SOCIEDAD CIENTÍFICA ESPAÑOLA PARA LA INVESTIGACIÓN Y FORMACIÓN EN CIENCIAS DE LA SALUD

UNIVERSIDAD AUTONOMA DE CHILE
MÁS UNIVERSIDAD

European Journal of Education and Psychology
2022, Vol. 15, Nº 3 (Págs. 1-19)

Eur. j. educ. psychol. e-ISSN 1989-2209
https://revistas.uautonoma.cl/index.php/ejep
doi: 10.32457/ejep.v15i3.2012

Pre-post changes in a child-to-parent violence psychoeducational intervention program

Cambios pre-post en un programa de intervención psicoeducativo de violencia filio-parental

Ismael Loinaz[1*], Jesús Villanueva[2] & José Luis Sancho[2]
[1]University of Barcelona, Faculty of Psychology, Clinical Psychology & Psychobiology Department, Barcelona, Spain.
[2]Recurra-GINSO Therapeutic centre, Madrid, Spain.

Abstract
Child-to-parent violence assessment has raised much concern in the last decade. The Child-to-Parent Violence Risk (CPVR) assessment tool is a recently developed guide, designed to anticipate violence recidivism, that can be used during therapy, pretrial assessment, and other circumstances were professionals need support to determinate needs and risks of cases. This study aimed to provide empirical data on the use of the CPVR in a therapeutic context, describing the prevalence of risk factors of youth attending a cognitive-behavioral program, comparing scores on CPVR in a pre-post assessment, and analyzing its ability to predict treatment results. A total of 118 youths were assessed using the CPVR before treatment, and 66 also had a post-treatment assessment. Significant changes in risk (reduction) and protective (increase) factors after program participation (due to the program or due to the professional's consideration in post-treatment assessment) were observed, but the CPVR was not able to predict the success coded by clinicians. Future research should include recidivism data to confirm the real success after the treatment program (regardless of the professional's opinion) and the predictive validity of the CPVR for recidivism.

Keywords*:* child-to-parent violence; risk factors; violence risk assessment; treatment.

* Correspondence: Ismael Loinaz. Email: iloinaz@ub.edu

Resumen

La evaluación de la violencia filio-parental ha suscitado mucha preocupación en la última década. La guía para la evaluación del Riesgo de Violencia Filio-Parental (RVFP) es una herramienta recientemente, diseñada para anticipar la reincidencia en este tipo de violencia y que se puede utilizar en procesos terapéuticos, en contextos judiciales (p. ej., adopción de medidas) u otras circunstancias en las que un profesional necesite determinar las necesidades y los riesgos de un caso. Este estudio tuvo como objetivo proporcionar datos sobre el uso de la RVFP en contexto terapéutico, describiendo la prevalencia de factores de riesgo de jóvenes que asistían a un programa cognitivo-conductual, comparando puntuaciones pre-post tratamiento y analizando su capacidad para predecir el resultado del tratamiento. Se evaluó a un total de 118 jóvenes antes del tratamiento y a 66 al finalizar el programa. Se dieron cambios significativos en los factores de riesgo (reducción) y de protección (aumento) tras la participación en el programa (debido al programa o debido a la consideración del profesional en la evaluación post-tratamiento), pero la RVFP no pudo predecir este resultado. Futuros estudios deberían incluir datos de reincidencia para confirmar el éxito real después del tratamiento (independientemente de la opinión del profesional) y la validez predictiva de la CPVR para la reincidencia.

Palabras clave: violencia filio-parental; factores de riesgo; evaluación del riesgo de violencia; tratamiento.

INTRODUCTION

Child-to-parent violence (CPV) consists of repeated physical, psychological or economic aggressions, directed at parents or those who take their place (Pereira et al., 2017). CPV is one type of family violence and responds to patterns and dynamics differently from other types of antisocial behaviors, although it shares risk factors (Ibabe et al., 2013; Loinaz et al., 2017; Palanques et al., 2022). Real estimates of how widespread the problem is are unknown. In the Spanish judicial context 4,600 cases are reported each year on average (Loinaz et al., 2017), but many more are attended in the private therapeutic context. Figures are heterogeneous and depend on the sample (general, clinical or judicial), the type of violence (psychological, physical or economic, one-off or repeated) or the assessment instrument used (Del Hoyo-Bilbao & Loinaz, 2021). In the general population, the more minor (i.e., insults) or less frequent the violence, the higher the prevalence of reporting, reaching or exceeding 90% (Calvete, Gámez-Guadix, et al., 2015; Calvete, Orue, et al., 2015). As more severe violence is required in statistics, the estimated prevalence decreases considerably (Calvete et al., 2013). Like in many other forms of violence, the discrepancy between official numbers and reality (known as black figure) is believed to be very high due

to the shame, denial or secrecy surrounding this type of abuse (Hunter et al., 2010; Moulds et al., 2016; Tew & Nixon, 2010).

Characteristics of CPV

Although the research focuses almost exclusively on adolescents, CPV can occur over a wide range of ages (Holt & Shon, 2018). Victims are predominantly mothers aged 40-50 years of age and among the offenders' risk factors those that stand out are hostility, anger, drugs, and families with violent relationships (see Loinaz et al., 2017, for a review). The variety of related factors requires ecological analyses as individual, family and community variables interact (Cuervo, 2021; Hong et al., 2012; Moulds & Day, 2017) and we need to take into account all factors together for treatment purposes (Del Hoyo-Bilbao et al., 2020). Consistently defining and measuring abuse and examining how risk factors interact to produce CPV is key to preventing it from occurring. Moreover, we need to understand what factors are involved in maintaining violence to improve intervention effectiveness and prevent recidivism (O'Hara et al., 2017). Simmons et al. (2018) conclude that knowledge about CPV is fragmented and underdeveloped "due to a weak theoretical foundation for much of the existing research, limited consideration of the multiple determinants of aggressive behaviour, and the use of operational variables that do not reflect theoretical constructs" (p. 43).

As in other types of violence, offenders and aggressions are not homogeneous and typologies have been proposed. Kuay et al. (2017) divided perpetrators into two types: "generalists", who are high on callous-unemotional traits and are also violent outside the home; and "specialists", who are low on callous-unemotional and use violence only toward parents. This emotional instability is characterized by lack of empathy, indifference to others, and instrumental use of people, and has been linked to therapeutic difficulties and early onset of violence (Curtis et al., 2022). The callous characteristics are related less empathy towards victims, affective problems and lower emotional intelligence (i.e. Gómez-Leal, 2021). This theory of "early onset", when aged 10-11 years of age (Curtis et al., 2022), would be linked to this insensitivity, and to a more instrumental and generalized violence. It has been also claimed that there are few differences between boys and girls using CPV (Armstrong et al., 2018; Beckmann et al., 2021). Loinaz et al. (2020), for instance, described similar risk factors, comparable violence (although injuries toward fathers were exclusive to the boys) and more problematic families among girls.

CPV Assessment

There are several specific tools for the assessment of CPV (see Arias-Rivera et al., 2020, for a recent review). Almost all of them are self-reports aimed at quantifying or categorizing the

type of violence, such as the *Explanations about Adolescent-to-parent Violence Scale* (EEVFP) (Cortina & Martín, 2021), the *Child-to-Mother Violence Scale* (CMVS) (Edenborough et al., 2011), the *Child-to-Parent Violence Questionnaire* (CPV-Q) (Contreras et al., 2019), the *Child-to-Parent Aggression Questionnaire* (CPAQ) (Calvete et al., 2013; Del Hoyo-Bilbao et al., 2018) or the *Abusive Behaviour by Children-Indices* (ABC-I) (Simmons et al., 2019). They can be used, for instance, as a cut-off criterion to establish the presence of CPV or just a one-off conflict, to estimate prevalence among different samples or as a starting point for treatment.

Related to the above-mentioned typological classifications, a tool has been proposed to differentiate cases (within the CPV continuum) as well as to design possible interventions based on the risk of recidivism: the *Adolescent Domestic Battery Typology Tool* (ADBTT) (Nussbaum et al., 2015). The tool classifies offenders into four types: defensive (violence in response to threats or abuse by parents, defending themselves or a family member from abuse); isolated incident (isolated aggression born out of atypical family or individual stress); family chaos (pattern of events in which the youth's behavior spirals into aggression to achieve their objectives, characterized by the inconsistent response of the parents); and escalation (pattern of behavior designed to intimidate and control parents to accept their demands and that places the young person in a position of control). Although no research on its application has been found, the user manual (Nussbaum et al., 2015) presents some psychometric properties and is freely available online. Finally, in 2014 the *Child-to-Parent Violence Risk* (CPVR) assessment tool project was initiated in Spain (Loinaz et al., 2017). The CPVR is the tool used in the current research, and there are results available regarding its utility in comparing samples from judicial and clinical contexts (Loinaz & Ma de Sousa, 2020), as well as its utility in comparing male and female perpetrators (Loinaz et al., 2020).

Current Work

The present work aims to provide empirical data on some of the issues presented in the introduction. The first aim was to analyze the prevalence of risk factors related to CPV in a sample of youth assessed in a therapeutic context. Secondly, the utility of the CPVR as a pre- and post-treatment assessment tool was also analyzed. At the same time, the main changes occurring in risk and protective factors during treatment were measured with the tool. The early onset theory was also tested.

METHOD

Participants

The sample consisted of 118 subjects, 52 with only the pre-treatment measure and 66 with the post-treatment assessment as well. In the total sample, there were 66 boys (55.9%)

and 52 girls (44.1%). Almost all (96.6%) had Spanish nationality, despite 11% having a different place of birth. The average age was 15.77 years (*SD* = 1.25; range = 12-19). Regarding CPV toward the mother, 63.6% used physical assaults, 98.3% psychological violence and 63.6% economic abuse. Injuries to the mother were caused by 15.3%. Regarding violence toward the father, 37.3% had used physical violence, 71.2% psychological violence and 42.2% economic abuse. Injuries to the father were present in 7.6% of cases. One-third of cases (36.4%, n = 43) were involved in other criminal activity, 10.2% in other violence, 24.6% in drug-related crimes, and 16.1% in crimes against property.

Among the pre/post sample (N = 66), boys and girls were equally present, and 95.5% had Spanish nationality, although 15.2% had a foreign place of birth. The average age was 15.86 years (*SD* = 1.32; range = 12-18). Regarding CPV against the mother, 66.7% had used physical violence, 98.5% psychological violence and 66.7% economic abuse, while 9.1% of mothers had suffered injuries. In the case of fathers, 37.9% were physically assaulted, 74.2% psychologically abused and 45% economically abused, while 3% of fathers had suffered injuries.

Measure instrument

The *Child-to-Parent Violence Risk* (CPVR) consists of 24 risk factors (organized into four blocks: type of violence, psychological characteristics of the perpetrator, social adaptation of the perpetrator, and family factors) and six protective factors all coded as present (*Yes*), partially present (*?*) or absent (*No*) for the present and past (before the previous year). Alongside these central variables, there are more than 20 possible risk factors in an initial section on the coding sheet, including personal, familial, history of violence or victim's characteristics. Currently it has a Structured Professional Judgement (SPJ) approach format. The tool was designed following international standards (Douglas et al., 2014) consisting of three main steps (see Loinaz et al., 2017): 1) reviewing research and available tools from which a list of relevant risk factors was obtained; 2) gathering feedback from 112 professionals regarding risk factors and the tool proposal; and 3) a pilot application of the draft version. The tool has been useful to differentiate clinical and judicial cases (Area Under the Curve, AUC = .830) and to predict the presence of injuries toward mothers (AUC = .764) (Loinaz & Ma de Sousa, 2020), and has also shown a comparable risk profile among boys and girls, but only a significant prediction of injuries to the mother among boys (AUC = .842 vs .660) (Loinaz at al., 2020).

Procedure

All cases were assessed within the usual procedure of the Recurra-GINSO Program, in Madrid (Spain), designed to treat families in conflict with their children for CPV. The tool

was applied and coded by clinicians in the initial assessment along with other tools and interviews. In cases that completed the program during the project the tool was applied again post-treatment. The intervention program has a motivational basis and uses cognitive-behavioral techniques. It is designed to work with all members of the family, promote new relationships and positive affections and, in the case of perpetrators, to develop a life plan. It is an individual and family intervention, both residential and outpatient, with an estimated duration of 9-12 months, involving more than 40 individual sessions, 10 family sessions, 80 group sessions and more than 20 fortnightly sessions with groups of parents. After the residential intervention there is a six-month period of individual and familiar outpatient follow-up.

Data Analysis

A chi-square statistic was used for the comparison of proportions in risk and protective factors, and mean scores comparisons were made with the Student's t test. The global numerical level of risk was calculated transforming risk factor codifications in 2 (Yes), 1(?), and 0 (No). The McNemar test, a non-parametric test for comparison of related samples assessed with nominal (binary) variables, was used to compare the proportion in pre- and post-treatment risk factors and thus quantify therapeutic change. Finally, ROC (Receiver Operating Characteristics) curve analysis was used to determine the usefulness of the CPVR scores to predict final clinical opinion related to the treatment progression.

RESULTS

Pre-treatment assessment in the full sample

The prevalence of risk and protective factors in the full sample is described in Table 1. Most cases (94.1%) did not have complaints and the violence was in scalation (65.8%). The most prevalent personal risk factors were low frustration tolerance (94.1%), anger management issues (84.7%), and academic difficulties (89.8%), followed by self-esteem problems (79.7%) and impulsivity (78.8%). Regarding the family, the presence of a problematic education style was the most prevalent risk factor (89%), being the most common the permissive followed by the authoritarian styles. A factor not included among the central-30 is intimate partner victimization, found in 13.6% (n = 16) of the cases, all but one of the victims being women. A great number of cases had been involved in previous interventions that had failed (82.2%).

Table 1.

Prevalence of risk and protective factors in pre-treatment assessment (N = 118).

	Coding					
	No		Partial		Yes	
	n	%	*n*	%	*n*	%
Violence						
1. Bidirectionality	68	57.6%	9	7.6%	41	34.7%
2. Violence other than CPV	70	59.3%	3	2.5%	45	38.1%
3. CPV complaints	111	94.1%	1	0.8%	6	5.1%
4. Escalation	35	29.9%	5	4.3%	77	65.8%
5. Bullying victimization	68	58.1%	14	12.0%	35	29.9%
Perpetrator psychological characteristics						
6. Psychopathological symptomology	58	49.2%	10	8.5%	50	42.4%
7. Empathy problems	31	26.3%	12	10.2%	75	63.6%
8. Self-esteem problems	15	12.7%	9	7.6%	94	79.7%
9. Low frustration tolerance	3	2.5%	4	3.4%	111	94.1%
10. Substance abuse	33	28.0%	5	4.2%	80	67.8%
11. Impulsivity	18	15.3%	7	5.9%	93	78.8%
12. Anger management issues	11	9.3%	7	5.9%	100	84.7%
13. Narcissism and grandiose thoughts	87	73.7%	7	5.9%	24	20.3%
14. Attitudes or beliefs justifying violence	57	48.7%	10	8.5%	50	42.7%
Adaptation						
15. Academic difficulties	10	8.5%	2	1.7%	106	89.8%
16. Antisocial behaviour	39	33.1%	19	16.1%	60	50.8%
17. Antisocial peers	32	27.1%	11	9.3%	75	63.6%
18. Failure in previous interventions	10	8.5%	11	9.3%	97	82.2%
Family factors						
19. Violence between parents or guardians	82	69.5%	5	4.2%	31	26.3%
20. Cohabitation problems other than CPV	63	53.4%	6	5.1%	49	41.5%
21. Problematic education style	4	3.4%	8	6.8%	106	89.8%
22. Inversion of the hierarchy	31	26.3%	6	5.1%	81	68.6%
23. Personal problems of parents	74	62.7%	10	8.5%	34	28.8%
24. Non-violent conflicts between parents	57	48.3%	9	7.6%	52	44.1%
Protective factors						
25. Motivation to change	82	69.5%	15	12.7%	21	17.8%
26. Family involvement in therapy	33	28.0%	32	27.1%	53	44.9%
27. Future plans	85	72.0%	8	6.8%	25	21.2%
28. Social support	71	60.2%	19	16.1%	28	23.7%
29. Family support	33	28.0%	16	13.6%	69	58.5%
30. Working alliance in therapy	63	53.4%	28	23.7%	27	22.9%

Among the other variables included in the CPVR, most participants (88.1%) were studying at the time of the intervention (4.2% were neither working nor studying, and 5.9% were working). Regarding their families, 41.5% came from a single-parent family, mainly with the mother as the parent in charge (43 out of 49 cases; for five families it was the father and for one an aunt), 11% were adoptive families, and 6.8% had experienced family migration/reunification. Finally, 6.8% of parents had a criminal record, the father in all cases. The age of onset of violence was 12.59 years of age (*SD* = 2.55; range 4-16) and the violence had lasted on average 3.10 years (*SD* = 2.31, range 0-14) until program attendance.

Therapeutic change

Table 2 presents the comparison of CPVR factors in the pre- and post-treatment assessment. On the one hand, all but three risk factors (CPV complaints, narcissism and nonviolent conflicts between parents) significantly reduced their prevalence after treatment. All the protective factors, on the other hand, increased their prevalence significantly. Item 18 was not included in the comparison due to its reference to past interventions.

Table 2.

Differences in pre- and post-treatment CPVR factors (n = 66).

	Presence of the factor				
	Pre		**Post**		
	n	**%**	***n***	**%**	***p****
Violence					
1. Bidirectionality	32	48.5%	6	9.1%	.000
2. Violence other than CPV	35	53.0%	6	9.1%	.000
3. CPV complaints	4	6.1%	3	4.5%	1
4. Escalation	42	63.6%	8	12.1%	.000
5. Bullying victimization	34	51.5%	7	10.6%	.000
Perpetrator psychological characteristics					
6. Psychopathological symptomology	37	56.1%	20	30.3%	.000
7. Empathy problems	46	69.7%	30	45.5%	.000
8. Self-esteem problems	57	86.4%	41	62.1%	.000
9. Low frustration tolerance	63	95.5%	26	39.4%	.000
10. Substance abuse	48	72.7%	11	16.7%	.000
11. Impulsivity	52	78.8%	17	25.8%	.000
12. Anger management issues	57	86.4%	15	22.7%	.000
13. Narcissism and grandiose thoughts	16	24.2%	13	19.7%	.375
14. Attitudes or beliefs justifying violence	41	63.1%	23	35.4%	.000

	Presence of the factor				
	Pre		Post		
	n	%	*n*	%	*p**
Adaptation					
15. Academic difficulties	58	87.9%	28	42.4%	.000
16. Antisocial behaviour	42	63.6%	12	18.2%	.000
17. Antisocial peers	47	71.2%	23	34.8%	.000
Family factors					
19. Violence between parents or guardians	31	47.0%	13	19.7%	.000
20. Cohabitation problems other than CPV	43	65.2%	33	50.0%	.013
21. Problematic education style	63	95.5%	42	63.6%	.000
22. Inversion of the hierarchy	46	69.7%	21	31.8%	.000
23. Personal problems of parents	30	45.5%	20	30.3%	.002
24. Non-violent conflicts between parents	37	56.1%	32	48.5%	.180
Protective factors					
25. Motivation to change	18	27.3%	58	87.9%	.000
26. Family involvement in therapy	39	59.1%	55	83.3%	.001
27. Future plans	11	16.7%	58	87.9%	.000
28. Social support	24	36.4%	50	75.8%	.000
29. Family support	49	74.2%	61	92.4%	.002
30. Working alliance in therapy	20	30.3%	59	89.4%	.002

**McNemar's test significance.*

Level of risk

Considering the overall numerical risk level (range = 0-48), there was a significant ($t(65) = 16.234$; $p = .000$) reduction of risk with the treatment in those with pre-post intervention assessment. The mean pre-treatment score was 30.96 ($SD = 5.61$) compared to 13.63 ($SD = 8.74$) in post-treatment. Therefore, a reduction of 17 points ($SD = 8.67$) was produced after treatment, a change in almost six risk factors, broadly speaking.

Risk and final clinical consideration

Table 3 presents the comparison of pre-treatment factors between cases with favorable and unfavorable clinical prognoses at the end of treatment. Both favorable and unfavorable cases had the same prevalence in risk and protective factors in the initial assessment, therefore there were no pre-treatment predictors to anticipate this final decision. The initial risk level was no different ($t(64) = -0.787$, $p = .434$) among those who concluded the program with a favorable ($n = 37$, $M = 30.48$, $SD = 5.62$) or unfavorable prognosis (n= 29, $M = 31.58$; $SD = 5.64$) according to

clinicians' criteria. In the post-treatment assessment, cases with a favorable prognosis (M = 9.18; SD = 6.31) scored significantly less ($t(64)$ = -5.675, p = .000) than cases with an unfavorable prognosis (M = 19.31; SD = 8.18). Thus, the use of the initial score as a predictor of the final unfavorable clinical forecast by analyzing the AUC was not significant (AUC = .576).

Table 3.

Prevalence of pre-treatment factors according to clinical prognosis after treatment.

	Clinical prognosis					
	Favourable (n = 37)		**Unfavourable (n = 29)**			
	n	**%**	***n***	**%**	***chi***	***p***
Violence						
1. Bidirectionality	18	48.6%	14	48.3%	0.001	1
2. Violence other than CPV	19	51.4%	16	55.2%	0.095	.807
3. CPV complaints	1	2.7%	3	10.3%	0.668	.312
4. Escalation	23	62.2%	19	65.5%	0.079	.803
5. Bullying victimization	18	48.6%	16	55.2%	0.277	.628
Perpetrator psychological characteristics						
6. Psychopathological symptomology	8	21.6%	8	27.6%	0.395	.620
7. Empathy problems	22	59.5%	15	51.7%	0.931	.422
8. Self-esteem problems	24	64.9%	22	75.9%	0.571	.491
9. Low frustration tolerance	33	89.2%	24	82.8%	2.463	.250
10. Substance abuse	34	91.9%	29	100%	0.369	.587
11. Impulsivity	28	75.7%	20	69.0%	1.704	.236
12. Anger management issues	27	73.0%	25	86.2%	0.001	1
13. Narcissism and grandiose thoughts	32	86.5%	25	86.2%	0.000	1
14. Attitudes or beliefs justifying violence	9	24.3%	7	24.1%	0.446	.607
Adaptation						
15. Academic difficulties	24	66.7%	17	58.6%	0.153	1
16. Antisocial behaviour	32	86.5%	26	89.7%	0.079	.803
17. Antisocial peers	23	62.2%	19	65.5%	0.127	.788
18. Failure in previous interventions	27	73.0%	20	69.0%	2.856	.160
Family factors						
19. Violence between parents or guardians	36	97.3%	25	86.2%	0.469	.620
20. Cohabitation problems other than CPV	16	43.2%	15	51.7%	0.003	1
21. Problematic education style	24	64.9%	19	65.5%	0.144	1
22. Inversion of the hierarchy	35	94.6%	28	96.6%	0.931	.422
23. Personal problems of parents	24	64.9%	22	75.9%	0.820	.457
24. Non-violent conflicts between parents	15	40.5%	15	51.7%	0.138	.805

	Clinical prognosis					
	Favourable (n = 37)		Unfavourable (n = 29)			
	n	**%**	***n***	**%**	***chi***	***p***
Protective factors						
25. Motivation to change	20	54.1%	17	58.6%	2.963	.085
26. Family involvement in therapy	7	18.9%	11	37.9%	0.005	1
27. Future plans	22	59.5%	17	58.6%	0.603	.515
28. Social support	5	13.5%	6	20.7%	1.722	.210
29. Family support	16	43.2%	8	27.6%	0.090	.784
30. Working alliance in therapy	28	75.7%	21	72.4%	1.425	.286

Age of onset of violence

Finally, the idea of "early age of onset" and its relationship with emotional insensitivity presented in previous research was analyzed, with 20% of the total sample and 11.7% of the pre/post treatment sample having an age of onset equal to or less than 11 years of age. There were no differences ($t(58) = 0.964$, $p = .339$) in the age of onset between those considered favorable ($M = 13.15$, $SD = 2.40$) and those considered unfavorable ($M = 12.51$, $SD = 2.68$) after treatment. The CPVR tool also assesses the problems of empathy and narcissism, two dimensions related to the afore-mentioned construct of emotional insensitivity, but which also did not show differences between those who were coded with a favorable or unfavorable prognosis at the end of the program (see Table 3). In the total sample, the were no differences ($t(108) = 0.771$, $p = .675$) in total risk score among those with early age of onset ($n = 22$; $M = 30.18$, $SD = 5.19$) and those without early age of onset ($n = 88$; $M = 29.6$, $SD = 5.49$).

DISCUSSION

The present work aimed to analyze the utility of the CPVR in a therapeutic context. It was expected to identify possible variables involved in the good or poor evolution of cases, as well as changes that occurred after the implementation of a treatment. The analysis of 118 cases in attending treatment showed that the most prevalent factors were low frustration tolerance, academic difficulties, anger management issues, self-esteem problems, impulsivity, failure of previous interventions, and problematic educational style, with prevalence close to or greater than 80%. This means, on the one hand, that they are variables closely linked to this type of violence. But, on the other hand, these variables cannot discriminate between cases within this type of offenders because they are present in most cases. High impulsivity

(Contreras & Cano, 2015; Rico et al., 2017), self-esteem problems (Contreras & Cano, 2015; Ibabe et al., 2014; Kennedy et al., 2010) or low frustration tolerance (Kennair & Mellor, 2007; Nock & Kazdin, 2002), among others, are repeated variables in previous research. Therefore they are the target of intervention programs. Parenting styles, rule setting and other family variables are also related to other risk factors, as can be the academic performance (Rodríguez-Fernández et al., 2020).

Considering a previous sample in which the CPVR was used to compare clinical and judicial cases (Loinaz & Ma de Sousa, 2020), the current sample was similar to the judicial cases, although having fewer family problems and less narcissism and violent attitudes. Bidirectionality, although not among the most prevalent, was present in more than a third of the full sample, and has been found to be a relevant risk factor related to the family environment (Arias-Rivera et al., 2022; Cano-Lozano, et al., 2021; Contreras et al., 2020; Del Hoyo-Bilbao et al., 2018; Gallego et al., 2019). Indeed, trauma-based approaches are a therapeutic framework proposed for those cases of CPV with bidirectional violence (Nowakowski-Sims & Rowe, 2015).

The results showed significant changes in risk (reduction) and protective (increase) factors after the treatment. This points to the fact that the program may be effective in terms of short-term change, and that the CPVR may be also sensitive to therapeutic change. However, we lack sufficient data to confirm that this change in risk factors results in a reduction of violence in the future, as there was no information about recidivism information. Reduction in general recidivism, but not on assaults or domestic violence recidivism, has been found with the Step Up program (a 21 weeks group intervention for families for which a youth is being consistently violent in the home, using cognitive restructuring, problem-solving and motivational approaches), with program completion related to greater effectiveness (Gilman & Walker, 2020). Participation in a group intervention for mother victims has also been related to less violence at home and some health improvements (Paterson et al., 2002). Maroto and Cortés (2018) described a 15% general recidivism at six months and 33% at 12 months following up after judicial interventions, with recidivism in psychological violence higher than in physical violence. Research with other types of youth offenders has shown that decreases in risk factors and increases in protective factors do not predict reduced reoffending (Viljoen et al., 2017), although the opposite has been described in adults (De Vries Robbé et al., 2015). Therefore, more research and follow-up is needed.

The predictive validity of the CPVR was poor regarding treatment considerations. Cases with favorable or unfavorable clinical prognoses after the therapeutic intervention had the same prevalence in risk and protective factors before the treatment, as well as in their total score. There are, at least, two hypotheses for this. The first is that the treatment is effective regardless of the risk factors of the case. The second, linked more to limitations of the research, is that the coding of cases as favorable or unfavorable has no direct connection with real outcomes

such as recidivism. Nowakowski and Mattern (2014) found that having a prior violent arrest and skipping school were related to program failure, but research on effectiveness of CPV treatment or adherence is still limited (see Holt, 2016, for a review). Results linking early age of onset of violence with emotional insensitivity, generalized violence and worse therapeutic functioning (Curtis et al., 2022) were not confirmed in the present sample.

The findings should be considered with several limitations in mind. A big issue concerning the predictive ability of the CPVR is that post-treatment behavioral information was lacking. It should be remembered that, from an empirical point of view, the level of risk should be correlated with subsequent violence that would give us the actual data of whether the result of the intervention was favorable or not. It was impossible to test if the clinical codification of cases as favorable or unfavorable was related to recidivism. The lack of real recidivism data is a limitation shared in this research field and a need for future projects (i.e., Cacho et al., 2020). Another limitation worth noting is that cases correspond to only one intervention program and center, so a greater variety of samples, programs and professional procedures should be tested. Moreover, as it was a year project not all cases were able to be assessed pre and post treatment. Last, the study does not include a control group. The use of a comparison group would be useful to examine what happens over time with the factors measured by the CPVR in the absence of treatment.

As stated by O'Hara et al. (2017): "A clear understanding of the factors that maintain adolescent aggression toward parents is likely to advance the effectiveness of intervention and relapse prevention efforts" (p. 189). Future work should test the behavioral changes after treatment, the predictive ability of the CPVR (for actual recidivism), or compare the convergent validity of this specific tool for CPV with others for general violence/crime also used in Spain, like SAVRY or YLS/CMI (Ortega-Campos et al., 2020). The assessment of program fidelity would be another future research target to prove its effectiveness, and to inform literature about "what works". Considering variables related to higher risk of recidivism should be taken into account in the development of effective intervention programs (Cacho et al., 2020), as well as the role of different types of victimization, like bullying or dating violence, as a key factor related to patterns and evolution in antisocial behaviors (Nasaescu et al., 2020).

REFERENCES

Arias-Rivera, S., Hidalgo, V., & Lorence, B. (2020). A scoping study on measures of child-to-parent violence. *Aggression and Violent Behavior, 52*, 101426. https://doi.org/10.1016/j.avb.2020.101426

Arias-Rivera, S., Lorence, B., & Hidalgo, V. (2022). Parenting skills, family functioning and social support in situations of child-to-parent violence: A scoping review of

the literature. *Journal of Family Violence*, 37, 1147-1160. https://doi.org/10.1007/s10896-021-00316-y

Armstrong, G. S., Cain, C. M., Wylie, L. E., Muftić, L. R., & Bouffard, L. A. (2018). Risk factor profile of youth incarcerated for child to parent violence: A nationally representative sample. *Journal of Criminal Justice, 58*, 1-9. https://doi.org/10.1016/j.jcrimjus.2018.06.002

Beckmann, L., Bergmann, M. C., Fischer, F., & Mößle, T. (2021). Risk and protective factors of child-to-parent violence: A comparison between physical and verbal aggression. *Journal of Interpersonal Violence, 36*(3-4), 1309-1334. https://doi.org/10.1177/0886260517746129

Cacho, R., Fernández-Montalvo, J., López-Goñi, J. J., Arteaga, A., & Haro, B. (2020). Psychosocial and personality characteristics of juvenile offenders in a detention centre regarding recidivism risk. *European Journal of Psychology Applied to Legal Context, 12*(2), 69-75. https://doi.org/10.5093/ejpalc2020a9

Calvete, E., Gámez-Guadix, M., & García-Salvador, S. (2015). Social information processing in child-to-parent aggression: Bidirectional associations in a 1-year prospective study. *Journal of Child and Family Studies, 24*(8), 2204-2216. https://doi.org/10.1007/s10826-014-0023-4

Calvete, E., Gámez-Guadix, M., Orue, I., González-Díez, Z., López de Arroyabe, E., Sampedro, R., . . . Borrajo, E. (2013). Brief report: The Adolescent Child-to-Parent Aggression Questionnaire: An examination of aggressions against parents in Spanish adolescents. *Journal of Adolescence, 36*(6), 1077-1081. https://doi.org/10.1016/j.adolescence.2013.08.017

Calvete, E., Orue, I., Gámez-Guadix, M., & Bushman, B. J. (2015). Predictors of child-to-parent aggression: A 3-year longitudinal study. *Developmental Psychology, 51*(5), 663-676. https://doi.org/10.1037/a0039092

Cano-Lozano, M. C., Navas-Martínez, M. J., & Contreras, L. (2021). Child-to-Parent Violence during confinement due to COVID-19: Relationship with other forms of family violence and psychosocial stressors in Spanish youth. *Sustainability, 13*(20), 11431. https://doi.org/10.3390/su132011431

Contreras, L., Bustos-Navarrete, C., & Cano, C. (2019). Child-to-parent Violence Questionnaire (CPV-Q): Validation among Spanish adolescents. *International Journal of Clinical and Health Psychology, 19*, 67-74. https://doi.org/10.1016/j.ijchp.2018.09.001

Contreras, L., & Cano, C. (2015). Exploring psychological features in adolescents who assault their parents: A different profile of young offenders? *Journal of Forensic*

Psychiatry & Psychology, 26(1), 224-241. https://doi.org/10.1080/14789949.2015.1004634

Contreras, L., León, S. P., & Cano-Lozano, M. C. (2020). Socio-cognitive variables involved in the relationship between violence exposure at home and child-to-parent violence. *Journal of Adolescence, 80*, 19-28. https://doi.org/10.1016/j.adolescence.2020.01.017

Cortina, H., & Martín, A. M. (2021). Validation of the Explanations of Adolescent-to-Parent Violence Scale. *Psicothema, 33*(4), 647-656. https://doi.org/10.7334/psicothema2021.99

Cuervo, K. (2021). A deeper understanding of child to parent violence (CPV): Personal traits, family context, and parenting. *International Journal of Offender Therapy and Comparative Criminology*. Advance online publication. https://doi.org/10.1177/0306624x211065588

Curtis, A., Harries, T., Moulds, L., & Miller, P. (2022). Addressing child-to-parent violence: developmental and intervention considerations. *Journal of Family Studies, 28*(1), 382-399. https://doi.org/10.1080/13229400.2019.1682643

De Vries Robbé, M., de Vogel, V., Douglas, K. S., & Nijman, H. L. (2015). Changes in dynamic risk and protective factors for violence during inpatient forensic psychiatric treatment: Predicting reductions in postdischarge community recidivism. *Law and Humam Behavior, 39*(1), 53-61. https://doi.org/10.1037/lhb0000089

Del Hoyo-Bilbao, J., Gámez-Guadix, M., & Calvete, E. (2018). Corporal punishment by parents and child-to-parent aggression in Spanish adolescents. *Anales de Psicología/Annals of Psychology, 34*(1), 108-116. https://doi.org/10.6018/analesps.34.1.259601

Del Hoyo-Bilbao, J., Gámez-Guadix, M., Orue, I., & Calvete, E. (2018). Psychometric properties of the Child-to-Parent Aggression Questionnaire in a clinical sample of adolescents who abuse their parents: Prevalence and gender differences. *Violence and Victims, 33*(2), 203-217. https://doi.org/10.1891/0886-6708.VVD-16-00166

Del Hoyo-Bilbao, J., & Loinaz, I. (2021). Psychological abuse of parents. In T. K. Shackelford (Ed.), *The SAGE handbook of domestic violence (*Vol. 1, pp. 875-891). London, UK: SAGE.

Del Hoyo-Bilbao, J., Orue, I., Gámez-Guadix, M., & Calvete, E. (2020). Multivariate models of child-to-mother violence and child-to-father violence among adolescents. *European Journal of Psychology Applied to Legal Context, 12*(1), 11-21. https://doi.org/10.5093/ejpalc2020a2

Douglas, K. S., Hart, S. D., Webster, C. D., Belfrage, H., Guy, L. S., & Wilson, C. M. (2014). Historical-Clinical-Risk Management-20, Version 3 (HCR-20V3):

Development and overview. *International Journal of Forensic Mental Health, 13*(2), 93-108. https://doi.org/10.1080/14999013.2014.906519

Edenborough, M., Wilkes, L. M., Jackson, D., & Mannix, J. (2011). Development and validation of the child-to-mother violence scale. *Nurse Researcher, 18*(2), 63-76. https://doi.org/10.7748/nr2011.01.18.2.63.c8285

Gallego, R., Novo, M., Fariña, F., & Arce, R. (2019). Child-to-parent violence and parent-to-child violence: A meta-analytic review. *European Journal of Psychology Applied to Legal Context, 11*(2), 51-59. https://doi.org/10.5093/ejpalc2019a4

Gilman, A. B., & Walker, S. C. (2020). Evaluating the effects of an adolescent family violence intervention program on recidivism among court-involved youth. *Journal of Family Violence, 35*(2), 95-106. https://doi.org/10.1007/s10896-019-00070-2

Gómez-Leal, R., Megías-Robles, A., Sánchez-López, M. T., & Fernández-Berrocal, P. (2021). Psychopathic traits and ability emotional intelligence in incarcerated males. *European Journal of Psychology Applied to Legal Context, 13*(2), 79-86. https://doi.org/10.5093/ejpalc2021a8

Holt, A. (Ed.). (2016). *Working with adolescent violence and abuse towards parents: Approaches and contexts for intervention*. Oxon, UK: Routledge.

Holt, A., & Shon, P. C. (2018). Exploring fatal and non-fatal violence against parents: Challenging the orthodoxy of abused adolescent perpetrators. *International Journal of Offender Therapy and Comparative Criminology, 62*(4), 915-934. https://doi.org/10.1177/0306624x16672444

Hong, J. S., Kral, M. J., Espelage, D. L., & Allen-Meares, P. (2012). The social ecology of adolescent-initiated parent abuse: A review of the literature. *Child Psychiatry and Human Development, 43*(3), 431-454. https://doi.org/10.1007/s10578-011-0273-y

Hunter, C., Nixon, J., & Parr, S. (2010). Mother abuse: A matter of youth justice, child welfare or domestic violence? *Journal of Law and Society, 37*(2), 264-284. https://doi.org/10.1111/j.1467-6478.2010.00504.x

Ibabe, I., Arnoso, A., & Elgorriaga, E. (2014). Behavioral problems and depressive symptomatology as predictors of child-to-parent violence. *European Journal of Psychology Applied to Legal Context, 6,* 53-61. https://doi.org/10.1016/j.ejpal.2014.06.004

Ibabe, I., Jaureguizar, J., & Bentler, P. M. (2013). Risk factors for child-to-parent violence. *Journal of Family Violence, 28*(5), 523-534. https://doi.org/10.1007/s10896-013-9512-2

Kennair, N., & Mellor, D. (2007). Parent abuse: A review. *Child Psychiatry and Human Development, 38*(3), 203-219. https://doi.org/10.1007/s10578-007-0061-x

Kennedy, T. D., Edmonds, W. A., Dann, K. T. J., & Burnett, K. F. (2010). The clinical and adaptive features of young offenders with histories of child-parent violence. *Journal of Family Violence, 25*(5), 509-520. https://doi.org/10.1007/s10896-010-9312-x

Kuay, H. S., Tiffin, P. A., Boothroyd, L. G., Towl, G. J., & Centifanti, L. C. M. (2017). A new trait-based model of child-to-parent aggression. *Adolescent Research Review, 2*(3), 199-211. https://doi.org/10.1007/s40894-017-0061-4

Loinaz, I., Andrés-Pueyo, A., & Pereira, R. (2017). Factores de riesgo de violencia filio-parental: Una aproximación con juicio de expertos [Child-to-parent violence risk factors: An approach with expert judgement]. *Acción Psicológica, 14*(2), 17-32. https://doi.org/10.5944/ap.14.2.20747

Loinaz, I., Barboni, L., & Ma de Sousa, A. (2020). Gender differences in child-to-parent violence risk factors. *Anales de Psicología/Annals of Psychology, 36*(3), 408-417. https://doi.org/10.6018/analesps.428531

Loinaz, I., & Ma de Sousa, A. (2020). Assessing risk and protective factors in clinical and judicial child-to-parent violence cases. *European Journal of Psychology Applied to Legal Context, 12*(1), 43-51. https://doi.org/10.5093/ejpalc2020a5

Maroto, Z., & Cortés, M. (2018). Reincidencia y factores psicológicos en jóvenes con conductas de maltrato hacia sus progenitores [Recidivism and psychological factors in young violence against parents]. *Revista sobre la Infancia y la Adolescencia, 15*, 16-28. https://doi.org/10.4995/reinad.2018.9428

Moulds, L. G., & Day, A. (2017). Characteristics of adolescent violence towards parents – A rapid evidence assessment. *Journal of Aggression, Conflict and Peace Research, 9*(3), 195-209. https://doi.org/10.1108/JACPR-11-2016-0260

Moulds, L. G., Day, A., Mildred, H., Miller, P., & Casey, S. (2016). Adolescent violence towards parents: The known and unknowns. *Australian and New Zealand Journal of Family Therapy, 37*(4), 547-557. https://doi.org/10.1002/anzf.1189

Nasaescu, E., Zych, I., Ortega-Ruiz, R., Farrington, D. P., & Llorent, V. J. (2020). Longitudinal patterns of antisocial behaviors in early adolescence: A latent class and latent transition analysis. *European Journal of Psychology Applied to Legal Context, 12*(2), 85-92. https://doi.org/10.5093/ejpalc2020a10

Nock, M. K., & Kazdin, A. E. (2002). Parent-directed physical aggression by clinic-referred youths. *Journal of Clinical Child & Adolescent Psychology, 31*(2), 193-205.

Nowakowski-Sims, E., & Rowe, A. (2015). Using trauma informed treatment models with child-to-parent violence. *Journal of Child & Adolescent Trauma, 8*(4), 237-244. https://doi.org/10.1007/s40653-015-0065-9

Nowakowski, E., & Mattern, K. (2014). An exploratory study of the characteristics that prevent youth from completing a family violence diversion program. *Journal of Family Violence, 29*(2), 143-149. https://doi.org/10.1007/s10896-013-9572-3

Nussbaum, W., Berry, S. M., Hartnett, S., & Vincent, G. (2015). *Adolescent domestic battery typology tool manual.* Chicago, IL: MacArthur Foundation & Models For Change. Retrieved from http://modelsforchange.net/publications/845/Adolescent_Domestic_Battery_Typology_Tool_Manual.pdf

O'Hara, K. L., Duchschere, J. E., Beck, C. J. A., & Lawrence, E. (2017). Adolescent-to-parent violence: Translating research into effective practice. *Adolescent Research Review, 2*(3), 181-198. https://doi.org/10.1007/s40894-016-0051-y

Ortega-Campos, E., García-García, J., De la Fuente-Sánchez, L., & Zaldívar-Basurto, F. (2020). Predicting risk of recidivism in Spanish young offenders: Comparative analysis of the SAVRY and YLS/CMI. *Psicothema, 32*(2), 221-228. https://doi.org/10.7334/psicothema2019.275

Palanques, N., Cuervo, K., & Villanueva, L. (2022). Criminological profile of minors who have committed child-to-parent violence. *Psychiatry, Psychology and Law*. 29(5), 765-778. https://doi.org/10.1080/13218719.2021.1976301

Paterson, R., Luntz, H., Perlesz, A., & Cotton, S. (2002). Adolescent violence towards parents: maintaining family connections when the going gets tough. *Australian and New Zealand Journal of Family Therapy, 23*(2), 90-100. https://doi.org/10.1002/j.1467-8438.2002.tb00493.x

Pereira, R., Loinaz, I., del Hoyo-Bilbao, J., Arrospide, J., Bertino, L., Calvo, A., . . . Gutiérrez, M. M. (2017). Proposal for a definition of filio-parental violence: Consensus of the Spanish society for the study of filio-parental violence (SEVIFIP). *Papeles del Psicólogo, 38*(3), 216-223. https://doi.org/10.23923/pap.psicol2017.2839

Rico, E., Rosado, J., & Cantón-Cortés, D. (2017). Impulsiveness and child-to-parent violence: The role of aggressor's sex. *Spanish Journal of Psychology, 20*(e15), 1-11. https://doi.org/10.1017/sjp.2017.15

Rodríguez-Fernández, A., Antonio-Agirre, I. Ramos-Díaz, E., & Revuelta-Revuelta, L. (2020). The role of affect-communication and rule setting in perceived family support and school adjustment. *European Journal of Education and Psychology, 13*(1), 5-18. https://doi.org/10.30552/ejep.v13i1.288

Simmons, M. L., McEwan, T. E., Purcell, R., & Huynh, M. (2019). The Abusive Behaviour by Children- Indices (ABC-I): A measure to discriminate between normative and abusive child behaviour. *Journal of Family Violence, 34*(7), 663-676. https://doi.org/10.1007/s10896-019-00071-1

Simmons, M. L., McEwan, T. E., Purcell, R., & Ogloff, J. R. P. (2018). Sixty years of child-to-parent abuse research: What we know and where to go. *Aggression and Violent Behavior, 38*, 31-52. https://doi.org/10.1016/j.avb.2017.11.001

Tew, J., & Nixon, J. (2010). Parent abuse: Opening up a discussion of a complex instance of family power relations. *Social Policy and Society, 9*, 579-589. https://doi.org/10.1017/S1474746410000291

Viljoen, J. L., Gray, A. L., Shaffer, C., Latzman, N. E., Scalora, M. J., & Ullman, D. (2017). Changes in J-SOAP-II and SAVRY scores over the course of residential, cognitive-behavioral treatment for adolescent sexual offending. *Sexual Abuse: A Journal of Research and Treatment, 29*(4), 342-374. https://doi.org/10.1177/1079063215595404

Recepción: 27 de septiembre de 2022
Aceptación: 12 de diciembre de 2022