Toward a socio-ecological understanding of adolescent violence in the home by young people with disability

A conceptual review

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Acronyms

ABS	Australian Bureau of Statistics
ADHD	Attention deficit hyperactivity disorder
AFV	Adolescent family violence
AFV/A	Adolescent family violence/abuse
AOD	Alcohol and other drugs
APV	Adolescent-to-parent violence
ASD	Autism spectrum disorder
AVITH	Adolescent violence in the home
CD	Conduct disorder
CPA	Child-to-parent abuse
CRPD	Convention on the Rights of Persons with Disabilities
IPV	Intimate partner violence
MTS	Multisystemic therapy
NDIS	National Disability Insurance Scheme
ODD	Oppositional defiant disorder
PSS	Personal Safety Survey
RCFV	Royal Commission into Family Violence

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Executive summary

Background

In the absence of a universally agreed-upon definition, adolescent violence in the home (AVITH) describes a range of violent, abusive, controlling and intimidating behaviours used by young people, typically against parents and siblings. While the problem is commonly discussed within the broader spectrum of domestic and family violence, AVITH is increasingly understood as a complex and distinct form of family violence. Despite concerns about the prevalence and impacts of AVITH, there remains a lack of conceptual clarity that impedes effective service responses – a problem that is even more stark for young people with disability and their families.

Aims and approach

The primary aim of this conceptual review is to take an initial step towards building a better understanding of AVITH and young people with disability. Our objectives are threefold:

- identify critical gaps in the current state of knowledge on AVITH that are pertinent to the experiences of young people with disability

- provide an overview of the dominant theoretical paradigms that inform contemporary policy and practice in AVITH

- gain a greater understanding of factors associated with AVITH and explore how disability is understood using a socio-ecological framework.

This conceptual review, and the broader research project (as described below), responds to complex and difficult questions raised about the disproportionate rates of young people with disability experiencing family violence service and/or legal systems responses to AVITH. It is not our intention here to characterise all harmful behaviours displayed by a young person with disability at home within the frame of AVITH or under the broad umbrella of family violence. Neither do we want to further contribute to the systematic criminalisation of young people with disability by ascribing criminality to certain behaviours that occur at home. Rather our focus is to build knowledge about AVITH and young people with disability that can be used by policymakers, practitioners and researchers to guide appropriate services and supports for families where AVITH occurs.

Findings

Critical gaps in the evidence base

In the first section of this report, we consider contemporary debates within the existing AVITH literature and identify six critical gaps in relation to how young people with disability are considered in the emerging evidence base. These include 1) disciplinary divides in definitions and language; 2) a lack of fit-for-purpose data; 3) consideration of chronological age, developmental stage *and* family dynamics; 4) implications of focusing on data derived from specific sources; 5) the intersection of AVITH, gender and disability; and 6) the problem of intentionality in understanding why violence happens.

Current theoretical frameworks

In the next section we summarise three overarching theoretical paradigms relevant to contemporary policy and practice in AVITH to highlight key points of intersection relevant for guiding an integrated and inclusive approach to theory development. The theoretical perspectives include 1) theories of social learning that situate AVITH as behaviours that are learned through exposure to violence and then used in later life, with a particular focus on intergenerational transmission of violence; 2) gender-based theories that position AVITH within frameworks that explain violence against women – the underlying driver being the unequal distribution of power, resources and opportunities between men and women; and 3) family systems theories where AVITH is understood as a function of socio-structural systems and explained within a "conflicts" paradigm.

Contextual factors in AVITH

In the final section of this report, we focus on contextual factors identified in the AVITH literature and explore how disability is understood and situated within a socio-ecological framework. Although the literature more commonly refers to "risk" or "at risk" factors, this implies a causal link. Instead, we refer to them as "contextual" – they co-occur with violence but the pathways that connect them have not yet been established. A socio-ecological approach was selected because it is commonly used to guide prevention and response to domestic and family violence in Australia and

internationally. It also aligns with current understandings of disability as an interaction between an individual and their environment.

Discussion

While our initial goal for this review was to address shortcomings of prior reviews of the literature by synthesising evidence on AVITH and young people with disability, our searches identified no studies that specifically attended to this nexus. Young people with disability who are violent at home, and the experiences of their families, have been overlooked in the growing international body of research on AVITH. Given this state of knowledge, we instead undertook this conceptual review. In doing so it became clear that a confluence of factors – in evidence, theory and practice in AVITH – interact to keep the experiences of young people with disability and their families invisible.

Most relevant here is that the growing body of evidence on AVITH has failed to account for current understandings of disability as resulting from the interaction between a person's impairment or health condition and their environment. For the most part this literature positions disability as an individual attribute that is different and devalued. This false attribution must be acknowledged and remedied, not least because the lack of consideration of other contextual factors associated with disability, including the influence of social determinants, limits how we understand and respond to the problem. We firmly advocate for an integrated, multidisciplinary and multi-sectoral framework to assist in understanding young people with disability who engage in AVITH. This, by definition, must be underpinned by an understanding of disability that emanates from the biopsychosocial approach to disability embedded in the United Nations Convention of the Rights of Persons with Disability (United Nations General Assembly, 2007), and in *Australia's Disability Strategy 2021–2031* (Commonwealth of Australia, 2021).

Conclusion

This conceptual review represents the first stage of a broader research project that is working towards building an integrated conceptual framework for understanding and responding to young people with disability who use violence at home. Insights will be used to guide the next phase of this research which employs in-depth qualitative inquiry about the lived experience of young people with disability, their families and key sector stakeholders. Together these project components aim to build a better understanding of the individual, relationship and community contexts and sociocultural factors relevant for understanding AVITH and young people with disability.

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Background

Introduction

In Australia, the lack of reliable and inclusive population-level data on young people's use of violence at home is an impediment to understanding the nature, extent and complexity of the problem, and for developing evidence-informed policy and practice. Worldwide, prevalence estimates vary significantly with prior reviews of the literature suggesting that between seven and 25 per cent of families report ever experiencing adolescent violence in the home (AVITH; Arias-Rivera & García, 2020; Simmons et al., 2018). In the absence of other surveillance and monitoring mechanisms in Australia, prevalence estimates are often derived from police records. These data show that around 10 per cent of police call-outs to family violence-related incidents relate to young people (younger than 19) using violence (State of Victoria, 2016). These prevalence estimates, however, are known to be impacted by underreporting. A reticence to name behaviours used by young people as violent, hesitancy among parents and carers to report behaviours of concern as they emerge and escalate, and apprehension about service system responses all contribute to the issue being shrouded in silence (Arias-Rivera & García, 2020; Fitz-Gibbon et al., 2021).

While the full impact is not yet known, there is emerging evidence that restrictions associated with the COVID-19 pandemic have resulted in higher rates of family violence, including violence used by young people at home (Campbell & McCann, 2020; Condry et al., 2020). Preliminary data from the experiences of parents and carers in the United Kingdom suggest that a range of issues has impacted the frequency and/or severity of AVITH including confinement to the home, disruptions to routines, conflict associated with enforcing lockdown rules and a heightened sense of anxiety (Condry et al., 2020). Similar observations in Australia have been described as a "net-widening effect" whereby social restrictions, school closures, and interruption and/or cessation of support services have resulted in an escalation of a range of issues for young people and their families, including AVITH (Campbell & McCann, 2020).

Research from less than a decade ago described AVITH as a hidden problem that was "largely invisible from policing, youth justice and domestic violence policy" (Condry & Miles, 2014, p. 257). Although much has changed in the intervening 10 years, with a growing recognition of AVITH in the Australian domestic and family violence policy and practice context, there remain significant gaps in knowledge that hamper appropriate and effective services, responses and approaches to prevention.

What is AVITH?

AVITH is an umbrella term that describes a range of violent, abusive and intimidating behaviours used by young people within their family, typically against parents and/or siblings. The term is also used to describe sibling-to-sibling violence, violence against familial and non-familial caregivers, and violence against grandparents (Boxall & Sabol, 2021). Although the term is sometimes used to describe violence in adolescent dating and intimate relationships, it more generally refers to violence against other family members.

AVITH is now recognised as distinct from family violence perpetrated by adults, including intimate partner violence (IPV) and child abuse, and is distinct from other violent and abusive behaviours used by children and young people outside the family home (Coogan, 2011; Edenborough et al., 2008; Gallagher, 2004; Holt, 2016; Kiselica & Morrill-Richards, 2007). It shares some common features with other forms of domestic and family violence, including that violent, threatening and abusive behaviours used by young people in the home:

- are gendered – more likely to be used by adolescent male children against female family members (mothers and siblings)
- take many forms including physical, emotional, verbal, financial and sexual abuse
- are used to gain control and dominate and/or coerce family members
- can be directed towards people, property and pets
- are experienced as an ongoing pattern, as opposed to one-off or infrequent acts.

Despite these behavioural and contextual similarities in AVITH, there remains a lack of conceptual and definitional clarity. Established ways of responding to, and working with, adult perpetrators of family violence do not reflect

the complexity of young people who are violent at home or the experiences of their families (Campbell, 2021). Unlike in adult contexts of domestic and family violence, where responses typically focus on the removal of perpetrators from the home, services and supports for young people and families experiencing AVITH are significantly more complex and include supporting and maintaining family and community connectedness (Holt, 2015).

The problem is even more stark for young people with disability. Despite mounting evidence that young people with disability are overrepresented in families where AVITH occurs, how and why young people with disability are violent at home is rarely, if ever, considered. Children and young people with complex behaviours associated with their disability, including the use of violence at home, are at a high risk of entering child protection and out-of-home care systems (Australian Federation of Disability Organisations [AFDO], 2019). The extent to which violent behaviours used by young people with disability maps on to emerging evidence and understandings of AVITH is unexplored.

About this conceptual review

While AVITH is an understudied area in comparison to other types of interpersonal, domestic and family violence, there is an emerging international body of evidence, including several reviews of the literature published in the last decade (see Arias-Rivera & García, 2020; Hong et al., 2012; Ibabe et al., 2013b; Moulds & Day, 2017; O'Hara et al., 2017; Papamichail & Bates, 2019; Peck et al., 2021a; Simmons et al., 2018; Toole-Anstey et al., 2021). To date, research on AVITH has typically focused on questions about prevalence; the nature of the violence and abuse; and the characteristics of perpetrators, victims and survivors (Condry & Miles, 2021). In doing so it has largely treated AVITH as homogeneous (Boxall & Sabal, 2021). Accordingly, reviews of this literature have focused on a relatively narrow set of explanatory factors (i.e. gender, age).

Although several reviews of the literature have identified disability as a risk or explanatory factor for AVITH (Arias-Rivera & García 2020; Hong et al., 2012; Moulds & Day, 2017; Simmons et al., 2018), these data are not drawn from studies with a specific focus on young people with disability. Rather, disability is conceptualised as a risk marker *for* violence because young people with disability are commonly identified in AVITH studies and in administrative, clinical and general community samples. Not surprisingly this follows the pattern in the literature about maltreatment of children and young people (Jones et al., 2012). Children and young people with disability appear quite frequently in that literature, but only recently have studies moved beyond disability as a "risk" factor for understanding the nature and extent of maltreatment for children and young people with disability.

The absence of research that considers disability differently to its construction as an individual-level risk marker for AVITH reinforces community misconceptions that disability is an inherent or "embedded" characteristic, rather than resulting from the interaction between a person's impairment or health condition and their environment. The individual attribute approach to disability does not align with Australia's international obligations under the United Nations Convention on the Rights of Persons with Disabilities (CRPD; United Nations General Assembly, 2007) or with Australian legislation, policy and planning frameworks in disability, including *Australia's Disability Strategy, 2021–2031* (Commonwealth of Australia, 2021).

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Methodology

Scoping review with systematic approach

Initially our goal for the first phase of this project was to undertake a scoping review to address shortcomings of existing reviews of the literature. Our aim was to identify and synthesise evidence from primary studies on AVITH and young people with disability. We undertook a wide-ranging search of seven electronic databases (MEDLINE, PsycINFO, CINAHL, Scopus, Informit, ProQuest and Web of Science) and Google Scholar to identify scientific primary research in peer-reviewed literature and research reports published since 1 January 2000. We focused attention on literature published since the year 2000 as we were interested in contemporary understandings of both AVITH and disability.

Using Boolean operators to link search terms (and, or), AVITH key words (e.g. "adolescent", "child", "parent/carer", "family violence", "domestic violence", "perpetrator") were combined with disability-related key words (e.g. "disability", "disabled", "impaired", "impairment"). We applied a broad definition of "family" to include kinship, foster care and other carer relationships. For inclusion, studies must have been primary research, and we excluded case reports and reviews. No restrictions were placed on study type. We excluded research on violence against support workers in institutional-type settings (e.g. residential care, emergency/crisis, supported accommodation) even though familial-type relationships may be present in these settings.

In consultation with a trained research librarian, we refined and tested our search strategy, adjusting combinations of search terms and databases. Our search identified more than 9,000 records. One author (MR) reviewed the title and abstracts of a subset of identified studies (~25%). No studies were identified for inclusion in full-text review: young people with disability were absent from the extant literature on AVITH. Most studies identified by our searches related to children and young people with disability as victims and survivors of child sexual abuse and adult-perpetrated violence. Given the dearth of studies in the area, we judged it prudent to cease screening and pivot to a conceptual review.

Conceptual review approach

The initial approach to searching the literature highlighted a significant gap in evidence. Rather than complete a scoping review with a finding of "no eligible studies" (i.e. an empty review), we elected to undertake a conceptual review with the aim of "knitting" together knowledge from across topic areas and disciplinary divides to build a better understanding of AVITH and young people with disability.

To achieve this, we drew on prior theoretical and empirical reviews of the literature to identify relevant and significant papers that explored correlates or contextual factors in AVITH, and described theoretical underpinnings and the relevance of theory to practice. The review then unfolded in stages where we read the retrieved seminal literature and as tensions, inconsistencies and gaps emerged, we searched for and considered additional resources. This additional literature included peer-reviewed papers, as well as research reports, submissions, position papers and policy briefs.

Aims

The primary aim of this conceptual review was to take an initial step towards building a better understanding of AVITH and young people with disability. Our objectives were to:

- identify critical gaps in the current state of knowledge on AVITH that are pertinent to the experiences of young people with disability
- provide an overview of the dominant theoretical paradigms that inform contemporary policy and practice in AVITH
- gain a greater understanding of factors associated with AVITH and explore how disability is understood using a socio-ecological framework.

Current understandings of disability

How disability is understood in Australia and the way language and concepts have evolved over time to better reflect the lived experiences of people with disability are critical to this conceptual review. The shift away from conceptualising disability as an abnormality or a problem to be fixed, for

example, has allowed for the acknowledgement of a range of dynamic and interrelated factors that meaningfully impact on the lives of people with disability. Below we provide a brief overview of each of the prominent disability models and highlight the biopsychosocial or interactional model of disability as the one that aligns with frameworks that underpin research, policy and practice in family violence prevention and response.

Under the medical model, disability is understood as an individual-level attribute – a problem arising as a direct result of an individual's impairment, injury and/or medical health condition, and commonly thought of as a stable attribute or "embedded" within the individual. The medical model is normative, in that a person is disabled because they do not function as a "normal" person. Historically, medical approaches to disability have focused on overcoming "abnormality" and bringing the person back or closer to the "norm", although this is rarely encountered in medical practice in Australia today. This model has been criticised for its "paternalism, pathologisation, and the promotion of benevolence" (Goodley, 2016, p. 7), as it ignores the community, societal and structural factors that create disability.

In contrast to the medical model, the social model understands disability as arising not because of the person's impairment or health condition, but rather because of environmental and social barriers, such as inaccessible buildings, discriminatory and exclusionary attitudes, and inflexible organisational procedures and practices. Disability is understood to arise from barriers in the surrounding environment. This model established the boundaries between terminologies: impairment refers to an individual's condition, and disability refers to the disadvantage, discrimination and exclusion experienced by those with impairments (Mitra, 2018).

Notwithstanding the contribution the social model has made to disability equity and inclusion, it is not without criticism, including that a "sharp" distinction between disability and impairment is somewhat artificial and ignores that impairments are part of the human condition. As noted in a report prepared by the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability:

> Under the social model, disability is negatively defined, as an injustice that should be removed, but the achievements

of the disability rights movement are also built on disability pride and identity, on the insistence that disability is a common part of life. (Clifton, 2020, p. 12)

In response to such criticisms, a biopsychosocial or interactional model that integrates the medical and social models has emerged and underpins the CRPD definition of disability as "those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others" (United Nations General Assembly, 2007). The interactional model, thus, understands disability as an interaction between an individual and their environment and provides a framework to enable human rights-based disability policy development. It is also closely aligned with socio-ecological systems frameworks used to conceptualise the complex and interrelated factors in domestic and family violence (Heiss, 1998).

A note on language

Within the literature there is much debate about the most appropriate language to use to represent, describe and examine the issue of young people who use violence at home. Use of the terms AVITH, "adolescent family violence" (AFV), "child-to-parent abuse" (CPA), "adolescent-to-parent violence" (APV) and "adolescent family violence/abuse" (AFV/A) vary by discipline and jurisdiction. We note calls in the literature for a language that recognises the high proportion of violence against women by their children (as opposed to using the gender-neutral term "parent"; Burck et al., 2019). While in Australia both AVITH and AFV are commonly used, for this report, we have elected to use the term AVITH. In doing so we acknowledge the notion of "home" as encompassing a range of family-based care arrangements including kinship and foster care.

While we have elected to use the term AVITH to describe a particular social issue, in this report we also use "young people with disability who are violent at home" to draw specific attention to this group of young people. We purposively use this terminology (who *are* violent at home) to acknowledge a separation between behaviour and its intent.

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We have adopted the World Health Organization's term "young people" to describe both adolescence (typically defined as between the ages of 10 to 19) and youth (covering the age range 15 to 24) in recognition of the diversity of neurodevelopmental trajectories from childhood to adulthood.

We have chosen to use person-first language by referring to children or young people with disability, rather than identity-first language (i.e. "disabled young people"), but recognise that preferred terminology varies between people, organisations and communities.

In line with the CRPD, and as noted above, we recognise disability as a function of the way society is organised and the ways in which impairments interact with systemic and structural barriers to hinder full and equal participation in society (United Nations General Assembly, 2007). We use the term "disability" (in the singular) as per the CRPD conceptualisation of disability as arising from social and cultural processes and interactions and not as an inherent characteristic of a person, in line with preferred terminology in Australian policy.

We note that the language used by the disability community to describe violent, abusive and threatening behaviours by young people with disability do not necessarily accord with language used by the domestic and family violence sectors or with that used in the AVITH literature. The terms "challenging behaviour" or "behaviours of concern", for example, are sometimes preferred to "violence" in the context of young people with disability to acknowledge the critical importance of understanding the behaviour rather than pejorative language about an individual. We acknowledge these disciplinary differences and note that it is our intention to avoid negative, judgemental, ableist and deficit-based language within this report.

Findings

Critical gaps in the evidence base

Definitions and language

The lack of a universally agreed-upon definition has been consistently noted as a key challenge to advancing the evidence base in AVITH (Coogan, 2014; Moulds et al., 2019; Simmons et al., 2018). Varied definitions of "adolescent" along with poor standards for identifying and measuring violence have led to equivocal understandings of this complex social issue. Narrow conceptualisations of "home" and prioritisation in the literature of biological relationships to denote "family" have implications for inclusive research, policy and practice. In addition, language and concepts used to describe behaviours that are "borrowed" from adult contexts of domestic and family violence may not resonate with families experiencing AVITH. As a recent report by the Centre for Excellence in Child and Family Welfare (2020, p. 8) noted:

> While there is growing awareness among society of the spectrum of behaviours that constitutes adult contexts of violence, parents and caregivers are less likely to consider disrespectful, threatening, or financially abusive behaviours by young people to be "violence". This could explain in part why families do not engage with services earlier.

This definitional ambiguity is particularly pertinent in the context of disability. Frequently used descriptions of AVITH that focus on characteristics of violence such as power and intent may not resonate with families experiencing violence from young people with disability.

There is a dedicated literature on "challenging behaviours" in children and young people with disability, especially intellectual and developmental disability (Brosnan & Healy, 2011; Kurtz et al., 2020). However, the phenomenon described is heterogeneous (Emerson & Einfeld, 2011). Research on the topic may include, for example, self-injurious behaviours; physical and verbal threats and abuse directed against others at home, at school and in other service settings; destruction of property; and inappropriate and harmful sexual behaviours (Stewart et al., 2015). Risk factors coalesce around the experiences of specific impairments (e.g. autism spectrum disorder; ASD), although there is an emerging literature exploring the relationship between disability, trauma and

violence (Im, 2016; Rittmannsberger et al., 2020). While some of the behaviours fit within commonly used descriptions of AVITH (i.e. violence that is directed against parents and/or siblings, takes many forms, experienced as an ongoing pattern, results in families living in fear), the issue is rarely, if ever, framed as family violence.

Lack of fit-for-purpose data

As others have previously noted, AVITH is impacted by a lack of fit-for-purpose data, leading to fragmented understandings of the problem among researchers, policymakers and practitioners (Coogan, 2011; Holt, 2016; Miles & Condry, 2016; Simmons et al., 2018). The Personal Safety Survey (PSS) administered by the Australian Bureau of Statistics (ABS) is the most comprehensive source of population-level data on the experience of violence in the Australian community, but it does not collect inclusive or reliable information about perpetrator characteristics (Cox, 2016). In the absence of other data, police records (i.e. information recorded by police responding to family violence incidents) are sometimes used to monitor family and domestic violence trends and shape our understanding of AVITH at the local level (Moulds et al., 2019). Police data, however, are limited to reported cases/events and only include certain types of behavioural manifestations – mostly those consistent with criminal offending. Prior research has noted an unwillingness to report young people who are violent at home to the police, with particular concerns raised about police and other service responses to young people with disability (Coogan, 2014; Douglas & Walsh, 2018; Fitz-Gibbon et al., 2021).

Findings from Victoria's Royal Commission into Family Violence (RCFV) noted a range of factors contribute to underreporting of AVITH including the lack of community understanding and acknowledgement; parent guilt, denial and self-blame; and minimisation of abuse (State of Victoria, 2016). For all these reasons, police data are not a reliable source for understanding population prevalence or dynamics of AVITH. Furthermore, by the time families are in contact with the police the behaviours are likely to be severe, well entrenched and causing significant harm (Holt, 2012; Miles & Condry, 2016). There is broad agreement in the literature about the need to identify violent and abusive behaviours early and intervene well before young people are "counted"

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in criminal justice statistics as violent offenders. This is a particular concern for young people with disability who are significantly overrepresented in youth justice systems in Australia (McCausland & Baldry, 2017), as well as in child protection and out-of-home care (AFDO, 2019).

Lack of attention to age, developmental stage and family relationships

Several prior reviews of the literature have noted the variation in age-based definitions of AVITH as a key shortcoming (Boxall & Sabol, 2021; Simmons et al., 2018). For example, Boxall and Sabol (2021) note that the term mainly refers to young people between the ages of 10 and 18, with few studies focused on young people beyond 18 years when they are more commonly categorised as adult perpetrators of violence, rather than children (Simmons et al., 2018; see also Contreras et al., 2020; Cottrell & Monk, 2004; Douglas & Walsh, 2018; Holt, 2013; Moulds et al., 2019). Variations in age groups across studies, cohorts and systems have been noted within the Australian context. Findings from the Victorian RCFV highlight this limitation in Australian data:

> Some agencies record adolescents as being from 0 to 17 years old, others from 15 to 19 years old. In service settings a "young person" is a person up to the age of 25 years old. Some Victoria Police data is broken down by age range 0 to 17 years, whereas other data is broken down by age range 10 to 14 years and 15 to 19 years. Children's Court data has similar inconsistencies. (State of Victoria, 2016, p. 150)

While much has been made of a lack of a clear age-based definition of AVITH, an additional notable absence from the literature is consideration of age, developmental stage *and* family relationship dynamics. The narrative review by Simmons et al. (2018) highlights that while much of the literature does not include young people past the legal age of adulthood (commonly understood to be 18), national data from high-income countries such as Canada, the United Kingdom and the United States show that many young people over the age of 18 remain in cohabitation arrangements with their family (Eurostat, 2015; Statistics Canada, 2017; Vespa et al., 2013). Based on these data, Simmons and colleagues argue for relationship-based definitions of AVITH, rather than age-based categorisations only.

The developmental needs of young people are described as relevant in responses to AVITH including capacity to form intent (Simmons et al., 2018), compliance with court processes and orders (Campbell et al., 2020; Douglas & Walsh, 2018) and approaches to intervention that focus on maintaining family connections. Yet, developmental stage is rarely noted as a factor in understanding the dynamics of AVITH. A recent Australian study by Hwang and colleagues (2020) has added some weight to these arguments.

Hwang et al. (2020) compared the characteristics of domestic violence incidents recorded by the police over a 10-year period that involved people with and without ASD. While the total number of events that involved either a perpetrator or victim with ASD was small (<1%), the most common pattern within this group was consistent with AVITH: a young person (median age of 22) using violence against an older person who was most often their parent. This contrasted with the comparison group – people without ASD – where the most common pattern was consistent with intimate partner violence (IPV).

Although the limits of understanding AVITH using police data have been previously noted, this study highlights how violence from adult children with disability towards their parents can fall through the gaps if the phenomenon is strictly defined by chronological age. Limiting the age group to only those under 18 does not consider different developmental trajectories for young people with disability which may be impacted by their impairment or by a lack of opportunity.

A focus on data from specific sources

Current understandings of prevalence and correlates of AVITH have been primarily generated from studies using three types of data: clinical or service user, justice, or general community. Clinical and service user samples typically include administrative or case file data drawn from hospital, mental health, welfare and/or child protection services; justice samples can include data from police, judicial, court or other juvenile justice systems; and general community samples are characteristically based on survey or self-report data – either parents and family members who report on experiences of violence at home, or young people who report using violence at home. Data derived from justice contexts

can be further sub-divided into studies investigating the prevalence of AVITH among young people already *in* justice systems and those that examine the prevalence of family violence-related offending among young people. While the challenge associated with synthesising data generated from different sources has been noted in prior reviews of the literature (Simmons et al., 2018), different kinds of data offer unique and useful perspectives on the problem.

To date, however, little attention has been paid to understanding the experiences of, and responses to, young people with disability who are violent at home. The studies that are available primarily take a "medical" view of disability and violent behaviours. For example, developmental disability in young people such as ASD, attention deficit hyperactivity disorder (ADHD) and oppositional defiance disorder (ODD) have been identified across both justice and clinical samples as being significantly associated with violent, abusive and intimidating behaviours in the home (e.g. Beihal, 2012; Ibabe & Jaureguizar, 2010). Other studies have noted mental health and psychological issues as co-occurring in AVITH, including that young people who are violent at home are more likely to have depressive symptomology (e.g. Ibabe et al., 2014) and to have received psychiatric or psychological treatment (e.g. Contreras & Cano, 2014; Diaz et al., 2009), with higher rates of suicidal ideation, suicide attempts and self-harm (e.g. Biehal, 2012; Kennedy et al., 2010).

Although some of the literature specifically notes that violent behaviour directed towards parents is not an "inevitable symptom" of developmental or psychosocial disability (Holt, 2015, p. 5), there is a tendency for research to imply causal links between some impairment types and violence (Simmons et al., 2018). This is problematic given there may be a range of physical (pain, illness), mental (anxiety, fear) and/or social (communication) factors that explain why young people with disability are violent at home (de Winter et al., 2011). In other words, the reason or reasons for a young person's behaviour, if understood through a biopsychosocial lens, would examine the broader social drivers of violence within the environment of their family home.

The intersection of AVITH, gender and disability

Early understandings of AVITH were carved out of an "adult-focused domestic violence and abuse agenda" (Miles & Condry, 2015, p. 1080) and are, thus, heavily influenced by theories on IPV. According to Papamichail and Bates (2019), for example, those who apply a gender-based model to AVITH argue that violence used by male adolescent children towards mothers is due to gender inequality, and hence reproduces patriarchy by reinforcing men's power and domination over women (see Edenborough et al., 2008). As such, AVITH is often framed as part of the broader pattern of violence against women. Miles and Condry (2015), however, argue that a contextual approach is needed to understand the complexity of gendered dynamics. While several reviews of the literature have noted that mothers are the most frequent targets of violence by their children (see Peck et al., 2021b), there are other gendered factors to consider. These include that sole-parent mother households are overrepresented in data on AVITH and that experiences of partner violence and adolescent violence can co-occur for mothers (Papamichail & Bates, 2019; Peck et al., 2021b).

While we were unable to identify any research that specifically examined the gender, AVITH and disability nexus, findings from a range of studies focus on the interaction of structural gendered norms and environmental factors (Simmons et al., 2018) – specifically, that AVITH intersects with gendered social norms, practices and structures where primary caregivers at home are predominantly mothers (Papamichail & Bates, 2019). Gendered patterns in the division of labour at home are particularly important when considering primary caretaking responsibilities for young people with disability. According to the most recent ABS Survey of Disability, Ageing and Carers, women were much more likely to provide informal primary care for someone with disability, making up approximately 72 per cent of all primary carers (ABS, 2019).

The "problem" of intentionality in AVITH and disability

In the absence of a universally agreed-upon definition, the most frequently used descriptions of AVITH include several core elements – the behaviours themselves, the targets of those behaviours, and circumstance and motivation for violence,

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with a specific focus on intent. For example, Howard and Rottem (2008, p. 10) define AVITH as:

> an abuse of power perpetrated by adolescents against their parents, carers and/or other relatives, including siblings. It occurs when an adolescent attempts to physically or psychologically dominate, coerce and control others in their family.

This definition by Howard and Rottem reflects current legislation in Australia including the Commonwealth's *Family Law Act 1975* and Victoria's *Family Violence Protection Act 2008*. The behaviours described in this definition are mostly based on adult perpetrators of domestic and family violence and then applied to adolescents. The focus on the intent to dominate, coerce and control others in their family is particularly influenced by feminist theoretical frameworks in IPV.

However, definitions and terminologies in AVITH with a central focus on intentionality assume that 1) the developmental and social trajectories of young people with disability align with their non-disabled counterparts; and 2) when young people with disability use violence at home they aware that their behaviours "physically or psychologically dominate, coerce and control others in their family" (Howard & Rottem, 2008, p. 10). For young people with disability, particularly those with impairments characterised by difficulties in communicating; navigating social interactions; and emotional recognition, regulation and impulse control, behaviours may be violent (and confronting) but in the absence of intent to cause harm. Research that focuses on "challenging" behaviours or behaviours of concern in young people with disability is less concerned about intent and more focused on reasons for the behaviour, and outcomes and impact for both the family members and the young person themselves, over issues of intentionality and purpose (Kurtz et al., 2020).

Other definitions attempt to consider some of this behavioural and contextual complexity, specifically noting circumstances where violent and abusive behaviours by young people may be excluded from broad understandings of AVITH. For example, Pereira et al. (2017, p. 220) defined AVITH as the following:

> repeated behavior of physical, psychological (verbal or nonverbal) or economic violence, directed toward the parents or the people who occupy their place. Excluded are one-off aggressions that occur in a state of diminished consciousness which disappear upon recovery (intoxications, withdrawal syndromes, delirious states or hallucinations), those caused by (transient or stable) psychological disorders (autism and severe mental deficiency) and parricide without history of previous aggressions.

While this description of AVITH specifically excludes violence used by young people with intellectual and psychosocial disability, there are implications for families if their experiences are not recognised within AVITH prevention and response frameworks. Furthermore, family members' understanding of what constitutes violence and their experiences of this influence their decision to report the behaviour and to seek help (Murphy-Edwards & van Heugten, 2018 as cited in Arias-Rivera & García, 2020, p. 228). Several authors have suggested this may be particularly an issue for parents of young people with disability who experience embarrassment and shame, as well as the fear that social services will remove their child if they formally report violent, abusive and threatening behaviours (Campbell et al., 2020; Coogan, 2014; Douglas & Walsh, 2018).

Current theoretical frameworks

Theoretical frameworks play an important role in understanding how and why violent, abusive and threatening behaviours emerge for young people. These frameworks underpin actions taken in research, policy and practice. Although scholars, to date, have offered several single-factor theoretical perspectives for understanding the underlying drivers of AVITH (e.g. childhood adversity, parenting style), we summarise three overarching theoretical paradigms relevant to contemporary policy and practice. We do so to demonstrate the points of intersection in relation to theory and contextual factors that can guide an integrated approach to AVITH that is inclusive of young people with disability and their families.

Violence as a learned behaviour

Social learning theory, first proposed by Albert Bandura in the 1970s (Bandura, 1973), is one of a number of theoretical

perspectives that consider individual-level factors for understanding and responding to domestic and family violence including AVITH. The growing body of literature that demonstrates intergenerational transmission of violence – that early exposure to violence predicts later use of violence – has focused attention on theories that situate AVITH as behaviours that are learned through observing or witnessing violent family and/or peer relationships, and then imitated and repeated (Contreras & Cano, 2014; Kennedy et al., 2010; Margolin & Baucom, 2014). Despite this, much less is known about the pathways and processes that link early childhood exposure to violence to later perpetration and/or victimisation.

Several studies have suggested that exposure to violence in the home during childhood, typically in the context of IPV, is associated with a range of psychosocial and behavioural problems in adolescence that increase the risk of using violence (Contreras et al., 2020; Kennedy el al., 2010). Other researchers have focused on cognitive developmental pathways and proposed that the use of violence in childhood and adolescence at home is the result of accepting violence as a legitimate or "normal" way to respond to familial conflict (Cottrell & Monk, 2004). This theoretical standpoint is particularly pertinent for understanding gendered patterns of AVITH, that is, boys and young men exposed to (adult) male-perpetrated IPV hold violence-supportive attitudes, effectively learning that violence against women (their mother and sisters) is acceptable and "normal" (Douglas & Walsh, 2018; Fitz-Gibbon et al., 2018; Howard & Rottem, 2008). Although the impact of parenting practices and the quality of the child–parent relationship have been highlighted as possible explanatory factors (Diaz et al., 2009), it is likely that a combination of factors play a role in linking experiences of family violence to AVITH.

Violence in a gender-based paradigm

While some proponents of social learning theory have focused on gender driving the dual victimisation of mothers in intergenerational transmission of violence, construction of AVITH within a gender-based paradigm squarely centres attention on gender inequality as the key social determinant or driver of violence (Peck et al., 2021). Arising from feminist theorists in the 1970s, gender-based perspectives that directly attribute violence against women to the patriarchy that enforces and maintains unequal power dynamics between men and women have been instrumental in shaping current understandings of domestic and family violence. Theories that apply gender-based frameworks to AVITH argue that violence used by male adolescent children against female family members similarly reinforces men's power over women and, therefore, aligns with gendered paradigms of why and how violence happens (Papamichail & Bates, 2019). While there is a growing consensus in the literature that AVITH is a distinct form of domestic and family violence, the similarities observed between violence perpetrated by adult men against female partners and violent behaviours by male adolescent children against female family members cannot be ignored.

There are both advantages and disadvantages in applying gender-based theoretical frameworks to AVITH, including for young people with disability who are violent at home. Broad legislative definitions underpinned by feminist frameworks, such as Victoria's *Family Violence Protection Act 2008*, provide an inclusive framework and language for families experiencing AVITH. This is at least in part because this definition acknowledges the broad range of behaviours that comprise violence, with a focus on experiences that are entrenched for victims and survivors and families, as opposed to isolated or reactive events.

On the other hand, approaches to AVITH that borrow heavily from feminist theoretical frameworks and place a strong emphasis on power dynamics and intentionality may not reflect the complexity of experiences for any young person who uses violence or their families. Recent research suggests that parents and carers experiencing violence and abuse from adolescent children, particularly from young people with disability, are unlikely to consider this behaviour as violence (Campbell et al., 2019; Walsh & Douglas, 2018). These theoretical and disciplinary divides are not helpful for moving the evidence base to a place where it can meaningfully inform policy and practice. The time has come to investigate conceptually and empirically the situation of young people with disability who use AVITH so that appropriate understandings and interventions can be developed.

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Violence as familial conflict

Among the theoretical frameworks proposed for understanding and responding to domestic and family violence, family systems theories are perhaps the most contested. Unlike gender-based paradigms that focus on gender inequality and unequal power relations as the underlying drivers of violence, the central tenet of family systems theories is that violence is understood and explained as a function of social structures and systems (Guttman, 1991; Nichols & Schwartz, 2005). Within this sociological perspective, family violence is understood within a "conflicts" paradigm where conflict in families is conceptualised as "normal" and inevitable. By extension, violence used by young people against other family members is an expression of conflict within the family structure (Lawson, 2012).

Not surprisingly, family systems theories that position violence as "mutual" conflict have been strongly criticised by proponents of feminist gender-based paradigms. This critique is mainly because these theories take a neutral stance to violence, do not account for gendered patterns in perpetration and victimisation and fail to consider issues around power and control. Nevertheless, family systems theories that intentionally divert attention away from individual attribution of blame towards the broader socio-structural systems in which individuals interact has gained traction in addressing AVITH. As Holt (2016b, p. 491) recently noted:

> Working with young people within a family conflict framework may be more appropriate. Interventions that explore family dynamics and help young people to think about new non-abusive ways of responding to family conflict may be more productive than criminalising children and labelling them as "perpetrators of abuse".

Increasingly family and systems-based approaches are being used to intervene in AVITH and are particularly relevant for families of young people with complex support needs. For example, multisystemic therapy (MTS) is an approach used to understand and intervene in antisocial behaviour among young people, including their use of violence and aggression at home. Originally developed in the United States in the late 1970s, this therapeutic approach acknowledges the complex interactions between young people and social systems including their families, school and wider community.

The MTS program has been trialled and evaluated in an Australian context among young people already engaged with adolescent mental health services (see Porter & Nuntavisit, 2016). Families who completed the program reported positive improvements in caregiver's parenting skills; communication skills; development of effective skills to manage anti-social behaviour and the capacity to elicit pro-social behaviour in their children; and improvements in caregiver mental health.

Contextual factors in AVITH

In the previous sections, we identified key issues in the existing evidence base in relation to young people with disability and the main theoretical paradigms proposed to explain AVITH. In this final section, we focus on the contextual factors identified in the literature and explore how disability is understood and situated within a socio-ecological framework. We describe these factors as "contextual". Although the literature sometimes refers to these as "risk" or "at risk" factors for the use of violence, this implies a causal relationship that has not yet been established. While they are important to consider in relation to understanding AVITH, they should not be conflated with causal links to violent behaviour.

Socio-ecological systems approach

Bronfenbrenner (1979) first proposed the ecological systems theory to explain how social environments impact on development. This approach has since played a key role in understanding how individual behaviour is influenced by social and environmental factors and the interactions between them. Socio-ecological frameworks are now widely used in domestic and family violence research, policy and practice to illustrate the complex range of factors at the individual, relationship, community and society levels that protect people from, or put people at risk of experiencing or perpetrating violence (e.g. Anderson & Bushman, 2002; CDC, 2021; Dutton, 1995; El-Murr, 2017; Sabri et al., 2013). A socio-ecological systems approach is also applied in AVITH to consider the complexity and nuance of violence used by young people at home. Cottrell and Monk argue that from the nested socio-ecological model proposed by Bronfenbrenner "a comprehensive and flexible template emerges from which

we can understand the individual, interpersonal, and societal dynamics involved in adolescent-to-parent abuse" (Cottrell & Monk, 2004, p. 1076).

Individual

Although the literature identifies several individual-level factors associated with AVITH, including socio-demographic variables such as age, we focus on characteristics most relevant to understanding the experience of young people with disability who are violent at home.

Adverse childhood experiences

One of the most consistently identified contextual factors in adolescent maladaptive behaviour is exposure to adverse and traumatic experiences in childhood. Although there is not a prescribed "set" of experiences that make up childhood adversity, it is commonly understood to include exposure to maltreatment and neglect, family violence and socio-economic adversity (Sahle et al., 2020). Several studies have noted exposure to family violence either directly (e.g. child maltreatment, neglect, family violence) and/or indirectly (e.g. witnessing violence) among AVITH populations (Contreras & Cano, 2014; Kennedy et al., 2010). To date, however, much of what we know about the impacts of adversity and trauma on AVITH is drawn from selected study samples (Simmons et al., 2018).

Although exposure to family violence as a contextual factor in AVITH aligns with theoretical frameworks that position violence as a learned behaviour, the links between adverse childhood experiences, trauma and AVITH are implied rather than empirically tested.

Research suggests that children and young people with disability are at increased risk of experiencing a range of discriminatory, exclusionary, violent and abusive experiences at home, at school and in the broader community in comparison to their non-disabled peers (Austin et al., 2016). Although there is a small body of work that has explored the relationships between adversity in childhood, trauma and "challenging" behaviours among young people with intellectual and developmental disability, the pathways are multifaceted and complex (Morgart, 2021).

Relationship

Family dynamics

In accordance with family systems theoretical frameworks for explaining how and why violence arises in families, research has noted that familial factors including household functioning (sometimes referred to in the literature as dysfunction) is associated with AVITH (Nowakowski-Sims, 2019). For example, Pagani and Tremblay (2004) and Pagani et al. (2009) note that problematic substance use by parents within the home increases the risk of young people's use of violence. Similarly, the review by Arias-Rivera & García (2020) identified mental illness and drug and alcohol use among parents as factors associated with AVITH. Additionally, parental incarceration and/or "absent" parents are also grouped together under "household dysfunction", and have been linked to AVITH (Geller et al., 2009). While there is a large literature exploring relationships among family functioning, disability and young people, there is no research that specifically considers this in the context of AVITH.

Parenting practices

The association between parenting behaviours, disciplinary strategies and AVITH has been highlighted in several reviews of the general literature (see Arias-Rivera & García, 2020; O'Hara et al., 2017; Peck et al., 2021a; Simmons et al., 2018). While some studies demonstrate no relationship between parenting practices and AVITH (e.g. Calvete et al., 2015), others suggest that particular "styles" of parenting may be associated with a higher risk of violence by young people in the home (Contreras & Cano, 2014; Ibabe et al., 2013b). Research findings, nonetheless, are equivocal. Some research suggests that young people are more likely to use violent behaviour towards parents whose disciplinary strategies are excessively strict, harsh, punitive and/or controlling (Cottrell & Monk, 2004; Evans & Warren-Sohlberg, 1988; Hong et al., 2012), while other researchers note a higher risk of AVITH when parents are not able to establish boundaries and consequences for young people's behaviour (Howard et al., 2010). In addition to contradictory findings, the influence of parenting practices and disciplinary style remains a contested area in relation to its links to AVITH, not least because it contributes to the narrative that poor parenting practices are to blame when young people are violent at home.

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This is described by parents, particularly mothers, as a key source of stigma and shame and a significant impediment to help-seeking (Coogan, 2011).

What is missing from the AVITH literature is consideration of similarities and differences for parents with a child or young person with disability. For instance, it may be that young people with ASD or ADHD benefit from distinct parenting practices compared to young people with other impairment types or young people without disability. Broadly speaking, the literature about parenting young people with disability and violence tends to focus on families with complex disability support needs and young people with severe and challenging behaviours, but it doesn't specifically attend to violence towards parents and/or siblings at home.

Community

Community-level factors relevant to understanding AVITH encompass community interactions and relationships including those at school and with peer groups, as well as engagement with support services. From the frequently identified community-level factors within the AVITH literature we focus here on peer groups and the school community as likely to be most relevant to young people with disability.

Peer groups

Peer influence is significant in adolescence and appears to impact behaviour at home (Prinstein & Dodge, 2008). Moulds et al. (2019) examined young people's use of violence towards parents from police reports in four states in Australia. Findings showed that young people who used violence in the home were more likely to have peer groups that engage in criminal behaviour outside the home. Other researchers have also suggested that AVITH fits within a pattern of general adolescent antisocial behaviour (e.g. Kennedy et al., 2010). The recent review by Arias-Rivera & García (2020) concluded that violent peer relationships, in addition to exposure to other types of violence, is a risk factor for young people using violence at home. Other studies suggest that when peers accept the use of violence in relationships, this can lead to aggressive behaviour among adolescents, as a learned strategy, to gain power and control (e.g. Cottrell & Monk, 2004; Valois et al., 2002). Whether peer influence and/or more general antisocial behaviours are relevant for

young people with disability using violence at home remains unexplored.

Experiences at school

School experiences, broadly conceived as academic performance, relationships with students and staff, and access to support services such as mentorship and counselling, can have significant positive or negative impacts on young people. School is often one of the first environments where development and behavioural issues are recognised. For young people who use violence at home, some studies have found a correlation with lower school attendance rates (e.g. Haw, 2010; Howard & Rottem, 2008; Sheehan, 1997). On the other hand, positive relationships at school, such as perceived peer and teacher support and student friendships, have been noted as protective for maladaptive behaviours at home (Ibabe et al., 2013a). To date, this literature on experiences at school and AVITH has not considered young people with disability despite studies showing that children and young people with disability face discriminatory and exclusionary practices that affect their experiences at school including attendance, perceptions of support, peer relationships and bullying (Yoder & Cantrell, 2019).

Society

The "outer" level of the socio-ecological model is where individual, relationship and community factors interact with social, cultural and political structures, practices and norms that create the social conditions in which violence may occur. Socio-economic policies and socio-structural and cultural norms provide the normative background against which individual characteristics play out. This "cultural blueprint", as described by Bronfenbrenner (1977), is significantly under-researched within the AVITH literature. Societal factors such as traditional gendered social norms, educational opportunities and other social policies directly affect the conditions and processes at the individual and community level, such as the relationship between young people and their family, peers, school and broader communities. Researchers, such as Simmons et al. (2018), Hong et al. (2010) and Moulds et al. (2017), continue to call for dedicated studies on the influence of cultural and structural practices and norms on AVITH. We note this as a major and concerning gap in the AVITH literature.

This gap in the evidence base is particularly problematic for understanding young people with disability and AVITH given that disability is recognised as resulting from interaction between an individual, their health condition or impairment and their environment. It is particularly troubling that the literature on AVITH has yet to examine the health, economic, educational, socio-structural and cultural factors and inputs that may lead to any young person using violence at home, and even more so for young people with disability.

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Discussion

As described in the introductory sections of this report, our initial aim for this review was to address shortcomings of prior reviews of the literature by synthesising evidence on AVITH and young people with disability. Our search strategy, however, identified no studies that specifically attended to this nexus. Young people with disability who are violent at home, and the experiences of their families, have been overlooked in the growing international body of research on the extent, nature and dynamics of AVITH. The existing research fails to account for current understandings of disability as resulting from the interaction between a person's impairment or health condition and their environment. Instead, the research is largely based on stereotypes that position disability as an individual attribute that is different and devalued.

Given this state of knowledge, we instead undertook a conceptual review with the aim of building a better understanding of AVITH and young people with disability within a socio-ecological framework, which aligns with Australian and international understandings about disability as interactional. In undertaking this conceptual review, it became increasingly clear that a confluence of factors – in evidence, theory and practice in AVITH – interact to keep the experiences of young people with disability and their families invisible. Several key tensions, inconsistencies and gaps stand out for attention for further research to explore and for policy and practice to consider in their approaches to AVITH.

Implications for policy and practice

First, there are two distinct bodies of knowledge that focus on young people who are violent at home. These have developed independently with few points of intersection. While young people with disability are commonly identified in research on AVITH, which has sought to identify risk factors, approaches to conceptualising violence have often (overtly) dismissed behaviours in the absence of purpose or intent. Simply put, definitions of AVITH are analogous to those for other forms of domestic and family violence where behaviours are used intentionally by young people to dominate and exert power and control over other family members. While research and policy in AVITH is often at pains to articulate the unique characteristics that set it apart from the broader spectrum of domestic and family violence, there are also compelling areas of overlap.

By contrast, research that focuses on young people with disability who are violent at home is typically framed in the context of "challenging" behaviours. Violence in the form of "challenging" behaviours is conceptualised as arising from unmet needs, which may variously stem from the young person's impairment or health condition in combination with their interactions in their social environments, including in the family home. While both sets of literature highlight similar concerns about safety and families living in fear, their development in distinct disciplinary "silos", as well as the outstanding dearth of empirical studies, represents an obstacle to developing an integrated conceptual understanding of AVITH and young people with disability.

Second, while there are several theoretical paradigms relevant to contemporary policy and practice in AVITH, much of the research to date has not been theoretically driven. Instead, the literature has observed multiple contextual factors that "co-occur" with AVITH. This literature indicates that AVITH shares characteristics with other forms of family and domestic violence. However, the theories that underpin actions in prevention and response, for example in IPV, cannot simply be supplanted onto AVITH based on the set of characteristics in common. The emerging literature on AVITH suggests this is more complex than other forms of domestic and family violence and theory development needs to disentangle which insights from the general body of literature on family and domestic violence are potentially "transferrable" and where new specific insights might be necessary. As Simmons et al. (2018, p. 43) noted:

> Such a theory would need to explain individual emotional and cognitive processes in the context of interpersonal relationships, and family and social systems, while considering situational factors that trigger AVITH [CPA].

Finally (and as we have noted consistently throughout this review), despite young people with disability being overrepresented in AVITH studies and administrative and clinical samples, there is a distinct lack of research beyond documenting disability as a risk marker *for* violence. In studies using either quantitative or qualitative data or both,

disability or impairments are often collapsed into a single binary classification (e.g. disabled or not disabled) and then discussed in ways that imply disability is causally linked to violence. This false attribution must be acknowledged and remedied, not least because the lack of consideration of other contextual factors associated with disability, including the influence of social determinants, limits how we understand and respond to the problem. We firmly advocate for an integrated, multi-disciplinary and multi-sectoral framework to assist in understanding AVITH for young people with disability. This, by definition, must be underpinned by an understanding of disability that emanates from the biopsychosocial approach to disability embedded in the United Nations' CRDP (United Nations General Assembly, 2007), and in *Australia's Disability Strategy 2021–2031* (Commonwealth of Australia, 2021).

Limitations of the review

Our initial searches of the literature yielded a large volume of potential "matches", but young people with disability were absent from the extant literature on AVITH. Given the lack of an agreed upon definition of AVITH and the range of terms used to describe the problem, there may have been articles that we were unable to uncover using our search strategy. Research on domestic violence and ASD, for example, was informative, but much of what we identified in the initial stages was ultimately tangential to our aim of building a better understanding of young people with disability who are violent at home. While there is an argument that an empty review (i.e. a finding of no eligible studies) may serve a useful purpose by documenting knowledge gaps, instead we focused our efforts on bridging the disciplinary divide between research on AVITH and research on disability and "challenging" behaviours. Unlike the standard methods applied in a systematic or scoping review, the processes we followed in our conceptual review were open-ended and deeply reflective, but no less systematic. We selected literature including prior theoretical and empirical reviews that had already synthesised various bodies of evidence to "knit" together knowledge across topics areas and disciplines. This approach, however, is unlikely to encompass every publication in the key areas of focus, nor was every article yielded in the search included. We uncovered many pressing issues that were out of scope, including, for example, the context in which young people

with disability who are violent at home are managed in the child protection, out-of-home care and justice systems.

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Conclusion

This conceptual review identified critical gaps in the current state of knowledge on AVITH that are pertinent to the experiences of young people with disability; provided an overview of the dominant theoretical paradigms that inform contemporary policy and practice in AVITH; and explored how disability is understood in AVITH using a socio-ecological framework. These insights will inform the next phase of the research which employs in-depth qualitative inquiry to explore the lived experience of young people with disability, their families and key sector stakeholders. This next step will help shed light on some of the key points of tension uncovered in this report, for example by exploring the role of intent and its relevance to the dynamics of AVITH in families with young people with disability who use violence at home. Together these project components will build a better picture of the individual, relationship and community context and sociocultural factors relevant for understanding AFV among young people with disability.

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