December 2021

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

Building Understanding to Improve Outcomes for Families

Excerpt: Literature Review

Appendices

Appendix A: **AFCCA Literature Review**

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Brief Literature Review for Consortium Report

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Aggression toward family/caregivers in childhood and adolescence (AFCCA) remains one of the most under-researched and lesser known forms of family violence (Holt, 2011; Simmons et al., 2018; Thorley & Coates, 2019), despite its apparent prevalence and serious impacts.

Definitional and methodological differences have led to a varied literature base, a lack of consensus over terminology and prevalence, as well as limitations for appropriate interventions (Holt & Lewis, 2021; Simmons et al., 2018). Alternatively referred to in other countries as child-to-parent violence & aggression (CPVA), adolescent-to-parent violence (APV), and adolescent to parent abuse (APA), among others, this form of aggressive behaviour is exhibited by children and adolescents and directed towards parents or caregivers, often resulting in physical, psychological, and/or verbal harm (Cottrell, 2001).

Although research remains sparse, prevalence studies indicate that a significant number of families are affected by AFCCA (Holt, 2016; McCloud, 2021). In Canada, violence by children[4] toward parents, caregivers or siblings accounted for 22% of all police-reported family violence in 2019 (Conroy, 2021). Earlier Canadian survey data found prevalence rates of upwards of 65% for verbal and psychological AFCCA[5] and between 9.5% and 13.7% of physical forms of AFCCA (Pagani et al., 2004, 2009). Similarly, estimates from the United States found AFCCA[6] rates between 14 to 20% for physical violence and 34 to 64% for verbal and psychological violence (Ulman & Straus, 2003).

In the United Kingdom, estimates also vary, in part due to lack of definitional consensus, diverse methodological approaches and family compositions, but range from as low as 3% to over 65% - inclusive of both physical and psychological forms of AFCCA (McCloud, 2021; Miles and Condry, 2016; Selwyn &Meakings, 2016).

Prevalence rates for all forms of aggression are likely higher than those presented in the literature due to parents' unwillingness to report them because of feelings of isolation, shame, stigma, and parental failure, as well as out of concern for potentially criminalizing consequences for their child (Condry et al. 2020; Holt, 2011; McCloud, 2021; Selwyn, Wijedasa, & Meakings, 2014).

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[4]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.

[5]Pagani et al. (2004, 2009) referred to the behaviour as APVA (Adolescent to Parent Violence and Aggression).

[6]Ulman & Straus (2003) refer to CPV (Child to parent violence).

[7]Data collection methods vary from quantitative to qualitative, but tend to be primarily quantitative (file reviews and surveys) (Agnew &Huguley, 1989; Pagani et al., 2003; Lyons et al., 2015); while some studies have involved qualitative interviews and focus groups (Paterson et al., 2002; Cottrell & Monk, 2004; Clarke et al., 2017), others included mixed methods (Holt, 2011; McCloud, 2021;Selwyn, Wijedasa, & Meakings, 2014).

Risk Factors

Child maltreatment and childhood adversity

Various forms of AFCCA have been associated with child maltreatment and children's exposure to intimate partner violence (IPV) (Cottrell & Monk, 2004; Lyons et al., 2015; Selwyn & Meakings, 2016; Papamichail & Bates, 2020). Research has shown that in addition to exposure to physical abuse and IPV (Paterson, et al., 2002; Cottrell & Monk, 2004; Selwyn, Wijedasa, & Meakings, 2014), maltreatment and its impact on stress responses (see McCrory et al., 2012), as well as attachment styles (see Zeanah, 2009), Adverse Childhood Experiences (Thorley & Coates, 2019), and school-based violence, including bullying (Calvete et al., 2015)are factors that increase the risk for AFCCA.

In their study in the United Kingdom, Papamichail & Bates (2020) found that adolescents[8] who showed evidence of AFCCA faced adversities including exposure to IPV, parent-to-child violence, emotional neglect, parental separation and divorce, and loss and abandonment.

While multiple factors may increase the risk of AFCCA (McCloud, 2021; Selwyn & Meakings, 2016), some adopted children may be at higher risk due to their past experiences with trauma. Results from Selwyn, Wijedasa, & Meakings' (2014) extensive UK study showed that the majority (72%) of children with adoption orders were placed because of maltreatment and they were more likely to have been abused and neglected than the wider population of children in care.

While Selwyn et al.(2014) and Palacios et al. (2019) did not initially nor explicitly focus on AFCCA, their examination of rates and experiences of adoption disruption or adoption breakdown in their respective studies, revealed how AFCCA was connected with such adoption-related challenges. In their 2014 study, Selwyn, Wijedasa, & Meakings found that both the adopted children who remained in the home and those who left the home (i.e. the adoption was disrupted) exhibited significantly high levels of social, emotional, and behavioural difficulties and many had traumatic histories of abuse and neglect prior to their adoptions.

Despite the evidence indicating that children who experience a greater number of moves in care and delayed entry into long-term care are at greater risk for emotional and behavioural difficulties and tend to have poorer outcomes (Jones et al., 2011), the experiences of adoptive, kinship and customary care families with AFCCA remain limited in the literature.

[8] A limited number of qualitative studies have included the views and experiences of children/adolescents (Calvete et al., 2015, 2014; Papamichail& Bates, 2020), while even fewer have focused on siblings (Selwyn, 2019), and other relatives, including grandparents in a kinship care context (Holt & Birchall, 2020). Future studies must also consult children and youth directly and inclusively about their own experiences, and not rely solely on parents' or adults' perspectives.

Neurodevelopmental Disorders

Aggressive behaviours toward family members is an issue reported in the neurodevelopmental disability community as well. According to the DSM- 5, neurodevelopmental disorders are "a group of conditions (...) characterized by developmental deficits that produce impairments of personal, social, academic, or occupational functioning (American Psychiatric Association, 2013)." Autism spectrum disorder (ASD), Fetal alcohol spectrum disorder (FASD) and Attention-Deficit/Hyperactivity Disorder are common neurodevelopmental disorders that may involve the issue of aggressive behaviours.

From a community consultation conducted by the Ontario Brain Institute, stakeholders identified the need for pharmacological and non-pharmacological treatments for aggressive behaviour in individuals with neurodevelopmental disorders as one of the top research priorities (Ontario Brain Institute, 2017).

FASD

In a need assessment for caregivers of children with Fetal alcohol spectrum disorder, violence and aggression were rated as the most difficult situation to overcome (Green, et al.. 2014). During the pandemic of Covid-19, caregivers have reported higher incidents of aggressive behaviours of children towards family members leading to parental trauma, injuries and placement instability (Champagne et al., 2021).

ASD

More research was done on ASD compared to FASD regarding the prevalence and treatment of aggressive behaviour. In ASD, risk factors include greater impairment in language, cognition and adaptive functioning and children who engage in repetitive behaviours (Dominick et al. 2007, Kanne & Mazurek, 2011). The prevalence of aggressive behaviours towards caregivers may be as high as 68% according to Kanne and Mazurek (2011). Treatments usually consist of pharmacotherapeutic treatment and ABA-based therapies (Coccaro & McCloskey, 2018).

Aggression in childhood and adolescents in the context of neurodevelopmental disorders greatly impacts caregivers, the family unit as well as our society. Several authors have highlighted the needs for multidisciplinary support to impacted families (Coccaro & McCloskey, 2018).

Conclusion

Despite the growing body of international research cited above, AFCCA remains under-researched in the Canadian context, and particularly through trauma-informed, child-rights and neurodevelopmental lenses. Further research in Canada is also required to consider appropriate early interventions for families, including support-based and non-criminalizing and non-stigmatizing approaches (Condry et al. 2020; Miles & Condry, 2015; Thorley & Coates, 2018), as well as comprehensive ones that aim not only to mitigate harm and familial distress but also to prevent potentially more extreme consequences, such as parricide (Weegar, 2017).

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