



Child to parent violence and aggression: Reviewing the research

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March 2023

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Child to Parent Violence and Aggression (CPVA): Reviewing the research

J4-146/2023E-PDF

978-0-660-67607-4

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Introduction

Child-to-parent violence and aggression (CPVA) is described as a form of family violence characterized by a pattern (as opposed to a single incident) of violent and aggressive behaviours in children and youth¹ towards their parents or primary caregivers. These behaviours may have several consequences, including: triggering fear, grief, and other emotions; experiencing a loss of control; negatively impacting both individual and family well-being; and generating new behaviours in parents, siblings and other family members or caregivers in order to avoid physical violence or verbal altercations [1–3]. While there are other terms for this phenomenon (e.g., parent abuse, youth violence), CPVA is the most widely used terminology. Compared to other forms of family violence, CPVA is relatively understudied, and there is limited recent research on this phenomenon in a Canadian context. This report synthesizes the findings of a scoping review that resulted in 162 peer-reviewed articles on CPVA that were published between January 2009 and March 2022 as well as an analysis of statistical information on victims (parents or siblings) of youth violence in Canada between 2009 and 2021.

Literature review

CPVA is characterized by violent or aggressive behaviours committed by children and youth towards parents or family members. Also referred to as violence against parents (VAP), adolescent parent violence (APV), or parental abuse, this phenomenon describes an array of behaviours including physical (e.g., hitting, property damage), psychological (e.g., using threats), emotional (e.g., name-calling) or financial (e.g., stealing money) abuse perpetrated by children and youth towards their caregivers. Factors precipitating CPVA appear to differ based on individual and family characteristics, the type and intensity of violence perpetrated, and social or cultural contexts [4–9]. In general, CPVA has been described as the process in which children and youth learn to use violence as a strategy to exert control and dominance over their parents, to obtain wants and needs, or in response to parental violence or harsh disciplinary practices [10–13]. Relatedly, children and youth are more likely to engage in CPVA if they have had prior exposure to violence or maltreatment (e.g., intimate partner violence, physical abuse, neglect), psychological distress or psychiatric concerns (e.g., anxiety, depression, suicidality, pre-psychotic symptoms), difficulty with social functioning or school adjustment (e.g., emotional dysregulation, externalizing behaviours, peer victimization), or previous involvement with the criminal justice system [11, 13–28].

The study of CPVA has become more common throughout the world, with reports of child violence and aggression towards parents receiving particular attention in recent years [29–32]. Despite increasing visibility in scientific and judicial literature, CPVA remains understudied compared to other forms of family violence and has been historically underreported by parents who have been victimized [5, 33]. Parents exposed to CPVA report feeling helpless, isolated, and hesitant to seek professional help due to fear of stigma, blame, judgment, and negative evaluation of their parenting skills [34–36]. Consequently, parent victims often experience negative emotions (e.g., fear, worthlessness) and may respond with poor coping strategies (e.g., conflict avoidance, coercive parenting, parent-to-child violence), which can result in the deterioration of the child-parent relationship and unhealthy child developmental trajectories [9, 15, 37, 38]. Parents are reluctant to report CPVA due to a variety of individual and sociocultural factors. Parents may decline to report initial incidents of abuse

¹ “Youth” is the term generally used in Canada to describe young people aged 12 to 17 years. This is particularly true for Statistics Canada data and research concerning criminal issues. “Adolescent(s)” is another term that is used in other countries. Where the research study being referenced uses “adolescent”, that will be the term used in this review.

due to fear of consequences, such as a criminal record for their child or an apprehension by child protective services [39]. Parents who do disclose CPVA describe having their experiences minimized by police and professional services, thus emboldening their child's abusive behaviours and exacerbating family conflicts [34]. Furthermore, sociocultural factors such as parental communication styles, child-rearing practices, stereotyped gender roles, and how family violence is defined and tolerated within their cultural community or portrayed in the media can influence parents' ability to respond to CPVA [2, 5, 32, 36, 40]. Accordingly, the culture and environment in which parental abuse occurs has an impact on parents' decision to report CPVA and in turn may shape how well parental abuse can be defined, measured, and addressed by researchers and professionals across social contexts.

A review of the CPVA literature reveals considerably different definitions, measures, and methods used when examining parental abuse across multiple studies and countries of origin [4, 6, 9, 13, 14, 17, 23, 24, 26, 33, 34, 41–45]. These inconsistencies have resulted in markedly variable prevalence rates for CPVA across the existing literature. For example, Suarez-Relinque and colleagues reported that, in a sample of Spanish youth 12-18 years, incidence rates for CPVA varied from 45% to 95% for verbal violence, 4.6% to 22% for physical aggression, and 29% to 60% for property damage [46]. Another Spanish study documented in a sample of youth from 18-25 who reported retrospectively on their violent behaviour towards parents that CPVA varied from 1.8% to 6.1% for physical violence and 8.5% to 27% for psychological violence for samples drawn from the same group of youth in Spain [17]. Research studies on CPVA that obtain data from clinical samples offer more consistent results. Fawzi and colleagues found that 40% of youth attending psychiatric care in Egypt had perpetrated CPVA, which aligned with another study which found that 57% of boys and 49% of girls attending clinical treatment in the United States had engaged in violence against a parent [47]. Furthermore, the prevalence of CPVA becomes more pronounced when samples are drawn from police and court report data. For instance, Miles and Condry examined police data from the United Kingdom and found that 67% of CPVA reports involved a "threat of injury" [50], whereas a US study found that 82% of domestic violence reports involved a child offender and a parent victim, but the majority (90%) were for verbal incidents [48]. Inconsistent findings across the CPVA literature may be explained by the lack of a standardized measurement tool, differences between samples drawn from the community versus clinical and criminal justice populations, and a lack of agreement on the fundamental operational definition for CPVA [6, 17, 19, 49, 50].

Overall, CPVA is a complex and multifactorial phenomenon that warrants further investigation to enable a better understanding of CPVA and more consistent and effective responses from professionals and policy makers. Despite the deleterious and far-reaching implications of this issue, there has been very little recent research conducted in Canada. Much of what has been written is outdated or non-empirical in nature [51–55], but understanding the prevalence and complex dynamic of CPVA is critical for a range of Canadian social institutions to respond appropriately and effectively to youth and their families.

Methods

The objective of this study is to review and synthesize the extant research on and identify gaps in the literature. A scoping review is a "form of knowledge synthesis that addresses an exploratory research question aimed at mapping key concepts, types of evidence, and gaps in research related to a defined area or field by systematically searching, selecting, and synthesizing existing knowledge" [56]. Scoping review methods are a suitable choice for the topic of CPVA, as it is known that the available evidence base is limited [57]. The guidelines delineated in the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist [58] were followed in order to strengthen the methodological quality of

the review and adhere to reporting standards. This review was guided by the scoping review methodology developed by Arksey and O'Malley [57], which follow a five-stage process: (1) identifying the research question; (2) identifying relevant studies; (3) study selection; (4) charting the data; and (5) collating, summarizing, and reporting results.

As a supplement to the scoping review, a second component of the study analyzed a customized table from the Uniform Crime Reporting Survey trend database made available by Statistics Canada, Canadian Centre for Justice and Community Safety Statistics. Descriptive analyses were generated on trends over time² and potential characteristics of the victims of youth violence (parents or siblings or both) between 2009 and 2021 and across the major regions of Canada. These analyses are being used to answer specific research questions and provide additional context for the incidence of CPVA over time.

Research questions

The scoping review sought to answer the following research questions:

1. What research has been undertaken in Canada on CPVA? What data are available and what do they tell us?
2. How do gender, race, ethnicity and other factors impact CPVA and how it is understood?
3. Why has CPVA remained an under-reported/under-researched form of family violence?
4. Which countries/states have developed protocols and practices for addressing CPVA? What do these involve? Are there any promising developments (protocols, programming) in Canada and if so, where?
5. What is the role of the youth criminal justice system in addressing CPVA? Are certain *Youth Criminal Justice Act* (YCJA) provisions particularly helpful in addressing these cases (e.g., s18, s19)? What are the challenges/limitations with addressing these cases through the YCJA?
6. What has been the impact of the pandemic on CPVA in Canada and elsewhere?
7. What additional research is needed? How could the key data gaps be addressed?

Scoping review methodology

Identifying relevant studies

In order to capture a comprehensive range of relevant research, a search strategy was developed that involved several different sources, including electronic databases, reference lists, and key journals. Researchers consulted with a social sciences librarian at the University of Toronto to develop a search protocol (including keywords) and identify relevant databases. Some examples of the keywords or terms used were “child to parent aggression,” “adolescent to parent violence,” “adolescent violence in the home,” and “battered parent.” Systematic search strategies, such as truncation symbols and Boolean operators, were employed to ensure precise yet exhaustive results.

Due to the multi-disciplinary nature of CPVA, databases spanning a range of disciplines (e.g., child welfare, criminal justice, psychology) were selected. The ProQuest, EBSCO, and Web of Science platforms were used to search the following five databases: PsycINFO, Social Services Abstracts, Cumulative Index to Nursing and Allied Health Literature, Social Sciences Citation Index, and Criminal Justice Abstracts. Following the database search, secondary search strategies were employed to identify any articles missed by the initial database search. This included a scan of the reference list citations from all full-text articles and research reviews, along with other

² We had proposed to conduct nonparametric trends over time analyses on these data; however, without the denominators that generated the rates calculations, we were unable to conduct such testing.

scoping and systematic literature reviews to expand the scope of our findings. In addition, several relevant journals (e.g., *Journal of Interpersonal Violence*, *Journal of Family Violence*) were hand searched for related studies.

Study selection

The review process followed two levels of screening: (1) title and abstract review and (2) full text review. After duplicate studies were removed, records that contained our search terms in the title or abstract were identified by the initial screening process and assembled for review; this stage was completed by members of the research team who adhered to a set of inclusion criteria (described below). At least two investigators independently screened each article. Articles that elicited disagreement for inclusion or exclusion between two investigators (i.e., “conflicts”) were discussed until full consensus was reached. All articles considered pertinent by one or both reviewers were included in the next step for full review. At the full text review level, two reviewers performed independent assessments of the full text articles to determine if they met the inclusion criteria and represented a “best fit” with the research questions [57]. An online software program (Covidence) was used for the organization and facilitation of screening, reviewing, and extracting articles.

The inclusion and exclusion criteria were developed by the research team and refined iteratively throughout the study selection process based on an enhanced familiarity with the literature [59]. Articles were included if they met all of the following criteria: (1) original empirical work published between January 2009 and March 2022; (2) published in a peer-reviewed journal; (3) written in English; (4) study sample includes adolescents (ages 10-17); (5) CPVA is a central focus of the study aims or findings. Masters or doctoral dissertations, commentaries, editorials, theoretical papers, books, and book reviews were excluded. Materials that were not available online in full-text form were excluded. There were no geographical restrictions.

Charting the data

In order to extract and organize key themes and study characteristics from the full-text studies, a data charting form was created using Microsoft Excel. Preliminary variables that align with the central research question were extracted and recorded, including: the authors, year of publication, the study aims, population, location, methodology, measures, key findings, and practice or policy recommendations. Data abstraction was conducted by the authors independently and then compared to confirm accuracy; any major discrepancies were discussed and resolved collaboratively until agreement was achieved. These various sources of data constituted the basis of the analysis.

Collating, summarizing, and reporting results

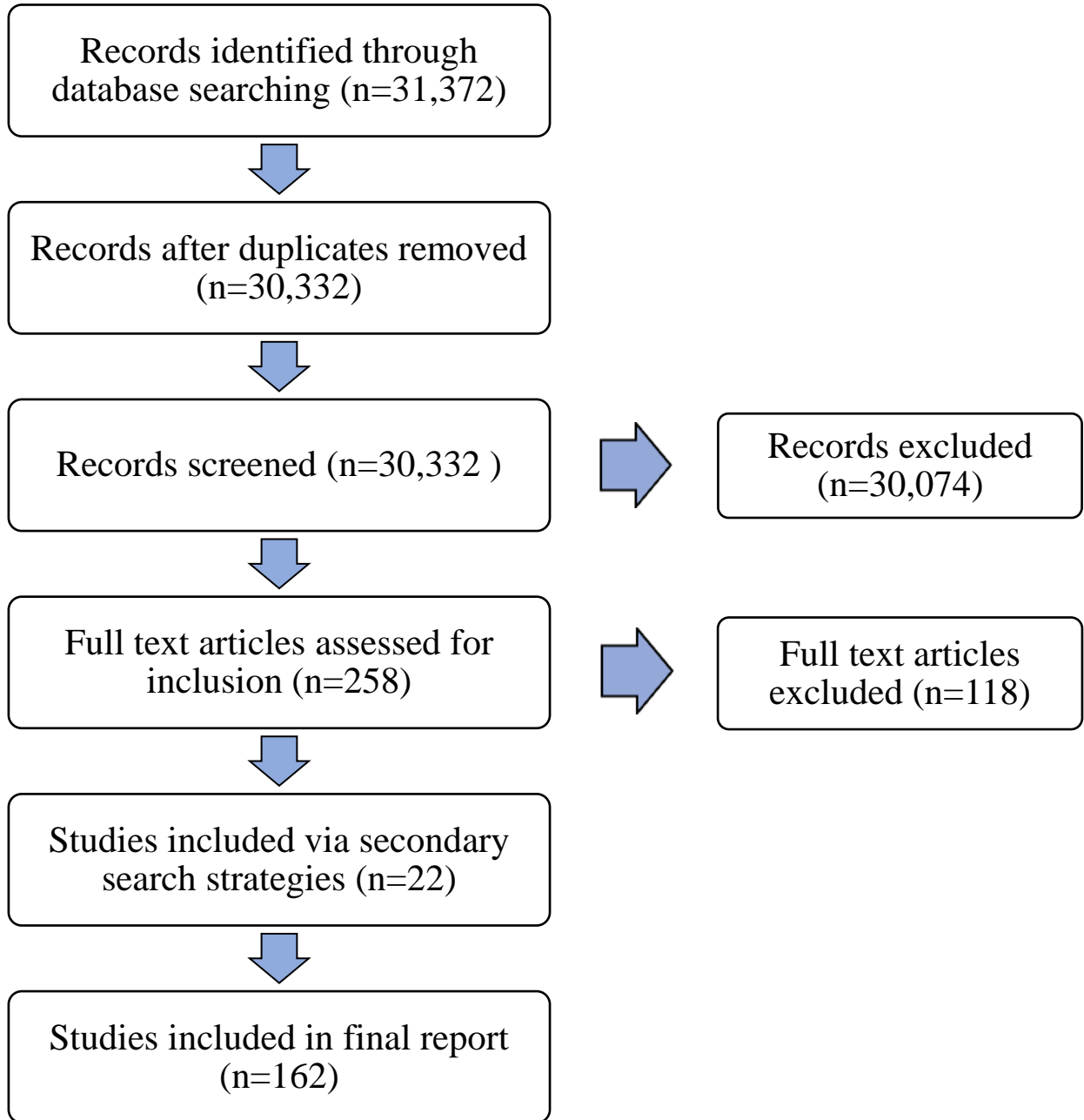
In the final stage, data were collated, summarized, and reported to provide a narrative account of the results according to each research question. Per the standard scoping review guidelines, no attempts were made to assess the quality of individual studies [55]. Clear and transparent reporting of the scoping review was maintained throughout, including the researchers’ positionality and all critical decisions made.

Scoping review findings

The database search returned 31,372 total references. Following the automated removal of 1,040 duplicates, the first level of screening (title and abstract review) included 30,332 records. Then, these 30,332 records were screened, resulting in 30,074 being deemed irrelevant (i.e., screened out) by reviewers. This resulted in 258 references being eligible for the second level of screening (full text review). The authors reviewed each article and included those which met the inclusion criteria, resulting in a final total of 162 articles. Please see Figure 1

for the PRISMA diagram, which visually depicts the flow of information through the different phases of a scoping review.

Figure 1. PRISMA Diagram



Summary of scoping review findings

The scoping review resulted in a final sample of 162 studies; Table 1 provides a summary of key information from the included studies. In terms of timing, the majority of studies were published after 2015, which suggests

that research in this area is increasing. Of the included studies, 44% were conducted in Spain and another third were conducted in the United States and the United Kingdom, while only three studies were conducted in Canada (1.9% of the sample).

Most studies focused on assessing prevalence, risk factors, and the context of CPVA, followed by studies examining responses to CPVA in the community and interventions designed to address the issue. The next largest group of studies documented the experiences of CPVA, particularly for parents and caregivers. Nearly 72% of studies were quantitative, with smaller proportions of qualitative and mixed methods studies. The included studies also varied in terms of the primary populations from which their sample was drawn. Almost 40% of studies sampled from the general population, typically from schools (including universities). Nearly a quarter of the studies sampled from a criminal justice population, that consisted of adolescents with police contact or who were charged, detained, or incarcerated for a criminal offence. The next largest group of studies included samples of parents or caregivers who were experiencing CPVA.

Since this project utilized the scoping review methodology to answer specific research questions, we identified how each study contributed findings or recommendations related to each question. As previously noted, there were very few empirical studies conducted in Canada. On the other hand, more than half of the studies provided information about the impact of sociodemographic factors on the likelihood and risk factors for CPVA. Several studies helped to explain under-reporting of CPVA and relatively limited research in this area compared to other forms of family violence. Over a quarter of the studies evaluated or discussed protocols, policies, responses, and interventions for addressing CPVA and another 13.6% focused on criminal justice responses. Only two studies had an explicit focus on the impact of the COVID-19 pandemic and its related public health restrictions on CPVA.

Table 1: Summary of Studies Included in the Final Report

Characteristic	Count	%
Year of Publication		
2009-2015	49	30.2
2016-2022	113	69.8
Country/Region		
Spain	72	44.4
United States	29	17.9
United Kingdom (England, Scotland)	23	14.2
Australia	12	7.4
Middle East (Egypt, Iran, Israel, Turkey)	6	3.7
Latin America/Caribbean (Chile, Mexico, Trinidad & Tobago)	5	3.1
Other European (Germany, Ireland, Sweden)	5	3.1
East Asia (China, Japan, Singapore, South Korea)	4	2.5
Canada	3	1.9

New Zealand	3	1.9
Study Objectives		
Prevalence, Context, and Factors Associated with CPVA	101	62.3
Responses and Interventions	23	14.2
Experiences of CPVA	21	13.0
Measurement	12	7.4
Other	5	3.1
Methods		
Quantitative	116	71.6
Qualitative	36	22.2
Mixed methods	11	6.8
Primary study population		
Adolescents in the general population	64	39.5
Adolescents from a criminal justice population	39	24.1
Parents experiencing CPVA	26	16.0
Adolescents from a clinical population	9	5.6
Professionals working with CPVA	9	5.6
Families experiencing CPVA	7	4.3
Other/combined	5	3.1
Parents in the general population	3	1.9
Research Questions		
Canadian research	3	1.9
Differences by gender, race, etc.	107	66.0
Explanations of underreporting and limited research	47	29.0
Protocols, policies, interventions	44	27.2
Criminal justice response	22	13.6
Impact of COVID-19	2	1.9

Research questions

Canadian research on CPVA

As noted in the literature review, very little empirical and peer-reviewed research has been undertaken in Canada on the issue of CPVA since 2009. From the final set of 162 articles, only three peer-reviewed studies have been conducted in Canada since 2009 [13, 60, 61], and all three collected original data. There are several potential sources of national information on CPVA, including the police-reported Uniform Crime Reporting Survey, the General Social Survey on Canadians' Safety (Victimization), and the Survey of Safety in Public and Private Spaces, but our search did not identify any studies using these data to assess incidence or prevalence of CPVA.

In their cross-sectional study, Lyons and colleagues [13] sought to identify the frequency and family correlates of CPVA. The authors surveyed Ottawa university students ($n=365$) to provide retrospective accounts of a range of childhood experiences at the age of 10. These measures included intimate partner violence (IPV), violence socialization, and positive discipline with child-to-parent violence as the outcome variable; questions were answered separately for mothers and fathers. To determine frequency and family predictors of child-to-parent violence (CPV), the authors conducted linear and logistic regression models. The results indicate that overall, the frequency of verbal and physical CPVA was low, with 5.5% and 6.3% of participants reporting engagement in physical violence towards their fathers and mothers, respectively. Significantly higher means were found for mother-directed verbal and physical violence when compared to either type against fathers ($p<.001$). In terms of child gender, the only statistically significant finding was that boys were more likely to be verbally violent toward their fathers than girls ($p<.001$).

Parent factors that positively predicted child violence against their mothers include psychological aggression ($p<.05$), spanking ($p<.01$), physical abuse ($p<.01$), witnessing verbal and physical violence between parents ($p<.05$), and unexpectedly, positive discipline strategies ($p<.05$). It was determined that for every one unit increase on the witnessing physical IPV scale, the odds of child physical violence against mothers increased by 5.8 times. Similarly, those who had experienced physical abuse were 4.9 times more likely to report being physically violent toward their mothers as children. For father-directed violence, variables found to be significant predictors included being white ($p<.001$), verbal violence between parents ($p<.001$), and positive discipline ($p<.001$).

The second Canadian study was by Pagani and colleagues in Quebec [61]. As part of a larger longitudinal study, a random sample of children ($n=774$) were assessed annually from kindergarten until mid-adolescence (ages 15-16). The study's objective was to determine predictors of adolescent verbal and physical aggression against their fathers in the previous 6 months using logistic regression. In terms of prevalence, 12.3% of boys and 9.5% of girls engaged in physical aggression toward their fathers, while over half (53.5% of boys and 57.5% of girls) were verbally aggressive. No significant differences were found with respect to CPVA prevalence and the gender of the accused.

Several individual, parental, and family variables were analyzed as possible predictors of aggression against fathers. For father-directed verbal aggression, three of the four childhood physical aggression trajectories (moderate declining, high declining, and high chronic) were significant contributors ($p<.01$). Additionally, paternal education ($p=.01$), parent-child involvement ($p=.01$), adolescents' problematic use of substances ($p<.01$), and harsh father-to-child verbal punishment ($p<.01$) were significant predictors. In terms of predicting adolescents' physical aggression toward fathers, the chronic physical aggression trajectory in childhood,

adolescent substance use, and verbal punishment were once again significant ($p < .01$). Surprisingly, although corporal punishment was significant in bivariate analyses for adolescent verbal ($p < .05$) and physical ($p < .01$) aggression, it did not meet the requirements for model entry.

The most recent study was qualitative in nature, using semi-structured interviews with adoptive, kinship, and customary caregivers across Canada to explore their experiences of violence and perceptions of their child's rights to be supported and heard [60]. The researchers' overall objective was to understand how mental health and adoption services can better support young people and their parents in trauma-informed parenting. Seventeen families were interviewed, most of whom ($n=12$) were from Ontario or headed by two-parent families ($n=13$). Children's ages ranged from 3 to 25 years; in the majority of cases, the onset of aggressive behaviour occurred by age 10. A wide range of aggressive behaviours were reported by participants, including physical, verbal, and psychological/emotional aggression and property damage. Similarly, participants made note of various consequences for themselves and other family members resulting from this abuse, which span from family "breakdowns" (i.e., removal) to loss of income to severe physical injuries requiring emergency medical care.

Despite the aggressive treatment they endured, the caregivers were generally able to maintain a "child rights lens" to guide their strategies in dealing with the violence. Two sets of child rights were discussed: (1) to support, treat, and protect; and (2) to express views and be heard. The caregivers' ability to prioritize these rights was characterized by seven themes: prioritizing the child's best interests, ensuring the safety of siblings, balancing children's rights and parental safety, engaging in child-centered strategies and intentional inclusion, parental (in)validation, maximizing safety and reducing harm, and complications with consent. Relevant aspects of these results that inform policy and practice will be discussed here briefly.

When advancing children's rights, parents advised an approach that centers their child and accounts for complexity, multiple considerations, and histories of trauma. They also advocated for services that are relational and empathic in nature so that all parties feel listened to and respected, rather than minimized and stigmatized. Trauma-informed services for children that exhibit violent and aggressive behaviour are critical and the accessibility and timeliness of these interventions were emphasized by participants. They also highlighted the importance of a whole systems approach that balances all family members' needs and perspectives, including those of the parents, as their well-being is vital for taking care of the involved child as well as other children in the home.

Taken together, the findings from these studies emphasize the roles of trauma, intergenerational violence, and disciplinary practices in the development of CPVA. Therefore, intervention programs that foster positive parent-child relationships and trauma-informed responses, as well as supportive and consistent parenting strategies, may be key to effectively tackling this issue. Furthermore, although Canadian qualitative research on this topic is particularly scant, work by Gervais and colleagues affirms the potential to balance the fundamental rights of the aggressive child with the needs of other family members in order to provide efficacious system responses [60].

As a component of this report and given the limited recent research on CPVA in Canada, the research team analyzed a customized table from Statistics Canada, Canadian Centre for Justice and Community Safety Statistics, Uniform Crime Reporting Survey (trend database) on frequency and rates of youth (ages 12-17) charged with violent offences where at least one of the victims was an immediate family member. These data cover the years 2009-2021 and differentiate where the victim was a parent (includes step-, adopted, and foster parents) or a sibling (includes step-, half-, adopted, and foster siblings). These data are also reported for Canada and across six regions and provinces (Atlantic region, Quebec, Ontario, the Prairies, British Columbia, and the

Territories). Violent offences included in these data reflect the most serious violation against the identified victim. Rates are reported as youth charged with a violent offence per 100,000 in the population.

Figure 2: Rates per 100,000 of youth charged with violent offences where the victim was a parent, 2009-2021, Canada

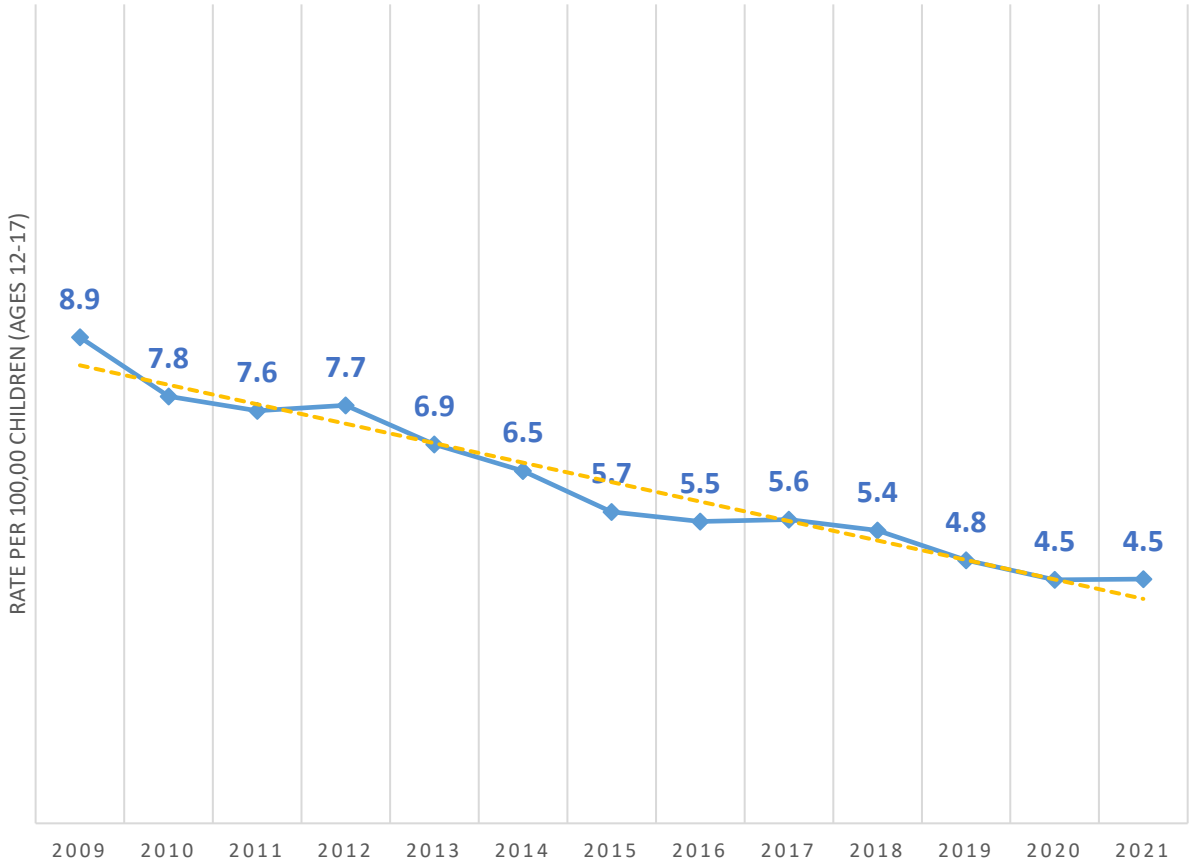
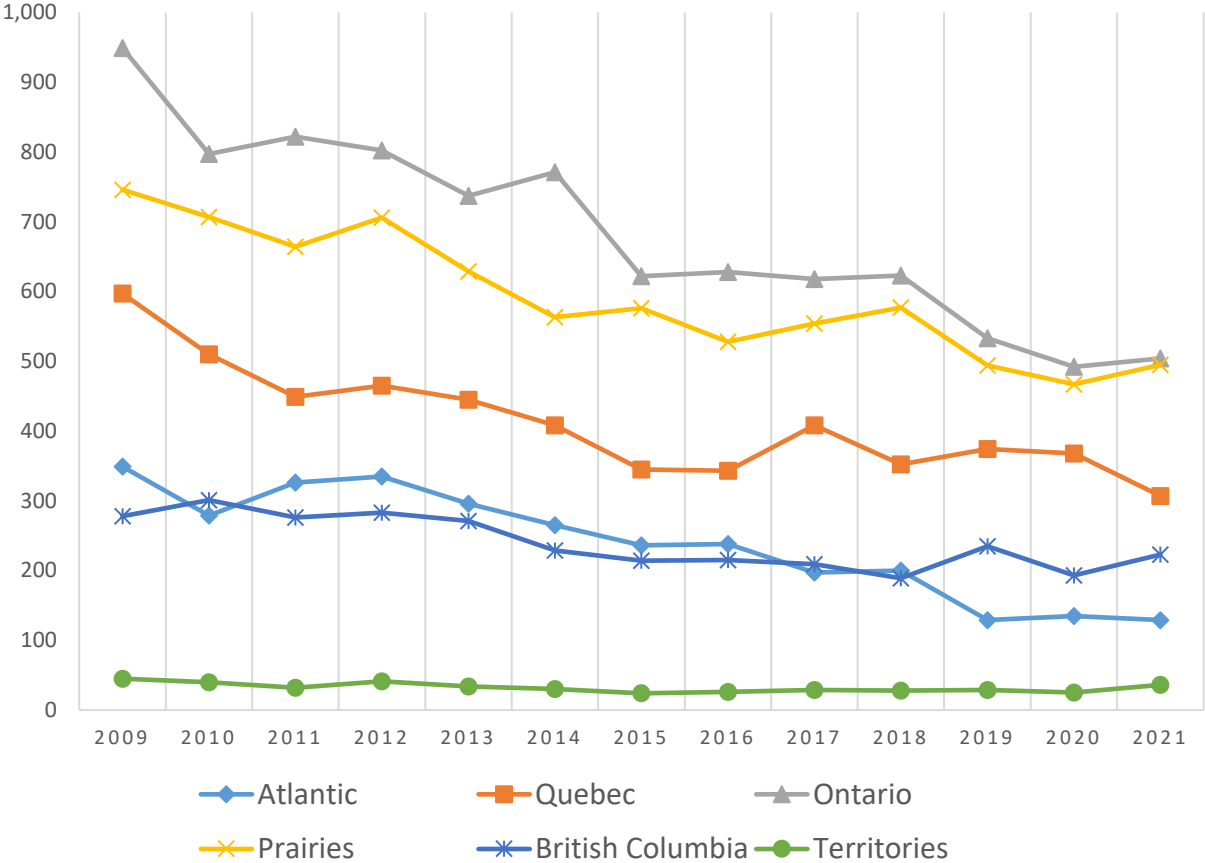


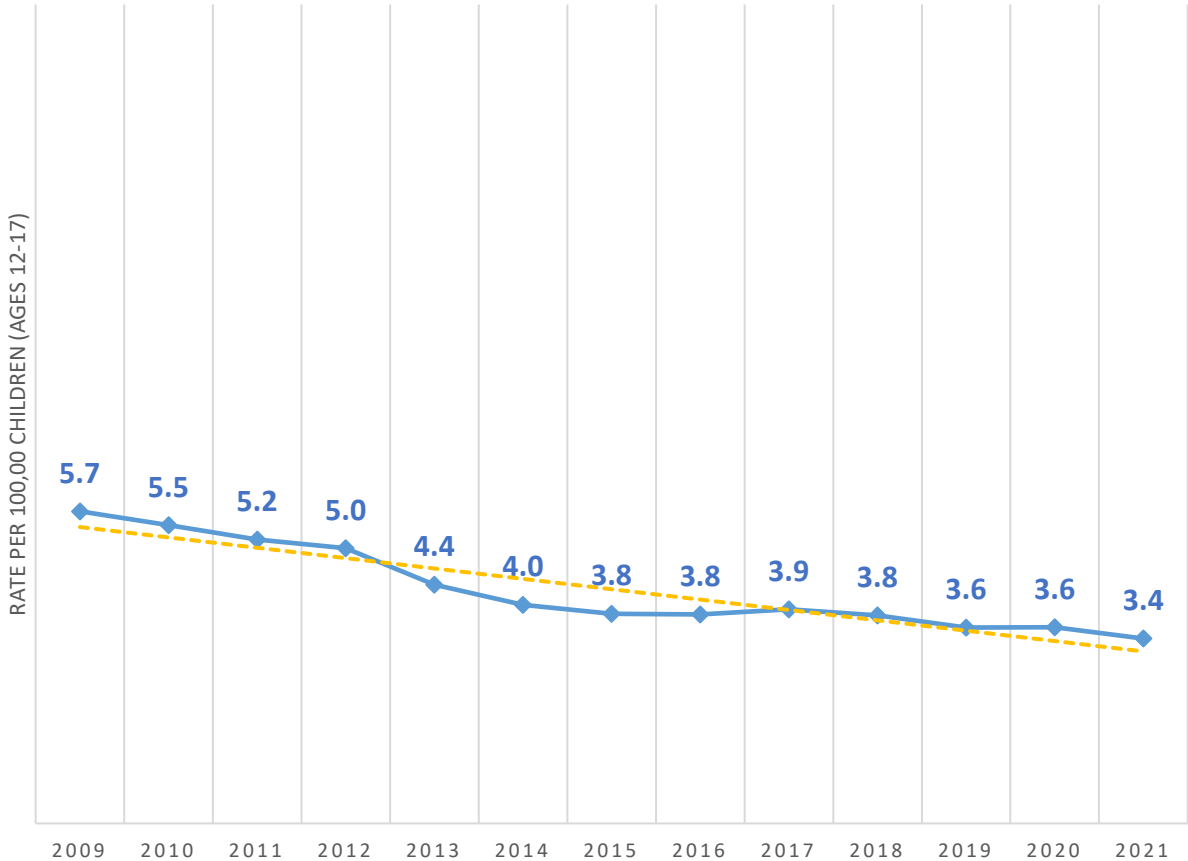
Figure 2 presents data on youth charged with a violent offence where the victim was a parent. In 2009, 8.9 youth aged 12-17 per 100,000 were charged with a violent offence against a parent (a total of 2,964 youth). By 2021, that rate had decreased to 4.5 youth per 100,000 (1,694 youth). These decreases were observed across all regions and provinces as shown in Figure 3, which documents the frequency of youth charged with violent offences against their parents (frequencies are reported rather than rates because calculated rates in regions with very small child populations could overstate the severity of the issue).

Figure 3: Number of youth charged with violent offences where the victim was a parent, 2009-2021, Canadian regions and provinces



Similarly, the rate of youth charged with a violent offence where the victim was a sibling also decreased between 2009 and 2021 as depicted in Figure 4. In 2009, 5.7 per 100,000 youth were charged with a violent offence against a sibling (1,903 youth charged), and in 2021, that rate had dropped to 3.4 per 100,000 (1,282 youth). These trends were also observed across each Canadian region and province.

Figure 4: Rates per 100,000 of youth charged with violent offences where the victim was a sibling, 2009-2021, Canada



These data are documenting notable declines in rates of CPVA and violence against siblings that resulted in official charges, but without other sources of information on prevalence and incidence of CPVA, it is difficult to determine whether the actual incidence of CPVA has decreased. Another potential source of data on CPVA in Canada is the General Social Survey on Canadians’ Safety (Victimization) (GSS). Conducted most recently in 2009, 2014, and 2019, the GSS provides information on criminal victimization, regardless of whether it was reported to the police. While these data may offer an opportunity to examine whether incidents of self-reported CPVA are in a similar decline as observed from the Uniform Crime Reporting Survey, analyses have focused more on intimate partner violence, child maltreatment, and senior abuse (Boxall & Sabol, 2021; Cortina & Martin, 2020; Hernandez et al., 2020). Though the GSS asks respondents about their relationship to the person who perpetrated the violence (including their daughter or son), it does not ask about the age of the perpetrator. As a result, the data are unable to specify whether situations involving CPVA reflect acts committed by children and youth (vs. adult children). Another population survey, the Survey of Safety in Public and Private Spaces examines the prevalence of violent victimization, but similar to the GSS, does not include a question about the age of the accused.

Impact of sociodemographic factors on CPVA

Perpetrator gender

Of all the sociodemographic variables, perpetrator gender was most frequently analyzed by researchers, suggesting that this is a significant area of interest. Overall, literature regarding the relationship between gender and CPVA has been varied and inconclusive, with some studies reporting no significant differences between boys and girls, and others indicating a higher prevalence of aggression and violence among both boys and girls relative to each other. Our analysis revealed similarly indeterminate results. For clarity, findings will be presented for total CPVA, followed by specific forms: physical and psychological/verbal/emotional. All reported results are statistically significant unless otherwise noted.

Several quantitative studies reported on CPVA prevalence, either using one general measure or by totaling and analyzing more than one form (e.g., physical, financial, psychological). Of these, ten found that boys were more likely than girls to engage in abusive or aggressive behaviour toward their parents [4, 27, 30, 40, 47, 62–66]. A qualitative study with legal and social service providers supports these studies' findings, with participants identifying boys as the "main perpetrators" of adolescent family violence [67]. On the other hand, a comparable number of studies reported the opposite. Eight articles identified a stronger association between girls and CPVA when compared to boys [46, 68–75]. Finally, a sizeable number of articles (n=13) indicated that they did not find a significant relationship between CPVA and gender [5, 19, 76–86].

Research on physical forms of CPVA, such as hitting, slapping, and throwing objects, also revealed variable results. Only three papers found that girls were more physically abusive toward their parents than boys [87–89]. In contrast, seven studies demonstrated a significant relationship between being a boy and exercising physical violence or aggression toward their parents [16, 17, 68, 69, 75, 77, 90]. Interviews and focus groups conducted with practitioners, parents, and adolescents also reflected the commonly held opinion that boys are more physically violent toward parents than girls [12, 39, 91, 92]. That said, many studies (n=12) determined a lack of significant relationship for either gender [7, 10, 14, 31, 42, 68, 73, 79, 93, 94].

Psychological, verbal, and emotional forms of CPVA are reported together due to comparison issues, as the studies employed a range of instruments, many of which measured these constructs concurrently. Violence and aggression of this kind might include insults, threats to harm self or others, blackmailing, or making obscene gestures. Both the quantitative and qualitative findings revealed a more consistent picture regarding gender differences. Overwhelmingly (n=18), girls were determined to engage in more psychological, verbal, or emotional forms of CPVA when compared to boys [14, 17, 29, 31, 42, 68, 69, 73, 75, 87, 90, 94–100]. In addition, six qualitative papers reported this perception among professionals, practitioners, parents, and adolescents [12, 39, 67, 91, 92, 101]. No studies found boys were significantly more likely to be psychologically, verbally, or emotionally aggressive or violent toward their parents in comparison to girls; three studies reported non-significant differences between use of psychological, verbal, or emotional violence among girls and boys [79, 88, 90].

Victim gender

Twenty-eight studies performed a direct analysis regarding the victim's gender in cases of CPVA. Overwhelmingly, when compared to fathers, mothers were found to be the most common targets of CPVA [4, 13, 17, 33, 40, 63, 65, 69, 73, 78, 79, 83, 90, 96, 102, 103]. No studies indicated that fathers were significantly more likely to be targets of CPVA, and only one found no statistically significant differences between mothers and fathers regarding CPVA overall [104].

When the findings were broken down into specific types of CPVA, several studies found that emotional and psychological aggression and violence were more frequently perpetrated against mothers versus fathers [29, 73, 90, 96, 105]; no studies reported the opposite result. The findings reported for physical violence and aggression were less uniform. Two studies found that mothers were the most frequent targets of physical CPVA [13, 100], while another reported that physical CPVA was most frequently directed towards the father [78]. A study analyzing police reports found that common assault was more likely to be reported by mothers, while assault with injury was more likely to be reported by fathers [63]. Finally, three studies found no significant differences between physical CPVA and the victim's gender [17, 29, 90].

There is an important caveat for interpreting these results. Much of the research points to higher rates of CPVA among children from single-parent households (compared to those from two-parent households), the majority of which are headed by mothers [6, 32, 64, 76, 92, 102]. As noted by Ibabe and colleagues, "the statistic of the greater proportion of violent acts against the mother may be biased by the type of family – clearly, in the case of single-parent families the mother is the victim because there is no father to attack" [30]. It stands to reason that the caregiver who spends the most time with their child is at an increased risk for violence and aggression. It's also possible that these families experience additional stressors associated with single-parenthood and divorce, which impact the parent's relationship with their children [30]. To mitigate this bias, some researchers have analyzed CPVA in two-parent households independently; in both studies, the finding that mothers were the most frequent victim of CPVA persisted [30, 102].

Race and ethnicity

In contrast to gender, race and ethnicity factors were studied and/or reported much less often. Thirteen articles reported on the effect of race and ethnicity on CPVA. The most common finding was that perpetrators of CPVA were more likely to be classified as White than other studied groups (usually Black and Latin American). Specifically, the research showed that being White, compared to other ethnicities, was associated with an increased likelihood of engaging in CPVA [40, 63, 71, 83, 89] and predictive of verbal abuse in particular [42]. Interestingly, although Condry and Miles found a significant relationship between being White and the prevalence of CPVA [63], they also found that Afro-Caribbean families were overrepresented in the reporting of this issue in police records. In a similar vein to the studies above, Kennedy and colleagues compared juvenile offenders who had committed CPVA with those who had not, and found an increased likelihood of parent violence among White versus Black girls [19]; however, besides this gender-specific finding, no significant differences regarding race or ethnicity were noted.

Ethnicity and race-related results from some studies indicated that non-White youth were significantly less likely to offend against a parent, such as African-Canadian and Middle Eastern [13], Black and Latin American [71], and Latin American only [89]. Comparing 11 years of data on CPVA and parricide (i.e. the killing of a parent) offenders, Walsh and Krienert determined that those who killed their parents were more likely to be White and those who committed CPVA (but did not kill their parents) were more likely to be Black [103]. Of course, not all studies came to a similar conclusion. A German study found that German ethnicity was positively associated with verbal CPVA, and that those with Turkish and former Soviet Union backgrounds were negatively associated [14]. Among an Australian sample of adolescents, researchers examining race and gender found that more Aboriginal girls perpetrated CPVA than Aboriginal boys, as well as more White boys when compared to white girls [24]. Finally, two studies reported a lack of significant differences overall [84, 106], and Bartle-Haring and team identified a lack of predictive value for race or ethnicity specific to physical violence [42]. There were no qualitative studies that inquired about CPVA and race or ethnicity to contextualize these findings further.

Age

Twenty-four total studies examined incidents of CPVA and the perpetrator's age, again reporting varied results. Although age groups were inconsistent across studies, some general observations and comparisons can be made. The following section uses three age groups: younger adolescents = 11 to 14 years, middle adolescents = 14 to 16 years, and older adolescents = 16 to 18 years.

Significant results are evenly spread across the three age groups. Two studies indicated that more violent behaviour toward parents occurred among younger adolescent children: Ibabe found that they engaged more frequently than the older adolescents in all types of CPVA [77]; and another study established a significant relationship between younger adolescents and use of psychological violence toward mothers (contempt or rebellion) compared to the middle and older groups [45]. Some researchers hypothesize that CPVA, like other antisocial behaviours, is likely to recede as youth age due to completion of the brain's maturation process [21].

However, three articles deemed the middle adolescent group as significantly more likely to perpetrate CPVA, implying a potential "peak" during this period that subsequently declines [30, 99, 103]. On the other hand, three studies identified a different trajectory in which CPVA increases with age [31, 73, 107]. Australian data analyzed by Moulds and colleagues validate both patterns, depending on the adolescent's gender [24]. Their findings show that rates of CPVA among girls tended to plateau by age 15, while boys' rates steadily increased with age.

Older adolescent age was found to be related to CPVA in three studies, either as a total measure [6] or in certain forms [5, 108]. In a Spanish sample, older adolescent age was related to intimidating behaviours only, and no other significant differences were found [5]. Rosado and colleagues determined that older age was positively related to CPVA and psychological CPVA on its own; physical CPVA, however, did not differ by age [108]. O'Toole and colleagues found that practitioner participants believed aggression by younger children was more socially acceptable and therefore potentially obscured [39]. As adolescents get older, they also become stronger, and several of the respondents believed a progression from verbal to physical violence was typical, as well as increased financial abuse. The majority (80%) of adoptive parents from Selwyn and Meakings' work indicated an early onset of their child's violence during primary school that shifted during puberty and tipped the scale from aggression to full-blown violence [3].

Some findings were more mixed and nuanced. For instance, Suarez-Relinque and colleagues established a significant association between age and verbal aggression, with older adolescents (17-18 years) obtaining the highest scores on this scale; this was then followed by the 15-16 and then 12-14 age groups [99]. Physical aggression, on the other hand, did not produce significant effects with age. Another study illustrated how the effect of age varied by the parents' gender [4]. Those targeting their mothers were more likely to be reported at a younger age; meanwhile, adolescents targeting their fathers or other family members were often in the older age group at the time of their reported offense. And like other sociodemographic factors, a sizeable proportion of articles (n=12) failed to find significant differences in general CPVA prevalence by age [5, 27, 29, 68, 76, 79, 84, 88, 89, 95, 106, 109].

Under-reporting of CPVA and limited research

The results from this review indicate that, despite limited Canadian literature, CPVA is not necessarily an under-researched form of family violence internationally. Academic interest in CPVA has surged in the last decade, especially in countries like Spain, the United States, and the United Kingdom. However, in comparison to intimate partner violence or child abuse, CPVA has lagged behind. The reasons behind the comparably limited CPVA literature are likely similar to those that characterize the underreporting of this issue, which is the focus of

this section. From the search, 18 articles were identified that help explain the under-reporting of CPVA, as well as the underestimation of its true prevalence. The majority of these studies were qualitative in nature (n=15) and explored the perspectives of parents, adolescents, and practitioners, such as social workers and criminal justice professionals.

Stigma, shame, guilt, embarrassment, and judgment were frequently cited as factors that inhibited parents from disclosing or reporting CPVA [36, 37, 39, 110–115]. A number of studies noted that parents felt reluctant to seek help due to fear that they would be deemed a “bad parent” by professionals or informal sources of support, like friends and family [37, 110, 116, 117]. Relatedly, participants engaged in self-blame, questioning their competency, believing that they had “failed” as parents, and thinking they should have been able to control or stop the abuse [3, 39, 40, 50, 114, 115]. As a result, the abuse often remained hidden from others [39, 40, 43, 111].

Many studies also reported that parents lacked awareness of other families experiencing CPVA, which led them to feel as though they are the only ones dealing with this issue; this only perpetuated the silence and isolation, which fed back into shame, creating a vicious cycle [3, 35–37, 40, 113]. As stated by Routt and Anderson, “shame works in tandem with social isolation to produce a feeling of helplessness among parents” [40]. Many parents engaged in strategies to manage their feelings of stigma and shame, many of which served to conceal the abuse further, such as avoiding certain situations, conversations, or people that could expose the CPVA [114, 116]. Brule and Eckstein highlighted other stigma management strategies, including downplaying or normalizing the abuse (e.g., reframing as “typical” teenage behaviour) and justifying it as a mental health or substance use problem [116]. This is supported by a quantitative study in which adolescents reported higher rates of CPVA compared to their parents [96]. While parents’ tactics may provide some temporary relief, they may obfuscate CPVA and discourage help-seeking. Research indicates that parents reported CPVA as an act of desperation or last resort when the abuse became extreme and intolerable [3, 35, 40, 115, 118]. This suggests that our knowledge of the issue may be represented by the most severe and long-term cases, indicating a “the tip of the iceberg” effect [50].

Research demonstrates that parents’ fears regarding blame and labeling are warranted. After overcoming the various personal and logistical barriers to access, the services that parents utilized were generally seen as insensitive, unsupportive, and unhelpful by families [36, 37, 39, 113, 115, 117–119]. In particular, research documented inappropriate and ineffective responses from professionals in helping institutions [3, 35, 114, 115]. For example, many participants received the message that they were at fault for the abuse, typically by being presented with parenting advice or classes as a solution [35, 114, 115]. Parents felt blamed and re-victimized following these interactions [3, 117]. Service providers and other professionals in contact with families seemed to lack awareness of the issue, including how to recognize it and how to best approach it [40, 50]. Nixon interviewed social workers and observed a startling lack of familiarity with the concept of CPVA; one such worker conveyed a clear bias that CPVA stems from child abuse and stated that “you don’t call it parent abuse, you call it poor parenting” [35]. Without adequate training and policy guidance, UK police officers responding to CPVA calls rely on their own judgment and discretion in responding to these cases [48]. Furthermore, some participants reported that the interventions were not only inadequate in stopping the abuse, but that they also worsened their circumstances [3, 35, 112, 118]. Adolescents’ anger was activated by their parents’ decision to report or seek treatment [3, 118] and ineffective treatment or futile reporting emboldened them since they felt increasingly invulnerable to consequences [3].

Another important reason for parents’ hesitation to report CPVA is the uncertainty and fear of repercussions for doing so. Parents identified several concerns for their child, including criminal prosecution, apprehension or

removal, and a youth record that could negatively impact their future [36, 39, 48, 111, 119]. Interviews with police illustrated this trepidation, as they described how parent victims often withdrew statements and refused to cooperate, even after making the call [48]. Despite the violence and aggression, parents still felt that they had to protect their child [36].

Protocols and practices addressing CPVA

Results showed that a handful of clinical programs have been effective at reducing family violence and CPVA by incorporating protocols and practices aimed at reducing risk factors (e.g., negative attitudes towards authority, aggressive and anti-social activities), enhancing protective factors (e.g., positive family relationships, prosocial behaviours and communication skills), and teaching families de-escalation strategies that prevent the need for a criminal justice response [94, 120]. Key to effective interventions were program facilitators who worked from a multi-systemic framework and considered the families sociocultural contexts while remaining sensitive to the needs of both adolescents and their caregivers [78, 121]. Despite some promising findings, these programs differed in terms of specific practice protocols and were often based on different operational definitions for family violence; therefore, this review did not find standardized protocols or practices for addressing CPVA [43, 111, 122, 123]. In response to this gap, some researchers have recommended further development of intervention models through rigorous outcome evaluation to ensure scalability and generalizability across different social contexts [5, 111]. Other professionals have called for more robust policies which can enable interventions that incorporate a multidisciplinary response to CPVA [50, 71]. One consistent finding across the literature was the perspective that representing CPVA purely as a domestic violence issue requiring a criminal justice response can have negative consequences for children and families, as this does not account for the vulnerabilities and unique dynamics of the parent-child relationship and may needlessly criminalize family conflicts that scale towards normative developmental challenges [12, 15, 124]. Empirical research on established jurisdictional protocols and policies was relatively limited, but more recent research has documented the development and evaluation of several interventions designed specifically for addressing CPVA.

The Step-Up Program was developed in the United States as a family-level and group-based intervention designed to reduce violent behaviours and improve family relationships for adolescents involved in the criminal justice system due to violence against a parent [111]. The program employed a skills-based curriculum that included education on prosocial communication, roleplays, and weekly group check-ins designed to reinforce respectful behaviours for adolescents and teach parents how to support behavioural change [106]. There were two studies that assessed the intervention. One found that parents reported that it was an effective program for decreasing violent behaviour and improving their relationships with their children [111]; the other found that youth who participated in Step-Up were less likely to experience a new court referral [123]. Youth who completed all components of the program experienced an even greater reduction in recidivism [123]. Participants reported the positive impact of consistent sessions on building accountability and routine, and that the program created space for parents to engage in constructive communication with their children [111].

Another CPVA intervention called the Early Intervention Program in Situations of Child-Parent Violence (EI-CPA) was developed in Spain, is delivered through social services rather than the criminal justice system, and is also a group-based intervention for adolescents and their families [43, 98, 122]. The early intervention program employs specific protocols which include psychoeducation, cognitive behavioural sessions, and systemic family therapies [122]. The practice guideline includes three subprograms with interventions designed to meet needs specific to adolescents, parents, and the whole family respectively [122]. An evaluation of the EI-CPA showed that it was effective at decreasing physical and psychological aggression towards parents, improving the quality of parental relationships, and increasing respectful behaviors within the whole family [122]. The EI-CPA model

focuses on restoring the family hierarchy and parental authority, teaching parents how to establish coherent and consistent discipline, and repairing relationship ruptures [122]. Parents reported that family relationships had improved, that the perception of family conflict was lower, that reliance on corporal punishment was significantly reduced, and that depressive symptoms had decreased for the whole family six months following program completion [93].

Another CPVA intervention is the Non-Violent Resistance Program (NVR), which is a group-based program designed to help families de-escalate conflict and reduce patterns of aggressive communication by teaching parents how to effectively respond to their child's violent and controlling behaviours [125, 126]. The program was first implemented by the Parent Counseling Unit of the Schneider Children's Medical Center of Israel and was later adapted by the Limerick Young Persons Probation Service in Ireland [125, 126]. Although there are no rigorous protocols or practice guidelines for NVR, the approach incorporates anti-escalation training, announcement (parents declare their decision to resist CPVA), individual and group cognitive behavioural therapies which reinforce positive behaviours, strengths-based skill building, and inclusion of the family's social support system in tracking and maintaining therapeutic progress [125, 126]. Israeli parents who participated in NVR reported reduced feelings of helplessness and decreased negative feelings in the parent-child relationship and found that the program helped them develop practical skills to cope with CPVA and avoid escalation [125, 126]. Furthermore, NVR was reported to help parents navigate power-struggles with their children and support change in the overall family system [125, 126].

Additional programs to address specific elements of CPVA have emerged in recent years. A music therapy program developed in a community center in Spain was found to help reduce feelings of anxiety for adolescents who have engaged in CPVA and was particularly effective for at-risk youth [127]. A web-based anger management program based in Iran that targeted female high school students reported significantly decreased conflict scores for participants who had engaged in CPVA compared to the control group both immediately and one month following the intervention [128]. A justice system response, that is, a response from law enforcement or the court system, does not appear to be an effective protocol or practice for addressing CPVA. When a child is arrested for causing injury to a parent, the police may be less likely to view the event as a family crisis or make a referral to family services [129]. Furthermore, criminal justice data from the United States has shown that youth arrested for CPVA are significantly more likely to have a prior arrest, and that if incarcerated, youth from families with high conflict were associated with higher levels of family conflict post-release [83, 130]. These findings suggest that clinical and community-based interventions may be best suited for de-escalating conflict within the family, diverting episodes of CPVA, and preventing future occurrences.

Role of the youth criminal justice system

Research that directly examined the role and effectiveness of the criminal justice system in addressing CPVA was limited. Only eight studies provided specific findings that could help answer this question, and none of these were situated in the Canadian context; in fact, all but two of the studies were conducted in the UK [12, 15, 23, 48, 110, 115]. The remaining two were from Spain [131] and Australia [67]. That said, this international research offers some important findings that may be applicable for Canada.

Academics in the field of CPVA question and debate which setting is the most appropriate for responding to this issue. Uncertainty exists regarding whether CPVA is a problem for the youth criminal justice system, the child welfare system, or the domestic violence sector [15, 63, 115]. As it stands, there is a lack of official legislation or mandates, both here and abroad, to guide agencies in addressing this type of violence [12, 63, 67, 110]. Without specific provisions, a range of responses might occur. For example, in Australia, potential approaches include

criminalization, intervention by child protection services, family law orders, and civil protection orders [67]. In the UK, CPVA is now considered a form of domestic violence and abuse in government policy, although there is debate as to whether the existing legislation is appropriate or applicable to CPVA [12, 15].

In the Canadian context, Sections 18 and 19 of the *Youth Criminal Justice Act* allow for the provision of youth justice committees and conferences respectively, to, among other things, give advice on appropriate extrajudicial measures, conditions for judicial interim release, sentences, including the review of sentences, and reintegration plans (*Youth Criminal Justice Act* (S.C. 2002, c. 1). Given that, among other participants, youth justice conferences can include the young offender, their parents, and the victim, they could play a vital role in addressing CPVA. However, the dual place parents hold as potential supports and victims may serve as a conflict of interest and complicate the goals and process of the conference. Youth justice committees, on the other hand, consist of community volunteers. These committees can also act as a youth justice conference, with additional supportive and informative functions, such as ensuring the youth obtains services from community resources. Since one of the notable functions is to facilitate the reconciliation between the offender and the victim, youth justice committees have good potential to be an effective YCJA provision in addressing CPVA.

CPVA is inherently unique and complex even in the overall context of family violence. First, the offender is a youth and if the young person is under the age of 12, the YCJA does not apply and the young person is not qualified as being “responsible criminally” of their actions [15, 67]. Also, the relationship between the offender and the victim is one of dependence and reliance [67]. For example, removing the perpetrator from the victim’s home, a standard police intervention in response to intimate partner violence, is likely to be inappropriate or impossible in CPVA cases without incarceration or placement of youth into foster care [4, 115]. From the caregivers’ perspective, criminalizing their child is undesirable for a number of reasons [15, 63]. As noted by Miles and Condry, unlike intimate partnerships, “parent victims maintain a moral and legal responsibility for their children and rarely wish to sever their relationship” [23]. Furthermore, there is sufficient evidence to show that there are aggressive or violent youth who learned their behaviour from caregivers, either through witnessing or experiencing abuse themselves [12, 63, 67]. Thus, these CPVA offenders occupy a victim-offender status simultaneously.

These distinguishing characteristics give rise to a distinct and complex set of family dynamics that require different approaches than those used when dealing with adult domestic violence. These responses may or may not be best positioned within the youth criminal justice system. Several participants perceived the current youth criminal justice process of findings of guilt and criminalizing youth as being problematic, ineffective, and overly punitive [12, 15, 67, 131].

Alternative legal measures and interventions were suggested by the participants in some of these studies, most of whom were professional practitioners in the CPVA (or related) field. Innovative justice responses were identified, such as court diversion programs, specialist courts [23], restorative- and reparative-based practices, conferencing, counselling [67], and peer-based educational groups [131]. More generally, respondents recommended a holistic, family-focused, and integrated response model in which multiple systems and agencies collaborate to meet the needs of the family [23, 67]. Miles and Condry argue that the provision of CPVA services takes place outside of the youth criminal justice system; they do acknowledge, however, that criminal justice involvement is appropriate and even necessary in some cases. Ensuring that victims have multiple pathways of support, aside from the criminal/legal route, is crucial [23].

Impact of the COVID-19 pandemic on CPVA

Two peer-reviewed studies examined the impact of the COVID-19 pandemic on CPVA, one of which was conducted in the UK [132] and the other in Spain [69]. It is likely that the cut-off date for our search (March 2022) did not offer enough time for studies on CPVA during the pandemic to be both completed and published. Continued measurement of the impact of the pandemic, as well as the dynamics of those interactions, will likely be a significant focus for future research in the coming years. That said, the included studies and data provided by Statistics Canada offer some insight into how the pandemic affected CPVA.

The first study by Moore and colleagues used police referral data to compare prevalence rates of CPVA and other domestic violence offences before and during the first lockdown in Wales [132]; the study period was from December 2019 to July 2020. Overall, although no significant changes were found for the number of total referrals, the authors found that referrals classified as “high risk” increased significantly from the period before lockdown to the period during lockdown ($p=0.032$). In terms of CPVA specifically, 1.8% of all cases ($n=40$) were related to reports of child-to-parent abuse during the study period. Three-quarters of these referrals occurred during the “full” lockdown in April and May ($n=30$).

Cano-Lozano and colleagues collected data online during a period of mandated home confinement occurring from April 17 and May 10, 2020 [69]. Their sample ($n=2,245$) was comprised of adult children between the ages of 18 and 25 and living with at least one parent, which fell outside of this review’s stated inclusion criteria; however, given the limited research available pertaining to the pandemic, an exception was made to include this study in the final analysis. The authors also note that more and more, especially in Western countries, young adults in this age group are continuing to reside with their parents.

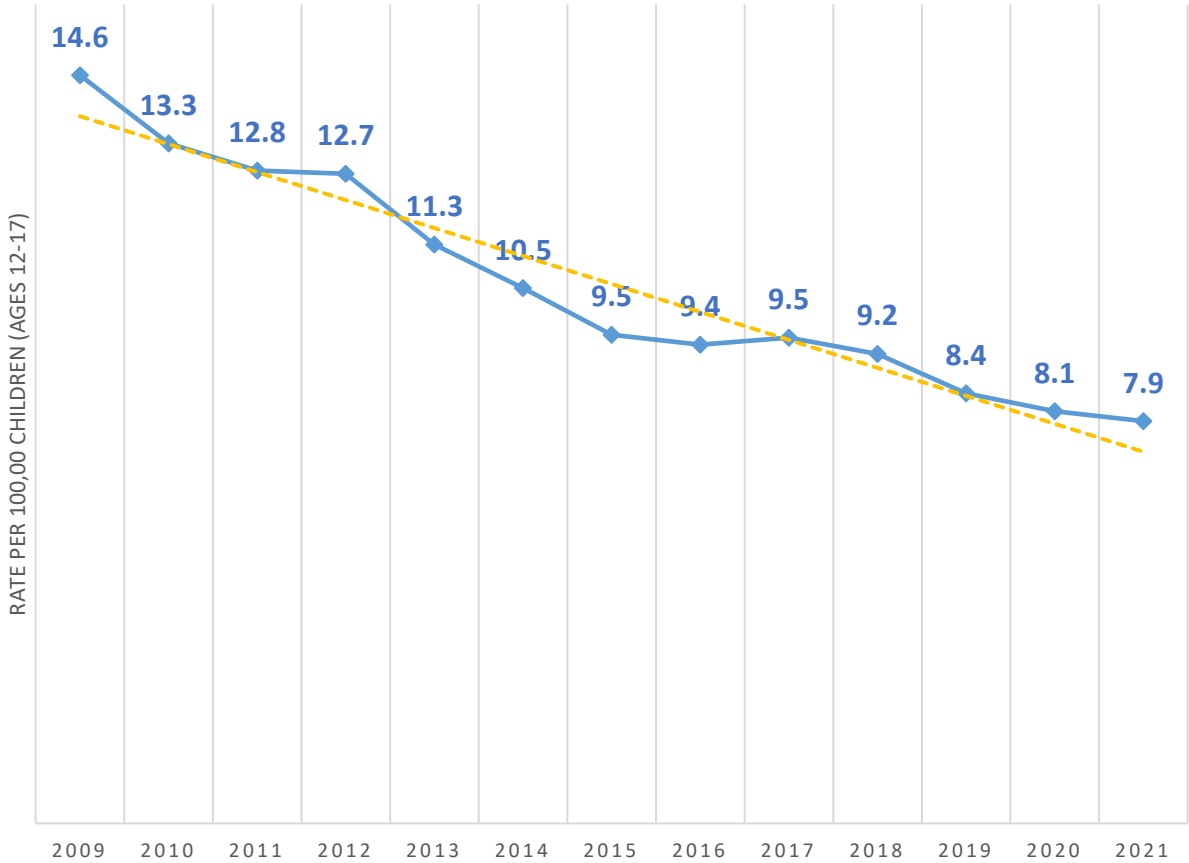
This study examined the frequency of CPVA as well as its association with gender, other forms of family violence, and psychosocial stressors. Violent behaviour toward mothers (65.2%) was more prevalent than that directed at fathers (59.4%), with a significantly higher proportion performed by young women when compared to young men ($p<0.001$). The most frequently reported type of CPVA was psychological violence (40.1% – 61.3%), followed by control and domination (36.5% – 43%), financial (12% – 16.6%), and physical (1.7% – 3.3%). Significantly more daughters than sons used psychological CPVA against both parents ($p<0.001$), as well as control and dominance behaviors toward their mothers ($p=0.04$). Sons, on the other hand, exercised more physical violence ($p=0.014$) and financial violence ($p=0.004$) against their fathers.

Correlational analyses demonstrated several associations between CPVA and other family violence. The highest coefficient found for mother-directed CPVA was mother-to-child violence ($p<0.001$). In addition, a significant relationship was found between CPVA toward fathers and father-to-child violence ($p<0.001$). CPVA was also positively and significantly related to psychosocial stressors of mental health, academics/work, and family coexistence ($p<0.001$). In their multi-linear regression models, the authors determined that 18.7% of CPVA toward mothers could be explained by the additive effect of the following factors: mother-to-child violence ($p<0.001$), mother-to-father violence exposure ($p<0.001$), and the psychosocial stressors of academic/work ($p=0.001$), family coexistence ($p<0.001$), and mental health ($p=0.005$). Similarly, for child-to-father violence, the final model predicted 20.1%, with significant increases in variance by mother-to-father violence exposure ($p<0.001$), academics/work stressors ($p=0.007$), family coexistence ($p<0.001$), and mental health ($p = 0.025$). Following these analyses, the authors tested the cumulative effect of the various psychosocial stressors and found that the accumulated value more strongly predicted CPVA than when each stressor was analyzed on its own ($p<0.001$). In other words, these stressors appear to interact with one another and heighten the risk for CPVA when experienced concurrently.

The findings from these studies indicate that increased parent-child interaction as a result of the COVID-19 pandemic, combined with related stressors like academic or mental health issues, may heighten risk for CPVA. Recent research by Condry and colleagues in the UK echoes these results. While this study did not meet inclusion criteria for publication in a peer-reviewed journal, it provides some further insight and context regarding this issue [133]. Surveying practitioners and CPVA-affected parents during lockdown (between April and June 2020), they identified a substantial increase in reported violent episodes from 70% of parents and 69% of practitioners. Qualitative data from these parents indicate the use of terms like “escalation” and “regression” to describe their circumstances during the lockdown, both in terms of violence severity and frequency. The participants note, however, that the lockdown was not the primary cause or initiator of the violence, but rather that it exacerbated existing CPVA. It is likely that the pandemic impacted CPVA in a number of ways, some of which are indirect. Reduced social and institutional support, financial and employment concerns, and anxiety related to the virus are just some of the factors that may contribute to CPVA risk [133]. There is a demonstrated need for additional supports and a multi-agency response to the problem of CPVA, especially during and in the aftermath of a worldwide pandemic.

Despite these findings, data from Statistics Canada suggest that incidents of CPVA that come to the attention of the police and result in criminal charges did not increase during the pandemic period in Canada. Figure 5 depicts the rate at which youth were charged for violent offences against immediate family members (both parents and siblings). And while the pace of the decline slowed somewhat for 2020 and 2021, there was still a slight decrease in those years. In 2019, the last full year before the pandemic began, 3,130 (8.4 per 100,000) youth were charged with violent offences against immediate family members. This declined slightly in 2020 to 3,034 youth (8.1 per 100,000), and then decreased again in 2021 to 2,976 youth (7.9 per 100,000).

Figure 5: Rates per 100,000 of youth charged with violent offences where victim was an immediate family member (parents and siblings), 2009-2021, Canada



Research gaps

There is much room for further contribution to our understanding of child-to-parent violence and aggression. First, although there has been considerable research on the role of gender in CPVA, future studies should examine the gender dyads and differences of young people who engage in CPVA [10, 27, 38, 62, 70, 94, 134, 135]. Other research suggests the importance of examining aggression by age [17], location [80], and other moderating factors [135]. Further, research should explore multiple perspectives of CPVA from other representative samples of young people [4, 14, 42, 45, 76, 91, 136] and across different cultures to determine if specific factors or motives of CPVA are universal or culturally specific [5, 27, 46, 72, 91, 103, 135, 137, 138].

Future research should also examine the earlier trajectories and experiences of youth and families to better understand how CPVA emerges, worsens, and abates. Some examples of issues that have documented or potential associations with CPVA include: cultural norms and values and social contexts, including socioeconomic status; motivations and triggers for violence and aggression; coping strategies and resources at the individual, family and community levels; psychological development and characteristics; socio-cognitive and information processing capacities; attachment and parenting style; abuse histories, intergenerational violence; and the intersection of substance use, mental health concerns, or other forms of violence and CPVA [14, 46, 62, 63, 70, 74, 84, 86, 87, 95, 97, 100, 106, 137, 139–141]. It is important for future studies to explore predictors of

and pathways to parent-child violence [5, 6, 16, 18, 19, 63, 100, 116], especially those that make CPVA distinct from other forms of violence [116], highlight the complexity of family violence [37, 106] or that include consideration of external factors, such as community factors [100, 142]. More specifically, future research should examine controllable *and* uncontrollable traits and experiences in examining the onset of CPVA [116]. Future research is also needed to understand the long-term impacts of the COVID-19 pandemic on CPVA [69]. Conversely, it is also important to understand and explore the factors that de-escalate family conflict [103].

Similarly, longitudinal samples or dynamic theories, like life course and developmental perspectives, should be used to consider different impacts on family violence (e.g., classroom social resources, previous violence, sexual violence) and to understand the offending trajectories of young people [4, 14, 21, 25, 46, 92, 128, 134, 136, 143]. Qualitative research should be conducted with both youth and parents to facilitate disclosure and understanding of CPVA [37, 38, 70, 91, 95]. Ultimately, there needs to be an exploration of other methodological approaches and theoretical frameworks to address the complexity of CPVA [27, 63, 142]. In addition, there needs to be more training for staff and practitioners to support the facilitation of youth in research, which in turn, should impact practice [101].

Additionally, future research should explore what services may best support parents who are victims of CPVA [129]. There is also a need to determine how best to intervene, prevent, and keep all family members safe and ensure that violence does not happen again in the future [16, 42, 72, 95, 134, 135, 139, 144]. For instance, Beckmann [134], Brule and Eckstein [116], and Navas-Martinez and Cano-Lozano [81] note the importance of specialized interventions that seek to address specific risk factors impacting CPVA. Boxer and colleagues suggest that clinicians should assess for youth-parent violence and incorporate interventions into their treatment plans [16]. Armstrong and colleagues point to the need for proactive interventions or prevention efforts for families who demonstrate signs of CPVA, requiring collaborative, rapid response efforts between law enforcement, youth justice, and mental health services [62]. Research should also examine the factors that influence decision making by law enforcement and practitioners as it pertains to responding to CPVA [112, 129, 145]. Other prevention efforts should consider the impact of violence on later aggression and positive parenting strategies [14, 135].

In order to examine the impact and outcomes of prevention or intervention efforts, Cano-Lozano and collaborators suggest the use of the Child to Parent Violence Questionnaire (CPV-Q) in order to develop and implement therapeutic approaches and plans for addressing CPVA [17, 38]. Where prevention efforts and programs exist, there is a need for rigorous outcome evaluations to understand the benefits of programs for parents, families, and youth [111]. However, in order to understand how to best support and intervene, future research should attempt to understand the scope and extent of CPVA and how this issue is best conceptualized [19, 94, 115]. A clear direction for practice is essential [146].

Conclusion

This study sought to answer several key questions related to the scope, the predictors, the impact, and potential responses to child-to-parent violence and aggression (CPVA). Towards that end, the study employed a scoping review methodology and analyzed national Canadian data on the incidence of CPVA that resulted in criminal charges. The first major conclusion is that the incidence of police-reported CPVA has decreased since 2009, and despite the significant and far-reaching impacts of CPVA on youth and their families, peer-reviewed research on CPVA in the Canadian context is scarce. There has been an increase in international research on this issue, which has shed light on the prevalence, risk factors, and context for CPVA. There is also a growing body of research

that begins to articulate what jurisdictional responses might include and identifies interventions that may show promise in reducing CPVA and improving family relationships. While these findings may have applicability to Canadian jurisdictions, without research and evaluation on these approaches with Canadian youth, there continues to be a lack of data about appropriate responses to CPVA in Canada.

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