantly, none of these factors should be viewed as deterministic. Most people experiencing these circumstances do not perpetrate violence, and AFV remains a heterogeneous phenomenon with diverse pathways (Benbow et al., 2023; Klun et al., 2025).

4.1 Housing insecurity and prolonged co-residence

One of the most consistent themes emerging from the literature is the role of prolonged dependence between adult children and their parents (Benbow et al., 2023; Klun et al., 2025). Many adult children who perpetrate violence continue to live in the family home or remain financially reliant on their parents for accommodation and daily living (Dorooshi et al., 2024; Klun et al., 2025). Co-residence increases opportunities for conflict and may make it more difficult for either party to leave situations of escalating abuse. Parents frequently continue to provide housing despite experiencing violence because of concerns about their child's homelessness, safety or wellbeing, resulting in complex caregiving relationships in which support and victimisation coexist (Benbow et al., 2023; Klun et al., 2025).

These family dynamics are occurring within a broader Australian context of worsening housing affordability. Young adults are increasingly remaining in the parental home because of rising housing costs, insecure employment and financial insecurity. The Australian Housing and Urban Research Institute (AHURI) has identified housing affordability as a key driver of increasing intergenerational co-residence (Australian Housing and Urban Research Institute, 2023), while the Australian Institute of Health and Welfare (AIHW) reports continuing shortages of affordable and social housing and increasing pressure on vulnerable households (Australian Institute of Health and Welfare, 2026). Kennedy et al. (2024) further suggest that rising housing costs and broader cost-of-living pressures may increase intergenerational dependence among families already experiencing mental ill-health, unemployment or substance use disorders.

Although empirical evidence directly linking Australia's housing crisis with AFV remains limited, housing insecurity is likely to create circumstances in which dependence is prolonged, and families have fewer options to safely separate when violence occurs.

4.2 Alcohol and other drug use

Alcohol and other drug use is one of the most consistently reported characteristics associated with AFV. Across international studies, substance use is frequently identified among adults using family violence, particularly where dependence co-occurs with financial hardship, unstable housing and mental ill-health (Benbow et al., 2023; Bows, Pullerits, et al., 2025; Kennedy et al., 2024; Klun et al., 2025). Rather than directly causing violence, substance use appears to interact with other vulnerabilities by increasing impulsivity, emotional dysregulation, financial stress and family conflict (Curtis et al., 2025). Substance dependence may also increase reliance on parents for accommodation, financial support and transport, creating circumstances in which parents continue to provide practical support while simultaneously experiencing intimidation or abuse.



The impact of problematic substance use also extends beyond its relationship with the violence itself. Parents of adults experiencing problematic substance use may experience associative stigma, including judgement and blame from others, as well as internalised stigma characterised by shame, guilt and self-blame (Kaynak et al., 2024; Russell et al., 2023). This can increase caregiver burden and psychological distress and may further isolate parents from potential sources of support. For parents who are also experiencing violence from their adult child, stigma associated with substance use may intersect with the shame and stigma of being victimised by one's own child, further complicating recognition and disclosure of AFV.

Gateway Health in practice

For Gateway Health Family Drug Support clients in 2024-2025, methamphetamine was the most common primary substance of concern (45%), followed by alcohol (34%) and cannabis (18%), with polysubstance use common across many families. However, clinicians describe substance use as only one part of increasingly complex presentations.

4.3 Mental ill-health

Mental ill-health is another commonly reported feature of AFV, although the relationship is complex. Across the literature, adults using family violence have frequently been described as experiencing psychotic disorders, mood disorders or other significant mental health conditions (Benbow et al., 2023; Kennedy et al., 2024; Klun et al., 2025). Curtis et al. (2025) further propose that executive dysfunction, impaired inhibitory control and difficulties with emotion regulation may contribute to aggressive behaviour in some individuals, particularly where these occur alongside substance use, neurodevelopmental conditions or childhood adversity. Importantly, the available evidence does not support the conclusion that mental illness alone causes AFV. Rather, mental ill-health should be understood as one factor interacting with family dynamics, substance use, financial stress and broader social disadvantage. The intersection between mental ill-health and substance use is also evident in Victorian service data. In a 2024 study commissioned by the Victorian Alcohol and Drug Association (VAADA, 2025), 83% of clients accessing AOD treatment services were reported to have a diagnosed mental health disorder or to display or describe symptoms of a mental health condition, while 82% displayed or described symptoms of psychological distress (VAADA, 2025). These findings highlight the high prevalence of co-occurring mental health and substance use needs among people accessing AOD services.

4.4 Financial dependence and unemployment

Financial dependence is another recurring feature of AFV. Adult children who perpetrate violence are frequently unemployed or have unstable employment, resulting in ongoing reliance on parents for accommodation, food and financial assistance (Bows, Bromley, et al., 2025; Dorooshi et al., 2024; Klun et al., 2025). Parents often remain responsible for meeting their adult child's financial and practical needs while simultaneously experiencing intimidation or abuse. Australian evidence further demonstrates that financial stress is greatest among unemployed people, renters, people living with mental illness and those with caring responsibilities, suggesting that broader socioeconomic disadvantage may compound dependence within families affected by substance use and mental ill-health (Australian Institute of Health and Welfare, 2025a).

Gateway Health in practice

Gateway Health's Family Drug Support program frequently supports families where the person using substances is not engaged with AOD or mental health services. As a result, formal mental health diagnoses or substance use assessments are not routinely available. Support is therefore based on the family's circumstances and needs, rather than requiring the person using violence to have a diagnosed mental illness.

4.5 Rural and regional contexts

Although little research has specifically examined AFV in rural settings, many of the structural factors associated with AFV may be amplified outside metropolitan areas. Australians living in rural and remote communities experience poorer access to mental health, AOD, housing and specialist family violence services, alongside persistent workforce shortages, transport barriers and reduced service availability (Australian Institute of Health and Welfare, 2025b; National Rural Health Alliance, 2021, 2025). These structural inequities are well recognised within Australian rural health policy and are likely to influence families experiencing complex and intersecting issues such as substance use, mental ill-health and family violence.

Research examining rural domestic and family violence services similarly identifies fragmented service systems, concerns regarding privacy in small communities, workforce shortages and limited referral pathways as barriers to effective support (Hanley & MacPhail, 2023; Owen & Carrington, 2015). Although there is currently no evidence that rurality itself increases the risk of AFV, these contextual factors may intensify many of the conditions that contribute to its complexity and persistence.

— Gateway Health in practice

Families on rural properties can experience complex inter-dependent relationships, with older parents negotiating support from adult children in managing the property, while also being subjected to violence, coercion and abuse.

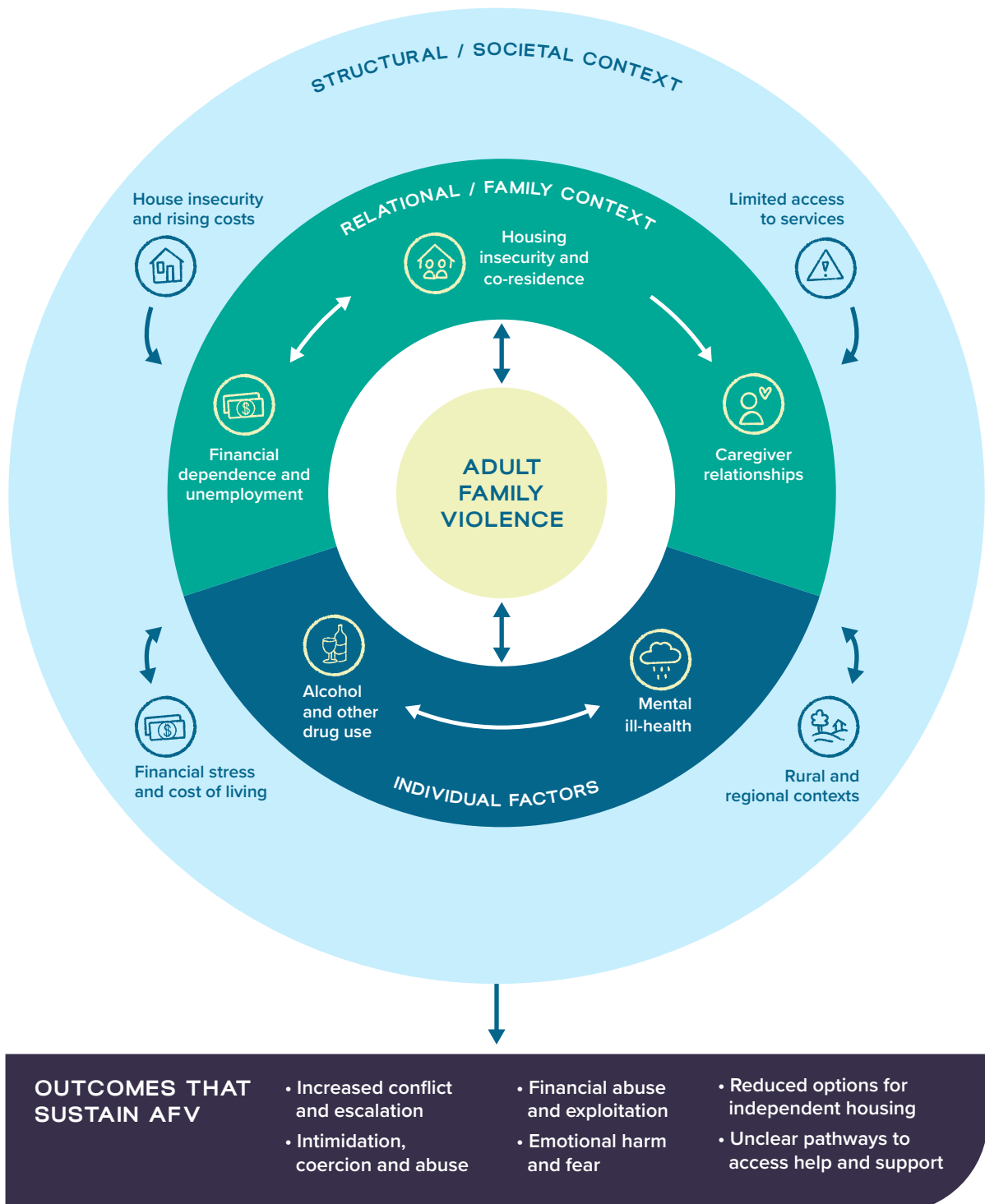
The Ovens Murray region has been heavily impacted by natural disasters, bushfires and flooding over the last seven years. The adult child's use of fire as a threat, and the actual setting of fires to land, residences and belongings has increased risk for a number of rural families supported by the FDS Program.

Outside of the bigger regional hubs, safety planning with clients in rural communities is constrained by the limited opening hours of local police response, reduced mobile phone coverage, and no public transport.



Taken together, the available evidence suggests that AFV does not arise from a single cause. Rather, it emerges through the interaction of individual vulnerabilities, family relationships and broader structural influences (Figure 2). Housing insecurity, financial dependence, alcohol and other drug use, mental ill-health and enduring caregiving relationships frequently coexist, while rural service access and housing availability may further constrain families' options. Understanding these interacting drivers provides an important foundation for interpreting the experiences of families affected by AFV and for developing service responses that address both immediate safety concerns and the broader circumstances that sustain violence.

FIGURE 2. Drivers of adult family violence



5. Understanding the experience of adult family violence

5.1 Who experiences adult family violence?

Despite increasing recognition of adult family violence (AFV), its prevalence remains largely unknown. Klun et al. (2025) identified only 39 empirical studies published internationally over more than three decades and concluded that there is currently insufficient evidence to estimate how frequently AFV occurs. This reflects wider challenges in recognising and recording AFV, which is often subsumed within broader categories such as elder abuse, domestic and family violence, or child-to-parent violence. As a result, routine administrative datasets rarely identify violence perpetrated by adult children as a distinct form of family violence.

Although population prevalence data are lacking, several Australian data sources suggest that violence perpetrated by adult children represents a substantial and potentially growing component of serious family violence. Australian Institute of Criminology National Homicide Monitoring Program data indicate that parents killed by their children accounted for around one-fifth of all family violence homicides nationally in 2023–24, increasing to approximately 22% in 2024–25 (Miles & Bricknell, 2025). Among male victims, homicide by an adult child was more common than homicide by an intimate partner, while for women the risk of homicide by an adult child increases substantially in later life (Bricknell & Miles, 2026). Over the past decade, parricide has shown an upward trend, contrasting with a slight decline in intimate partner homicide. (Bricknell & Miles, 2025) These findings suggest that violence perpetrated by adult children may be a more significant contributor to family violence than is commonly recognised, although far less is known about its risk factors and escalation pathways.

Across the literature, parents experiencing AFV are most commonly mothers, although fathers are also affected (Benbow et al., 2023; Klun et al., 2025). Victims are frequently aged over 60 years, reflecting the substantial overlap between AFV and elder abuse research (Bows, Bromley, et al., 2025; Bows, Pullerits, et al., 2025; Dorooshi et al., 2024). However, AFV is not confined to older age. Parents in their 40s and 50s may also experience sustained

abuse from an adult son or daughter, highlighting the importance of distinguishing AFV from elder abuse. This broader age range is reflected in Gateway Health's Family Drug Support program, where clinicians report supporting both older parents and middle-aged parents experiencing ongoing violence while continuing to care for an adult child.

— Gateway Health in practice

Gateway Health has observed a marked shift in the profile of families accessing its Family Drug Support program. Six years ago, referrals were more commonly received for parents of adolescents or concerned partners. By 2024–25, almost two-thirds (64%) of referrals involved parents supporting an adult child, and 40% of clients were aged over 60 years. Clinicians report that many of these older parents are experiencing significant intimidation and violence from their adult children while simultaneously advocating for them and supporting them to access treatment and other services.

The available literature consistently identifies adult sons as the most common adults using family violence (AuFV), although daughters also use family violence (Benbow et al., 2023; Dorooshi et al., 2024; Kennedy et al., 2024; Klun et al., 2025). In one study, most AuFVs were males aged 20–30 years who were unemployed (Dorooshi et al., 2024) while several studies included in Klun et al.'s review similarly reported adult sons as the predominant AuFVs. Across Australian and international studies, AuFVs are also commonly described as experiencing mental health problems, alcohol and other drug use, financial dependence on parents, co-residence and ongoing caregiving relationships (Dorooshi et al., 2024; Kennedy et al., 2024; Klun et al., 2025). Feelings of entitlement or resentment towards parents have also been identified in the elder abuse literature as recurring features of some cases (Qu, 2021).

5.2 What does adult family violence look like?

Adult family violence rarely consists of a single abusive act. Rather, the available evidence suggests it typically involves multiple, co-occurring forms of abuse that develop over time and become embedded within ongoing parent–adult child relationships (Benbow et al., 2023; Klun et al., 2025). Although physical violence is often the behaviour that brings families to the attention of services, psychological abuse, intimidation and coercive control are consistently reported as the most pervasive and enduring features of AFV (Bows, Bromley, et al., 2025; Klun et al., 2025).

Psychological abuse commonly includes threats, verbal abuse, humiliation, manipulation and intimidation, often creating an environment in which parents modify their behaviour to avoid conflict (Klun et al., 2025). The literature also describes coercive and controlling behaviours within AFV, although these should not automatically be understood as equivalent to coercive control within IPV. Adult children may dominate household routines, restrict parents' autonomy, make persistent demands for accommodation, money or transport, threaten self-

harm or suicide when parents establish boundaries, or use emotional manipulation in response to unmet needs or demands (Benbow et al., 2023; Klun et al., 2025). The function and pattern of these behaviours remain poorly understood, and AFV may involve heterogeneous pathways rather than a single underlying dynamic of power and control. Financial abuse is also a prominent feature of AFV and may involve persistent demands for money, theft, fraud, coercion to provide financial support, or exploitation of parents' ongoing willingness to meet their adult child's practical needs (Dorooshi et al., 2024; Klun et al., 2025). Property damage, including destruction of household belongings, is frequently reported and may be used alongside threats or physical aggression to intimidate family members (Bows, Bromley, et al., 2025; Klun et al., 2025) (Klun et al., 2025; Bows et al., 2025).

Evidence from Australia suggests that violence often develops within longstanding patterns of family conflict rather than isolated incidents. In their study of older adult family homicides in Victoria, Kennedy et al. (2025) found that many victims had experienced previous emotional, psychological or physical family violence before the fatal incident. Among cases involving family violence, many older



victims had endured repeated abuse from the eventual offender, indicating that homicide frequently represents the culmination of an ongoing pattern of violence rather than a sudden or unpredictable event.

Within families affected by problematic substance use, aggression and violence may also be variable and unpredictable. (McCann et al., 2017) found that affected family members described aggression and violence as changeable and inconsistent, with this unpredictability disrupting social relationships and reducing access to informal support. This is consistent with Gateway Health's experience of violence occurring episodically, with periods of relative stability interspersed with escalation associated with substance use, withdrawal, mental ill-health or other stressors.

Gateway Health in practice

Gateway Health staff describe adult family violence as taking diverse forms that may not always resemble more commonly recognised patterns of family violence. Parents may experience **coercion, intimidation, persistent demands for money, food or transport, theft or property damage**, including being pressured to transport an adult child to purchase drugs or storing stolen goods and weapons. Staff have also encountered **non-consensual exposure to illicit substances, sexually explicit images or sex work within the family home**, which can cause significant distress and harm to parents.

Financial abuse may involve repeated demands for relatively small amounts of money or everyday support rather than large-scale fraud or financial exploitation. Although individual incidents may appear minor, their **frequency and cumulative impact can be substantial**.

Parents also describe the violence as **episodic and cyclical**, with periods of relative stability followed by escalation. Staff observe that risk may increase alongside changes in the adult child's mental health, cycles of substance use or withdrawal, or other external stressors. This unpredictability can leave parents managing an ongoing risk of escalation within their own home.

5.3 What are the consequences of adult family violence?



The consequences of adult family violence extend well beyond the immediate experience of abuse. Rather than occurring as isolated incidents, AFV commonly develops over months or years, resulting in cumulative impacts that affect parents' physical health, emotional wellbeing, financial security and quality of life (Benbow et al., 2023; Brijnath et al., 2026; Kennedy et al., 2024; Klun et al., 2025). AFV has profound impacts on **mental health**; parents frequently describe experiencing chronic stress, anxiety, depression, helplessness, hopelessness, humiliation, despair, frustration, diminished self-esteem, social withdrawal, guilt and self-blame as violence becomes embedded within everyday family life (Benbow et al., 2023; Dorooshi et al., 2024; Klun et al., 2025).

Many parents describe living in a constant state of **fear** and anticipation, adapting their daily routines to minimise conflict and avoid triggering violence. Psychological abuse, threats and coercive control often create persistent uncertainty, leaving parents feeling unable to relax within their own homes (Benbow et al., 2023; Klun et al., 2025). Rather than isolated episodes, violence commonly escalates over time, with parents becoming increasingly vigilant to warning signs of aggression.



Financial consequences are another recurring feature of AFV. Parents frequently provide ongoing financial support to adult children while simultaneously experiencing financial abuse through theft, fraud or coercion (Dorooshi et al., 2024; Klun et al., 2025). For many families, financial strain extends beyond direct abuse. Parents may reduce work hours, pay legal or treatment-related expenses or repair damaged property (Benbow et al., 2023; Kennedy et al., 2024).

AFV often disrupts entire family systems rather than affecting only the parent and adult child. **Relationships** with partners, siblings, grandchildren and extended family may become strained as relatives withdraw because of safety concerns or ongoing conflict (Benbow et al., 2023; Klun et al., 2025). Gateway Health staff also



highlight particular tensions for grandparents, who may feel pressured to maintain contact with an adult child in order to preserve relationships with their grandchildren, while simultaneously managing concerns about the adult child's violence and the potential involvement of child protection services.



Although psychological abuse is often the most persistent feature of AFV, physical violence can result in significant **injury**. Dorooshi et al. (2024) reported that many parents presenting

to forensic services sustained injuries to the head and neck following assaults by their adult children, with older mothers particularly represented among victims. Evidence from the broader domestic abuse literature involving older adults similarly identifies bruising, fractures, chronic pain and other physical injuries alongside significant psychological harms (Bows, Bromley, et al., 2025).

Evidence from Victoria further suggests that repeated family violence often precedes the most serious outcomes. Kennedy et al. (2025) found that many older adult family **homicide** victims had experienced previous emotional, psychological or physical family violence before the fatal incident, indicating that violence frequently develops within longstanding patterns of abuse rather than occurring unexpectedly.



Gateway Health in practice

The complex and enduring nature of AFV is illustrated by one Family Drug Support client, a woman in her late 50s supporting her adult son with significant co-occurring needs. Following repeated violence towards her and his siblings, her son was no longer able to live in the family home and was sleeping rough. Despite this, she continued to collect his sleeping bag each morning to dry it after finishing her night shift, drove him to appointments and regularly brought him hot meals. Gateway Health clinicians note that situations such as these place parents in impossible positions, balancing their own safety with ongoing concern for their child's wellbeing, often in the absence of appropriate housing and service options.

5.4 Help-seeking and service responses

Despite the significant impacts of adult family violence (AFV), many parents delay seeking support or never disclose their experiences to formal services. Across the literature, help-seeking is shaped by the unique nature of the parent–adult child relationship, in which ongoing love, responsibility and caregiving frequently coexist with fear, intimidation and abuse (Benbow et al., 2023; Klun et al., 2025). Rather than viewing themselves solely as victims, many parents continue to see themselves as responsible for supporting their adult child, creating complex tensions between protecting their own safety and protecting their child's wellbeing.

Parents commonly report shame, guilt and self-blame, alongside concerns that disclosure reflects personal failure as a parent (Klun et al., 2025). Fear of damaging relationships with their child, triggering police involvement or contributing to criminal justice responses may further discourage help-seeking (Benbow et al., 2023). Many also minimise or normalise abusive behaviours, particularly where violence has developed gradually over many years or occurs alongside significant mental ill-health or substance dependence. Consequently, parents often seek help for their adult child rather than protection for themselves, preferring interventions that address underlying mental health or substance use issues rather than punitive responses (Benbow et al., 2023; Brijnath et al., 2026). In an Australian study of older women experiencing elder abuse, almost two-thirds had not sought formal support, citing shame, stigma, fear of family repercussions and concerns about victim-blaming, while those who had accessed services often reported limited benefit from approaches focused solely on the victim (Brijnath et al., 2026).

These barriers may be compounded when AFV occurs in the context of problematic substance use. Parents of adults experiencing substance use problems can experience associative stigma, including blame and judgement from others about their parenting, alongside internalised stigma that reinforces feelings of guilt, shame and personal responsibility (Kaynak et al., 2024; Russell et al., 2023). Where parents are also experiencing violence from their adult child, these forms of stigma may intersect: parents may feel blamed both for their child's substance use and for the violence occurring within the family. This can intensify isolation and self-blame and make disclosure or help-seeking more difficult.



Gateway Health in practice

One Family Drug Support client described the impossible balance between maintaining her own safety and continuing to care for her son:

“I’m his Mum, I will always be his Mum. And he will always be my son.”

Another parent explained:

“They tell me to kick her out, but I can’t let her sleep under a bridge.”

These accounts illustrate that AFV is rarely characterised by violence alone. Instead, abuse often occurs within enduring caregiving relationships in which parents continue to provide housing, transport, emotional support and advocacy despite ongoing intimidation or violence.

When parents do seek support, they typically turn first to partners, trusted family members or friends before approaching formal services (Klun et al., 2025). However, these informal supports may diminish over time as relationships become strained, family members withdraw because of safety concerns or parents become increasingly socially isolated (Benbow et al., 2023). The unpredictable nature of aggression associated with problematic substance use may further erode informal support networks, as family members and friends withdraw or parents limit social contact to protect others from aggressive

or abusive behaviour (McCann et al., 2017). Those who access formal services frequently encounter fragmented systems that are poorly equipped to recognise and respond to AFV. Families often move between alcohol and other drug (AOD), mental health, family violence, elder abuse, housing, policing and health services without receiving coordinated care because AFV does not fit neatly within traditional service frameworks (Benbow et al., 2023; Klun et al., 2025).

Recognition of AFV remains a significant challenge across services. Benbow et al. (2023) argue that violence perpetrated by adult children has remained largely invisible within domestic abuse policy and professional guidance because research and practice have historically focused on intimate partner violence. Similarly, Klun et al. (2025) identified considerable inconsistency in terminology and definitions across the literature, limiting recognition, data collection and service development. Evidence from adult safeguarding services supports these concerns: Bows et al. (2025) found that approximately one-third of domestic abuse cases involving older adults had not initially been recognised as domestic abuse, with abuse perpetrated by adult children particularly likely to be overlooked. Similar challenges have been reported in healthcare settings, where clinicians describe uncertainty regarding assessment, referral pathways and documentation, and frequently interpret AFV primarily through the lens of mental illness, substance use or carer stress rather than as a distinct form of family violence (Benbow et al., 2023).

gateway health

People living well

155 High Street

 **headspace**
Albury Wodonga

when we are open

Monday	8.30am - 4.30pm
Tuesday	8.30am - 5.30pm
Wednesday	8.30am - 5.30pm
Thursday	8.30am - 5.30pm
Friday	8.30am - 4.30pm
Saturday	closed
Sunday	closed

Gateway Health in practice

“There is never anyone available at the really crucial /crisis moments though, to give you the help and support you desperately seek. You try everything. I guess there is help for an emergency/police matter. And there is some immediate practical help. But then the door closes. Those people don’t want to know you anymore really. Even if they say they do. It’s horrible being fobbed off/dropped. That’s how it feels. Like no one actually cares. Even if they seem nice.”

Gateway Health Family Drug Support Client on navigating multiple systems.

Despite increasing recognition of AFV, there is very little evidence evaluating interventions specifically designed to prevent or respond to it. Klun et al. (2025) identified only a small number of studies describing service responses, most of which were individual case reports, descriptive service models or professional perspectives rather than evaluations of intervention effectiveness. Consequently, there is currently insufficient evidence to recommend any single best-practice model.

Instead, there is growing consensus that effective responses will require integrated, family-centred and trauma-informed approaches that recognise both the safety needs of parents and the ongoing care and treatment needs of adult children. Across the literature, authors consistently highlight the need for improved recognition of AFV, clearer assessment processes, workforce training, shared terminology and coordinated referral pathways spanning AOD, mental health, family violence, housing, justice and ageing services (Benbow et al., 2023; Bows, Pullerits, et al., 2025; Klun et al., 2025). These principles underpin the recommendations presented in the following section.

Gateway Health in practice

Gateway Health Family Drug support clients are clear about what they find helpful:

“[You] totally need someone who is there for the long haul. Who can find time to meet with you in a week or a month or a year. Not someone for a one-off chat. [Online help centres] aren’t super helpful. They leave you feeling flat. [You] feel like you have wasted your time really, as they don’t get the picture of your circumstances.”



6. Implications for practice and recommendations

6.1 Recognising adult family violence



Recommendation 01

Alcohol and other drug services, family violence services, housing and health organisations should explicitly recognise adult family violence as a distinct form of family violence and incorporate consistent terminology into policies, workforce training and clinical documentation.

Despite growing evidence that adult family violence (AFV) is a distinct form of family violence, it remains poorly recognised across health, alcohol and other drug (AOD) and family violence services. Throughout this review, AFV has repeatedly been shown to fall between established service frameworks. It is frequently classified as elder abuse when parents are older, as adolescent violence in the home (AVITH) for younger families or overlooked entirely because family violence systems remain largely oriented towards intimate partner violence (Benbow et al., 2023; Klun et al., 2025). This can be problematic because many elder abuse frameworks primarily focus on identifying abuse and vulnerability in older people rather than assessing the unique relational dynamics and risk patterns associated with violence perpetrated by adult children.

This lack of recognition has important practical consequences. If practitioners do not identify abuse perpetrated by an adult child as family violence, opportunities for early intervention, safety planning and coordinated responses may be missed. Parents may instead be viewed primarily as carers of someone with complex needs, while the violence they are experiencing remains invisible.

Using shared language such as adult family violence helps distinguish these presentations from elder abuse and other forms of family violence while acknowledging their unique dynamics and risks. Greater recognition also allows practitioners to identify patterns of abuse, dependence and cumulative harm that may otherwise be overlooked.



Recommendation 02

Regional health, AOD and family violence services should strengthen assessment and safety planning for adult family violence by considering patterns and severity of violence, escalation and unpredictability, alongside substance use, mental ill-health, housing and financial dependence, caregiving relationships and the broader family context.

6.2 Assessment and safety planning

Recognition alone is insufficient unless accompanied by assessment processes that reflect the reality of potential risk of serious harm and lethality in the perpetration of AFV. Current Victorian family violence risk assessment processes are guided by the Multi-Agency Risk Assessment and Management (MARAM) Framework, which incorporates evidence-based risk factors and structured assessment tools developed in response to intimate partner homicides and serious family violence (Victorian Government, 2021b, 2021c). These tools identify factors associated with elevated risk of serious harm or death within intimate partner relationships, including pregnancy, post-separation violence, parenting arrangements, coercive control and children's exposure to family violence. While some of these risk factors may remain relevant to AFV presentations, many are specific to intimate partner relationships (Victorian Government, 2021b). Consequently, when existing risk assessment approaches are applied to violence perpetrated by adult children against parents, services may inadvertently underestimate the nature, severity or pathways of risk associated with AFV.

At present, there is little evidence regarding whether the established risk factors used within MARAM accurately identify escalation pathways, serious harm or homicide risk in AFV. Emerging evidence from Australian homicide data suggests that violence perpetrated by adult children represents a substantial proportion of family violence homicides, yet the factors associated with escalation in these cases remain poorly understood. As a result, clinicians should use existing MARAM-aligned approaches while recognising their potential limitations when applied to AFV presentations.

Assessment of AFV should therefore avoid assuming that behaviours have the same function or risk significance as apparently similar behaviours within IPV. While coercion, intimidation, financial abuse and controlling behaviours may occur, their relationship to risk requires consideration alongside the severity and frequency of physical violence, patterns of

escalation, substance use and withdrawal, mental ill-health, emotional dysregulation, housing and financial dependence, and the circumstances immediately preceding violent episodes. The episodic and sometimes unpredictable nature of AFV may itself be important to safety planning.

Risk assessment therefore needs to consider the broader context in which violence occurs. Housing insecurity, substance dependence, severe mental illness, financial dependence and prolonged co-residence frequently coexist and may reduce families' capacity to safely separate. Clinicians should also recognise that service responses themselves may inadvertently increase risk if parents are expected to withdraw support without alternative housing, treatment or practical assistance being available.

Services should also be alert to the potential for inadvertent service collusion. Parents are often asked to provide housing for adult children on bail, transport to appointments, or assist with medication and withdrawal management because no viable alternatives exist. While well-intentioned, these expectations may unintentionally reinforce coercive family dynamics or increase parents' exposure to violence if they are implemented without appropriate assessment, support and safety planning.

Assessment should therefore move beyond documenting discrete incidents of violence towards understanding cumulative harm, coercive control, dependency and the practical realities facing families.

Identifying Alcohol and Other Drug clients who may be using Adult Family Violence

Questions to consider:

- Are they co-residing with parent/s?
- In a dependent or inter-dependent care-giving relationship with parent/s?
- Any co-occurring factors including emotional regulation difficulties, mental health symptoms or previous use of family or community violence?
- How are family responsibilities, chores and financial arrangements negotiated within the household, if at all?
- Do they experience high-shame/high-defensiveness or high aggression that gets in the way of being able to have difficult and respectful conversations within the family?

Assessing the quality of the parent-child relationship. Useful questions include:

- What is working well in your relationship with your parent?
- What has become difficult?
- If things could be different, what would you like your relationship to look like?

Practice consideration:

Exercise caution when undertaking trauma-focused work with an adult child who is using AFV and continues to reside with their parent/s. Where appropriate, prioritise goals that support increased independence from parental support systems and promote stability before engaging in trauma-focused therapy.

Identifying Parents and Other Family Members experiencing Adult Family Violence

- Do not rely on family members identifying their experiences as “**family violence**.” Parents may instead describe behaviours and their impacts including:
 - feeling bullied by persistent demands for money, transport, accommodation
 - “giving in” to demands due to threats by the AuFV to harm themselves or others, or commit crimes
 - domination of household routines and/or the home’s physical space by the adult child
 - inability to negotiate responsibilities or boundaries with the adult child due to fear of “setting them off”
 - increasing isolation and avoiding family, work, social engagements due to worry about their adult’s child behaviours
 - experiencing physical injury from altercations with their adult child feeling frightened in their own homes
- Recognise that parents may initially attribute abusive behaviour solely to mental health concerns or substance use. A helpful response is “**yes, and...**” acknowledging the health issue while also recognising that abusive behaviour requires its own assessment and response.
- Avoid language such as “enabling” and “co-dependent”, which reinforce associative stigma and may discourage support seeking.
- Understand that parents may prioritise seeking support for their adult child before raising concerns for their own wellbeing and safety.

 Gateway Health in practice**Identifying Parents and Other Family Members experiencing Adult Family Violence**

- When AFV is identified, explore the impact of violence on all family members, including partners, siblings and grandchildren. Parents' concern for their adult child can sometimes obscure their perception of the risks and harms experienced by others.
- Where family violence risk assessment tools are used, apply MARAM-aligned assessment processes while considering whether existing intimate partner violence indicators adequately capture the risks associated with adult family violence.
- Assess both cumulative patterns of harm and immediate safety concerns:
 - The frequency, severity and escalation of physical violence
 - Intimidation, coercion and controlling behaviours
 - The impacts on physical and psychological health and wellbeing
- Explore whether the violence is episodic, situational or unpredictable, and whether risk increases in conjunction with:
 - Substance use or withdrawal
 - Mental health symptoms
 - Financial pressures or demands
 - Other family stressors or life events
- Consider if current service plans inadvertently increase AFV risk by relying on parents to provide housing, transport or medication management without appropriate risk assessment and safety planning.



Recommendation 03

Alcohol and other drug services should adopt family-centred models of care that recognise parents as clients in their own right while responding to the needs of the whole family wherever safe and appropriate.

6.3 Family-centred responses

Adult family violence differs from many other forms of family violence because parents often remain deeply committed to supporting their adult child despite experiencing abuse. Throughout the literature, parents consistently describe balancing fear for their own safety with ongoing concern for their child's wellbeing. Many seek treatment for the AuFV rather than punishment, continue providing housing, transport and financial support, and experience significant distress when services require them to choose between protecting themselves and abandoning their child (Benbow et al., 2023; Brijnath et al., 2026; Klun et al., 2025).

Traditional service models frequently require practitioners to prioritise either the person using violence or the victim. However, AFV demonstrates

that these roles remain interconnected through enduring family relationships. Effective responses therefore require family-centred approaches that acknowledge parents as clients in their own right while recognising the ongoing support they often provide to an adult child experiencing substance use, mental illness or other complex needs.

Gateway Health's Family Drug Support program illustrates the value of this approach by providing counselling, education and therapeutic support specifically for family members affected by another person's substance use, recognising that improving family wellbeing is an important component of broader recovery.





Recommendation 04

Regional health services, family violence services, housing providers and primary care organisations should develop integrated pathways for responding to adult family violence, with clear referral processes, shared risk management and coordinated care planning.

6.4 Integrated care and regional partnerships

Adult family violence rarely presents as a single issue. Rather, it occurs alongside alcohol and other drug dependence, mental ill-health, housing insecurity, financial hardship and complex caregiving relationships. No single service is equipped to respond to all of these issues in isolation.

Throughout this review, families repeatedly described becoming caught between AOD services, mental health services, family violence services, housing providers, emergency departments and police, with each service addressing only part of the problem. International evidence similarly identifies fragmented service systems, uncertainty regarding referral pathways and limited professional guidance as significant barriers to effective responses (Benbow et al., 2023; Bows, Pullerits, et al., 2025; Klun et al., 2025).

These challenges may be amplified in regional communities where specialist services are limited, workforce shortages are common and housing shortages reduce options for safely separating families.

Responding effectively therefore requires coordinated regional pathways that bring together AOD, mental health, family violence, housing, policing and primary care services. Shared understanding, joint care planning and clear referral pathways are likely to improve continuity of care while reducing the burden placed on families to navigate multiple disconnected systems.



Recommendation 05

Health services should strengthen workforce capability through targeted education on adult family violence, supported by clinical supervision, multidisciplinary consultation and access to specialist family violence expertise.

6.5 Workforce capability

The emergence of AFV presents new challenges for practitioners across multiple sectors. Clinicians must navigate competing responsibilities to victim safety, AuFV accountability, family relationships and ongoing caregiving while responding to complex presentations involving substance use and mental illness.

Many practitioners have received extensive training in intimate partner violence but considerably less guidance regarding violence perpetrated by adult children. The literature consistently highlights uncertainty surrounding terminology, assessment,

referral pathways and intervention approaches (Benbow et al., 2023; Klun et al., 2025). Gateway Health clinicians similarly identified AFV as an area in which practitioners frequently feel uncertain despite encountering these presentations in routine practice.

Building workforce capability therefore requires more than education alone. Clinical supervision, specialist consultation, multidisciplinary collaboration and opportunities for reflective practice are likely to be equally important in supporting clinicians managing these complex situations.



Recommendation 06

Governments, researchers and health services should strengthen the evidence base for adult family violence through improved routine data collection, evaluation of service models and research examining prevalence, escalation pathways, lethality indicators, risk assessment approaches and effective interventions.

6.6 Research and evaluation

Despite increasing recognition, adult family violence remains an underdeveloped area of research. Reliable prevalence estimates are unavailable, longitudinal evidence is scarce and very few studies have evaluated interventions specifically designed for AFV (Klun et al., 2025). Much of the current evidence is drawn from small qualitative studies, forensic populations or the broader elder abuse literature.

The findings of this white paper suggest that AFV is already presenting within regional AOD services in Australia, yet routine service datasets rarely

identify it as a distinct presentation. Improving data collection within health services would provide valuable information regarding prevalence, client characteristics and service needs, while future research should evaluate integrated, family-centred models of care and identify effective approaches to prevention, risk assessment and intervention. Particular attention is needed to understand pathways to serious harm and homicide in AFV so that evidence-based risk assessment tools can be developed and validated for this form of family violence.

7. Conclusion

Adult family violence has been hiding in plain sight. For many years, violence perpetrated by adult children against their parents has been subsumed within broader concepts such as elder abuse, child-to-parent violence or intimate partner violence, leaving its distinctive characteristics largely overlooked.

As a consequence, families have often found themselves navigating fragmented service systems that were not designed to recognise or respond to the complex interplay of violence, caregiving, substance use, mental ill-health and dependence that characterises AFV.

This white paper demonstrates that AFV is not a rare or isolated phenomenon. Rather, it represents a complex form of family violence that frequently develops through the interaction of individual vulnerabilities, family relationships and broader structural influences. While the evidence base remains limited, there is growing international and Australian recognition that existing service systems require approaches that extend beyond traditional models of family violence or alcohol and other drug treatment.

Importantly, this work was not driven solely by the literature. It began because Gateway Health clinicians recognised a pattern emerging in everyday practice. Families attending the Family Drug Support Program described experiences that did not fit comfortably within existing service frameworks, yet were occurring with increasing frequency and complexity. Their observations prompted the questions that underpin this white paper and demonstrate the important role that frontline services play in identifying emerging health and social issues before they are reflected in research or policy.

To our knowledge, this white paper provides the first integrated Australian synthesis of adult family violence specifically for regional alcohol and other drug services. By bringing together international research, Australian evidence, policy and grey literature, and Gateway Health's practice experience, it offers a practical framework for recognising adult family violence, understanding its drivers and impacts, and strengthening responses across health and human services.

Improving outcomes for families affected by adult family violence will require more than individual service improvements. It will require shared language, coordinated systems, family-centred practice and a commitment to recognising parents as clients in their own right while supporting the complex needs of adult children. Most importantly, it requires acknowledging that adult family violence is no longer an invisible issue. Gateway Health clinicians have shown that it is already presenting in regional AOD services. The challenge now is ensuring that research, policy and practice evolve quickly enough to recognise it, respond to it and ultimately prevent it.



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