

CHILD-PARENT VIOLENCE: MAIN CHARACTERISTICS, RISK FACTORS AND KEYS TO INTERVENTION

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La Violencia Filio-parental (en adelante VFP) es un problema cada vez más evidente en los sistemas de protección social, sanitario y judicial que, sin embargo, sigue presentando lagunas respecto de sus principales características y las de sus implicados, factores predisponentes e intervenciones eficaces. Sin embargo, sí existe consenso respecto de sus devastadoras consecuencias. Esta revisión bibliográfica se centra en analizar la problemática de la VFP con el objeto de proporcionar datos que sirvan de herramienta para futuras investigaciones y propuestas de intervención. En particular, en el artículo se define la VFP y sus tipos, se ofrecen datos sobre prevalencia, así como sobre las principales características de hijos maltratadores y padres y madres maltratadas, se comentan los principales factores de riesgo individuales, familiares, escolares y comunitarios destacados hasta el momento, y se presentan las principales áreas de intervención con este colectivo.

Palabras clave: Violencia Filio-parental, Prevalencia, Adolescencia, Factores de Riesgo, Intervención.

Child-parent Violence (hereinafter CPV) is an increasingly evident problem in the social, health, and judicial protection systems which, however, continue to show a number of major deficiencies with respect to the main characteristics of CPV, the people involved, the underlying factors, and efficacious interventions. Nevertheless, there is a consensus regarding its devastating consequences. The present bibliographical review is focused on analysing the problem of CPV with the aim of offering useful data for future research and intervention proposals. Specifically, this paper provides a definition of CPV and its types, some data on prevalence, the main characteristics of aggressive children and abused parents, and the most important individual, family, school and community risk factors highlighted in the current scientific literature. The keys areas of intervention with this group are also presented.

Key words: Child-parent violence, Prevalence, Adolescence, Risk Factors, Intervention.

Child-parent violence (hereinafter CPV) is an issue on which there is little rigorous knowledge (Aroca-Montolío, Lorenzo-Moledo & Miró-Pérez, 2014; Morán, 2013; Rechea & Cuervo, 2010; Romero, Melero, Cánovas & Antolín, 2005). This is because the family has traditionally been regarded as a reserved space whose privacy was sacred and untouchable. Today, however, this privacy has clear legal limits, and therefore citizens, officials and researchers demonstrate an increasing concern to respond to situations involving the flagrant violation of rights within the family, as in cases of family violence. In fact, many current laws and a significant amount of research consider issues related to mistreatment and abuse of children and domestic violence in the family as priority matters (Crichton-Hill, Evans & Meadows, 2006). When we speak, in particular, of the behaviour of teenage children, it is necessary to

distinguish between the prototypical adolescent behaviours of a disruptive nature from those others deemed unacceptable or abusive (Stewart, Wilkes, Jackson & Mannix, 2006). These aspects are obstacles to a consensual definition of what we mean by "violent behaviour towards parents", "abuse towards parents" or, in more specific terminology *child-parent violence*. We are aware that there are recent review papers on CPV; this manuscript is intended to be a clarifying, generalising article that is close to the professionals who see the daily increase in cases, and the difficulty of the intervention on this issue, given its complexity and ecological dimension.

DESCRIPTION OF CHILD-PARENT VIOLENCE

The first approaches to CPV were by authors such as Sears, Maccoby, and Levin in 1957 and Harbin and Madden in 1979, who referred to this type of ascending abuse as "abused parent syndrome", defining it as a subtype of family violence in which physical attacks, and verbal and nonverbal threats were perpetrated by children to their parents. Other definitions of CPV have

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subsequently been made, such as those by Cottrell (2001), Pereira (2006), and Bailín, Tobeña and Sarasa (2007), among others, who have pointed out various criteria for inclusion and exclusion of functional patterns of CPV that determine both the type of research conducted and the subsequent type of intervention. Among these, Cottrell (2001, p. 3) defines CPV as "an act of abuse towards the parents, whether of physical, psychological or economic harm, in order to gain power and control over them", which is one of the statements most used to emphasise the difference between the rebellious and challenging behaviours of children in adolescence and the exercise of power.

More recently Pereira (2006, p. 2) refers to CPV as "repeated behaviours of violence – whether physical (assault, hitting, pushing, throwing objects), verbal (repeated insults, threats) or nonverbal (threatening gestures, breaking prized possessions) – towards parents or the adults who are acting as such". The World Health Organization (2002) defines violence as "any intentional act or omission which, when directed at a person, tends to cause them physical, psychological, sexual or economic harm." In the case of CPV and following Cottrell (2001), Tobeña (2012) and Aroca et al. (2014), there are three types of CPV: (1) physical, which includes behaviours directed against the parents (spitting, pushing, slapping, kicking, punching, hitting them with an object, threatening them with dangerous objects) and against the family home (breaking, kicking or painting/scratching objects); (2) psychological (verbal, nonverbal and emotional), which involves insulting, yelling, intimidating parents, maliciously teasing them, leading them to think they are crazy, making unrealistic demands, insisting that they abide by their rules, lying, leaving home, and threatening to commit suicide or to leave home without actually intending to do so, and (3) economic or financial, such as stealing money or possessions, selling the parents' possessions, incurring debts to be paid by the parents, or requiring the parents to buy things they cannot afford. Bailín et al. (2007) observed that in most cases CPV occurs gradually, beginning with a type of financial violence, later moving towards emotional or psychological violence and ending with physical violence, reaching a point at the end of the process in which the three types of violence may occur at the same time.

Finally, we should highlight the practical validity of the clarification and differentiation produced by Pereira and Bertino (2009) in their definition of CPV, which rules out

occasional violence with no previous history and which does not repeat itself, parricide, sexual assault on parents and premeditated assaults with lethal weapons, considering all of these to belong to a different profile. Furthermore, the authors distinguish between what they call *traditional CPV* and *new CPV*. Traditional CPV does not look for an objective in itself, but appears in a state of impaired consciousness and is not repeated when this state (due to drunkenness, organic mental disorders, disorders of the course or content of thought, etc.) subsides, or it is used as self-defence from assaults, sexual abuse or humiliating treatment that is inconsistent with their age, or as a way of protecting another family member who is being attacked. Meanwhile new CPV "is where the son/daughter acts intentionally and consciously, with the desire to cause harm, injury and/or suffering to their parents, repeatedly, over time, and with the immediate aim of gaining power, control and dominance over their victims in order to get what they want, through psychological, economic and/or physical violence" (Aroca, 2010, p.136).

Prevalence of child-parent violence

Almost all investigations coincide in affirming that it is extremely difficult to know the frequency due to methodological and cultural factors that condition the reliable estimation of its extent (Aroca-Montolío et al 2014; Estévez & Navarro-Góngora, 2009; Ulman & Straus, 2003). Among the main methodological impediments, there is disparity in the following elements: the size of the samples, their nature (clinical, legal, community), the use of different instruments for data collection (interviews, questionnaires, analysis of medical records, police records or reviews of individual cases), characterising the type of violence or the age of the aggressors (González-Álvarez, 2012; Morán, 2013). On the other hand, there are the cultural issues, and in this sense it is important to note that CPV is a problem that is often kept secret due to embarrassment, the fear of the reaction of the children or even to protect the family image (Pérez & Pereira, 2006). Also, sometimes violent behaviours and the children's attitudes end up normalising in the eyes of their parents (Gallagher, 2008) so they do not reach beyond the immediate family.

The worldwide prevalence is estimated at between 10% and 18% (Gallagher, 2008). In Spain the prevalence of CPV established in judicial reports on adolescents between 14 and 18 years of age is 3.1% for physical



violence and 12.9% for psychological violence (Rechea, Fernández & Cuervo, 2008). At EU level, some more recent data were produced in the study by Calvete, Gámez-Guadix and Orue (2014) conducted with adolescent students between the ages of 12 and 17. In their results, these authors show that 13.7% of adolescents have used physical violence at least once in the last year and 4% have done so at least 3 to 5 times in the last year, while most respondents had exerted psychological violence towards their parents at least once a year (92% towards their mother and 86% towards their father), and 13.8% had done so more than 6 times in the last year.

THE CHARACTERISTICS OF THOSE INVOLVED IN CHILD-PARENT VIOLENCE

Several studies have focused on analysing whether aggression toward parents is most often committed by sons or daughters, and whether it is more likely that the subject that is assaulted is the mother or the father. The moment of adolescence in which child-parent violence is most evident has also been studied. The age and gender of the perpetrators and the victims are all characteristics to be considered in understanding the profile of those involved in this problem.

The profile of abusive children

The majority of the research indicates that adolescent males are the most likely to assault their parents (Edenborough, Jackson, Mannix & Wilkes, 2008; Gallagher, 2009; Kennedy, Edmonds, Dan & Burnett, 2010; Routt & Anderson, 2011; Stewart, Burns & Leonard, 2007), and these studies show the percentage of male adolescent offenders as representing between 60% and 80% of the total. This higher prevalence in males may be biased because the results come from the judicial sphere, as it seems that sons are more likely to be reported than daughters (Gallagher, 2008). However, there are other studies that found no significant differences between the sexes (Cottrell, 2001; Pagani, et al, 2004; Paterson, Luntz, Perlesz & Cotton, 2002). In Spain, a number of studies have found that boys exercise physical violence the most and girls commit more psychological violence (Ibabe & Jaureguizar, 2011).

In the age variable there are differing results, although most of the research found the beginning of CPV to occur in adolescence, between the ages of 14 and 17 (Kethineni, 2004; Romero et al, 2005; Sánchez, 2008; Snyder & McCurl, 2008; Walsh, Krienert, 2007), with a

mean age of 15 (Haw, 2010; Ibabe & Jaureguizar, 2011; Kethineni, 2004). The review by Pérez and Pereira (2006) indicates that early adolescence (around the age of 11) is a critical period for the onset of CPV, with extremes ranging from 4 to 24 years and a peak in the violence curve around 15-17 years.

The profile of abused parents

Regarding the profile of the victims of CPV, most studies claim that the female members of the family, and particularly mothers or other caregivers (such as grandmothers) are usually the focus of the abuse (Gallagher, 2004; Ibabe et al, 2009; Romero et al 2005; Urra, 1994; Walsh & Krienert, 2007). Among other reasons, this can be explained because mothers are often perceived as weak (Cottrell & Monk, 2004), they usually spend more time alone with their children, or because it is the mothers who usually assume the role of parenting (Gallagher, 2004). Finally, in relation to the age of the parents, it has been observed that the most prevalent age group is between 40-50 years (Edenborough et al., 2008; Stewart et al., 2006). In particular, the study by Romero et al. (2005) with assaulted mothers in our national context, indicated the following illustrative data by age group: 31.9% of mothers were between 40-45 years old and 26.7% were less than 40 years old.

THE MAIN RISK FACTORS FOR CHILD-PARENT VIOLENCE

In order to provide further information on the profile of the children who assault their parents, it is important to highlight the main risk factors that have been identified as antecedents or, at least, variables related to CPV in various studies. We draw on the nested ecological model by Cottrell and Monk (2004) – based on the ecological perspective of Bronfenbrenner – who predict that in cases of CPV different multifactorial variables converge at the ontogenetic, micro, exo and macrosystem levels, in other words the individual, family, school-peer group and community factors.

Individual Factors

Different studies show that young people who exercise CPV have a low empathic capacity (Cottrell & Monk, 2004; González-Álvarez, 2012; Ibabe, Jaureguizar & Díaz, 2009; Lozano, Estévez & Carballo, 2013), high impulsivity (González-Álvarez, 2012; Rechea, et al, 2008) as well as low frustration tolerance (Bertino, et al



2011; Roperti, 2006) and low self-esteem (Kennedy et al., 2010). It has also been observed that depressive symptomatology, loneliness, psychological distress, low life satisfaction, and difficulty expressing emotions or interacting emotionally also correlate with CPV (Lozano et al., 2013). These adolescents are also irritable, have difficulty controlling their anger and their way of acting is selfish (Aroca-Montolío et al, 2014; Ibabe, Jaureguizar & Díaz, 2007; Rechea & Cuervo, 2010; Romero et al, 2005; Sempere, Losa del Pozo, Pérez, Esteve & Cerdá, 2007) and they have little capacity for introspection and self-control (Urria, 1994).

Furthermore, these teenagers usually present an external locus of control (Ibabe, Arnoso & Elgorriaga, 2014), and in some cases antisocial behaviour outside the family sphere (Romero et al., 2005). Most of the research identifies the substance use of the adolescents as a trigger for the violence, which causes significant changes in their behaviour (Cottrell & Monk, 2004; Lozano, et al, 2013.). The study by Pagani et al. (2009) found that a high intake of drugs (both alcohol and other illegal substances) increased the likelihood that these teenagers would assault their mothers, increasing the risk of verbal violence by almost 60%.

Finally, several authors point out that the most frequent psychopathological disorders in children who assault their parents are mood and/or anxiety disorders, attention deficit disorder with or without hyperactivity, attachment disorders, disruptive or learning disorders, oppositional defiant disorder (ODD), conduct disorder (CD), intermittent explosive disorder, and antisocial personality disorder with onset in childhood and adolescence (Cottrell & Monk, 2004; Ibabe et al., 2007; Kethineni, 2004), the most relevant diagnostic category being ODD (26.3%), followed by intermittent explosive disorder (17.5%) and CD (7.9%) (González-Álvarez, 2012)

Family Factors

Different reviews agree that the educational style used by parents is one of the main variables to consider in cases of CPV. Overall, the democratic parenting style has proved the most closely related to the emotional and behavioural adjustment of children, while inconsistent discipline (Rechea et al, 2008; Rechea & Cuervo, 2010), manifest criticism (Cottrell 2001), the presence of frequent and intense parental conflicts and low affective cohesion in the family (Jaureguizar & Ibabe, 2012; Kennedy et al, 2010; Romero et al, 2005; Sánchez, 2008) are risk

factors for CPV. The educational styles of socialisation that share some of these characteristics have been identified, therefore, as precedents to aggression from children to parents. Several authors highlight the neglectful style (Ibabe et al., 2009), the authoritarian style (Cottrell & Monk, 2004; Sánchez, 2008) and the overprotective or permissive style (Rechea et al, 2008; Rechea & Cuervo, 2010; Romero et al., 2005) as family climates that favour aggressive dynamics in families and particularly in the children's behaviour.

In recent years it has been suggested that an excessively permissive parenting style is one of the most significant factors at the base of the problem (Coogan, 2012; Garrido, 2005; Tew & Nixon, 2010). In these families with no rules or regulations, where the parents do not take up their role as educators, often the parentification of the adolescents is observed, i.e., a high degree of autonomy and responsibility inappropriate for their age and maturity (Cottrell, 2001; Estévez & Góngora, 2009; Paterson, et al, 2002). In these homes, clear limits have not been established under the premise of "not frustrating the children", which implies a lack of supervision during the early years of parenting that means that, with the onset of adolescence, the parents are not perceived as authority figures to be respected, sometimes causing what is known as tyrannical behaviour (Estévez, 2013).

Another important risk factor is the existence of previous violence between the parents (Calvete, Orue & Sampedro, 2011; Gallagher, 2008; Stewart et al., 2006). Studies that examined the variable "having witnessed violence in the family" conclude that between 50% and 60% of children who have seen this kind of abuse manifest aggressive behaviour towards their parents (Gallagher, 2004; Kennedy et al, 2010; Routt & Anderson, 2011). The research suggests that living in a violent environment increases the likelihood that the children will identify violence as a legitimate, useful and effective way of controlling others and imposing their own criterion as a way of resolving conflicts.

Finally, variables such as the family structure and the socioeconomic status of the family have also been analysed. In both cases it was concluded that CPV can occur in any kind of family. Some studies emphasise that the highest percentage of cases are found among two-parent families (Rechea & Cuervo, 2010) and others have observed more cases of CPV in extended families and stepfamilies (Romero et al., 2005) and single parent families (Gallagher, 2009; Ibabe et al., 2009; Kennedy et



al., 2010; Routt & Anderson, 2011). In studies that have analysed the relationship between socio-economic status and CPV, it has been observed that the problem can be present in both families with medium-high socio-economic status and low income families (Calvete et al., 2011; Cottrell & Monk, 2004; Romero et al., 2005; Routt & Anderson, 2011). It seems, therefore, that the variables related to the family atmosphere are more determinant than the sociodemographic characteristics of the family.

School and Peer Group Factors

Most studies report that these adolescents have poor school performance, learning difficulties, high absenteeism, difficulties in adaptation, and attitudes of rejection towards school (Cottrell, 2004; Romero et al., 2005; Sánchez, 2008). Pagani, Larocque, Vitaro and Tremblay (2003) found a close relationship between disruptive behaviour in both contexts, family and school, and concluded that violent behaviour in the school context was a predictor of aggression towards mothers. Regarding the peer group, it has been noted that there is a greater tendency for these adolescents to interact with other peers who also use CPV or who have other dysfunctional relationships: scarce or poor bonds of friendship, relationships to antisocial groups or ones with the same problems of social adaptation (Romero et al. 2005).

Community Factors

Although one of the major limitations in the investigation into CPV is measuring the influence of the macro system with regards to other variables related to this problem, it is agreed that the changes that have occurred in the last century in the Western world have meant that violence has an increased role in the different scenarios of daily life. Urra (2006) emphasises the importance of sociological factors as reasons that generate or maintain violence, noting the following among these factors: the existence of violent social values in modern societies, the pursuit of easy success and permissiveness towards unacceptable behaviour, which together with exposure to violence in the media and the increasing sexism (Cottrell & Monk, 2004), increase the power of hedonism and nihilism, becoming seeds of violence which also germinate in the family sphere. Furthermore, in parallel, there have been a number of other social changes that increase the difficulty parents and educators have in retaining their authority. The educating system has

evolved into a misunderstood democratic style where the hierarchical distance between parents and children has been reduced, and both parties are considered equal in decision-making. Changes in family patterns, decreased parenting time, the increase in families with only one child, shifting parenting roles, changes in the life cycle resulting in "elderly parents", etc. together with the evolution of a society based on reward and less on discipline, make families feel increasingly overwhelmed by the complex situation and they have limited resources to deal with it (Pereira & Bertino, 2009).

INTERVENTION IN CASES OF CHILD-PARENT VIOLENCE

CPV is a pluricausal problem that requires rigorous and efficacious professional measures. Some of the interventions that have shown the most success in treating adolescents who assault their parents are Functional Family Therapy and Systemic Family Therapy (Caldwell & Rybroek, 2013). The main characteristics associated with the efficacy of these therapeutic approaches are as follows: (1) their philosophy is based on the premise that the adolescent's behaviour must be understood in context, within the ecological niche in which he or she lives; (2) their objectives are to change the pattern of family interaction linked to the violent behaviour, to increase the mutual interaction, clarity and the accuracy of communication, as well as to promote collaboration between the services involved with the youth (e.g., the judicial and education systems); (3) they are based on social learning theory and systems theory; (4) they have a good level of protocolisation, and (5) they involve the continuous evaluation of the changes and the results by highly qualified professionals who carry out frequent supervision appropriate to the complexity of the problem.

Some specific proposals for intervention carried out at national level are those by Pereira, Bertino, Romero and Llorente (2006) and González-Álvarez, Gesteira, Fernández-Arias and Garcia-Vera (2009) with their respective colleagues. Pereira, et al. (2006) have developed a protocol for therapeutic intervention in CPV the objective of which is not only to stop violent behaviour but also to make changes in the family structure and functioning to prevent recurrence of the problem, giving a relational reading of the problem. González-Álvarez, et al. (2009) have developed a program for teenagers who assault their parents (PAP, in Spanish), which includes a standard treatment for the adolescents, the parents and the whole family, where the goal is to provide them with



tools and resources to handle daily situations of conflict in a nonviolent way, including guidelines for specific cases (e.g., comorbid disorders). Estévez and Navarro (in press) have also outlined a number of tips for treating CPV, stressing the importance of understanding why adolescent violence occurs, the importance of parental agreement and avoiding confrontations between them until there is an improvement in the child, following specific guidelines for controlling and containing the child's behaviour, and the use of prescriptions such as time out or high expressed emotions.

CONCLUSIONS

In this article we have conducted a literature review on CPV, highlighting its main characteristics, its prevalence and defining characteristics, a number of individual, family, school, peer-group and community risk factors, as well as relevant aspects for intervention. Based on this review, we can say that the growing scientific, social and clinical interest towards CPV is promoting greater consensus in the definition of the problem and its prevalence, characteristics and risk factors today. Conclusions can be drawn from the publications consulted, such as that CPV is "an act of abuse towards parents, whether of physical, psychological or economic maltreatment, to gain power and control over the parents" Cottrell (2001, p. 3). Also subtypes can be identified in terms of the violent behaviour: physical, psychological and financial (Cottrell, 2001; Tobeña, 2012; Aroca et al., 2014). Its international prevalence is estimated between 10% and 18% (Gallagher, 2008) and most of the abusers are adolescent males (Kennedy, et al., 2010) who use violence towards their mothers or carers, between the ages of 40 and 50 (Romero et al., 2005; Walsh & Krienert, 2007).

Among the main individual risk factors researched to date, we should highlight the adolescents' low empathy, high impulsivity and low frustration tolerance, in addition to their low self-esteem, low life satisfaction, psychological distress and difficulty expressing emotions or interacting emotionally (Lozano, et al., 2013). Among the family risk variables, parenting style is a key element in the sense that the democratic style of socialisation seems clearly to constitute a family protective factor against aggression, while authoritarian, neglectful and mainly permissive styles have been highlighted in several studies as styles that have the potential to produce violent behaviour towards the parents (Rechea & Cuervo, 2010; Romero et

al., 2005). Finally, we note that CPV not only concerns the family environment but also relates to the school and community levels, since school adjustment difficulties and belonging to at-risk peer groups are variables that are related to this problem; also the socio-economic context, culture and values are factors that influence the origin of CPV and a more violent society in general.

From these data, we can highlight some important implications for intervention in CPV: on the one hand, we note the appropriateness of further developing treatment programs which favour networking, consider all areas of intervention (individual, family, school, peer group and community), establish a good level of protocolisation, and promote the continuous evaluation of the changes and results by highly qualified professionals. On the other hand, we emphasise the urgent need to launch awareness campaigns and early prevention.

Therefore, it is necessary not only to further expand the knowledge on the subject in all its aspects, but also to treat CPV with the necessary importance, since the consequences for young people and their families involve high levels of suffering and a significant cost to quality of life, which we practitioners have observed every day in the various departments responsible for their care, both at the judicial level and at the healthcare, social and community levels.

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