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Adolescents as perpetrators of aggression within the family

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ABSTRACT

Although family violence perpetrated by juveniles has been acknowledged as a potentially serious form of violence for over 30 years, scientific studies have been limited to examining the incidence and form of home violence. The present study examined the prevalence of family aggression as perpetrated by youths; we examined groups drawn from clinic-referred and forensic samples. Two audits of case files were conducted to systematically document aggression perpetrated by referred youths toward their family members. The purpose of the first audit was fourfold: i) to identify the incidence of the perpetration of family aggression among clinical and forensic samples; ii) to identify whether there were any reports of weapon use during aggressive episodes; iii) to identify the target of family aggression (parents or siblings); and iv) to identify the form of aggression perpetrated (verbal or physical). The second audit aimed to replicate the findings and to show that the results were not due to differences in multiple deprivation indices, clinical diagnosis of disruptive behavior disorders, and placement into alternative care. A sampling strategy was designed to audit the case notes of 25 recent forensic Child and Adolescent Mental Health Service (CAMHS) cases and 25 demographically similar clinic-referred CAMHS cases in the first audit; and 35 forensic cases and 35 demographically similar clinic-referred CAMHS cases in the second audit. Using ordinal chi-square, the forensic sample (audit 1 = 64%; audit 2 = 82.9%) had greater instances of family violence than the clinical sample (audit 1 = 32%; audit 2 = 28.6%). They were more likely to use a weapon (audit 1 = 69%; audit 2 = 65.5%) compared to the clinical sample (audit 1 and 2 = 0%). Examining only the aggressive groups, there was more perpetration of aggression toward parents (audit 1, forensic = 92%, clinical = 75%; audit 2, forensic = 55.17%, clinical = 40%) than toward siblings (audit 1, forensic = 43%, clinical = 50%; audit 2, forensic = 27.58%, clinical = 30%). Based on these findings, we would urge professionals who work within the child mental health, particularly the forensic area, to systematically collect reports of aggression perpetrated toward family members.

1. Introduction

Recently, perpetration of aggression toward family members by young people has been the focus of research which seeks to understand inter-sibling aggression (Khan & Cooke, 2013) and aggression toward parents (Ibabe, Jaurequizar, & Diaz, 2009). Based on prevalence data, sibling aggression is the most common form of aggression at home (Eriksen & Jensen, 2006). In a previous study, about 60% to 80% of the study's participants were victims of inter-sibling aggression (Goodwin & Roscoe, 1990). In a college sample (Hoffman, Kiecolt, & Edwards, 2005), about 69% out of 928 students admitted to committing an aggressive act toward their similarly aged siblings. That is, 60% disclosed that they had pushed, shoved, or grabbed their siblings during a fight; 40% had threatened to hurt their siblings; 35% had hit their siblings with either their bare hands or an object; 5% had threatened their siblings with a weapon or used a weapon to hurt them; some had burned, choked, or beaten their siblings. Therefore, the figures show that domestic violence by young people is an emerging problem.

Although family violence perpetrated by juveniles has been acknowledged as a potentially serious form of violence for over 30 years, scientific studies have been limited to examining the incidence and form of aggression against siblings (Purcell, Baksheev, & Mullen, 2014). Among a community sample from the UK Household Longitudinal Study, 35.6% (n = 4237) of youth between the ages of 10 to 15 perpetrated aggression toward their siblings. The most highly reported type of sibling aggression among community sample was physical aggression (28.1%) and verbal aggression (26.5%) (Tippett & Wolke, 2014). If sibling violence is relatively common among community sample, it

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may be that family violence is more often perpetrated in the context of child psychopathology and criminal behavior. A study conducted with youths who were detained for committing antisocial or aggressive behavior found that almost 90% (n = 111) had admitted to committing severe aggression toward their siblings. About 80% forcefully punched their siblings, 72.9% forcefully kicked or bite their siblings, and 57.6% had thrown heavy or sharp objects at their siblings (Khan & Cooke, 2013). Thus, the most common type of aggression perpetrated toward siblings was physical.

Examining community and clinical samples, in contrast to detained or adjudicated youths can be worthwhile, because most live continuously with their family, possibly increasing the risk of conflict and subsequent aggression. There may be higher chances of aggression toward family members with whom one interacts with most often — siblings. Also, conflict may result because siblings compete for household resources and for parental attention. Thus, sibling aggression may be common for multiple reasons. However, some youths perpetrate aggression more generally in the household, essentially dominating the household.

A particularly neglected area of research is the incidence and form of aggression that is perpetrated by youths toward their parents. Yet, existing research shows that parents have been the target of youth aggression at home. Mothers have a higher tendency to be victimized by their children as compared to fathers (Walsh & Krienert, 2007). Based on public prosecution files of 413 juveniles in Spain, 97% of the juveniles had victimized their mother (Ibabe & Jaureguizar, 2010). Furthermore, a study that examined 438 family violence cases from court records showed that 85% of the abused victims were parents and about 64% of them were mothers. The remaining cases reported aggression toward siblings and other family members (Purcell et al., 2014). Another study that compared parent-reported aggression within community and clinical samples found that 28.3% of clinic-referred sample had perpetrated violence toward their mothers, as compared to 17.3% in the non-clinical sample (Kolko, Kazdin, & Day, 1996). Therefore, child-to-parent aggression is prevalent and possibly more prevalent than sibling aggression.

As shown above, aggression perpetrated toward parents may differ among different sample groups. A prior study on 231 adolescents from the community (n = 125, non-offender) and prison (n = 106, offender) found that 16% and 73% of them, respectively, perpetrated physical aggression toward their parents (Ibabe, Arnoso, & Elgorriaga, 2014). A similar study which examined a sample of 606 clinic-referred adolescents reported that 12.2% had perpetrated physical aggression toward one of their parents. A milder form of physical aggression was reported more frequently (e.g., pushing and grabbing) compared to more severe aggression (e.g., beating). However, no weapons were reportedly used by the clinic-referred sample (Nock & Kazdin, 2002). Among the incarcerated sample, about 67% committed both physical and verbal aggression; 29% committed only physical abuse, and 4% verbal abuse toward their parents (Ibabe & Jaureguizar, 2010). Therefore, the type of sample one investigates may affect the incidence of parent aggression, with higher incidences among forensic sample.

However, it is unknown whether community and forensic samples differ in the target of aggression within the family. Forensic sample, for example, may be generalist in their aggression, perpetrating violence equally toward their parents and siblings. They may be more likely to seek dominance in the household through the use of aggression and violence. Although a number of studies have been conducted on family aggression, family aggression perpetrated by adolescents may still be underestimated due to the concealed nature of such acts (Gebo, 2007). In some cases, parents may feel ashamed to report that they were victimized by their children or might mistake sibling aggression as normal sibling rivalry. In the past, sibling aggression was not recognized by the criminal justice system, because it was considered a part of the typical growing-up process (Eriksen & Jensen, 2006). The court also tends to be more lenient toward family aggression offenders, particularly when they are children, compared to a non-family member who has committed similar crimes (Dawson, 2004; Gebo, 2007). In the UK, adolescent-to-parent aggression is not considered domestic violence if the perpetrator is under the age of 16 years. Therefore, to date, there are no collected data from the British Crime Survey on domestic violence perpetrated by youths (Condry & Miles, 2014), making it difficult to establish the prevalence of youth aggression toward parents and siblings (although such limitations are not restricted to the UK). For this reason, examining case files of clinic-referred and forensic samples may be necessary to start to uncover the prevalence. Yet, there are no existing studies, to our knowledge, which examine both child to parent and sibling aggression among clinical and forensic samples.

The present study examined the prevalence of aggression within the family perpetrated by youths drawn from clinic-referred and forensic samples. We conducted two audits of case files to systematically document significant aggression by youths toward family members. The purpose of the first audit was fourfold: i) to identify the incidence perpetration of family aggression among clinical and forensic samples; ii) to identify whether there was any report of weapon use during aggressive episodes; iii) to identify the target of family aggression (parents or siblings); and iv) to identify the form of aggression perpetrated (i.e., verbal or physical). We hypothesized that: i) the forensic sample would perpetrate more family aggression compared to the clinical sample; ii) weapon use would be more prevalent among the forensic sample as compared to the clinical sample; iii) parent aggression might be more prevalent than sibling aggression; and iv) physical aggression would be more prevalent as compared to verbal aggression. In addition to the first audit, we added three more objectives to our second audit to examine whether there were other factors that might explain our findings. The objectives were: i) to determine if the clinical and forensic samples differed on indices of multiple deprivation; ii) to determine if the clinical and forensic samples differed with respect to diagnoses of disruptive behavior disorders; and iii) to identify whether the samples differed if they reside with their biological parents. In this second audit, we considered the possibility that the two groups would differ, with the expectation that the forensic sample might live in more deprived conditions, have more prevalence of disruptive behavior disorders, and have many more in alternative care. These differences could then explain the forensic sample being more aggressive in the home. This was examined in the second audit.

2. Method

The cases analyzed were obtained from a retrospective clinical audit of the electronic case notes of young people who had been referred to three different child and adolescent mental health service (CAMHS) teams within the National Health Service (NHS) mental health Trust in the North-East of England (Tees, Esk and Wear Valleys NHS Foundation Trust). The aim of the audit was to evaluate the documentation of aggression perpetrated by young people against family members in the family home.

CAMHS in England is organised based on a four-tiered model, with the severity and complexity of cases increasing from tier 1 through tier 4. Tier 1 (universal) services include general practitioners (family doctors) and schools, and have a general role in promoting the emotional and mental health needs of children and young people. Tier 2 (targeted) services include primary mental health workers and other mental health specialists working in universal services to provide treatment for children and young people with less severe mental health needs. Tier 3 (specialist) services are multidisciplinary teams of mental health professionals that provide assessment and treatment to children and young people with more severe and complex needs. Tier 4 services provide for children and young people with the most severe, complex, and persistent needs. These include inpatient units, day units and highly specialised outpatient teams.

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