

# AVITH in Context

Building a framework to prevent and respond to young people with disability who use violence at home

Tuesday 8<sup>th</sup> February 1pm-2pm



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## **Disability and Health Unit – Centre for Health Equity at MSPGH**

### **Project Researchers:**

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**Adolescent violence in the home (AVITH):** defines violent/abusive/coercive/threatening behaviours used by a young person against members of their family, mostly parents and siblings:

- gendered – more likely to be used by adolescent male children against female family members
- takes many forms – physical, emotional, verbal, financial, sexual abuse
- directed towards people, property and/or pets
- experienced as an ongoing pattern

Lack of conceptual clarity - amplified for your people with disability and their families



### AVITH and disability:

- young people with disability are commonly identified in AVITH populations
- identified as a risk or explanatory factor for AVITH at the individual level
- situated as an embedded characteristic rather than as a result of an interaction between a person's impairment or health condition and their environment
- this interactional understanding of disability that underpins Australia's obligations under the United Nations CRPD and with disability policy framework



AIM: to develop an integrated conceptual framework for understanding and responding to young people with disability who engage in AVITH

The specific objectives are to:

- a) review and synthesise theory and research – evidence building
- b) understand the perspectives of young people with disability, their families and stakeholder representatives – qualitative inquiry





# Conceptual review

- 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
- Examine factors associated with AVITH and explore how disability is understood using a socio-ecological framework





# Critical gaps

- Definitions, language and data
- Lack of attention to age, developmental stage *and* family relationships
- A focus on data from specific sources
- The intersection of AVITH, gender and disability
- Intentionality



# Contextual factors in AVITH





# Individual

## Childhood adversity and trauma

- Relationship between adverse childhood events (ACEs) and AVITH
- Exposure to family violence either directly (child maltreatment, neglect, abuse) and/or indirectly (witnessing violence at home)
- small body of research suggests that children and young people with developmental disability have an increased ACE risk compared to typically developing peers, including child sexual abuse and adult perpetrated family violence
- Focus remains “what is wrong with you?”



# Relationship

## Family dynamics

- Relationship between family dynamics or functioning and AVITH
- Covers a range of issues including parent mental health and substance use, family stressors and conflict
- small scale of studies that suggests families of children and young people with developmental disability (ASD) experience many of these same factors that are associated with AVITH



# Community

## Experiences at school

- Relationship between experiences at school and AVITH
- Covers a range of issues including academic performance, relationships with staff and other students, school attendance, school refusal
- This literature on school experiences and AVITH has not considered school as a disabling environment where children and young people with disability disproportionately face barriers to inclusion and performance
- Bullying is a pervasive experience in disabled children's daily lives



# Society

- Major and concerning gap in the AVITH literature
- This gap is problematic for understanding young people with disability and AVITH and the extent to which prevention and response need to target the health, economic, educational and social policies that maintain inequalities between young people with and without disability



# Qualitative Inquiry

- **Young people with disability and complex support needs and AVITH**

## **Methods:**

- **Interviews with**
  - **family members caring for young people with disability**
  - **stakeholders in the areas of disability services and advocacy, and adolescent domestic violence program and response**



## Preliminary Analysis: Emerging Themes

### **The impact of young person's health condition, disability, and complex needs on their behaviour from the perspective of family members**

*He gets extremely anxious, and then when he gets anxious his cognitive capacity's compromised. And his lack of language or insight kind of led him to, if he wanted to remove himself from a situation, he would escalate behaviour, do inappropriate behaviour ... it was just apparently his way of exiting play because he had difficulty entering, maintaining, and exiting play, with peers.*

*Being told no. If he was switching lights on and off, on and off, on and off, on and off, and you went and put your hand on him to get him to stop.*

(Family member of a young person with intellectual disability and developmental disability: ASD and ADHD)



## Emerging Themes – continued

### Choice, Control, and Intent

*[He's] got a great sense of justice and what's fair... if he doesn't think things are fair to him, then he has a real problem ... I think that all of this stems from that he doesn't trust people – he doesn't even trust me... He doesn't trust anybody, he doesn't feel safe, and he doesn't like it when he's not in control. Control is how he makes himself feel safe, and it all stems back to his dad ... His intent is that, "When I can be in control and that means that I'm telling you what to do, I'm telling you what I will do, you are under my control, I am abusing you, I'm yelling and screaming and getting my way, not only does that then put me back into control, and when I feel I'm in control I feel safe". So his intent is always to gain control to feel safe.*

(Family member of a young person with Opposition Defiance Disorder, Parental Attachment Disorder, ADHD)



## Emerging Themes – continued

### **Missed opportunities for early intervention, e.g., primary health care, school, community, police**

*When we call the police, the police should know that there is a service available that can help families like ours ... We don't have to wait until violence has been perpetrated on us or our child, and that we can get into a highly specialised responsive, and accessible service.*

*And that would have made a massive difference. I may still be married. My children may not be treated for PTSD. My son, may have had a much more productive and less stressful journey through school and his life, and still be living in the family home.*

*Or still have great relationships with his broader family, because so many big bridges have been burnt where he's been violent ... You know, our lives would have been very different, if we had of got help a lot earlier on.*

(Family member of a young person with intellectual disability and developmental disability: ASD and ADHD)



## Emerging Themes – continued

### **NDIS – Limited specialised services for young people with disability and complex needs**

*And [he's] eligible to go into STA, but it's in-group accommodation only, not on his own. And so, we were faced with having to send him to Bendigo, an hour away... he would have had to have been taken there by the police for a start, and he would have probably bashed up the other person he lived with, because of the stress he would have been under.*

*The NDIS keep talking about choice and control but... because we're in regional Victoria [with] complex behaviours, there's not a lot of skilled people in that area ... [he's] one of the most complex challenging of clients that you can get.*

*And there's not too many of them around, but it is made harder by the fact that NDIS funding is not recurrent to services. It's the user pay model. So again, in terms of being able, for a practice, to be able to offer that kind of key worker model, they need to have some kind of surety of funding, I think as well.*

(Family member of a young person with intellectual disability and developmental disability: ASD and ADHD)



## Emerging Themes – continued

### **“Institutionalisation” often presented as the only available solution**

*we were ... begging for help, for somebody to come and take him, or to find us somewhere for him to live, and Protective Services response was, well, it would have to be a prison cell, because we've got nowhere than an emergency basis for him to go.*

*... the only way he could get help would be for you to have him admitted to hospital and then you refuse to pick him up, or that if he entered the criminal justice system.*

*And the other thing is that there needs to be resources available either when people ring Protective Services, or the police, or a referral pathway with paediatricians and other allied health workers, for families, or carers of children with behaviours of concern and complex disabilities, that when they're in an emergency situation that there's a service. They should never be told what I was told, that we can't come and help you, the only way is if he was taken to a police cell, that's the only – and he'd have to sleep there until a solution was found.*

(Family member of a young person with intellectual disability and developmental disability: ASD and ADHD)

# Centre for Excellence in Child and Family Welfare

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