



WHEN CHILDREN HARM IN THE HOME: Aggression Toward Families / Caregivers in Childhood and Adolescence (AFCCA)

Imagine for a moment that you have become frightened of your child. It began with hitting and scratching, progressed to punching and kicking and now, as puberty arrives, you dread the name-calling, the threats and aggression. As a parent, you feel ashamed that you are afraid of your child. You don't want to call the police or ask for help worrying that there may be negative consequences to all members of your family. It is difficult to invite people into your home — they might see the damage — and it is difficult to go out, because it's not safe to leave your child at home. You are alone, exhausted from walking on eggshells, and feeling helpless and hopeless.



INTRODUCTION TO AFCCA

In response to increasing needs of families, two Canadian organizations, Kids Brain Health Network and Interwoven Connections (previously known as Adopt4Life) created the National Consortium on Aggression toward Family / Caregivers in Childhood and Adolescence (AFCCA) (Canadian Consortium on AFCCA, 2021). The goal of the consortium was to understand the phenomenon of youth aggression toward family members and to improve outcomes for families experiencing this form of violence. A nationally represented group of professionals (child and family advocates, policy makers, academics, social servants, and clinicians, including author M.J. Land) and a large group of lived- and living experience youth and family members contributed to the findings of the consortium. This unique project illuminated the struggle and resilience of many families experiencing AFCCA and the severity of its impact on the children and youth expressing AFCCA.

Terminology and Definition of AFCCA

In 2019, many adoptive parents were seeking support from Interwoven Connections for the challenges they were experiencing with their adopted children. Parents were reporting that their children were frequently and intensely acting in aggressive or violent ways towards them and that the parents felt that they had little support and few resources to cope with the problem. In the United Kingdom, this phenomenon is variously called Child to Parent Violence and Aggression (CPVA), Child to Parent Abuse (CPA), Childhood Challenging Violent and Aggressive Behavior (CCVAB) and Child to Parent Violence (CPV).

The consortium members felt that these descriptors were stigmatizing to children and the term AFCCA was intentionally chosen to avoid labeling youth as violent or dangerous. Instead, it focuses on the behavior itself, the family members who experience its impact, and the developmental period in which it emerges. This framing acknowledges the complexity of the child's history—including trauma, neurodiversity, disrupted attachments, and societal inequities—and avoids a blamebased approach.

The definition of AFCCA created by the Consortium is:

a pattern of behavior in childhood or adolescence, characterized by aggressive behavior by a child or adolescent towards family members. This causes significant harm (physical and/or psychological) to both the child/adolescent and the person(s) the behavior is directed towards, and other witnessing family members.

**—National Consortium on AFCCA,
Final Report Dec. 2021, pg. 6**

Components of AFCCA

Emotional and behavioral difficulties in children are not uncommon. It is far less common that parents become frightened of their child, feeling that they can no longer ensure safety and security in their home. The development of AFCCA may begin with emotional and behavioral dysregulation in early years: a four-year-old who hits and bites when upset, may use more instrumental hostility in adolescence if the behavior is not resolved in early years. In other words, reactive and dysregulated behavior may become entrenched over time if not supported and resolved. In later years, this behavior may be less about dysregulation and more about rejecting parents' authority to set limits and maintain expectations.

AFCCA encompasses a wide range of behaviors: physical aggression such as hitting, punching, kicking, biting, or sexual aggression; emotional aggression such as threats, intimidation, and degrading comments; and actions like property destruction or financial exploitation.

AFCCA Risk Factors

There are numerous factors that contribute to the development of AFCCA. A sense of belonging and the ability to seek comfort and help from parents is essential for the development of self-regulation, yet children who have experienced early trauma, attachment disruptions, or repeated losses often struggle to trust caregivers, making co-regulation more difficult and dysregulated states more intense. In these moments, cognitive capacity for complex communication narrows, and AFCCA can emerge as a way of communicating needs when more adaptive strategies are unavailable. Communication and connection can also be affected by neurodevelopmental conditions such as prenatal exposure to teratogens (alcohol, drugs, maternal stress), Attention-Deficit Hyperactivity Disorder (ADHD), or Autism Spectrum Disorder (ASD), which influence emotional regulation, sensory processing, and impulse control. Youth themselves frequently report that support with communication reduces AFCCA, and research indicates that while attachment problems or ADHD alone are rarely the primary drivers of adoption disruption, aggressive behavior toward family members is a significant contributor (Selwyn et al., 2014).

Unique Vulnerabilities of Adoptive and Guardianship Families

Children who are adopted or in guardianship care are more likely to have experienced many of these risk factors—and often several at once. Early trauma, disrupted attachments, multiple placements, and prenatal substance exposure are disproportionately represented in this population, increasing the likelihood of intense dysregulation, slower recovery from stress, and challenges with trust and co-regulation (Banuelos & Ayvazian, 2021). Neurodevelopmental conditions such as Fetal Alcohol Spectrum Disorder (FASD), ADHD, and ASD also occur at higher rates among children with histories of adversity, further affecting communication, sensory processing, and emotional regulation.

At the same time, caregivers bring their own histories, attachment patterns, mental health challenges, and beliefs about what “good” parenting should look like. These factors shape how they interpret behavior, how quickly they feel pressure to regain control, and how they respond under stress. When a child’s vulnerabilities intersect with a caregiver’s history—especially in the context of chronic strain—the risk of escalation increases. Compounding this, adoptive and guardianship families often face significant stress from the systems around them: limited access to AFCCA-informed supports, a shortage of adoption-competent clinical services, and interactions with social services, police, justice, and educational systems that may inadvertently blame, punish, or isolate youth and caregivers rather than provide trauma-responsive support.

The Impact of AFCCA on Families

AFCCA affects the entire family system in deep and far-reaching ways. Unsupported and exhausted caregivers often experience decreasing capacity to cope with the complex, multi-stressed realities of daily life. Episodes of aggressive behavior can disrupt routines, undermine feelings of safety, and create significant ruptures in family relationships. Parents describe feeling constantly on alert—“walking on eggshells”—as they work to prevent escalation while also trying not to give in simply to keep the peace. Over time, fear, guilt, shame, and hopelessness can accumulate, making it increasingly difficult for caregivers to stay regulated during moments of stress.

These patterns also affect the other children in the home. Siblings may witness frightening incidents, take on caregiving roles, or modify their own behavior to avoid conflict or becoming the target of aggression. Many worry about their family’s wellbeing and experience a loss of predictability and safety. Parents express concern about the impact of this exposure and emphasize that supports for siblings must be part of any intervention.

The emotional toll of AFCCA can be significant and is still under-researched. One recent study (Duncan et al., 2024) found that adoptive parents themselves can experience trauma as a result of AFCCA, underscoring the need for trauma-reduction and mental health supports for caregivers as a primary intervention.

Perspectives of Those with Lived Experience

The National Consortium on AFCCA has documented the voices of parents and youth who have lived with AFCCA, offering critical insight into the complexity of these experiences. Parents report profound isolation—sometimes because it is not safe to have friends or extended family in the home, and sometimes because shame and fear of judgment lead them to withdraw from social activities. Many describe feeling blamed by others who view their parenting as the problem. Support from other parents facing AFCCA can reduce this stigma and provide a sense of being understood.

Parents also express deep worry about involving police or child protective services, fearing negative consequences for their child, their other children, or the stability of the family. Caregivers note that child welfare, education, and justice systems often lack the specialized, adoption-competent understanding needed to support them effectively, and that punitive or misattuned responses can intensify their distress. Many reported feeling defeated, helpless, or hopeless, and some who were unprepared for AFCCA describe feeling betrayed by the adoption system.

Young people who have expressed AFCCA offer equally important perspectives. They emphasize the need to be included in conversations about AFCCA— “with me, if it’s about me”—and describe their behavior as communication, especially when they lack the skills or support to express themselves in other ways. Many note that, given their histories of trauma, loss, and placement changes, AFCCA should be anticipated rather than treated as unexpected. They stress that caregivers need training, support, and resources to understand and respond to these behaviors in ways that promote safety and connection.

Impact on Placement Stability and Caregiver Retention

Aggression toward caregivers is one of the most significant threats to placement stability. It erodes trust, safety, and caregiver resilience, making it harder for families to maintain the emotional and relational foundation needed for long-term permanency. Trauma-related behavioral challenges substantially increase the risk of placement disruption and caregiver burnout (Whitt-Woosley, Sprang, & Friedman, 2019). Repeated aggression can cause caregivers to question whether they can continue, and in some cases may lead to blocked care—an emotional withdrawal that diminishes a caregiver’s ability to stay connected and responsive, making stabilization harder to achieve.

Findings from Selwyn et al. (2014) reinforce this pattern. In disrupted adoptions, parents identified the primary contributors as the

child’s challenging behavior, lack of support, and feeling blamed. Most families (80%) reported that challenging behavior began early in the adoption and intensified during puberty, with aggression and violence being the predominant concerns.

The impact extends beyond individual homes. AFCCA-related instability creates significant challenges for agencies and systems. Youth may reenter care or require out-of-home placements, and experienced caregivers—those most equipped to support children with complex needs—may stop providing care altogether. At the same time, prospective caregivers may hesitate to step forward when they hear about the intensity of these experiences, and the limited availability of specialized post-permanency supports. The result is fewer stable homes, more placement disruptions, and increased strain on the child welfare system’s capacity to meet the needs of children and families (Voice for Adoption, 2025).

To delve further into this topic, check out the Post-Adoption Center Resource Library:
www.postadoptioncenter.org/resource-library



This project is supported by the Administration for Children and Families (ACF) of the United States (U.S.) Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,000,000 with 100 percent funded by ACF/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACF/HHS, or the U.S. Government. For more information, please visit the ACF website, https://www.acf.hhs.gov/administrative-and-national-policy-requirements#book_content_7.

References:

- Canadian Consortium on AFCCA. (2021). National Consortium on Aggression Toward Family and Caregivers in Childhood and Adolescence Report.
- Canadian Consortium on AFCCA. (2021). National Consortium on Aggression Toward Family and Caregivers in Childhood and Adolescence Policy Briefing.
- Child Welfare Information Gateway. (2020). Parenting a child who has experienced trauma. U.S. Department of Health and Human Services, Children's Bureau.
- Duncan, M., Fearon, P., & Woolgar, M. (2024). Primary and secondary trauma in adoptive parents. *Clinical Child Psychology and Psychiatry*, 30(1), 127–141. (doi.org in Bing)
- Family Care Centre. (2023). Aggression toward family caregivers: Part 2—Why does AFCCA happen? Family Care Centre.
- Selwyn, J., Wijedasa, D., & Meakings, S. (2014). Beyond the adoption order: Challenges, interventions, and adoption disruption. www.researchgate.net/publication/261452816_Beyond_the_Adoption_Order_Challenges_Interventions_and_Adoption_Disruption/link/0f31753451c4516437000000/download
- Voice for Adoption. (2025, May 9). State Advisory Council post-permanency recommendations. Voice for Adoption.
- Banuelos, Y., & Ayvazian, T. (2021). An assessment of post-adoption services and needs for adoptive families (Master's project, California State University, Northridge).
- Whitt-Woosley, A., Sprang, G., & Friedman, M. (2019). Understanding the impact of trauma on foster and adoptive families. *Child Abuse & Neglect*, 88, 408–417.