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# Young Persons' Reflections on their Rights as Children in the Context of Aggression Toward Family/Caregivers in Childhood and Adolescence

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We express deep gratitude to the young people who shared their stories with us. Their efforts have contributed to a deeper understanding and awareness of childhood and adolescent aggression; moreover, they have supported the improvement of service provision for families.

## Abbreviations

AFCCA | Aggression Toward Family/Caregivers in Childhood and Adolescence  
CRC | Convention on the Rights of the Child (United Nations)



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# Executive Summary

Informed by the National Consortium on Aggression toward family/caregivers in childhood and adolescence (AFCCA) and Adopt4Life, and in consultation with young people and invested parties, this study centres youth voices and sheds light on their experiences of AFCCA, both as demonstrators and siblings of demonstrators who had rights as children to expression and protection.

With support from Adopt4Life, surveys and interviews were launched across Canada to document the perspectives of two main groups: (i) Young adults who have demonstrated aggression toward their family as children/adolescents; and (ii) Siblings of those who demonstrated aggression toward family as children/adolescents.

**Adopt4Life offers peer to peer support to families and caregivers from adoption, kinship, and customary caregiver backgrounds in Ontario.**

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The main objective of this study was to identify the social, emotional, and mental health needs of young people impacted by AFCCA from a children's rights and trauma-informed perspective.

In surveys and interviews, demonstrators of AFCCA were asked a series of closed and open-ended questions about their behaviour, where they felt it came from, and its impacts. Those who chose to be interviewed were given space to share more details about the circumstances of their past and/or current aggression.

Not feeling heard and children's/young people's varying and evolving capacities to express themselves emerged as key themes in this study with important implications for service provision. The young people's perspectives point to the need for trauma-informed multi-sector collaboration that supports skill development for demonstrators of AFCCA, and peer and professional support for all family members.

## Recommendations

01

### Trauma-Informed Programming

When asked what they wish they had for support, participants spoke about needing therapists and support workers who understand trauma (including adoption trauma) and the role that it plays in shaping experiences and behaviour. They also pointed to their need as children and adolescents to learn skills related to communication and coping.

02

### Peer Support

Peer support for all family members may be helpful in combatting feelings of isolation hopelessness. Additionally, they facilitate spaces where families can exchange best practices for handling challenging situations.

03

### Respite

Providing respite may allow families to ensure a more equal balance of best interests among all children in the home by providing parents with time and space for themselves and for other children in the home.

04

### Child-Rights Education

Approaches that centre the voices and experiences of children and teens are key in addressing AFCCA. Educating parents requires systemic approaches that enhance children's access to their rights.

# The Study

## An Overview



### METHODS

National online surveys were launched in both English and French for demonstrators of AFCCA and siblings/housemates of those demonstrating AFCCA, respectively. Adopt4Life, the National Consortium on AFCCA, and other family/youth agencies across Canada supported recruitment by posting about the study on social media and emailing parents and young people in their networks. Interested participants who completed the survey were interviewed virtually through Zoom.



### ANALYSIS

Surveys were collected through SurveyMonkey and analyzed using a combination of SurveyMonkey and Excel platforms. Interviews were transcribed using Zoom's transcription feature and manually verified for accuracy by the researcher. Data from transcripts were organized thematically and analyzed quantitatively, first through open coding for broad topic areas and then through the development of more specialized categories. Existing literature of children's rights was considered conceptually and integrated throughout the analysis.



### ETHICAL CONSIDERATIONS

Ethics approval for this study was received from the Research Ethics Board at the University of Ottawa. Special care and consideration were taken to ensure that survey and interview questions were sensitive, accessible, relevant, and trauma-informed given the nature of the topic and the neurodiversity of some participants. First-voice experts, young people, and professionals in the support sector were consulted on study materials prior to data collection. Materials were amended based on their recommendations.



### FINDINGS

Though only a small sample was represented, the findings supported previous research by showing that demonstrators of AFCCA often have complex histories of trauma and adversity, whereby they have difficulty coping and expressing themselves. AFCCA seems to serve as a means to communicate while simultaneously being a response to feelings of fear, isolation, and stress. Some siblings had positive experiences where they felt heard and supported by their parent(s), but others shared about a lack of parental capacity after events of AFCCA where the demonstrator required more attention.

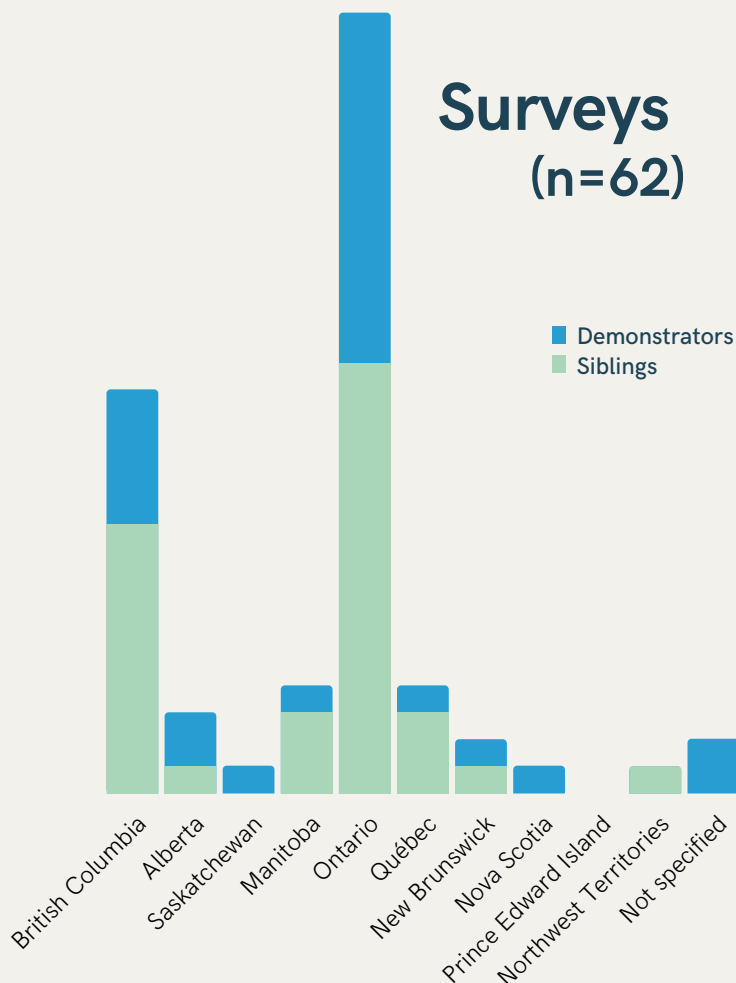
# Participants

## Interviews (n=9)

Nine participants were interviewed for this study. They were located in provinces across Canada including British Columbia (2), Manitoba (1), Saskatchewan (1), Ontario (3), Québec (1), and New Brunswick (1).

	Demonstrators (3)		Siblings (6)	
GENDER	Female	1	Female	4
	Male	1	Male	2
	Non-binary	1		
AGE	18-21	1	18-21	2
	22-26	1	22-26	3
	27-30	1	27-30	1

## Surveys (n=62)



	Demonstrators (35)		Siblings (27)	
GENDER	Female	15	Female	17
	Male	17	Male	9
	Non-binary	1	Non-binary	1
	Two Spirit	1		
	Cisgender	1		
AGE	18-21	11	18-21	9
	22-26	19	22-26	14
	27-30	5	27-30	3
			Not specified	1

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# Background

**Definition: AFCCA is a pattern of aggressive behaviour by a child or teen toward family members or other caregivers. It causes significant physical and/or psychological harm to the child/teen showing the aggression, to the person who the aggression is directed at, and to other family members who may witness it.**

**-National Consortium on AFCCA, 2021 [1]**

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AFCCA has significant impacts on families' emotional and physical well-being [2], but it remains one of the most under-researched forms of family violence [3, 4, 5]. The research that does exist on AFCCA often shows histories of trauma and adverse experiences in the lives of children and teens who exhibit aggression toward their family members [6].

Although AFCCA occurs across all types of families, children and youth in adoptive homes may be at higher risk because of their past experiences with maltreatment or trauma more generally [7]. There are also data suggesting that AFCCA is an issue among families with children who have neurodevelopmental challenges, such as autism spectrum disorder or fetal alcohol spectrum disorder [8, 9].

There are a limited number of studies that have moved beyond parental experiences to include those of children and teens exhibiting AFCCA [10, 11] as well as siblings [12], but this research has only begun to emerge in recent years.

Given the impacts on all family members, it is critical to include the voices of young people affected by AFCCA [5]. Informed by the National Consortium and Adopt4Life, this study fills a gap in AFCCA research by centring young people's voices and shedding light on their experiences of their rights as children to be heard and protected.

In Canada, the National Consortium on AFCCA was established to raise awareness and education around this issue and advocate for early intervention and support. The Consortium's main goal is to draw on the perspectives of young adults, caregivers, and siblings with lived experiences [1]. Adopt4Life plays a foundational role in the National Consortium on AFCCA and they offer peer support programming for parents/caregivers impacted by AFCCA.



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# Centring Children's Rights

This study explores the dynamics of challenging behaviours from a rights-based perspective that acknowledges that all children have rights. For this study, the rights to expression and protection are examined.

The findings highlight the need for children and teens to be heard by their parents, caregivers, and professionals in ways that recognize their evolving capacities and that prioritize trauma-informed approaches rather than punitive ones.

*Under articles 12 and 13 of the United Nations' Convention on the Rights of the Child [CRC], children are capable of forming their own views, and they have the right to express those views freely in ways that are taken seriously; in addition, they have the right to express themselves by seeking, receiving, and communicating information [13].*

*Article 40 of the CRC recognizes that regardless of their behaviour, including harming others, children and adolescents are considered in need of support, treatment and protection instead of punishment [13].*

## Study Goals

The main goal of this study was to identify the social, emotional, and mental health needs of families impacted by AFCCA from a youth-centred perspective.

The specific goals were to:

- > Assess the needs of young adults directly involved in AFCCA.
- > Consider the experiences and impacts on siblings.
- > Examine the effects of the COVID-19 pandemic.
- > Provide recommendations to improve service provision.

## Expected Outcomes

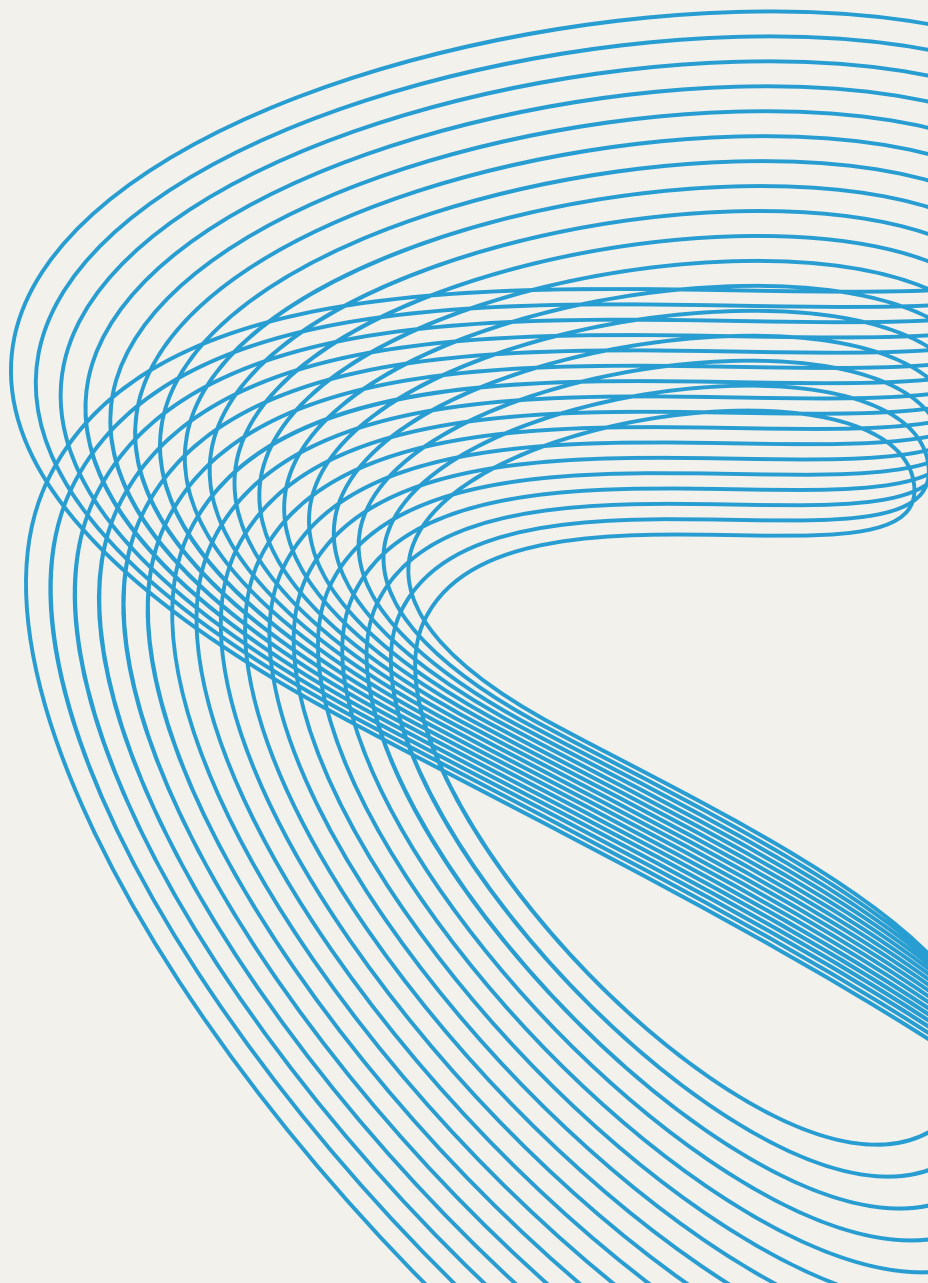
The expected outcomes of the study were to:

- > Improve the experiences of families by taking youth and young adult perspectives into greater consideration.
- > Improve the short-term and long-term well-being of children and youth affected by AFCCA.

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# Findings

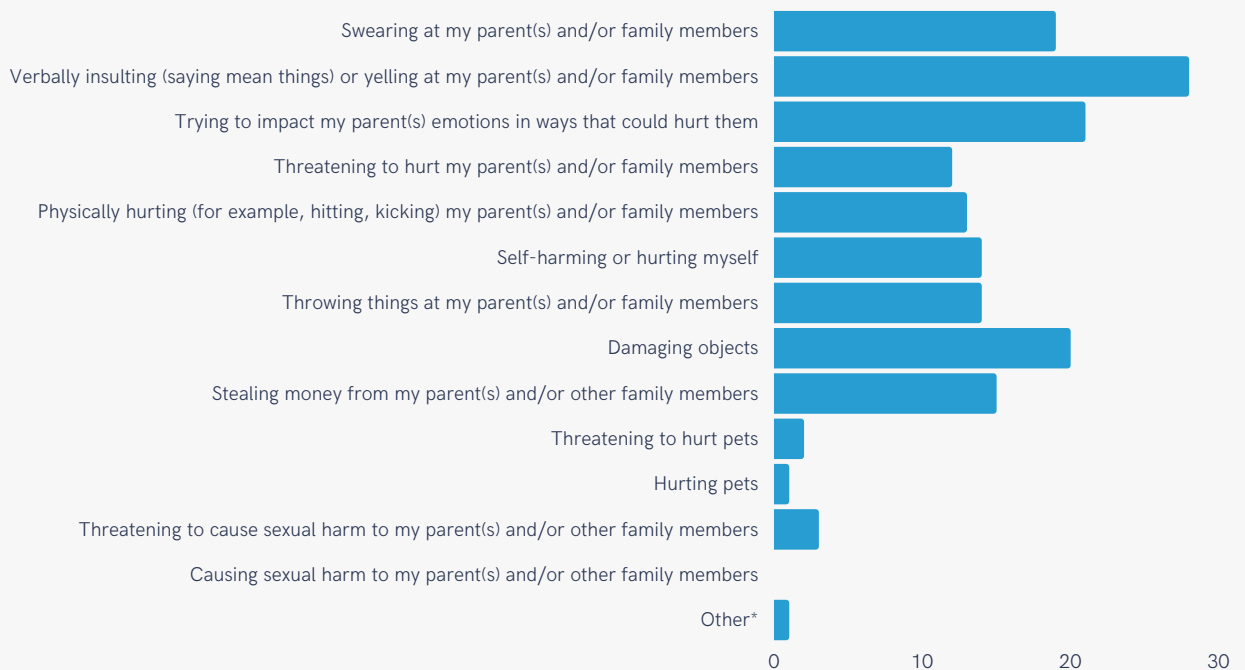
Characteristics of AFCCA | Reasons for Behaviour | Children's Rights  
Impacts | Right to Support



# Self-Reported Characteristics of AFCCA

In surveys and interviews, demonstrators of AFCCA were asked a series of closed and open-ended questions about their behaviour, where they felt it came from, and its impacts.

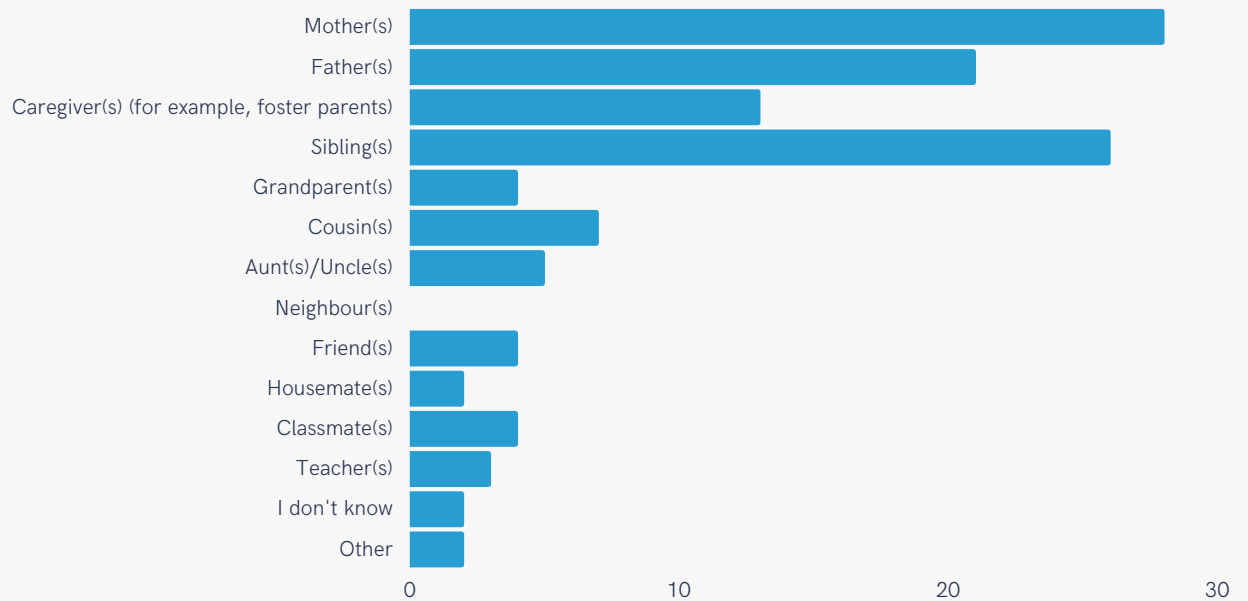
## Forms of Aggression



\*For other, one respondent indicated throwing objects at walls and punching walls.

In both surveys and interviews, verbal forms of aggression were most common, but physical and emotional displays of aggression were also reported by demonstrators (see above).

# Targets of Aggression

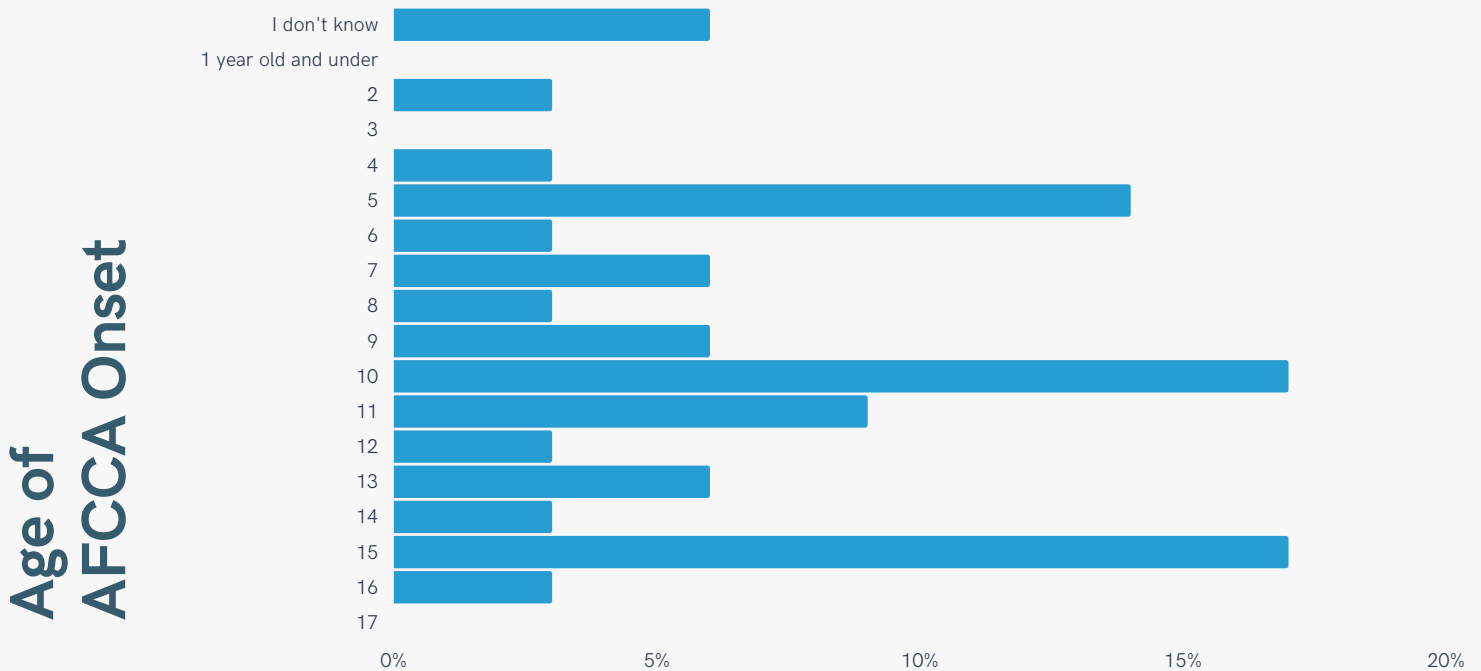


\*For other, one respondent indicated their partner and another indicated a support worker.

Participants indicated that their aggressive behaviours were most often directed towards mothers (80%), siblings (74%), and fathers (60%), although caregiver(s) and other extended family members, friends, peers, and professionals were also reported as targets (see above).

Incidents of AFCCA occurred at home a majority of the time and while they sometimes happened outside of the home as well, these occasions were not as frequent according to those who demonstrated the behaviour and the siblings who were interviewed.

Demonstrators identified a wide range of ages when AFCCA began. The median age of onset for AFCCA was 10 years old.



**54%** Continue to show aggression toward parents/caregivers or other family members as adults.

**46%** Decreased or stopped their aggressive behaviour toward family.

Behaviours were most often reported to have decreased between 15-23 years of age. (median age = 17; mean age = 17).

The percentages above are based on self-report survey data collected from past demonstrators of AFCCA.

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## Decreases in Aggression

When asked why aggression stopped or decreased, participants often discussed a change in home situations when the demonstrator of AFCCA or the sibling of the demonstrator left the home and/or ended contact with family members. Based on what participants disclosed, such changes occurred across all family settings represented in this study. Such changes seemed to be positive in young people's lives because of the adverse experiences they faced as children.



**"I moved away from home and was able to deal with my emotions on my own and on my own time.**

**The main reason for my aggression was a sexual assault I had experienced by a family member and I was having a lot of trouble dealing with it, especially with feelings of anger. After moving out and away from this person it helped me a lot."**

Anecdotal evidence from past research and from this study show that many demonstrators of AFCCA experience adversity in their childhoods [1]. Experiences of abuse and other trauma, disruptions in permanency, and developmental disorders were commonly discussed by the participants in this study and are reflected as risk factors for AFCCA in existing research [1].

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Past demonstrators of AFCCA also identified improvements in their own mental health and coping strategies as reasons for behavioural changes.

For some, behavioural changes were said to have been supported by therapy, medication, new outlooks on life, and finding alternative emotional outlets/learning how to deal with emotions.

**"I spoke to a therapist."**

**"I started taking medication and I was able to control my anger or sadness."**

**"Therapy [and] minimal contact [or] any contact at my discretion. Working on mental health [and] outlook on life; coming to terms that what's done is done and I can't change it, so just [acceptance] and [being] the person I know I can be."**



The survey responses above were provided in response to a question on how respondents (past demonstrators of AFCCA) were able to decrease their aggressive behaviours.

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# Reasons for Behaviour

When asked about reasons for aggressive behaviour, demonstrators of AFCCA and siblings of demonstrators spoke about intersecting factors that exist across individual, family, and social/systemic levels. They shared about their own/their siblings' childhoods, adoption and intergenerational traumas, family breakdowns, various diagnoses, parenting styles, mental health, and lack of social support. AFCCA seemed to be both a response to and a coping mechanism for complex experiences of adversity.

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## Multi-Level Factors

**"My mom was a single mom..., so we never had like another parent or anything like that. And we were four adopted kids [with] different family backgrounds and different disabilities and stuff...so my mom was always very stressed.**

**We were pretty poor..., on social assistance. That was the family situation. And now, I know [that] all of that stuff really impacted our dynamics and...my own behaviours."**

Research supports the finding that variables related to individual, family, cultural, and social factors are associated with AFCCA [2]. The participant quoted above from Québec discussed a combination of factors that they felt contributed to their behaviour as a child and their struggles in adulthood. In addition to the factors outlined in their quote, they shared about their adoptive mother's mental health struggles, the lack of support their family received from their provincial child welfare agency, and the trauma of their adoption.

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## Individual Factors

Demonstrators and siblings reported various mental health issues, diagnoses, and coping difficulties that impacted their ability to communicate and seemed to contribute to aggressive behaviours.

### Diagnoses

On the survey, respondents were given the option of providing details on their backgrounds and diagnoses. Five respondents noted various singular and co-occurring diagnoses including Anxiety/Generalized Anxiety disorder (2), Autism/Possible Autism (2) Post-Traumatic Stress Disorder (1), Depression (1), Fetal Alcohol Spectrum Disorder (1), ADHD (1), Bi-Polar Disorder (1), and Borderline Personality Disorder (1).

Similarly, in interviews, some participants spoke about their own/their siblings' diagnoses of Autism, ADHD, Borderline Personality Disorder, Anxiety, and Post-Traumatic Stress Disorder.



# Environmental Factors

While participants shared about their difficulties on an individual level, it was clear that such struggles stemmed from familial and environmental factors related to trauma and adversity.

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## Trauma

All three of the interview participants, as well as some survey participants, who demonstrated AFCCA spoke about past trauma they have faced, including abuse (physical, emotional, and/or sexual), adoption and intergenerational trauma, and/or the death of immediate family members. Some siblings also reported similar forms of trauma when asked why they felt their family member (i.e. their sibling/the demonstrator of AFCCA) was showing aggression toward family. Past research supports the finding that childhood maltreatment and adversity often impact young people's stress responses [14] and attachment styles [15], which can then increase the likelihood of AFCCA occurring.

Although participants were not required to specify details of their background, some chose to share about their histories of adoption, as well as the physical, emotional, and sexual abuse they faced, and the family breakdown/instability they experienced in biological, adoptive, kinship, and foster homes.

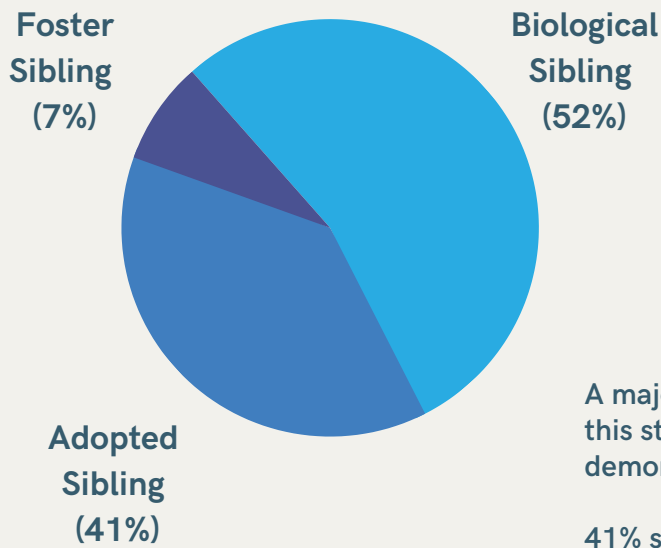
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## Adoption Trauma

Although AFCCA occurs in all types of families, young people in adoptive homes may be at higher risk because of their past experiences with maltreatment or trauma more generally [7]. Participants who were adopted often felt some form of pain, identity loss, or confusion related to their adoption, which seemed to contribute to displays of AFCCA, like the past demonstrator quoted below who discussed the trauma of her adoption as a contributing factor in her aggressive behaviour (see below).

**"I mean, I guess [I was] trying to...communicate that I was...in a lot of distress. That I was in a lot of emotional pain and like, you know, very confused..."**

**There's a lot of things going on, thinking back on it...because of the...trauma of my adoption; not knowing about my birth culture and things like that."**



A majority of siblings that participated in this study were biologically related to the demonstrator of AFCCA (52%).

41% said their sibling was adopted, and 7% had foster siblings.

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## Family Breakdown / Entry into Care

All three demonstrators who were interviewed, as well as some siblings, spoke about adoption breakdown, kinship placements, foster homes, and group homes/institutional care setting placements. There is evidence 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 [16].

**“I would shut down, essentially. I didn’t care what was happening because I felt like no one [cared] about me.”**

**“I was like really overwhelmed and...didn’t know how to...cope and deal with the stuff I was feeling.”**

**"Yelling was the only thing I knew to do to release my anger."**



As is reflected by the quotes above from past demonstrators of AFCCA, aggressive behaviour was often a way of communicating difficult feelings—feelings which were often overwhelming and related to anger, isolation, and not feeling heard or protected.

Demonstrators and siblings also identified difficulties related to communication and coping. The sibling quoted below reflected on her sister's challenges with expression:

"I think [my sister] feels emotions very, very strongly..., so when it's anger, she [doesn't] know how to process that or...how to express it in a non-destructive way."

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# Children's Rights

The United Nations recognizes children's inherent dignity and inalienable rights under the *Convention on the Rights of the Child* (CRC) [12].

## Rights to Expression, Being Heard

Under Articles 12 and 13 of the CRC, children have the right to be heard (see below).

### CONVENTION ON THE RIGHTS OF THE CHILD

#### Article 12

1. States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

#### Article 13

1. The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds, regardless of frontiers, either orally, in writing or in print, in the form of art, or through any other media of the child's choice.

United Nations, 1989 [13]

The young people who participated in this study were asked whether they felt heard by their parent(s)/caregiver(s) during moments of conflict and more generally overall.

Demonstrators of AFCCA who were interviewed (3) reported that they did not feel heard by their parent(s)/caregiver(s) in most situations.



**"I felt like the automatic reaction was usually anger rather than trying to understand."**

All three of the demonstrators who were interviewed, as well as some survey respondents, shared about the lack of understanding they felt from their parents or caregivers.

When family members did not attempt to uncover the underlying cause of the aggression, participants were more likely to "shut down" and feel alone and misunderstood, which in turn, would lead to more challenging behaviours.

**"When I don't feel my voice is heard, it makes me angry, as anyone would be, but I...didn't have the coping mechanisms to realize why I was feeling how I was feeling and acting how I was acting."**

Although the participants identified many counterproductive ways in which parents/caregivers responded to their aggression, they also pointed to their own varying capacities to communicate effectively as being aggravating factors for challenging behaviours, as the quote above demonstrates. In doing so, they identified their own need for support related to coping and communication.

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## Positive Experiences of Rights as Children

While there were many instances where children's rights to expression and being heard were not fulfilled, positive anecdotes of how participants experienced their rights as children were also shared.

On rare occasions, demonstrators of AFCCA identified individuals outside of their parents who listened to them and made them feel supported as children. For example, one young person shared about her friend's parents listening to her story and validating the struggles that she had experienced.

**"I did [feel heard] with my friend's parents. They listened to every word that left my mouth and they didn't actually say anything. They didn't try to offer advice. They just sat me down at their table and they said spill and I told them everything...**

***In the end, they pretty much said, 'I'm sorry that that happened to you. I don't know how we can fix this, but we are here for you. We love you. We want to hear what's going on.'* "**

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Siblings\* also shared about the helpful ways in which their parents listened to the young person in their family who demonstrated AFCCA.

They discussed strategies that their parents employed to understand the underlying causes of aggression and to communicate in ways that aligned with the capacities of the young person showing aggression, like one sibling (quoted below) explained:

**"They were trying to find the root cause of like, why is this happening...and like a therapist, [they] would walk him through it until he discovered it himself. So yeah, he definitely felt like he was being heard and listened to."**

The sibling above also shared how her parents have learned to attune to her brother's non-verbal cues in ways that sometimes allow them to help him regulate before an AFCCA-related event occurs.

\*Please note that comparative conclusions about differences in sibling and demonstrator experiences cannot be drawn.

Another sibling explained how his mother uses a stuffed animal to communicate with his sister who has autism. By "[pretending]" that the toy is speaking, his sister has an easier time becoming regulated in difficult moments.



This positive strategy demonstrates his parent's awareness of her daughter's modes of understanding, communication, and regulation.

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# Impacts

## of AFCCA

Participants identified various impacts of aggressive behaviour that affected day to day functioning and well-being. AFCCA was reported by survey respondents as negatively impacting all family members and the relationships between family members.

**"It's very draining and very isolating."**

For demonstrators, challenging behaviours could lead them to feel alone, abandoned, and exhausted.

**"The aggression impacted me in terms of like, I would turn a lot of that aggression inwards... I cut myself for a very long time, I did drugs when I was younger, all as part of like, dealing with that anger."**

Self-harm and drug use were discussed by some demonstrators and siblings as means of coping with difficulties related to behaviour and past adversity.

**"Because of the aggression and things that were told [to] me due to my aggression, I have a very, very big fear of abandonment."**

**Many participants who demonstrated AFCCA (60%) said that their aggression impacted them in a negative way.**



● EXTREMELY  
NEGATIVE  
(18%)

● MODERATELY  
NEGATIVE  
(24%)

○ SLIGHTLY  
NEGATIVE  
(18%)



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# Sibling Experiences

Siblings discussed impacts related to feeling "on edge" or as if they were "walking on eggshells" around their brother or sister, particularly when their behaviour was reported as unpredictable.

In cases where physical altercations had occurred or seemed likely to occur, safety plans and strategies, such as locks on bedroom doors, were implemented to reduce the likelihood of harm caused by the aggression.

In other cases where the aggression was not physical, verbal and emotional forms of aggression still had significant impacts of siblings' self-esteem, sense of personal boundaries, and abilities to express themselves.

**"I can't really be assertive. If someone starts to signal that they may be upset with me, I'm just like, the most passive person. I won't stand up for myself, I guess. And that's something I have been working on."**

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Some siblings also took on various roles within their homes, including that of mediator, therapist, and even another parent at times.

**"As an older sibling, I felt like a lot of the parenting responsibility fell onto me."**



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# Balancing Best Interests

## of All Children in the Home

At times, siblings discussed the unequal access they had to their rights when their parents were drained and overwhelmed with the needs of their brother or sister who demonstrated AFCCA.

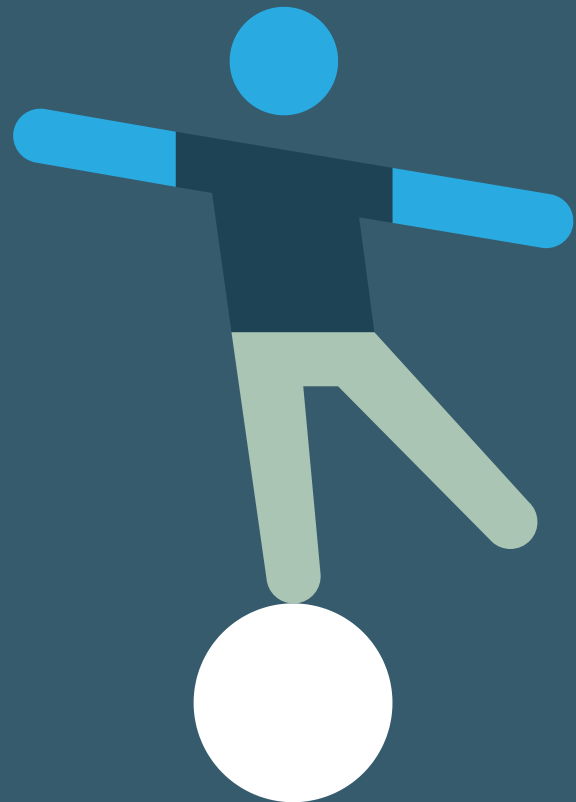
Although the best interests of all children in the home must be balanced and prioritized under the CRC [13], the insights shared by siblings point to their voices and needs being secondary at times.

One participant noted that for the first time, her mother, who had lost her job during the COVID-19 pandemic, was unable to support her through significant personal challenges in her life.

**"During the pandemic after she was laid off,...I was in a really, really bad place, but my mom straight up could not support me emotionally for more than half of it..because she was just so drained and kind of dead inside from my sister. And that's never happened before."**

In another family, a sibling shared about his brother's needs and how he often requires more attention.

**"He does take like a lot of energy from people in the family, so as my mom explains it, like, she spends all her energy trying to make sure he's okay...and like, there's very little energy for me, so she's sorry if, like, she can't...do stuff with me. Yeah."**



## Compromised Rights

A sibling whose sister demonstrated aggression toward her and her parents spoke to a key exchange with her mother that captures the unequal balancing of best interests in their home.

**"I think one of the problems was, [my parents] really wanted to be fair, and so they didn't want to always say like, 'Oh, she caused this so she gets the consequences.' So it was like, 'You two are fighting, you two face the consequences.'**

**I remember one...incident..., my mom said, 'I think you just need to be careful about expressing your opinions around your sister because you don't know how she's going to react.'**

**And I said, like, 'That doesn't seem fair. I'm allowed to have opinions I should be able to say I don't like something without getting screamed at.'**

**And my mom said..., 'You can have the opinions, just don't say them around her because that's not going to end well.'**

**I remember at that point,... I recognized that this is not the fairest thing I've ever heard."**

While this participant pointed to the ways in which she did not feel heard in her home, she also discussed her sister's right to support and noted that it was not fulfilled either because of her parents' concerns related to potential judgement from community members, some of whom were her parents' colleagues (in the support sector), in the small community where they lived.

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# Right to Support

In addition to their right to be heard, the young people who participated in this study were asked about their rights as children to support, treatment, and protection, which exist regardless of their behaviour and are broadly recognized under Article 40 of the CRC [13].

Those who demonstrated AFCCA and siblings of demonstrators reported a range of perceptions related to feeling supported and protected.

All three demonstrators of AFCCA who were interviewed indicated that most of the time, they did not feel supported by their parent(s)/caregiver(s) or the professionals around them.

When asked what they wished would have happened differently when they hadn't felt protected, participants discussed how they wished their parents would listen to them and their needs, give them space to express their feelings, and understand that their behaviours stem from factors related to trauma, their diagnoses, and their varying capacities and abilities to cope and communicate.

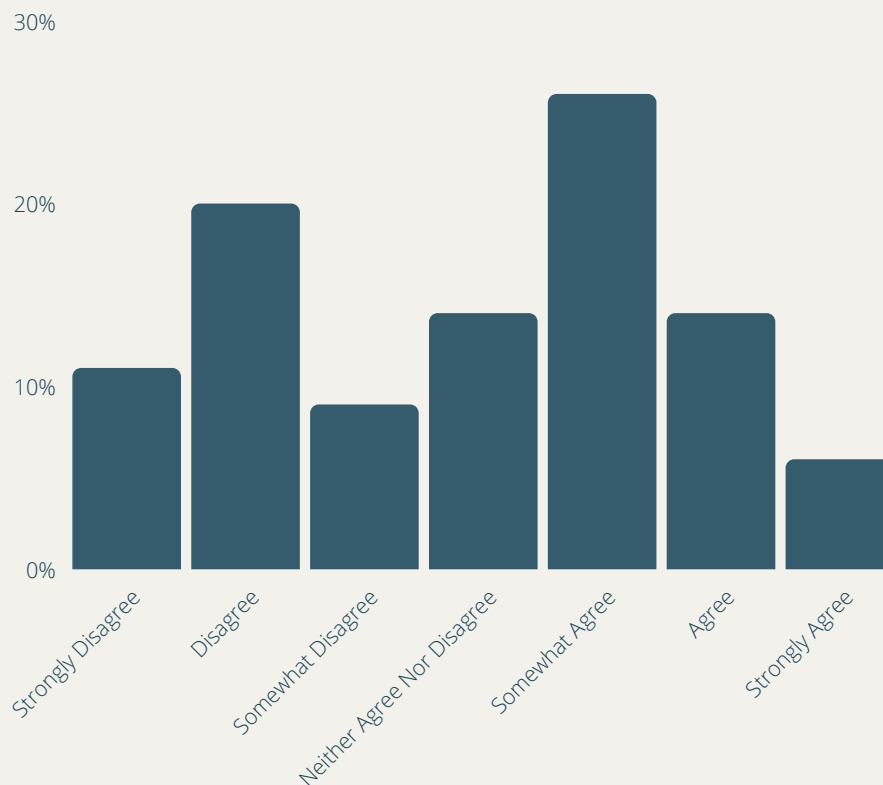
**“I needed help but they weren’t hearing that I needed help.”**



On the survey, respondents who demonstrated AFCCA reported varying experiences of their rights to treatment, support, and protection (see below).

Participants were asked how much they agree with the statement below and a range of responses were captured.

**I feel like my parents support me or have supported me in helpful ways.**



Based on the participants' experiences, their right to support was limited for a variety of reasons including an overall lack of awareness of children's rights from parents and child welfare systems, gaps in the provision of trauma-informed services, parental feelings of shame and fear, as well as financial costs that prevented them from seeking out support.

**66% of survey participants generally agreed that they had a supportive community of family, friends, & professionals around them.**

**20% disagreed; 14% neither agreed nor disagreed.**



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# Impacts of COVID-19

For those who continued to show aggression into young adulthood, the COVID-19 pandemic was said to have a negative impact on behaviour and on young people's access to support and treatment as adults.

**"He wouldn't be able to just go out or hang out with someone [when he's wanted to]... It's been very very hard on him."**

The sibling above from Ontario talked about his brother's challenges with adjusting to pandemic-related health restrictions and more time at home.

**"It cut me off from my therapist for almost six months... and I ended up having some regressive moments during that time where my husband and I almost separated... We were having...issues and a lot of it was because I was reverting back to, 'Oh he's not understanding my words. Clearly, he doesn't give a crap.' "**

The past demonstrator of AFCCA from British Columbia discussed how the pandemic and health regulations created challenges for her, particularly in light of the impacts on service provision. Although virtual support is increasingly utilized today, she explained how the delay in shifting to alternative formats of care impacted her well-being, her relationship, and her family as an adult.

Her experience points to the need for ongoing support for those affected by AFCCA given how they may continue to be impacted by individual and collective stressors into adulthood.



# 64%

**said that their aggressive behaviour has stayed the same (14%) or gotten worse (50%) since the start of the COVID-19 pandemic.**

The percentage above is based on self-report survey data collected from demonstrators of AFCCA who indicated that they still demonstrate aggression toward family members.

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# Resilience

Despite the seriousness of the impacts identified by both demonstrators and siblings, and the challenges posed by the COVID-19 pandemic, participants demonstrated powerful resilience in the face of adversity.

One participant who demonstrated AFCCA spoke about how she parents her son, who began showing aggression. She said she listens to him and responds in gentle ways, even when it is difficult, because she needs to break the cycle of intergenerational trauma and leave him with better experiences than the ones she had.

Other past demonstrators of AFCCA pointed to their own personal growth and attempts to heal.

Some siblings who participated spoke about how they learned to create and uphold boundaries, even when it felt difficult. Others discussed their hopes for the future, which for two participants, included going to school to become support professionals.

Sometimes, siblings identified positive steps that their brothers or sisters took in relation to their aggression.

There were also powerful attempts to frame adversity in positive ways, as is evidenced by the quote below from a sibling.

**"I feel like it's made me...a much more compassionate person because, like, I'm always very aware that...people have depth and there's always going to be something going on to explain why they're behaving the way they are.**

**I think I may err on the side of being too forgiving, but I think if someone wrongs me, I'm not just going to be angry at them. I'll look for the reasons why."**





# Recommendations

## for Best Practices

The findings from this study highlight the need for trauma-informed responses from parents and professionals supporting young people affected by AFCCA. Ongoing support from childhood into adulthood must be a key part of mental health care for both demonstrators of AFCCA and their siblings.

While some participants spoke to the ways in which they did not feel heard by their parent(s)/caregiver(s), there were some who shared about positive experiences where they felt their parents listened and validated their experiences.

Such insights have implications for best practices, wherein the respondents suggest that attempts to decipher the root causes of behaviour and communicate in ways that recognize children's varying and evolving capacities are key in responding to demonstrators.

### Trauma-Informed Programming

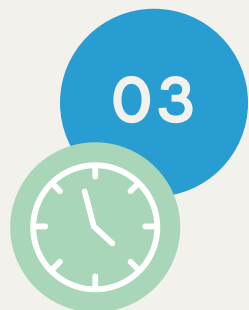


Demonstrators of AFCCA require specialized support from professionals who understand this form of behaviour and its risk factors. Participants indicated the importance of trauma-informed therapists, social workers, and other professionals who can support their overall growth and skill development in areas of communication and coping. Ongoing access to support services are needed from childhood into adulthood.



### Peer Support

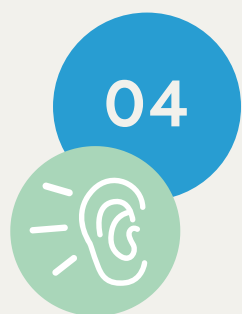
Based on insights from both demonstrators and siblings, whole families (demonstrators, siblings, and parents) benefit from peer support, that can serve to reduce feelings of isolation, encourage understanding, and facilitate exchanges related to best practices.



### Respite

Respite may be an important part of creating an equitable balance of best interests for all children in the home. By providing families with this form of support, parents may be able to regain the space and time required to look after their own needs and the needs of other children in the home.

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### Children's Rights Education

**"Children understand a lot more than we give them credit for. And they need to be heard."**

Many negative experiences and barriers to support discussed by the participants in this study are connected to parental and systemic gaps in awareness and understanding of children's rights. Alternatively, those who had positive experiences often pointed to feeling heard and validated by parents and support workers. As such, approaches that centre the voices and rights of children and teens have powerful potential to impact outcomes for those affected by AFCCA.

In addition to the recommendations above, a past demonstrator of AFCCA shared a short-term recommendation for children and teens impacted by AFCCA.

**“ I know that it can be like, really lonely and and isolating and [feel] like there's like not a lot of options available. That's super valid and a really hard thing to be able to navigate...as a kid and as a teen.**

**So I say, [try] to like find like one or two things,...either that you're passionate about or you just...really enjoy doing and put your focus on that.**

**Sometimes, you really are in a situation where...there's nothing that you can do until...you get older or like, until something changes, so you just need to *find your anchors* that are going to help you cope through it. ”**

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For more information on AFCCA, please visit  
the National Consortium on AFCCA's website at  
[www.afcca-apfea.ca](http://www.afcca-apfea.ca).

