

Child-to-Parent Violence

Çocuktan Ebeveyne Şiddet

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ABSTRACT

Research on domestic violence has primarily focused on intimate partner violence and violence from parents toward children. However, child-to-parent violence, which plays a significant role in the continuity of intergenerational violence and constitutes a serious social problem, has been neglected in domestic violence research. Based on this situation, the aim of the present study is to raise awareness by addressing the conceptualization, theoretical explanations, prevalence, measurement tools, risk factors, effects on parents, intervention programs, and studies conducted in the Turkish context regarding child-to-parent violence. The findings indicate that there are differences in the conceptualization of the definition and types of child-to-parent violence, that its prevalence varies across countries but is generally high, and that this form of violence cannot be sufficiently explained within the framework of a single theory. It was also observed that most measurement tools rely solely on adolescents' self-reports, failing to adequately reflect the parents' perspective. Moreover, the emergence of child-to-parent violence involves a combination of individual, familial, and social factors, with exposure to domestic violence standing out as a prominent risk factor. The study also revealed that child-to-parent violence has physical, economic, emotional, and social impacts on parents. Intervention programs developed for child-to-parent violence have been found to be beneficial for both parents and adolescents; however, their long-term effects have not been sufficiently investigated. Finally, it was concluded that studies on child-to-parent violence in Turkey remain limited in number. Considering the complex nature of this issue, we recommend the development of holistic prevention and intervention programs, supported by research that simultaneously examines individual, familial, and social factors.

Keywords: Child-to-parent violence, domestic violence, violence

ÖZ

Aile içi şiddet çalışmaları daha çok eşler arası şiddet ve ebeveynlerden çocuklara yönelik şiddet konularına odaklanmaktadır. Ancak, nesiller arası şiddetin devamlılığında önemli bir rol oynayan ve ciddi bir toplumsal sorun teşkil eden çocuktan ebeveyne şiddet, aile içi şiddet çalışmalarında ihmal edilmiştir. Bu durumdan hareketle çalışmanın amacı çocuktan ebeveyne şiddetin kavramsallaştırılmasını, kuramsal açıklamalarını, yaygınlığını, ölçüm araçlarını, risk faktörlerini, ebeveynler üzerindeki etkilerini, müdahale programlarını ve Türkiye bağlamında yapılan çalışmaları ele alarak bir farkındalık kazandırmaktır. Çalışma sonucunda çocuktan ebeveyne şiddetin tanımı ve türlerinin kavramsallaştırılmasında farklılıkların bulunduğu, çocuktan ebeveyne şiddetin yaygınlığının ülkeler arasında farklılık göstermekle birlikte genel olarak yaygınlığın yüksek olduğu, bu şiddetin tek bir kuram çerçevesinde yeterli düzeyde açıklanamayacağı, ölçüm araçlarının çoğunun yalnızca ergenlerin bildirimlerine dayandığı ve ebeveyn açısından yeterince yansıtılmadığı görülmüştür. Çocuktan ebeveyne şiddetin ortaya çıkmasında bireysel, ailevi ve sosyal faktörlerin bir arada rol aldığı özellikle aile içi şiddete maruz kalmanın ön plana çıkan bir risk faktörü olduğu ve çocuktan ebeveyne şiddetin ebeveynler üzerindeki fiziksel, ekonomik, duygusal ve sosyal etkilerinin olduğu tespit edilmiştir. Çocuktan ebeveyne şiddet için hazırlanan müdahale programlarının hem ebeveyn hem ergenler için yararlı olduğu ancak bu programların uzun vadeli etkilerinin yeterince araştırılmadığı belirlenmiştir. Son olarak Türkiye'de çocuktan ebeveyne şiddete yönelik çalışmaların sınırlı sayıda olduğu sonucuna varılmıştır. Çocuktan ebeveyne şiddetin karmaşık yapısı göz önünde bulundurulduğunda, bireysel, ailesel ve sosyal etmenleri bir arada inceleyen çalışmalar ile bu davranışlara yönelik bütüncül önleme ve müdahale programlarının geliştirilmesini önermekteyiz.

Anahtar sözcükler: Çocuktan ebeveyne şiddet, aile içi şiddet, şiddet

Introduction

The family has a significant impact on the child's development (Hallaç and Öz 2014). Supportive, trusting, and functional relationships established with parents during childhood and adolescence contribute positively to both the child's and the parent's psychological and social development. However, family relationships may not always develop in a healthy manner. Sometimes, negative behaviours such as conflict, abuse, and violence may come to the forefront in these relationships (Morelli et al. 2022). One such violent behaviour that has received increasing attention in the literature, especially in recent years, is the phenomenon of child-to-parent violence (CPV) (Rogers and Ashworth 2024, Dahouri et al. 2025). CPV refers to "deliberate, repeated physical, psychological, or economic violent behaviour directed at parents or their substitutes" (Pereira et al. 2017). Although the prevalence of this type of violence is not precisely known, the prevalence of physical violence from children to parents has been reported to range from 5% to 21%, and psychological violence from 33% to 93% (Simmons et al. 2018). A systematic review and meta-analysis study involving data from 25,000 participants found that the overall prevalence of violence against both parents was 34.8%. The same study determined that the prevalence of physical violence was 10.0% and the prevalence of psychological violence was 82.6% (Dahouri et al. 2025). In Spain, one of the countries with the most studies on CPV, psychological violence was found to be 14.2% and physical violence 3.2% (Calvete et al. 2013a). These rates reveal that CPV is a significant public health problem.

CPV, which perpetuates the intergenerational cycle of violence, should not be understood solely as a behavioural pattern arising from individual factors. At the same time, it is a multidimensional relational phenomenon associated with familial and social factors (Hong et al. 2012). Research on domestic violence has primarily concentrated on intimate partner violence or on violence directed at children by parents (İbiloğlu 2012, Güleç et al. 2012). In contrast, children's behaviours toward parents involving physical, emotional, verbal, or economic violence have been examined in the literature to a limited extent (Junco-Guerrero et al. 2025). Moreover, while children and adolescents are commonly regarded as victims of violence, the emergence of a dynamic in which parents become the victims and children the perpetrators challenges traditional perceptions of violence and highlights the importance of examining this form of violence. In particular, the paucity of scientific research on this issue in Turkey generates a critical gap in academic knowledge production and poses a substantial challenge for experts seeking to design effective prevention and intervention programmes (Yalçın 2023). Therefore, this study is expected not only to provide practitioners with guidance but also to raise researchers' awareness of studies in this field.

In this context, the purpose of the study is to comprehensively examine child-to-parent violence, a critical public health concern, through a multidimensional lens. Accordingly, the study encompasses the definition and types of child-to-parent violence, its theoretical interpretations, prevalence, measurement instruments, risk factors, effects on parents, intervention programmes, and research conducted in the Turkish context, as well as general evaluations and recommendations.

Conceptualisation and Types of CPV

CPV is an important social phenomenon that has drawn the interest of many researchers in the fields of social sciences, health, education, and law, particularly over the last decade (Rogers and Ashworth 2024). This phenomenon has been called by various terms in the literature, including "adolescent-to-parent violence", "adolescent-to-parent aggression", "child-to-parent abuse", "child-to-parent violence", "parental abuse" and "parental violence" (Simmons et al. 2018). Initially defined by Harbin and Madden (1979) as "Battered Parent Syndrome", child-to-parent violence was used to denote dangerous physical assaults against parents or verbal and nonverbal threats (Harbin and Madden 1979). Holt (2013) defined CPV as a behavioural pattern in which verbal, economic, physical, or emotional means are employed to exert power and gain control over parents.

It has been noted that a clear and common definition of CPV is needed. Accordingly, the researchers, with the contribution of eight clinicians and three academics from different institutions, proposed a definition to clarify what CPV is and to establish consensus among all stakeholders interested in this phenomenon.

Accordingly, "CPV has been defined as deliberate and repetitive acts of physical, psychological (verbal or nonverbal), or economic violence directed at parents or parental figures." In addition to this definition, experts note that in certain cases, some behaviours do not align with its scope and should therefore be excluded from child-to-parent violence. Situations excluded from the scope of CPV include one-time acts of violence occurring during reduced states of consciousness (such as poisonings, withdrawal syndromes, delirium, or hallucinations), as well as assaults stemming from mental disorders (e.g., autism or severe intellectual disability). In addition, cases of parricide without a prior history of violence are not considered part of child-to-parent violence. Since these situations are single incidents, beyond the individual's control, or the result of psychological conditions, they do not meet the criteria for child-to-parent violence. CPV, by contrast, is characterised as repetitive, intentional, and aimed at exerting power or control over parents (Pereira et al. 2017).

CPV is a relational phenomenon that can manifest in various forms, including verbal, emotional, physical, and economic violence. Verbal violence may undermine parental authority through behaviours such as shouting, using insulting language, or demeaning parenting abilities. Emotional violence involves elements such as intimidation, ignoring, manipulation, and threats, thereby adversely affecting the parent's psychological well-being. Physical violence encompasses actions like hitting, pushing, spitting, or throwing objects at the parent, thus threatening their physical safety. Economic violence targets the parent's financial resources and may include breaking possessions, stealing money, or creating financial burdens. Parents may be exposed to one or more of these types of violence, which negatively affects them both individually and socially (Holt 2013).

Theoretical Explanations of CPV

In this section, the phenomenon of CPV will be examined within the framework of several theories. Furthermore, the explanations provided by each theory will be supported by relevant empirical studies. The fact that these theoretical perspectives generally resist explaining CPV through a single factor demonstrates the complex and dynamic nature of the phenomenon. Considering this complexity and the multitude of risk factors identified to date, understanding the emergence of CPV in its entirety requires not a single theory but rather the integration of multiple theoretical approaches (Holt 2013).

Social Cognitive Learning Theory

The social cognitive learning theory, proposed and developed by Albert Bandura, emphasises the influence of environmental and cognitive factors in the learning process. This theory suggests that learning does not occur solely through personal experiences but also by observing and modelling the attitudes, behaviours, and emotional responses of others. Furthermore, the theory highlights that in the process of observational learning, the individual is not a passive recipient but rather an active participant. For the individual to successfully imitate the observed model, certain cognitive components must be active; otherwise, the learning process cannot occur (Bandura 1969, Bandura 1986).

From the perspective of social cognitive learning theory, violence against parents is largely understood as a learnt behaviour. Children who engage in such behaviours may come to view aggression as both acceptable and effective when they observe that it is rewarded—through material gains such as money or possessions, or through emotional benefits such as feeling valued or powerful—or at least not punished (Holt 2013). Numerous studies have demonstrated that children exposed to physical or psychological violence from their parents are more likely to perpetrate violence against them (Ibabe and Bentler 2016, Gallego et al. 2019). When aggression and the exercise of power are modelled within the family, children may internalise them as valid strategies in social interactions. If parents adopt coercive or punitive attitudes toward the child, the child may respond by exerting power against the parents (Bandura 1986, Seijo et al. 2020). Thus, parental attitudes play a critical role in children's acquisition of aggressive behaviours. The study by Kulakci-Altintas and Ayaz-Alkaya (2019) found that authoritarian and overprotective parenting styles increase adolescents' general tendency toward violence. While authoritarian parents attempt to control their children through harsh discipline—teaching them that

pressure and violence are tools in power relations—overprotective parents, by limiting opportunities for problem-solving and anger regulation, may fail to prevent children's aggression toward them. Additionally, how children interpret their parents' behaviours is an important factor in the emergence of violence. Cano-Lozano et al. (2020) found that hostile attribution—namely, the perception of parental actions as intentionally harmful—was strongly associated with CPV. Based on this finding, within the social learning process, children may justify aggression by framing parental criticism and rejection as provocation. Consequently, they may perceive the parent as an adversary and become more prone to violence.

Attachment Theory

Attachment theory is largely grounded in the work of John Bowlby and Mary Ainsworth (Cassidy and Shaver 2016). In his seminal article "The Nature of the Child's Tie to His Mother" (1958), Bowlby highlighted the biological and evolutionary dimensions of the child's attachment to the caregiver. Put differently, attachment has been described as an innate mechanism that ensures the survival of the species. Subsequently, in his three-volume work "Attachment and Loss" (Bowlby 1969, Bowlby 1980), Bowlby not only addressed how attachment is formed and sustained but also how it influences domains such as emotion, cognition, and socialisation. Bowlby (1969) defined attachment as an enduring psychological bond between individuals. From birth, the presence of a sensitive and reliable caregiver plays a critical role both in establishing attachment and in supporting healthy development. Conversely, when infants fail to develop attachment with their caregiver in the early stages, psychological problems may emerge later in development (Bowlby 1969, Bowlby 1980). Particularly during periods of stress or threat, infants seek the physical and psychological presence of their mother and attempt to communicate through behaviours such as sucking, clinging, or crying. In this process, they regulate their behaviours according to the caregiver's responsiveness (Bowlby 1958, Bowlby 1969). Through this regulatory process, they develop an internal working model of themselves and others, which subsequently shapes their beliefs, expectations, emotions, and behaviours in future relationships (Bowlby 1969).

From the perspective of attachment theory, the attachment patterns between parents and children play a decisive role in the occurrence of CPV. Experiences of neglect, abuse, emotional deprivation, or inconsistent parenting during childhood lay the groundwork for the development of insecure attachment patterns (Navas-Martínez and Cano-Lozano 2023). In line with this, a study conducted by Nowakowski-Sims and Rowe (2017) with a forensic sample found that adverse childhood experiences weakened child–mother attachment, and such attachment problems were associated with children's use of violence against their parents. The same study revealed that family conflict and witnessing interparental violence reduced children's trust in their mothers and negatively affected the attachment process. Another study examined the mediating role of attachment patterns in the relationship between adverse childhood experiences and CPV, finding that anxious and disorganized attachment patterns served as mediators. In other words, adverse childhood experiences increase the likelihood of developing anxious and disorganized attachment styles, which in turn heighten the risk of CPV behaviours (Navas-Martínez and Cano-Lozano 2023). Taken together, these findings suggest that children's violence against parents should be regarded not merely as an externalised behavioural problem but also as an attachment-based issue.

Bioecological Theory

The bioecological theory, advanced by Bronfenbrenner in the 1970s, challenges the limitations of traditional frameworks that reduce child development to immediate environmental influences, asserting instead that development emerges through a dynamic and reciprocal process (Bronfenbrenner 1979). Initially articulated through a set of nested structures—the microsystem, mesosystem, exosystem, and macrosystem—the model was later refined with the incorporation of the chronosystem, thereby attaining its definitive form. The microsystem encompasses the proximal contexts of development, such as the family, school, and peer networks, whereas the mesosystem denotes the interrelations among these proximal settings (e.g., family-school, family-peer interactions). The exosystem encompasses distal structures in which the child does not directly participate, such as local governance or media, but which exert indirect influence via their impact on the microsystem. The macrosystem captures the broader

sociocultural milieu, including prevailing norms, dominant values, and cultural ideologies shaping developmental pathways. Finally, the chronosystem, subsequently introduced as the outermost layer, incorporates both critical life events and longitudinal temporal shifts, emphasising that development is embedded within a dynamic and historically contingent context (Bronfenbrenner 1994).

In light of this evidence, the bioecological theory provides a valuable framework for explaining the multidimensional nature of CPV by situating child development within the interactions of environmental systems. It demonstrates that CPV arises not solely from individual factors but also from the interplay among ecosystems such as the family, school, social environment, and cultural context. Recent systematic reviews have identified exposure to domestic violence, parenting styles, child abuse, family stress and communication difficulties, substance use, academic problems, psychological factors, and socioeconomic challenges as critical risk factors for CPV (Rogers and Ashworth 2024, Junco-Guerrero et al. 2025). A comprehensive review by Hong et al. (2012) examined CPV through the lens of bioecological theory and analysed the contributions of different ecological systems. Their findings indicated that, at the microsystem level, child abuse, family violence, and parenting behaviour; at the mesosystem level, peer influence; at the ecosystem level, media effects; at the macrosystem level, gender roles; and at the chronosystem level, family structure changes (e.g., divorce) function as significant predictors of CPV. These findings suggest that the bioecological theory offers an integrative framework for understanding CPV and illustrates how diverse ecological systems contribute to children's violent behaviours toward parents.

Theoretical explanations of CPV are important for at least two reasons. First, they provide guidance to professionals and policymakers in the development of prevention and intervention strategies. Second, although grounded in scientific research, these theoretical accounts differ from "common-sense" notions widely accepted in society. For instance, beliefs such as "Parents are responsible for all of their children's behaviours" or "If a child is violent, it must come from a bad family" reflect common-sense judgements. However, such ideas can be influenced by theoretical perspectives. This influence, in turn, can shape perceptions regarding who is to be blamed or held responsible in cases of violence. In other words, the assignment of blame or responsibility to either the parent or the child affects how people respond to incidents of violence. Recognising these effects is crucial for developing more accurate and fair approaches to the phenomenon (Holt 2013).

Prevalence of CPV

The prevalence of CPV has been reported to vary across countries worldwide. In a review conducted by Simmons et al. (2018), prevalence rates in community samples ranged from 5% to 21% for physical CPV and from 33% to 93% for psychological CPV. This wide variation has been attributed to differences in the conceptualisation and terminology of CPV, the measurement criteria employed, and sampling methods, as well as cultural influences and reliance on parental reports (Simmons et al. 2018, Creutz et al. 2024).

When examined across countries, a study conducted in the United States found that 11.4% of adolescents reported using physical violence at least once against their parents or other family members in the past year (Elliott et al. 2011). In Canada, research investigating the six-month prevalence of adolescents' physical and verbal aggression toward their mothers revealed that 51% reported engaging in verbal violence and 13% in physical violence against their mothers (Pagani et al. 2003). Another study conducted in the same country indicated that 64% of adolescents reported verbal violence and 13.8% reported physical violence toward their mothers (Pagani et al. 2004).

In South America, Jiménez-García et al. (2022) reported that, in Chile, the prevalence of adolescents' psychological, physical, economic, and controlling-dominating violence toward mothers was 26.8%, 3%, 12.9%, and 24.4%, respectively. The corresponding rates toward fathers were 26.6%, 4.9%, 11.1%, and 20.3%. In Ecuador, Burgos-Benavides et al. (2024a) provided a detailed account of prevalence rates. Among girls, the rates of psychological, physical, economic, and controlling-dominating violence against mothers were 25.2%, 1.8%, 16.9%, and 34%, whereas against fathers they were 20%, 2%, 15.1%, and 35.5%. Among boys, the respective rates were 19.6%, 2.3%, 17.5%, and 31.8% toward mothers, and 20%,

2%, 17%, and 30.5% toward fathers. A systematic review and meta-analysis synthesising 15 studies conducted exclusively in Latin American countries further indicated that 72% of fathers and 88% of mothers had experienced at least one incident of psychological violence. Physical violence prevalence was reported at 8% for fathers and 6% for mothers. Repeated psychological violence was experienced by 23% of fathers and 25% of mothers, whereas repeated physical violence was reported by 6% of fathers and 5% of mothers (Burgos-Benavides et al. 2024b).

In Germany, a Central European country, a recent study reported that in the past year, 45% of adolescents engaged in verbal violence and 6% in physical violence toward parents (Beckmann et al. 2021). Spain, one of the most extensively studied countries in terms of CPV, has reported prevalence rates of 14.2% for psychological violence and 3.2% for physical violence (Calvete et al. 2013a). Another community-based study in Spain found rates of 5% for severe physical violence, 11% for mild physical violence, and 88% for psychological violence (Ibabe and Bentler 2016). Furthermore, Ibabe and Jaureguizar (2011) reported that among mothers exposed to CPV, the prevalence was 26% for psychological, 52% for emotional, and 21% for physical abuse, whereas the corresponding figures for fathers were 16%, 40%, and 21%. In Italy, a community-based study examining parent-directed violence within the past year found that mothers reported at least one incident of psychological, physical, financial, and controlling violence at rates of 64.9%, 14%, 33.5%, and 88.5%, respectively. For fathers, these rates were 57.8%, 10.09%, 29.4%, and 84.2%. Recurrent violence toward mothers was reported at 29.3% psychological, 4.7% physical, 11.3% financial, and 65% controlling, while for fathers the rates were 22.7%, 3.5%, 10.3%, and 61.1% (Navas-Martínez et al. 2025). In Turkey, a community-based study reported that mothers experienced at least one incident of psychological, physical, and economic violence at 36.5%, 6.2%, and 10%, with a total prevalence of 38.1%. Fathers reported corresponding rates of 26.5%, 4.5%, and 8%, with an overall prevalence of 29% (Yalçın 2023). These findings are significant as they derive from community rather than forensic or clinical samples. However, CPV behaviours were assessed using a researcher-developed "Interview Form for Parent-Directed Violence" rather than a standardised, validated, and reliable instrument, which limits measurement sensitivity and comparability across studies.

Risk Factors for CPV

Violent behaviour towards parents is a complex relational phenomenon arising from the dynamic interplay of individual, familial, and social factors. Research indicates that such behaviours are associated with a range of risk factors (Arias-Rivera et al. 2022, Rogers and Ashworth 2024, Dahouri et al. 2025).

Individual Risk Factors

CPV is related to some individual characteristics, and among these are gender, age, impulsivity, mental disorders, and substance use (Rogers and Ashworth 2024).

Gender

Research across disciplines has generally indicated that women engage in violent behaviours at lower levels than men (Ahonen 2019). However, CPV behaviours appear to vary by gender depending on the type and context of violence. Several community-based studies have found no significant gender differences in the perpetration of violence against parents (Pagani et al. 2003, Pagani et al. 2004, Pagani et al. 2009, Ronzón-Tirado et al. 2025). Similarly, some community-based studies indicate that there is no significant difference between girls and boys in terms of physical violence toward parents, but that girls use psychological violence more often (Ibabe et al. 2013a, Ibabe and Bentler 2016). On the other hand, another community-based study reported that boys had higher rates of physical violence against parents, while no gender differences were found in psychological violence (Ibabe et al. 2013b). A recent community-based study reported that girls exhibited significantly higher levels of violence toward mothers compared to boys, while no gender differences were found in violence directed toward fathers (Espuig et al. 2025).

Clinical studies indicate that physical violence against parents is more often perpetrated by boys, whereas psychological violence is more commonly reported among girls (Nock and Kazdin 2002, Ghanizadeh and

Jafari 2010). Another clinical investigation revealed that boys demonstrated significantly higher rates of CPV compared to girls (Sasaki et al. 2025).

Findings from forensic samples further show that perpetrators of parent-directed violence are predominantly male (Kennedy et al. 2010, Condry and Miles 2014). However, a forensic study conducted by Cuervo (2025) found that the proportion of girls among adolescents who engaged in parent-directed violence was significantly higher than that of boys. Taken together, these findings suggest that analyses of the relationship between CPV and gender must consider both the type of sample studied and the type of violence examined. Moreover, gender differences are often interpreted not only in light of social expectations shaped by gender roles (Lawson 2012) but also in relation to biological differences (Repple et al. 2018).

Age

Many of the thoughts and behaviours observed in childhood are typically regarded as part of the normal developmental process. In making such evaluations, both chronological age and developmental stage are considered since age influences the gradual emergence of skills. Within this framework, the extent of CPV behaviours also varies by age. During adolescence—a period marked by rapid psychological and endocrinological development—these behaviours tend to reach their peak. Research indicates that CPV is most prevalent during middle adolescence (ages 14–17) and gradually declines with increasing age (Dahouri et al. 2025). This finding is further supported by evidence from studies across different samples. Research conducted with the community (Ibabe and Bentler 2016, Espuig et al. 2025), forensic (Condry and Miles 2014), and clinical populations (Fawzi et al. 2013) has confirmed the increase in CPV during this age period. Ulman and Straus (2003) additionally found that rates of parent-directed violence were highest in preschool children (ages 3–5), stressing that such behaviours are developmental in nature and distinct from those observed during adolescence. Although the likelihood of causing physical harm in this younger age group is relatively low, the authors emphasised that these behaviours should not be overlooked, as violent tendencies learnt early in life may evolve into more severe patterns of violence during adolescence and adulthood (Ulman and Straus 2003).

Impulsivity

Impulsivity is defined as the tendency to respond rapidly and without planning to internal or external stimuli while disregarding the potential negative consequences of these reactions for oneself or others (Hamilton et al. 2015). Impulsivity has been described as a multidimensional construct comprising four components: acting without thinking, lack of perseverance, sensation seeking, and urgency. The urgency component is further divided into negative and positive urgency. Negative urgency refers to the tendency to act impulsively and without control when experiencing negative emotions, whereas positive urgency describes the same tendency in the context of positive emotions (Rochat et al. 2018). These dimensions suggest that impulsivity undermines individuals' abilities to regulate emotions and engage in functional behaviours, thereby heightening the likelihood of interpersonal conflict. Consistent with this, numerous studies have reported associations between impulsivity and intimate partner violence (Pispira et al. 2024), as well as violent behaviours among adolescents (Zhang et al. 2024). Similarly, impulsivity has been shown to be associated with child-to-parent violence (Calvete et al. 2011).

In a study by Cano-Lozano et al. (2024a), adolescents aged 14–19 from both forensic and community samples were divided into three groups: those who had engaged in CPV and were processed through the judicial system, those who had engaged in CPV but had not been reported, and those who had not engaged in CPV at all. Significant differences in impulsivity levels were found across the groups. Adolescents in the judicial CPV group displayed significantly higher levels of impulsivity compared to both the unreported CPV group and the non-CPV group. Likewise, the unreported CPV group demonstrated higher impulsivity than the non-CPV group.

These findings suggest that impulsivity contributes to a greater propensity for violent behaviour. Encouraging children to respond to their parents with controlled, context-appropriate behaviours rather

than impulsive reactions can help foster healthier and higher-quality relationships while also supporting the sustainability of these relationships.

Mental Disorders

Mental disorders significantly disrupt individuals' thoughts, emotions, and behaviours while also impairing functioning across social, occupational, and other vital areas of life (Kring and Johnson 2022). Such conditions often contribute to strain and conflict in close relationships, particularly within the family. Consistent with this, a systematic review conducted by Oram et al. (2014) found that individuals diagnosed with depression, generalised anxiety disorder, or panic disorder were at an elevated risk of perpetrating physical violence against their partners, irrespective of gender. The role of mental disorders in family violence dynamics extends beyond intimate partner violence. Parental mental health is also critical for children's physical and psychological development (Lopes et al. 2021). Moreover, parents suffering from mental disorders have been shown to exert various negative influences on their children, with research identifying a significant association between such conditions and child maltreatment (O'Donnell 2015). Children with mental health disorders are also more likely to engage in violent behaviour toward their parents.

Community-based studies have demonstrated that depression symptoms predict CPV behaviours. Adolescents with elevated depressive symptoms are more prone to verbal forms of violence—such as shouting and insulting—rather than physical aggression against parents (Calvete et al. 2011, Calvete et al. 2013b). Similarly, in a community study involving 8,115 adolescents aged 11–16, Martínez-Ferrer et al. (2020) categorise participants into low, medium, and high CPV groups. Those in the high CPV group reported significantly greater psychological distress and suicidal ideation compared to their low CPV counterparts.

Forensic studies have further underscored depressive symptoms as a key predictor of CPV (Cuervo 2023, Cuervo 2025). Kennedy et al. (2010) conducted a study with a forensic sample of 10–18-year-olds, comparing adolescents' physical violence toward parents with their psychological characteristics. The study grouped participants into two categories based on the type of violence. Adolescents who reported physically assaulting their parents were included in the CPV group, while those who did not report such behavior were included in the non-CPV group. Those in the CPV group were found to have higher rates of suicide attempts, psychiatric medication use, and psychiatric hospital admissions (Kennedy et al. 2010). Based on this finding, it can be argued that mental disorders negatively affect adolescents' ability to regulate their emotions, thoughts, and behaviors, leading to violent behavior toward their parents.

Substance Use

Substance use, recognised globally as a major public health concern, not only inflicts serious physical and psychological harm on the user but also has the potential to disrupt family interactions and communication processes (Genis et al. 2022). Research has demonstrated that substance use contributes significantly to intimate partner violence (Belay et al. 2025) as well as to child neglect and abuse (Raitasalo and Holmila 2017). Thus, substance use should not be regarded solely as an individual issue, as it also facilitates various forms of family violence. In this regard, its effects extend beyond parental violence toward children or partners. Substance use likewise represents a significant risk factor for the emergence of child-to-parent violence. Curtis et al. (2025) demonstrated a significant association between parental alcohol consumption and CPV incidents committed under the influence of substances.

Furthermore, several community-based studies have shown that adolescent substance use predicts the likelihood of engaging in CPV (Ibabe and Jaureguizar 2011, Cano-Lozano et al. 2020, Beckmann et al. 2021). Calvete et al. (2015a) conducted a longitudinal study in Spain with 981 adolescents aged 13–17, investigating the relationship between substance use and both physical and psychological CPV across time. Data were collected at three time points (T1, T2, and T3). Results indicated that substance use at T1 predicted psychological CPV at T2, whereas substance use at T2 predicted physical CPV at T3. By contrast, neither physical nor psychological CPV was found to predict substance use at any stage.

Research with forensic samples has shown that adolescents engaging in CPV often report high levels of substance use (Loinaz et al. 2020). Noh-Moo et al. (2024) examined in detail the association between alcohol consumption and different forms of CPV, finding that alcohol use predicted verbal and economic violence against mothers and physical, verbal, and economic violence against fathers. Taken together with the developmental features of adolescence, these findings suggest that substance use may disrupt the maturation of the frontal lobe, a region essential for higher-order cognitive functions such as decision-making, planning, impulse control, attention, problem-solving, and social behaviour, thereby increasing the likelihood of violent behaviours.

Family Risk Factors

Family structure, dynamics of family relationships, exposure to domestic violence, and parenting practices play a key role in the development of CPV. By shaping children's patterns of interaction and communication with their parents, these factors heighten the likelihood of violent behaviours emerging (Simmons et al. 2018, Rogers and Ashworth 2024).

Family Structure

Family structure is a critical factor in child and adolescent development. Research indicates that children raised in single-parent or disrupted families are at greater risk of behavioural and emotional difficulties (Blum et al. 2000). A systematic review by Kroese et al. (2021) further revealed that children from single-parent households are more likely to engage in delinquent behavior. CPV, which arises from the dynamic interplay of multiple factors, has likewise been linked to family structure.

Evidence from both community (Pagani et al. 2003, Pagani et al. 2004, Pagani et al. 2009, Peck et al. 2021) and forensic samples (Kennedy et al. 2010, Cuervo 2025) indicates that CPV rates are higher among adolescents from single-parent households compared to those living with both parents. These findings, however, do not imply that single parenthood directly causes CPV; rather, they suggest that certain conditions more prevalent in such family structures may elevate the risk. These conditions include verbal or physical punishment of the child, limited family interaction, inadequate social support, and parental substance use (Pagani et al. 2003, Pagani et al. 2004). It has further been emphasised that single parents may lack sufficient familial, emotional, or practical support to effectively cope with their children's antisocial behaviours (Stewart et al. 2007, Simmons et al. 2018).

Family Relationships

The quality of family interactions and communication, emotional connectedness, and parents' skills in managing conflicts with their children are key determinants of children's emotional and behavioural responses (Sun et al. 2024). Research examining family dynamics in relation to problem behaviours highlights that negative family relationships, inadequate parental monitoring, and high levels of conflict constitute major risk factors for the development of aggressive behaviours in children (Childs et al. 2022, Sun et al. 2024). Research has consistently reported that children who engage in CPV behaviours are typically lacking in supportive and healthy family relationships (Arias-Rivera et al. 2022). This pattern has been documented across community samples (Calvete et al. 2015b, Ibabe 2016, Bautista-Aranda et al. 2024a) as well as forensic samples (Kennedy et al. 2010).

Similarly, clinical studies indicate that individuals displaying CPV behaviours often maintain weak ties with their families (Nock and Kazdin 2002). Ibabe and Bentler (2016) further examined the quality of family relationships in relation to CPV and found that strong and supportive family bonds reduced the risk of CPV, while weak and conflict-ridden relationships heightened its likelihood.

Exposure to Domestic Violence

Experiencing domestic violence directly, or witnessing it indirectly, undermines children's physical, cognitive, social, emotional, and behavioural development (Renner and Boel-Stadt 2017). Such exposure has been identified as a significant risk factor in the development of CPV behaviours (Simmons et al. 2018). Gallego et al. (2019), in a meta-analysis, reported no significant difference between children's direct

exposure to parental violence and their witnessing of interparental violence in terms of predicting CPV. Both physical and psychological forms of parental violence were found to be similarly predictive of CPV. Furthermore, adolescents exposed to parental violence were 71% more likely to perpetrate violence against their parents compared to those who had not been exposed. In forensic samples, the impact of parental violence on CPV was somewhat greater than in community samples, although the difference was not statistically significant. A study investigating the short- and long-term effects of exposure to domestic violence found that both exposure before the age of 10 and exposure within the past year were positively associated with CPV. Moreover, recent exposure was a stronger predictor of CPV than early childhood exposure. In other words, children who have recently experienced domestic violence are at a substantially higher risk of perpetrating violence against their parents (Cano-Lozano et al. 2024b).

Parenting Attitudes

Parenting attitudes are defined as the relatively consistent emotional and behavioural approaches that mothers and fathers adopt to guide, control, and socialise their children throughout the upbringing process (Darling and Steinberg 1993, Zhang et al. 2023). A substantial body of research has investigated the association between parenting attitudes and children's socioemotional development. Overall, children raised by tolerant and democratic parents tend to display more favourable developmental outcomes in these domains, whereas adolescents exposed to neglectful or authoritarian parenting styles exhibit poorer developmental outcomes (Ruiz-Hernandez et al. 2018). Thus, children's developmental outcomes are shaped not only by their individual traits but also by the quality of their relationships with parents. Within this framework, parenting attitudes may contribute to the emergence of CPV behaviours. Research indicates that authoritarian and neglectful parenting styles function as significant risk factors for CPV, whereas tolerant and democratic approaches serve as protective factors (Seijo et al. 2020). By fostering emotional warmth, supportive parenting, and trust-based relationships, tolerant and democratic styles help prevent CPV. Conversely, authoritarian and neglectful parenting may prompt children to adopt maladaptive coping responses and engage in problem behaviours due to either excessive parental control or insufficient monitoring and care (Ibabe and Bentler 2016).

Social Factors

In addition to individual and family factors, social factors also play an important role in the display of CPV. These factors include peer relationships, school and academic factors, and socio-economic conditions (Arias-Rivera and Hidalgo 2020, Junco-Guerrero et al. 2025).

Peer Relationships

Social relationships formed during development constitute a cornerstone of psychosocial growth (Delgado et al. 2022). Among these, peer relationships are particularly influential in shaping adolescent behaviour (Fan and Li 2025). During adolescence, peers represent a central part of the social environment, serving as a context for the acquisition of both prosocial behaviours and problematic or risky behaviours. Adolescents who experience peer rejection or associate with antisocial peer groups are especially prone to engaging in maladaptive behaviours (Kornienko et al. 2020). Adolescents who experience rejection or social marginalisation often affiliate with similarly excluded peers, engaging in violent behaviours within school or neighbourhood contexts. These behaviours, however, are not confined to those environments and may extend into the home, manifesting as aggression toward parents (Vitaro et al. 2007). Calvete et al. (2011), in a study involving 1,427 adolescents aged 12–17, found that those who perpetrated CPV were more likely to associate with peers who had a history of delinquency or engaged in problematic behaviours. Such associations were also shown to predict CPV. Likewise, a community-based study demonstrated that interaction with antisocial peers significantly predicted CPV (Cano-Lozano et al. 2020).

This association extends beyond community samples and has also been observed in high-risk groups. For instance, research with forensic samples revealed that affiliation with gang members or peers possessing weapons heightened the likelihood of adolescent violence toward parents (Kennedy et al. 2010). Cano-Lozano et al. (2024a) found that adolescents engaged in CPV and involved in the judicial system were more

likely to associate with antisocial and delinquent peers compared to both CPV-perpetrating adolescents outside the judicial system and those with no history of CPV. The study also revealed that even CPV-perpetrating youth not involved in the judicial system had more antisocial and delinquent peer connections than their non-CPV counterparts.

Taken together, these findings suggest that participation in peer-related activities such as gang involvement, substance use, and bullying, combined with parents' tendency to tighten disciplinary strategies during adolescence, may intensify family conflicts. When effective conflict resolution skills are lacking, these heightened conflicts increase the likelihood of adolescents resorting to aggressive behaviours toward parents (Cottrell and Monk 2004). On the other hand, Nam et al. (2022) showed that adolescents exposed to abuse during childhood were more likely to perpetrate violence against their parents; however, strong peer attachment substantially mitigated the likelihood that these adverse experiences would translate into violent behaviour. In this regard, negative peer relationships elevate the risk of CPV, whereas positive and supportive peer ties act as a protective social factor, reducing the likelihood of adolescent aggression toward parents.

School and Academic Challenges

School is central to shaping adolescents' academic, social, and emotional development (Podiya et al. 2025). Yet, school experiences are not always positive. Academic difficulties, in particular, can heighten family conflict. For example, a community-based study in Spain with 584 adolescents aged 12–18 found that academic failure predicted violent behaviour towards their parents (Ibabe 2016). Across different samples, school experiences have been shown to play an important role in the emergence of violent behaviours toward parents. In this regard, a study conducted with a forensic sample of 146 adolescents aged 14–17 who had engaged in CPV highlighted several notable characteristics of the school environment. Findings revealed that 45.32% of participants exhibited behavioural problems in the classroom, 52.1% reported irregular school attendance, and 62.3% showed low academic achievement (Rechea et al. 2008). Similarly, in another study involving 91 adolescents—56 boys and 35 girls—from forensic and clinical samples, the majority of those who engaged in CPV were found to experience significant academic difficulties (Loinaz et al. 2020).

Socio-Economic Factors

Although violence can occur in families across all socio-economic strata, it is more prevalent in low socio-economic contexts. Research has shown a significant association between low socio-economic status and domestic violence (Dabaghi et al. 2023). Research indicates that domestic violence occurs more frequently in low-income families (Reichel 2017). Thus, socio-economic disparities extend beyond material deprivation and also shape family interactions in ways that may foster violent behaviours. In a parent interview study, low socio-economic status was identified as a contributing factor to CPV. Parents reported that insufficient economic resources heightened feelings of anger and frustration in their children, which subsequently manifested as violent behaviours toward them (Cottrell and Monk 2004). Conversely, a community-based study with adolescents found no significant differences between CPV and socio-economic status (Calvete et al. 2011). Similar results were echoed in a study comparing community and forensic samples (Cano-Lozano et al. 2024a). Although some quantitative studies suggest that CPV occurs across all socio-economic levels and does not differ significantly by socio-economic status, integrating these findings with qualitative research provides valuable insights into the context-specific dynamics underlying CPV. Such integration enables a more comprehensive understanding of CPV behaviours.

Intervention Programs and Effectiveness in CPV

CPV exerts significant effects on both perpetrators and victims (Cottrell and Monk 2004). Accordingly, intervention programmes developed or to be developed in this area may yield broad benefits for individuals, families, and society from educational, social, health, economic, and psychological perspectives. Early prevention of violent behaviour, in particular, is crucial, as it enhances not only

individual well-being but also societal well-being. This section reviews the StepUp, Break4Change, and Non-Violent Resistance programmes, along with evidence of their effectiveness.

Step-Up

Step-Up is a 21-week intervention programme designed for adolescents ages 14–17 who engage in CPV behaviours and their families. Its name derives from the initials of the words "Stop", "Timeout", "Evaluate", "Prepare", "Use skills", and "Patience". The content of the programme is based on four main principles. The first principle is to help adolescents notice the effects of their behaviours on others and to support them in repairing the harm caused by these behaviours. The second principle is to learn emotional regulation, which includes noticing their own and others' emotions, expressing these emotions, and calming themselves in a functional way. The third principle is to use the theoretical basis of Cognitive Behavioural Therapy (CBT). The aim here is to increase awareness not of the event itself, but of the thoughts, beliefs, emotions, and behaviors related to the event. The last principle is the development of parenting skills. These include parents learning to create safe planning, to be respectful, to communicate more effectively, and to solve problems (Kuay and Towl 2021).

Gilman and Walker (2020) implemented the Step-Up programme with a forensic sample, focusing on its impact on adolescents. The intervention group included 115 adolescents who had participated in the programme at least once, while the control group comprised 1,478 adolescents with no participation. The study compared the two groups in relation to general recidivism, assault-related reoffending, and domestic violence-related recidivism. The study found that adolescents who participated in the programme had significantly lower overall recidivism rates. By contrast, no statistically significant differences were observed in assault-related or domestic violence-related reoffending, although participants still showed reductions in these offences. The researchers suggested that the lack of significant findings for certain crime types may be due to factors such as insufficient effectiveness of some programme components for adolescents or incomplete programme participation. They further emphasised the need for additional research to better understand the programme's long-term effects (Gilman and Walker 2020).

Break4Change

Break4Change was launched in 2008 to fill the gap in intervention programmes targeting CPV and became operational in 2009. Based in the United Kingdom, the programme comprises parallel 8-week sessions for parents and adolescents. Among its key objectives is to equip parents with effective strategies for responding to destructive behaviours in children, including violence towards their parents or siblings, animal cruelty, and self-harm. In the sessions designed for parents, attention is given to recognising their attitudes towards their children, assessing the level and frequency of violence in the home, and exploring how these experiences affect both themselves and their children. Another key aim of the programme is to enhance emotional literacy and behavioural strategy skills among adolescents who display violent behaviours toward their parents. To this end, the adolescent sessions encourage creativity as a way of fostering deeper reflection and the development of empathy.

Empathy development is a central focus of the programme, as it is regarded as a crucial skill for promoting behaviour change in children who belittle their parents or attempt to control them through challenging behaviours to prioritise their own needs. Furthermore, throughout the 8-week sessions, both parents and adolescents are supported in exploring alternative approaches to interaction and communication and in applying the strategies they learn to situations that arise at home (Holt 2013, Break4Change 2015).

Given the structure and objectives of the Break4Change programme, it is important to review scientific studies assessing its impact on parents and adolescents. Munday (2009) conducted a community-based study involving six mothers, one father, two girls, and five boys. The findings indicated positive outcomes for both parents and children. Parents reported enhanced parenting skills, healthier communication with their children, and greater consistency in their disciplinary strategies after the programme. Adolescents, in turn, demonstrated increased empathy and improved emotional regulation skills following programme

participation. Taken together, these findings suggest that Break4Change provides meaningful social and emotional benefits to its participants (Munday 2009). The participant profiles and gender distribution reported in the study align with the existing CPV literature. CPV is known to affect mothers disproportionately, prompting some mothers to be more proactive in seeking help (Rogers and Ashworth 2024). Furthermore, the inclusion of both male and female adolescents is consistent with prior research showing that CPV is perpetrated by both genders (Simmons et al. 2018, Seijo et al. 2020). Nevertheless, given the limited sample size, further research with larger and more diverse populations is necessary to draw stronger and more generalisable conclusions about the programme's effectiveness.

Non-Violent Resistance

Developed by Haim Omer in the early 2000s, the Non-Violent Resistance (NVR) programme aims to equip parents with the knowledge and skills needed to address their children's violent behaviours using constructive and non-violent strategies. Instead of responding to aggressive behaviours with aggression, the program includes strategies such as delaying reactions, increasing the parent's physical and emotional presence, and seeking social support from trusted people. Through these strategies, the quality of interaction between parent and child is expected to improve. Better interaction allows both the parent and the child to feel emotionally safe and to be aware of their boundaries. This situation creates changes in the thoughts and behaviours of both sides in the interaction. Thus, violent behaviour decreases (Omer 2021).

To evaluate the effectiveness of the intervention programme, Newman et al. (2014) conducted a 12-week study in the UK with two groups of parents, involving 29 participants, 7 of whom were fathers. Findings indicated that parents reported reductions in domestic violence, lower stress levels, and improvements in family relationships. Parents highlighted tension reduction and the expression of unconditional love as the most beneficial aspects of the intervention. These results suggest that the programme not only supported children in managing their difficulties but also enhanced family quality of life. Nevertheless, the absence of a control group and reliance solely on parental self-reports limit the ability to draw firm conclusions about its effectiveness (Newman et al. 2014).

Measures for Identifying CPV

Several measurement tools have been developed to identify violence against parents and to determine the relationships between other quantitative variables. Some of these are listed below.

Parent-Directed Aggression Inventory

This instrument was designed to assess the nature, frequency, and intensity of physical aggression directed at parents. It contains 7 items rated on a 5-point Likert scale. Items cover a spectrum of aggressive behaviours, from relatively minor acts such as pushing, kicking, and biting to more severe behaviours such as the use of knives or firearms (Kazdin 1998).

The Violent Behaviour Questionnaire

Designed to evaluate child-to-parent violence, this instrument comprises 22 items rated on a 7-point Likert scale across five subscales: verbal aggression, physical aggression, socio-emotional aggression, property damage, and threats to life. It further incorporates 20 parental strategies in response to children's violent behaviours, grouped into five themes: rewards/punishments, emotional reactions, communication, external control, and internal control (Paterson et al. 2002).

Child-to-Mother Violence Scale

This measurement tool was developed as two separate scales. The first scale consists of 24 items in a 4-point Likert format, assessing violent behaviours directed toward parents. The second scale, also in a 4-

point Likert format, comprises 17 items measuring the reasons behind violence toward parents (Edenborough et al. 2011).

Child-to-Parent Aggression Questionnaire

This 24-item, 4-point Likert scale is designed to measure adolescents' aggressive behaviours toward their parents. It consists of two subscales—psychological aggression and physical aggression—and provides the possibility of analysing differences by distinguishing aggression directed at mothers and fathers (Calvete et al. 2013a).

Child-to-Parent Violence Questionnaire (Adolescent Form)

This 14-item instrument, rated on a 4-point Likert scale, evaluates adolescents' violent behaviours toward parents across four domains: psychological, physical, economic, and control/pressure. In addition, it includes an 8-item section measuring the motives for aggression, which are categorised into instrumental and reactive subdimensions (Contreras et al. 2019).

Child-to-Parent Violence Questionnaire (Parent Form)

This 14-item instrument, completed by parents, evaluates the violent behaviours they experience from their children. Rated on a 4-point Likert scale, it measures four dimensions—psychological, physical, economic, and control/pressure. In addition, the scale contains an 8-item section that assesses parents' perceptions of the motives underlying such aggression, categorised into instrumental and reactive subdimensions (Contreras et al. 2020).

Child-to-Parent Violence Questionnaire

Developed in Türkiye, this 14-item instrument is completed by adolescents to evaluate their violent behaviours toward parents. Separate forms were created for mothers and fathers, and responses are rated on a 4-point Likert scale. The scale consists of three dimensions—psychological violence, physical violence, and economic violence (Bişkin 2023).

Effects of CPV on Parents

Research indicates that mothers are more frequently subjected to CPV than fathers (Simmons et al. 2018). Nonetheless, several studies suggest that there are no significant differences between mothers and fathers with respect to physical violence (Ibabe and Jaureguizar 2011). However, irrespective of which parent is targeted, CPV negatively affects both the mental and physical health of parents (Cottrell and Monk 2004, Arias-Rivera et al. 2022). Parents subjected to CPV often experience a range of emotions, including fear, anxiety, self-blame, shame, resentment, grief, hopelessness, and helplessness (Holt 2013, Rutter 2021). At the same time, many of these parents refrain from reporting the violence due to fear of social judgement, having their parenting abilities questioned, or potential legal consequences. As a result, they are deprived of social support mechanisms and become increasingly socially isolated (Cottrell and Monk 2004, Rutter 2021). Yet, humans have evolved with a fundamental need for stable and secure social relationships (Hawkley and Cacioppo 2010), and the absence of such connections has been strongly associated with adverse mental health outcomes (Wang et al. 2018).

While many parents hesitate to report their experiences, some do come forward. Nevertheless, those who do often emphasise that legal and social support systems fail to provide adequate protection, noting that police and social services tend to treat CPV as a private family matter and, therefore, intervene insufficiently (Cottrell and Monk 2004, Arias-Rivera et al. 2022). The combination of overwhelming emotional strain and inadequate support resources has detrimental effects on parents' mental health. In fact, recent findings suggest that low perceived social support among parents exposed to CPV undermines their emotion regulation and sense of self-efficacy, thereby intensifying symptoms of depression and anxiety (Bautista-Aranda et al. 2024b).

Research has also shown that CPV exerts both direct and indirect effects on parents' psychological symptoms. Specifically, exposure to CPV has been linked to heightened levels of depression, anxiety, hostility, obsessive-compulsive tendencies, and interpersonal sensitivity. Importantly, parents' self-efficacy was identified as a partial mediator in this relationship, suggesting that psychological difficulties arise not only from direct exposure to violence but also through diminished perceptions of self-efficacy (Jiménez-Granado et al. 2023). Consistent with this, a review by Albanese et al. (2019) indicated that higher parental self-efficacy is associated with more supportive parenting practices, while an experimental study found that parents' sense of self-efficacy is negatively influenced by their children's behavioural problems (Glatz and Buchanan 2023). Taken together, these findings suggest that CPV undermines parents' self-efficacy, thereby affecting the quality of their parenting.

In a similar vein, parents exposed to CPV have been found to experience significant difficulties in regulating their emotions (Cottrell and Monk 2004, Rutter 2021). Numerous studies have demonstrated a negative association between emotion regulation difficulties and mental health outcomes (Cludius et al. 2020, Lincoln et al. 2022). Specifically, Bautista-Aranda et al. (2024b) reported that emotion regulation difficulties mediate the relationship between CPV and parental mental health. Put differently, parents subjected to CPV tend to struggle with regulating their emotions, which in turn is associated with heightened symptoms of anxiety and depression.

CPV has detrimental effects not only on parents' mental well-being but also on their physical health. Parents often report symptoms such as headaches, gastrointestinal problems, muscle tension, and chronic fatigue (Rutter 2021). Furthermore, CPV disrupts family functioning, undermines trust within the parent-child relationship, and diminishes the disciplinary role of parents (Cottrell and Monk 2004, Arias-Rivera et al. 2022).

CPV in the Context of Türkiye

Recently, CPV has been studied more in international research. However, in Türkiye it is still not studied enough (Simmons 2018, Yalçın 2023). To understand CPV in Türkiye better, all available studies in the current literature have been reviewed.

In Türkiye, Öztürk and Derin (2021a) studied parent killings, which can be seen as the most extreme form of CPV. They found that psychiatric problems, traumatic pasts, and passing violence from one generation to another are important factors. In another study in the same year, they said that too much tolerance, weak parent authority, and digital addiction may increase CPV (Öztürk and Derin 2021b).

Ayhan and Öztürk (2021) argued that psychologically dysfunctional family structures may provide fertile ground for the emergence of CPV. In particular, they highlighted the phenomenon of sharenting—parents' disclosure of their children's private information in digital environments—as a mechanism that reshapes parent-child power relations and may exacerbate CPV. Complementing this perspective, Eren and Kovan (2023) conducted a media analysis of CPV reports in Türkiye between 2018 and 2022. Their results indicated that fathers were more frequently targeted than mothers (74.1%), that perpetrators were overwhelmingly male (82.8%), and that the majority of cases occurred at the age of 17, with 60.3% involving the use of weapons.

According to the findings of Yalçın (2023), parents who experienced violence from their children were more likely to use physical and emotional violence against them compared to parents who did not experience such violence. In addition, children exposed to parental violence were found to engage more frequently in behaviours such as damaging objects, self-harm, alcohol and substance use, receiving disciplinary sanctions at school, and playing violent digital games. The study reported that 34.1% of parents were subjected to at least one form of CPV. When subtypes of CPV were examined, psychological violence was reported at 32.2%, economic violence at 9.1%, and physical violence at 5.4%. Furthermore, parents exposed to CPV reported higher levels of hopelessness, depression, and persistent anger compared to those not exposed. Mothers exposed to CPV tended to adopt more authoritarian and coercive parenting styles, whereas fathers were more likely to develop permissive attitudes.

Bişkin (2023) made the first and only tool in Türkiye to measure CPV. This tool has three parts: emotional, physical, and financial. It was tested with 418 high school students and found to be valid and reliable. Another tool is an adapted version. The CPV scale developed in Spain by Contreras et al. (2019) was adapted into Turkish culture by Doğu (2023) in a master's thesis with 295 people aged 12–20. The name of the adapted scale was changed to "Adolescent-to-Parent Violence Scale".

Based on these studies, although the rate of CPV in Türkiye appears to be relatively high, both quantitative and qualitative research remain rather limited. This indicates that CPV is not sufficiently visible in Türkiye and highlights it as an important issue that needs to be examined more deeply in the academic field.

Conclusion

In the literature, CPV has generally been addressed through the dimensions of physical, psychological, emotional, and economic violence, with the first two receiving the most attention. More recent studies, however, have incorporated the additional dimension of parental control and dominance. Furthermore, conceptualisations of these forms of violence vary across researchers (Burgos-Benavides et al. 2024a). To clarify distinctions between CPV types and achieve expert consensus, the Delphi method could be employed to establish a shared understanding of their definitions and dimensions.

Given the complex nature of CPV, various theoretical perspectives offer different explanations for its emergence; however, it has been concluded that no single theory can fully account for the phenomenon. It is therefore recommended that models be developed by drawing upon multiple theoretical approaches. Research on the prevalence of CPV has revealed that the rates are considerably high across different countries and vary significantly depending on the methods used. Measurement tools, definition criteria, and sample characteristics are among the key factors influencing these rates. Therefore, standardising definitions and measurement instruments would allow more reliable cross-country comparisons.

Conceptual differences exist among measures. While some scales assess physical, psychological, and economic dimensions of CPV, others focus exclusively on specific types of violence. The majority of these instruments rely on adolescents' self-reports, with parent-informed assessments being relatively scarce. Expanding the number of parent-report measures is therefore recommended.

The emergence of CPV is shaped by individual, familial, and social factors acting in combination. These factors are dynamically interrelated and mutually reinforcing, and no single risk factor appears sufficient to explain CPV in isolation. Therefore, research should adopt approaches that address individual, family, and social factors simultaneously.

CPV exposes parents not only to significant challenges in their relationships with their children but also to physical, economic, emotional, and social impacts. Their victimisation is compounded by societal attitudes that hold them responsible for their children's behaviour, creating a cycle of re-victimisation. Unsupportive responses from relatives, friends, and even professionals can further hinder help-seeking efforts and contribute to parental isolation. To address these issues, public awareness initiatives and supportive, non-blaming professional services must be expanded. Public service announcements through television, radio, social media, and digital platforms could raise awareness of what CPV is, why it matters, and the challenges faced by parents. Schools could deliver seminars to students, teachers, and parents, while universities could organise events such as a "CPV Awareness Day" in psychology, child development, and social work programmes to educate future professionals. In addition, posters and brochures distributed in family health centres and hospitals—particularly in child and adolescent psychiatry units—could enhance information sharing for both parents and health professionals.

Intervention programmes targeting CPV have typically been developed with a parent-focused, adolescent-focused, or family-based orientation. Evidence suggests, however, that programmes involving both parents and adolescents together are more effective than those targeting individuals alone. Key components consistently included in effective interventions are safety planning, emotion regulation skills, conflict resolution strategies, and parental support. Nonetheless, the majority of existing programmes have been tested with relatively small samples and assessed primarily through short-term evaluations,

highlighting the lack of evidence regarding long-term effectiveness. Future research should therefore examine the long-term impacts of CPV intervention programmes.

Research on CPV in Türkiye has been found to be limited, with existing studies lacking sufficient methodological diversity. Furthermore, the available findings suggest that CPV prevalence rates in Türkiye are considerably high. Accordingly, future research should include diverse sample groups and employ quantitative, qualitative, and mixed-method approaches.

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