



SUPPORTING FAMILIES EXPERIENCING AGGRESSION TOWARD FAMILIES/ CAREGIVERS IN CHILDHOOD AND ADOLESCENCE (AFCCA)

Families experiencing AFCCA need responses that are compassionate, traumafocused, and coordinated across systems. Support must prioritize reducing stigma, creating safe pathways for disclosure, integrating AFCCA into routine screening, and offering interventions tailored to each family's needs.

When systems communicate and work together, families receive timely, consistent support that strengthens stability and promotes healing.



NORMALIZE AND VALIDATE

- Reduce stigma and blame
- Create safe spaces for disclosure
- Include information in pre-service and pre-finalization training

Support begins with normalization and validation. Professionals can reduce stigma by helping caregivers understand that AFCCA is trauma related rather than a reflection of poor parenting (AFCCA Policy Briefing, 2021) or “bad” children. Creating safe, judgment free spaces encourages early disclosure, and including AFCCA education in pre-permanency training prepares caregivers for the behavioral challenges they may encounter.

SCREEN AND ASSESS

- **Integrate AFCCA into intake and ongoing evaluations**
- **Screen for caregiver burnout, stress, mental health symptoms, and social isolation**

Screening and assessment are essential. Integrating AFCCA into intake and ongoing evaluations helps normalize the family's experience and creates repeated opportunities for caregivers to share concerns. Alongside assessing youth needs, it is equally important to screen for caregiver burnout, chronic stress, mental health symptoms, and social isolation, as these factors directly influence co-regulation and escalation patterns. Regular assessment of youth and caregiver well-being allows providers to identify risks early, guide timely intervention, and respond before patterns become entrenched. This ongoing approach strengthens the family's capacity to maintain safety, regulation, and connection.

TAILORED INTERVENTIONS

- **Trauma-informed therapy and trauma-responsive parenting support**
- **Access to adoption-competent mental health professionals for youth and caregivers**
- **Safety planning and caregiver coaching**
- **Peer support and respite services**

Tailored interventions must go beyond generic behavior-management strategies. Families need access to adoption-competent therapists who understand trauma, attachment, and the unique dynamics of AFCCA. Evidence-based practices such as Nonviolent Resistance therapy (NVR) have shown promise in addressing AFCCA by helping caregivers resist aggression without escalating conflict, strengthen their parental presence, delay responses to reduce escalation, and build supportive networks (Omer, 2004; Weinblatt & Omer, 2008).

Caregiver coaching and psychoeducation reinforces trauma-responsive parenting strategies and supports caregivers in monitoring their own dysregulation so they can better support their child during escalations. Equally important is ensuring caregivers have access to their own mental health support and opportunities to address trauma within the family system, as caregiver well-being directly influences co-regulation and the family's capacity to stabilize. Safety planning provides immediate, concrete strategies for crisis moments, and caregivers should be supported in developing a clear crisis response plan. Peer support networks and respite services are also essential, offering connection and relief that help reduce isolation, shame, and burnout (AFCCA Policy Briefing, 2021).

By tailoring interventions to each family's unique needs, professionals can provide services that are proactive and responsive rather than prescriptive or reactive.

SYSTEMS LEVEL ADVOCACY

- **Strengthen post-permanency service infrastructure**
- **Promote cross-system collaboration (e.g., schools, mental health, juvenile justice)**
- **Elevate caregiver and youth voices in policy and program design**

Sustained change requires systems-level advocacy. Strengthening post-permanency services through stable funding, specialized training, and accessible crisis response creates a reliable foundation for families. A coordinated, “no wrong doors” approach is essential: systems must communicate and work together so that no matter who receives a disclosure of AFCCA—whether a therapist, caseworker, school staff member, or crisis responder—families receive immediate, wraparound support (Canadian Consortium on AFCCA, 2021). When systems respond collaboratively, families experience faster access to care, less confusion, and a clearer path toward stabilization.

Collaboration between mental health providers, child welfare agencies, schools, and other partners ensures AFCCA is addressed holistically rather than in silos. Centering

caregiver and youth voices in program and policy design ensures lived experience shapes practice. This shifts the narrative from blame to support, strengthens placement stability, and promotes resilience across families and communities (AFCCA Policy Briefing, 2021).

Conclusion

AFCCA is a complex, deeply impactful family dynamic that requires understanding, preparation, and coordinated support across systems. Families experiencing AFCCA are not failing; they are navigating the layered effects of trauma, neurodevelopmental differences, and chronic stress without the resources they need. By recognizing the unique vulnerabilities of adoptive and guardianship families, responding early through screening and assessment, and offering interventions tailored to each family’s context, professionals can interrupt harmful cycles and strengthen safety and connection. When systems communicate, collaborate, and center the voices of caregivers and youth, families are no longer left to manage in isolation. Instead, they gain access to the consistent, compassionate support that preserves permanency and promotes healing.

To delve further into this topic, check out the Post-Adoption Center Resource Library:

www.postadoptioncenter.org/resource-library



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