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National Consortium on Aggression toward Family/Caregivers in Childhood & Adolescence (AFCCA)

Building Understanding to Improve Outcomes for Families
Companion Document: Operational Definition



Acknowledgements

Aggression toward Family/Caregivers in Childhood & Adolescence (AFCCA) is a difficult subject for many to discuss. While many know of its existence (often under different names and descriptions), it is frequently unreported and not widely discussed. The individuals exhibiting the behaviour as well as their parents / caregivers speak of the shame, stigma, and isolation they commonly experience when they do bring light to the discussion.

The National Consortium on Aggression toward Family/Caregivers in Childhood & Adolescence (AFCCA) intentionally chose to center this body of work on the many voices with lived experience. More than 100 young adults, parents, caregivers, and siblings shared their lived experiences and expertise to shape key learnings, help to codevelop recommendations, as well as test and validate emerging conclusions. Collectively they represent a cross-Canadian geographic perspective, and include perspectives from biological, adoptive, and kinship families, youth who had experienced child welfare and child protection systems including alternative living arrangements, neurodiverse individuals, and first voice youth advocates. Their extensive sharing and incredible candor have been invaluable to the work of the Consortium, and their guidance is woven into all aspects of this report.

The Consortium acknowledges and appreciates the engagement from the many professionals, services providers, researchers, and practitioners who offered their time and insights into the development of this body of work. Uniformly these individuals recognized the complexity of this issue and spoke with compassion and empathy for the individuals and families they had observed in their clinical practices, research, professional responsibilities, or respective communities.

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About This Document—Operational Definition

This document is a companion to the full report, Building Understanding to Improve Outcomes for Families, from the National Consortium on Aggression toward Family / Caregivers in Childhood & Adolescence. The operational definition draws on existing published data (from both Canadian and International references), clinical reports and experience from practitioners who provided input, as well as newly emerging insights from the collective Consortium work.

Prepared by the Voice of Practice subgroup within the Consortium, specifically Dr. Catherine Horvath, Mary-Jo Land, and Kim Barthel; with support by Tracy Moisan.

Operational Definition

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Establishing a shared understanding of, and common language for, the issue of aggression by a child or youth towards a family member or caregiver was a core objective at the onset of the Consortium. However discussions about this can be difficult to talk about openly, without shame or blame, and without stigmatizing either children or their parents/caregivers.

An important body of work led by the Voice of Practice subgroup within the Consortium, and supported by the full Consortium table, includes the development of a standard operational definition. The operational definition draws on existing published data (from both Canadian and International references), clinical reports and experience from practitioners who provided input, as well as newly emerging insights from the collective Consortium work.

It's important to clearly state that the following operational definition is intended to support greater clarity and consistency in examining this issue, and how it's understood.

It is not intended or supported to be used as a diagnostic tool, in any form.

Section	Findings
Definition	<p>Aggression toward Family / Caregivers in Childhood & Adolescence (AFCCA) describes a pattern of behaviour in childhood or adolescence, characterized by aggressive behaviour by a child or adolescent toward family members or other caregivers. This causes significant harm (physical and/or psychological) to the child/adolescent, the person(s) the behaviour is directed toward, and other witnessing family members.</p> <p>This stems from a common difficulty in which the child struggles to accept coregulation from the adult, resulting in progressive challenges with self-regulation.</p> <p>Aggression toward Family / Caregivers in Childhood & Adolescence is most often directed to parents, primary caregivers, and siblings in the home, but can also be directed toward other caregivers in other settings. The behaviour commonly becomes entrenched and escalates over time.</p>

<p>Features</p>	<p>Primary behavioural indicators include:</p> <p>Repeated / persistent physical and emotional harm toward others, or threat of. In parent/caregiver reporting to the Consortium, 90%+ indicated that physical aggression toward others was the primary characteristic, and 94% also noted psychological harm and aggression to others in the family.</p> <p>Additionally, there are frequent/common patterns in behaviour that include one or more of:</p> <ul style="list-style-type: none"> ■ Threatening or intimidating others; ■ Aggressive posturing or body language; ■ Damaging / destroying property.
<p>Associated Features</p>	<p>Other features that may be observed in individuals include:</p> <ul style="list-style-type: none"> ■ Physical and psychological harm to self, or threatening to harm self; ■ Verbally aggressive language, and sustained angry outbursts; ■ Difficulty communicating, ie. thoughts, needs, and emotions; ■ And less frequently, aggressive sexual behaviour. <p>Additional family indicators may include:</p> <ul style="list-style-type: none"> ■ History of traditional parenting approaches or interventions not being successful in changing the child/adolescent’s behaviour over time; ■ Disrupted family dynamics, including escalating family disruption or breakdowns, or placement instability (for children with a child welfare history).
<p>Prevalence</p>	<p>Canadian research in this area is in its infancy, and published data has limitations that should be understood and considered, including involvement from special interest / advocacy groups, application of international terminology and standards, and emphasis on targeted populations.</p> <p>Much of the existing Canadian research draws from adoptive families, although this issue is observed in all family types including biological, adoptive, kinship, customary care. International prevalence research provides a longer history of reporting. However, within those constraints there remains clear evidence that a significant number of children and adolescents, and their families, are impacted by this issue.</p> <p>Internationally:</p> <ul style="list-style-type: none"> ■ In 2013-2015 the European Commission Responding to Child to Parent Violence report undertook to explore the “serious and growing problem of Child to Parent Violence” in Spain, Bulgaria, Ireland, Sweden and England. Prevalence rates of 10-20% were referenced, citing different sources by country. (Source: <i>Responding to Child to Parent Violence: Executive Summary</i>. Retrieved from: https://helenbonnick.files.wordpress.com/2021/04/rcpv-executive-summary-may-2015_english.pdf)

- Additional UK-led research states that the number of adoptive families experiencing Child to Parent Violence Aggression may be in the range of 30% (Source: Coates, A; *Child to Parent Violence: The Adoption Issue*. Retrieved from: www.alcoates.co.uk/2020/10/challenging-childhood-violent-and.html)

Additionally, there are frequent/common patterns in behaviour that include one or more of:

- Statistics Canada's Family Violence in Canada report found that in 2019, 22% of all police-reported family violence was by a child toward a parent, caregiver, or sibling. (Source: Statistics Canada, *Family Violence in Canada, 2019*. Retrieved from: <https://www150.statcan.gc.ca/n1/daily-quotidien/210302/dq210302d-eng.html>). This reference and statistic are inclusive of children who harm not only parents/caregivers, but also siblings. It is important to note that the statistic cited here does not refer to the age of the child, but rather to their relationship to the parent, caregiver or sibling. Thus, further research is needed to examine the complex contexts of AFCCA, including the implications of both age and familial relationship.
- A new interdisciplinary pilot study is currently underway (September 2021) conducted by Professors Christine Gervais (Criminology) and Elisa Romano (Psychology) from the University of Ottawa. Their survey and interview-based research focusing on families' experiential accounts is being undertaken through child rights and trauma-informed approaches; preliminary findings are anticipated in February 2022.

Life During Covid-19:

The global pandemic has elevated both the awareness and growing understanding of this complex issue. Recent research highlights a concerning increase in both the incidence and severity of childhood/adolescence aggression in the family and home, particularly as extended isolation, heightened anxiety, and the absence of regular supports for aggression, continued.

The UK study, *Experiences of Child and Adolescent to Parent Violence in the Covid-19 Pandemic*, described:

- a 70% increase in parent-reported incidents of child to parent violence during lockdown
- 69% of participating practitioners reported an increase in referrals for families experiencing child / adolescent to parent violence
- 64% of practitioners surveyed identified that the severity or incidence of violence had increased.

(Source: *Experiences of Child and Adolescent to Parent Violence in the Covid-19 Pandemic*. Retrieved from: https://www.law.ox.ac.uk/sites/files/oxlaw/final_report_capv_in_covid-19_aug20.pdf)

Development and Course

Development can be quite varied, often influenced by two variables: access to effective early intervention and supports, as well as individual progression. When families are not effectively supported, behaviour often becomes more entrenched. Parent/caregiver feedback to the Consortium, together with practitioner observations and clinical experience, show that:

Extreme behaviour is frequently observed throughout childhood, that present serious risk to children and their families. Aggression toward Family / Caregivers in Childhood & Adolescence is experienced in younger children through to adolescents and young adults (early 20's). Family reports suggest that predictive behaviour can be seen even in children < 2 years of age.

There is commonly an increase in frequency and intensity, and severity of harm as the behaviour becomes entrenched. Aggression may appear to become more intentional, and/or may become a reflexive strategy by the child/adolescence, to meet their needs.

Often severity, intensity, and frequency increase significantly during adolescence and the onset of puberty. There is anecdotal evidence to suggest that behaviour sometimes "peaks" and later diminishes in young adults, however progression is often quite varied on an individual basis. Parents/caregivers reports to the Consortium indicated 76% are experiencing frequent harmful behaviour (35% daily / 41% weekly) in their home; and alarmingly 55% ranked the severity an 8 or higher out of 10.

Risks and Prognostic Factors

Family feedback provided to the Consortium confirmed there were often underlying conditions, including Autism Spectrum Disorder, Fetal Alcohol Spectrum Disorder, sensory processing disorder, and other neurodevelopmental conditions. Anxiety was frequently identified by families, as were attention-deficit disorders.

In both biological and adoptive families, parents / caregivers and youth themselves identified that adverse experiences in childhood that contributed to experiences of permanency disruptions, attachment disorders, developmental trauma, etc. is quite common in individuals experiencing this behaviour. An individual's access to skilled services and supports is frequently also a challenge, where those in remote / rural communities lack access to community-based programming.

Without attributing causation, these can all be considered notable risk factors.

Anecdotal evidence to the Consortium, from young adults with lived experience, suggested that individuals who were supported in developing more effective communication skills and/or self-regulation skills, also noted fewer instances of aggressive or violent behaviour over time. Family reports indicate that when the parent/caregiver (both in the home and alternative living settings) is skilled in supporting effective communication and self-regulation, outcomes are also improved.

Where there are co-existing or contributing neurodevelopmental conditions, there may be unique risk factors specific to those conditions, which may in turn influence appropriate interventions.

Cultural Related Issues and Factors

First voice advocates (primarily young adults with lived experience) noted that there may be cultural differences in how Aggression toward Family / Caregivers in Childhood & Adolescence is recognized and responded to. This requires greater examination and validation before drawing conclusions.

It's possible that cultural differences including perceptions of 'respect' shown toward parent/caregivers, and cultural norms for socially acceptable behaviour including aggression toward family members, systemic racial stereotypes, etc. all contribute to how this issue is considered, particularly in systematically marginalized communities.

It will be necessary to consider the many dimensions and intersections of culture that influence perception and experience with this issue, including:

- Race or ethnicity
- Systemic racism
- Indigenous history in Canada
- Gendered perspectives
- Cross-cultural adjustment for newcomers to Canada
- Understanding of neurodiversity /neurodevelopmental differences

Impact to Children and Families

Intense stigma, shame, and blame are often experienced by all family members, including the child/adolescent themselves. Effective, timely, coordinated supports and services are not consistently available to families, leading to significant family distress and hardship that often escalates to a point of family disruption or breakdown – impacting the family unit as well as all family members witnessing violence.

Primary impacts to the child/adolescent themselves include:

- Escalating mental health issues (including anxiety, trauma, depression)
- Diminishing self-esteem and self-worth,
- Damaged family relationships, with parents and caregivers as well as siblings
- Barriers to belonging (exclusion from schools, clubs, churches, community, etc)
- Dysregulation in other settings including school or other social / community settings,
- Criminalization of the child / adolescent
- Depiction as a violent perpetrator
- Entry / re-entry into the child protection system (applies to all families)
- Placement instability for children in care, or post-adoption
- Risk of entrenched behaviour into adulthood

Primary impacts to the parents, caregivers, and siblings include:

- Significant risk of physical and/or psychological injury within their home
- Onset or escalation of mental health issues (incl. anxiety, trauma, depression)
- Secondary trauma from exposure to violence in the home
- Damaged family relationships, within and between the entire family unit (incl. filial trauma)
- Isolation of family members (from extended family, friends, community), suffering shame/blame
- Increased risk of separation / divorce between parents
- Investigation by child protection services (both parents and siblings)

- Placement instability for other siblings in the home
- Loss of employment (due to at-home care requirements of their child)
- Financial strain on families, due to costs of family-funded supports / services, damage repairs, etc.

Primary impacts to Community and Society:

The European Union’s research multi-year Daphne project concluded that “children who learn to use violence as a strategy are more likely to go on and use violence in future adult relationships”.

Further, North-American studies (Childhood Externalizing Behavior: Theory and Implications, 2004, Journal of Child & Adolescent Psychiatric Nursing) draw the conclusion that “childhood aggression is a strong predictor of adult crime and violence”. This contributes to an increase in the incidence of domestic violence, intimate partner violence, and a pressing societal need for violence prevention.

Disturbingly, there are countless anecdotal examples across multiple provinces of parents/caregivers who reported to the Consortium that their child had entered / re-entered the child protection system (either through voluntarily placement or apprehension) as a result of these patterns of behaviour and lack of effective family supports. This places a significant cost on the child welfare system, with the cost of ongoing specialized care required, in foster home, group home, or residential placement settings.

There are long term risks to youth, and costs to society, that result from entrenched involvement with under-resourced and ill-equipped social systems, ie. youth justice and child welfare. Prevention and early intervention strategies can mitigate these risks, as well as alleviate demand on over-burdened health and mental health care systems.

Commonly Observed Co-Existing Conditions

There is no single explanation or approach that fully explains this pattern of behaviour in childhood and/or adolescence. Much of the published research (Canadian and international), together with family reports to the Consortium, recognizes that children and adolescents with this behaviour very frequently have other developmental, neurodevelopmental, or otherwise related conditions, including:

- Autism Spectrum Disorder
- Fetal Alcohol Spectrum Disorder
- Sensory Processing Disorder
- Anxiety
- Developmental trauma
- Developmental disabilities
- Attachment disorders
- ADHD
- Conduct / defiance disorders

Individuals with lived experience, as well as parents/caregivers, reported that physical or psychological harm to self, or attempts to, were often present. Clinical experience suggests that self-harming activities are only indicative when they are also accompanied by instance of harm to others.