

## CHILD-TO-PARENT VIOLENCE RISK FACTORS: AN APPROACH WITH EXPERT JUDGEMENT

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### EXTENDED SUMMARY

#### Introduction

Violence towards parents as well as elderly abuse are relatively new and little studied phenomena compared to intimate partner violence or sexual abuse. Youth violence has traditionally been studied in the context of general delinquency. It is even argued that the study of adolescent violence towards their parents has been underrepresented in public policies and criminological studies (Condry & Miles, 2014). Although child-to-parent violence (CPV) sometimes shares characteristics with juvenile general violence and delinquency, it has different patterns and dynamics. One of the most used definitions of CPV is that of Cottrell (2001) which includes “*Any behaviour that is deliberately harmful to the parent and used as a form of control [...]. The abuse may be physical, psychological (including verbal) or financial*” (p. 3).

In recent years, the attention given to CPV in Spain has grown exponentially, surpassing that existing at the international context. In Spain, there are an average of 4600 official cases per year since 2007. However, a large number of cases do not have complaint. CPV still tends to be kept secret, often out of shame (Ghanizadeh & Jafari, 2010; Kennedy, Edmonds, Dann, & Burnett, 2010) and parents are reluctant to report until the situation is unsustainable. Spanish Youth Prosecutor's Office points out several peculiarities of CPV such as being rarely related to social exclusion situations, or that compared to other offenses, offenders are both male and female in proportions that tend increasingly to be equated (Fiscalía, 2013). Moreover, there is a need to communi-

cate the risk level to the victim to adopt the appropriate protection measures.

#### *CPV risk factors*

The CPV literature has described a number of problematic variables both in offenders and in their families. As in other forms of violence, intergenerational transmission (Aroca, Bellver, & Alba, 2012; Boxer, Gullan & Mahoney, 2009) as well as the bidirectionality (offender being also the victim) (Ibabe & Jaureguizar, 2011) have been used as explanatory factors. Violence between parents has been also related to a higher frequency of CPV (Boxer et al., 2009; Gámez-Guadix, & Calvete, 2012). Other forms of victimization, as being bullied in the school, may also explain some aggressions (Cottrell & Monk, 2004; Estévez, English, Emler, Martínez-Monteaquedo, & Torregrosa, 2012; Loinaz & Sánchez, 2015). The presence of other type of violence (to partners or relatives other than the parents) is characteristic of CPV judicial samples (Ibabe & Jaureguizar, 2011).

An important set of risk factors are related to characteristics of the aggressor. The psychopathological symptomatology is frequent in young people who attack their parents (Calvete, Orue, & Gámez-Guadix, 2013; Calvete, Orue, & Sampedro, 2011; Castañeda, Garrido-Fernández, & Lanzarote, 2012; Cuervo et al., 2008; González-Álvarez, Morán, & García-Vera, 2011; Ibabe & Jaureguizar, 2011; Ibabe, Arnosó, & Elgorriaga, 2014a, 2014b; Kennedy et al., 2010). Compared to other juvenile offenders, CPV cases have lower empathy (Ibabe & Jaureguizar, 2011) and lower self-esteem (Cuervo et al., 2008; González-Álvarez et al., 2011; Pereira & Bertino, 2010). Another characteristic feature in these cases is the low frustration tolerance, high impulsivity and anger

control difficulties (Calvete et al., 2011; Castañeda et al., 2012; Cuervo et al., 2008, Cuervo & Rechea, 2010; González-Álvarez et al., 2011; Ibabe, Jaureguizar, & Díaz, 2007). Finally, within these personality traits, narcissism or grandiosity ideas have also been linked to CPV (Calvete, 2008; Calvete et al., 2011).

Regarding the adaptation of the offenders, the most repeated factor is the academic difficulties (Cuervo et al., 2008, González-Álvarez, Gesteira, Fernández-Arias, & García-Vera, 2010; González-Álvarez et al., 2011). On the other hand, antisocial behaviour and antisocial relationships have been associated with a greater number of risk factors (Cottrell & Monk, 2004; Hong, Kral, Espelge, & Allen-Meares, 2012; Ibabe et al., 2007).

Family issues are of special interest in CPV cases. A problematic educational style is often described (Aroca, Miró, & Bellver, 2013, Castañeda et al., 2012, Cuervo et al., 2008, Cuervo & Rechea, 2010). Related to this educational style, sometimes an inversion of the hierarchy may occur, and the offender supplants the parent's role of authority (Pérez & Pereira, 2006; Stewart, Burns, & Leonard, 2007). Other family risk factors are coercive cycles (Pagani et al., 2004, 2009), non-violent conflicts (Ibabe et al., 2007), and inability to establish coherent norms (Pereira & Bertino, 2010). In addition, there are parental problems, such as addictions and other psychological disorders, which have been linked to CPV (Cuervo et al., 2008).

Along with risk factors, the literature describes protective factors that tend to be common in different types of violence and criminal forms. These factors have not been specifically described in CPV, but the family implication in therapy, future prosocial plans, social support, and family support can be considered protective.

Taking into account the literature review and the need of specific risk assessment tools for different types of violence and offenders, this project had the aim of proposing the first tool for CPV. A tool with the consensus of the professionals to whom it is intended is expected.

## Method

### *Participants*

A total of 160 professionals participated in a survey, and 112 complete answers were analysed. Respondents included psychologist (39.3 %), social educators (24.1 %), police officers (9.8 %), social workers (6.3 %) and university researchers (5.4 %) among others. The mean age was 41 years ( $dt = 9.9$ , range = 23-66) and 46.4 % were women. Most of them (58 %) had training in violence risk assessment, 67.6 % of them academic (studies such as criminology or forensic psychology) and 80 % in specific workshops. Also, the majority of respondents (79.5 %) were working directly on CPV cases. Of those who did not currently work in the field, 43.4 % had done so previously.

### *Survey*

A survey was developed through a review of the CPV literature, containing 28 factors (Table 1), grouped into four dimensions: 1) characteristics of violence; 2) characteristics of the offender; 3) family characteristics; and 4) protective factors. Respondents were asked with closed-ended questions about the adequacy of these factors to assess the risk of CPV (adequate, don't know, inadequate), as well as opinion regarding the proposal of a tool to assess risk in these cases (Table 2).

### *Procedure*

Several professionals were contacted by email to request their collaboration. This contact included universities, treatment centres, juvenile justice services, and police forces. In addition, the survey was available on the websites of the Spanish Society for the Study of Child-to-Parent Violence (SEVIFIP), Euskarri (Centre for training and intervention in child-to-parent violence) and the group Deusto Stress Research. Participation took place between April and June 2014. After analysing the results of the survey, the first version of the tool was developed and seven pilot applications were carried out at the

Euskarri centre (Bilbao) in June 2014. The objective of this phase was to test the tool. In December 2014, a clinical session was also held with a panel of experts at the Amalgama 7 centre (Barcelona).

## Results

### *Adequacy of risk factors*

The professionals' opinion regarding the adequacy of the risk factors for the assessment of CPV cases is presented in Table 1. The group of variables considered more adequate (percentage higher than 90 %) corresponded to family issues (violence among parents, cohabiting problems, educational style, family support and family support in therapy). Regarding the offender, the most appropriate variables were affective style, substance abuse and anger management problems. Narcissism or ideas of grandiosity (67.3 %), non-violent conflicts between parents (66.4 %), single parenthood (62.8 %) and the adoptive family (64 %) received less professional support.

### *Opinion about the tool proposal*

The proposal was considered quite (45.65 %) or very (38.04 %) necessary, that covered quite a lot (70.65 %) or perfectly (10.87 %) professional needs, that was quite (54.35 %) or very useful (14.13 %) for the work in cases of CPV, that covered the areas of interest (88 %), and that it could be simple to use (89.13 %). Regarding the utility, respondents considered it: quite (48.91 %) or very useful (6.52 %) to assess the possible evolution of the case; quite (65.2 %) or very (20.65 %) useful for assessing intervention needs; quite (56.04%) or very (14.29 %) useful to recommend a treatment; quite (37.36 %) or very (10.99 %) useful for predicting recidivism; and quite (47.83 %) or very (17.39 %) useful for assessing family risk.

Table 2 compares these opinions between those who worked or not in CPV, and those who did or did not have training in violence risk assessment. The only differences were that those who did not work in CPV considered

more necessary the tool and more useful to predict recidivism, and those who were not trained in violence risk assessment considered it more useful to assess family risk.

### *Proposals of the respondents*

Respondents did different improvement proposals, like new risk factors that they considered relevant and were not present. Nine new factors were included: age at onset of CPV; commission of CPV by siblings; attitudes towards the use of violence; lack of values; type of violence; failure in previous interventions; migration, family reunification, temporary separation between parents and children, culture of origin; therapeutic alliance; victims of gender violence (the mother or the abusive daughter).

Following the pilot applications and discussion groups, several modifications were included that led to version 2 of the tool. The items that had more empirical support remained as main factors. The others (e.g., single parenthood, adoptive family, and mother victim), became part of the socio-demographic variables. The risk factor 7 (see table 1) was divided into two in the tool draft (7. empathy problems, and 8. self-esteem problems). Violent attitudes, failure in previous interventions, motivation for change, and therapeutic alliance were incorporated as new factors. The final version of the tool (v2.0, available on request to the authors) contains a total of 24 risk factors, 6 protective factors and 15 case identification variables (including sociodemographic and other risk factors).

## Discussion

The literature review reveals some variables that are repeated in the research on CPV and that can be considered risk factors. These variables were submitted in 2014 to professionals to consider their relevance to be incorporated into a CPV risk assessment tool. Many of the factors had been reviewed previously (Ibabe, Jauregizar, & Bentler, 2013, Lozano, Estévez, & Carballo, 2013), and also after this survey (Martínez, Estévez, Jiménez, & Velilla, 2015). Others, however, are less common and not

included in these reviews. The research has also pointed out the need to agree on definitions and develop tools for assessing the risk of violence in cases of CPV (Holt, 2013), as well as to understand how certain variables become risk factors in specific populations (Holt, 2012).

The survey findings were used to elaborate a tool with the agreement of the professionals who work in their daily practice with CPV cases and are intended to be the final users, something considered crucial since the origins of the development of crime prediction tools (Tibbitts, 1932) and part of the process of creating and reviewing the main tools of structured professional judgment (see Douglas et al., 2014). Regarding the tool, the main conclusion is that it was considered necessary and useful. Risk factors were supported and nine proposals of less common factors were included (e.g., single parenthood, adoptive family, death of a parent, aggressor siblings, age at onset of CPV). The pilot application of the first version allowed to solve the main problems related to its use in practice. After this, it was proposed a tool (available on request to authors) that is currently being applied experimentally in different contexts.

The work still represents a first phase in the development of a risk assessment tool for CPV. The following steps should establish its final content and its properties (e.g., predictive ability, convergent validity, reliability), including its differential contribution compared to other available tools such as SAVRY (Borum, Bartel, & Froth, 2006), for example, for juvenile samples (although we must remember that those involved in CPV are not necessarily minors).