# EVALUATION REPORT OF EARLY INTERVENTION PROGRAM IN SITUATIONS OF CHILD-TO-PARENT VIOLENCE

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**Abstract**

This study presents an evaluation of the implementation and short-term results of the Early Intervention Program in Situations of Child-Parent Violence. The information was obtained from two sources, the professionals responsible for developing the intervention and the participating parents and adolescents. The program was completed by 15 families and the data analysis was carried out with 37 participants. The intervention was effective. During the development of the program, physical and psychological aggression towards fathers and mothers decreased, the quality of parental relationships improved, and respectful behaviors progressively increased in all family members. The level of acceptance and satisfaction of the participants and the therapists regarding the program was favorable. These results contribute to the growing literature on the evaluation of the effectiveness of domestic violence programs and could be recommended for inclusion in family protection services.
KEY WORDS*: child-to-parent violence*, *program evaluation*, *therapists*, *family relationships.*

**Resumen**

En este estudio se presenta la evaluación de la implementación y resultados a corto plazo del Programa de Intervención Precoz en Situaciones de Violencia Filioparental. La información se obtuvo de dos fuentes, los profesionales responsables de desarrollar la intervención y los padres y adolescentes participantes. El programa lo completaron 15 familias y el análisis de datos se realizó con 37 participantes. La intervención fue eficaz. Durante el desarrollo del programa la agresión física y psicológica hacia los padres y madres disminuyó, mejoró la calidad de las relaciones paternofiliares y las conductas respetuosas aumentaron progresivamente en todos los miembros de la familia. El nivel de aceptación y satisfacción de los participantes y de los terapeutas respecto al programa fue favorable. Estos resultados contribuyen a la creciente literatura sobre la evaluación de la eficacia de los programas sobre la violencia intrafamiliar y se podría recomendar para ser incluido en los servicios de protección familiar.

## Introduction

The earliest studies on child-to-parent violence (CPV) were carried out in the 1950s, but is has been in the last decade that research on the subject has proliferated. Nevertheless, due to the lack of theoretical integration, it is a very misunderstood type of domestic violence (Simmons, McEwan, Purcell, & Ogloff, 2018). As the definition of violence meted out by children to parents has not been fully delimited, Pereira et al. (2017) recently developed a practical definition after reflecting and debating with numerous experts and researchers. In their terms, child-to-parent violence is the repeated behaviour of physical, psychological (verbal or nonverbal) or economic violence aimed at parents or those who take their place.

Recent studies show that rates of CPV as a crime are increasing considerably. The number of complaints filed by parents abused by underage children rose significantly in the last decade, both internationally (e.g., Moulds, Day, Mildred, Miller, & Casey, 2016) and in Spain (Alfaro, Gallego, Guerrero, & Ridaura, 2017). Alfaro et al. (2017) analysed the data from the report of Spain's Attorney General and highlighted that from 2013 to 2015, cases of minors involved in CPV had increased by 5.13% (from 4,659 to 4,898 cases). However, the latest report of the State Attorney General's Office indicates that the number of proceedings involving child-to-parent violence initiated in 2016 dropped to 4,355, and stood at 4,665 in 2018 (Segarra, 2019). This family problem therefore remains at over 4,000 cases per year.

At the general population level, a study conducted in the USA with a sample of adolescents showed that 22% had physically and 75% had verbally assaulted one of their parents (Margolin & Baucom, 2014). Studies carried out in Spain have yielded great variability (Calvete, Gámez-Guadix, & Orue, 2014; Calvete, Orue, & Sampedro, 2011; Ibabe, Arnoso, & Elgorriaga, 2014; Ibabe & Jaureguizar, 2011a; Ibabe & Jaureguizar, 2011b). The prevalence of physical aggression towards parents ranges from 4.6% to 21% (Calvete et al., 2011; Calvete, Orue, & Gamez-Guadix, 2013) and from 45% to 65% for verbal or psychological aggression (Calvete et al., 2011; Calvete et al., 2014). When more stringent criteria are used which include repeated occurrences of aggression, the prevalence rates are lower, at 3.2% and 14.2% for physical and psychological CPV respectively (Calvete et al., 2013).

Currently, professionals in different fields are constantly being asked for help with respect to adolescents or young people who have been expelled from school, who get into trouble with the law and act violently towards their parents. Families experiencing violent situations require immediate intervention to reduce levels of conflict and distress. Violence prevention strategies aimed at children and adolescents are considered priority interventions, as are family programs (Farrington, 2003). The lines of research developed on child-to-parent violence

include the type of intervention to be applied in cases of such violence (Aroca, Bellver, & Alba, 2013; Jaureguizar & Ibabe, 2014; Ibabe, Arnoso, & Elgorriaga, 2018; Pereira, 2011). Interventions carried out with adolescents who assault their parents should take into account several key aspects (Martínez, Estévez, Jiménez, & Velilla, 2015): (1) the adolescent's behaviour must be understood in context, in the ecological niche in which he or she lives, (2) the aim of the intervention must be to change the pattern of family interaction with regard to violent behaviour by increasing reciprocal interaction and the clarity and precision of communication, (3) they should be grounded in Social Learning Theory and Systems Theory, (4) they should offer detailed protocols, and (5) changes and results should be continuously evaluated by professionals.

In the reviews of prominent implemented intervention programs, it was possible to ascertain the lack of evidence-based intervention programs in child-to-parent violence (Aroca et al., 2013; Gesteira, González-Álvarez, Fernández-Arias, & García-Vera, 2009; Ibabe et al., 2018; Martínez et al., 2015).

In the review of international research programs for the treatment of child-to-parent violence conducted by Ibabe et al. (2018), in which ten databases of programs with empirical evidence of their efficacy were consulted, the search did not yield any positive results. Intervention programs on CPV with a detailed protocol are scarce, with none among them offering sufficient scientific support to corroborate its efficacy in clinical practice. Despite this, four CPV intervention programs stood out positively. Among the selected programs is Step Up, Building Respectful Family Relationships of Routt & Anderson (2004), which was found in the King County Superior Court database and which presented some positive results in the program evaluation. Two notable intervention programs are also identified at a European level, the Break4Change Program (Break4Change Association, 2015) and the Nonviolent Resistance Program (Coogan & Lauster, 2015). Experts point out the importance of overcoming the isolation of affected parents, of providing them with practical guidelines for action and the need to work with all family members, offering separate spaces for adolescents and parents where a relational analysis of their conflict situation can be carried out.

At the level of the Spanish context, the Early Intervention Program in Situations of Child-to-Parent Violence (Ibabe, Arnoso, & Elgorriaga, 2019) is therefore suitable for the clinical and child-protection field, and offers detailed protocols for each session. It is a program that any psychologist in the clinical field can apply. It currently has some empirical evidence of efficacy, such as a significant decrease in child-to-parent violence (from the parental point of view), in the perception of family conflict and in the depressive symptomatology of all members of the family as well as an increase in empathy after the intervention (Ibabe et al., 2018).

Regarding elements of the program evaluation, apart from being efficacious, programs must be also useful and applicable to the real psychosocial or clinical context. The main reason for rigorous evaluation of intervention programs is the ethical requirement to avoid any action that could be detrimental to the physical and mental well-being of the individuals involved (Anguera, Chacón, & Sanduvete, 2008). Program evaluation should inform of the efficacy achieved during the

process at a partial level, and once the program is completed, of the total efficacy of its actions, the levels of user satisfaction, and other parameters that clarify the interrelation between several elements of the process in need of adjustment (Anguera & Blanco, 2008). To this end, it is necessary to take into account different elements of evaluation such as short and long-term efficacy, the satisfaction of all participants (children, parents and therapists), the degree of implementation and adjustment of the program, or the dropout rate and its causes.

Evaluating the degree of implementation shows the gap between what was originally designed and what was actually implemented, where possible discrepancies and their causes should be analysed. It is also important to mention the value of using several sources as informants (participants and professionals) in order to corroborate results. Including the vision of professionals and participants (parents and adolescents) contributes to improvements in the reliability of the results (Martínez-Muñoz, Arnau, & Sabaté, 2019).

The main objective of this study was to evaluate the effect of the Early Intervention Program in Situations of Child-to-Parent Violence in the short term with respect to violent and disrespectful behaviours in the family environment, and to evaluate the process itself. The specific objectives of the study were as follows: 1) To examine whether the level of physical and psychological child-to-parent violence is significantly lower once the intervention ends than before starting, and whether there is any improvement in family relationships, 2) to study the development of abusive and respectful behaviours (Routt & Anderson, 2004), as well as the quality of family relationships during the implementation of the program, 3) to examine the perception of the program's efficacy, as well as the degree of acceptance and satisfaction of the participants and therapists, and 4) to identify the mechanisms by which the intervention program works, as well as its weaknesses (degree of implementation, dropout rate by subprogram and its causes) in order to optimize it.

## Method

### Participants

The program was carried out in three different intervention groups, with four professionals working in each intervention group: the adolescent subprogram therapist, the parent subprogram therapist, the family subprogram therapist, and a coordinator. The same professionals participated in the first and second intervention groups, while two therapists (adolescents and parents) were replaced in the third group. Thus, six professionals participated in the implementation of the program, all contracted by the Child and Family Service of the City Council of Vitoria-Gasteiz and belonging to the IPACE applied psychology company. The professionals were psychologists with specific training in child neglect and psychosocial intervention, and had previous experience in facilitating groups; four were women and two were men (the adolescent subprogram therapists), ranging in age from 27 to 50.

    At the start of the program, there were 47 participants from 18 families: 18 teenagers and 29 parents (20 mothers -biological mother, father's partner- and 9 fathers -biological father or mother's partner). Forty-eight percent of the adolescents lived in a single-mother family, 33% in a nuclear family, 9% in a reconstituted family, 5% in a single-father family, and 5% with their grandparents without a maternal or paternal figure. There was one homo-parental family among the reconstituted families.

    The average age of the children was 14.45 years (*SD*= 1.59), and 73% were born in Vitoria-Gasteiz, 14% in other regions of Spain and 13% abroad. Of the parents, 53% had completed secondary education or vocational training, 30% were university graduates, and 17% had primary education. As for the level of family income, 25% had monthly earnings below €1,000, with 53% earning between €1,000 and €3,000 while 22% had an income above €3,000.

    Six participants dropped out of the program or attended less than 65% of sessions, and 4 participants did not do the post-test despite finishing the program. This means that the global dropout rate was 13% (see section on Degree of program implementation and difficulties detected). Thus, the data analysis was done with 37 participants (14 adolescents and 23 parents from 15 families). The study collected information from two sources: the professionals responsible for implementing the intervention on the one hand, and the parents and adolescents participating in the program on the other.

*Instruments*

EVALUATION OF RESULTS. The program features a results evaluation design with pre and post-intervention and monitoring assessment. Some preliminary results have already been published (Ibabe et al., 2018).

a.  *Adolescent Child-to-Parent Aggression Questionnaire* (Calvete et al., 2013). This scale measured the child's physical and psychological violence (3 and 7 items, respectively) towards the parents, with the mothers and fathers as informants. In general, the parent questionnaires showed that the internal consistency of the assessments of physical (pre-intervention α= .75; post-intervention α= .62) and psychological violence (pre-intervention α= .83; post-intervention α= .87) were acceptable.

b.  *Question about the quality of family relationships (ad hoc).* Family relationship quality was assessed in each of the sessions by asking all participants a question (To what extent have family relationships been satisfactory in the last week?), with responses scored on a ten-point Likert scale (0= Totally unsatisfactory; 10= Totally satisfactory) (see Appendix A).

c.  *Violent and respectful behaviours.* As part of the assessment of inter-treatment results, information was also collected from all participants (parents and children) regarding the violent behaviours perpetrated by them in the family environment, taking into account eight categories corresponding to the Abuse and Disrespect Wheel (e.g., Emotional abuse) of Routt & Anderson (2004), and a further eight categories of respectful behaviours included in their Mutual Respect Wheel (e.g., Being trustworthy). The answer format was

Yes/No in each of the categories (see Appendix A). Respectful and violent behaviours in the family context were measured in percentages, according to the number of categories with Yes/Total categories (8).

Evaluation of process. The process was evaluated by means of inter-treatment assessments by therapists and participants at the end of each session and module (comprising two or three sessions) (see Appendix B).

d.  *Acceptability of the program for participants.* At the end of each module, an individual assessment of each participant was carried out by the therapists. To this end, the level of involvement and the description of experiences of all the participants in each of the subprograms were evaluated.

e.  *Acceptability of the program for therapists.* A 11-point Likert scale (0= Not at all; 10= Very) assessed the degree of the intervention program therapists' acceptance and satisfaction with each session. To this end, the questionnaire asked about the degree of satisfaction and interest of the therapist at the end of each session, as well as about the general level of group participation.

f.  *Useful strategies and difficulties of the program.* In order to detect useful strategies that worked well, as well as any issues with the program, each therapist completed an assessment protocol which included the description of any difficulties arising, the degree of implementation of the contents, and the activities carried out, as well as a report with dropout rate and causes after the end of the program.

g.  *Therapists' perception of efficacy.* Five semi-structured personal interviews were conducted with the therapists, where open questions were asked about their perception of program efficacy, and the effects or changes they observed in the participants.

*Procedure*

This study complied with all the ethical requirements in accordance with the current Vitoria-Gasteiz City Council Child and Family Services regulations as well as relevant international (American Psychological Association) ethics guidelines. Both professionals and families signed the informed consent. The data of the members of the participating families were used anonymously. The implementation of the program was carried out in three intervention groups (with 7-8 families in each group) and took place from March 2017 to July 2018.

Context of the Early Intervention Program in Situations of Child-to-Parent Violence

The Early Intervention Program in Situations of Child-to-Parent Violence was promoted by the Child and Family Services of Vitoria-Gasteiz City Council and developed by Ibabe et al. (2019). The program was designed to meet the needs of the population under the Council's responsibility and is currently included in the catalogue of programs and services aimed at children, adolescents and their families in this municipality. Adapting this intervention program to the context of Vitoria-Gasteiz City Council was a participatory process led and coordinated by Loli García García and Belén Ceberio Cuñado for the Child and Family Services. The IPACE

applied psychology unit was contracted by the city council to implement the early intervention program.

Recruitment of participating families into the program was carried out by publicising the existence of the program in the media, and in socio-educational community resources for adolescents run by the Childhood and Family Service of the Vitoria-Gasteiz City Council. Subsequently, once those families interested in participating had volunteered for the program, the Social Services professionals verified that they met the inclusion criteria and administered pre-intervention questionnaires. Finally, the families were contacted by the IPACE team of professionals, who implemented the intervention.

The program is of a psycho-educational nature with a group cognitive-behavioural approach (5-10 participants) and systemic family therapy orientation. It lasts for approximately 6 months (24 weeks) and has a detailed protocol for each 90-minute session. The program manual is 510 pages long and has been published in Spanish and Basque.

The program's target population are families with children aged between 12 and 17 who present CPV as the main problem behaviour and who simultaneously meet the inclusion criteria for the mild or moderate neglect category under *lack of parental control over child or adolescent behaviour*, according to the Basque Autonomous Community's BALORA instrument.

The program includes three subprograms (for adolescents, parents, and families) with 35 sessions in total, 16 sessions with adolescents and 11 with parents, both distributed in 6 modules and 8 family sessions, spread across 4 modules. The sessions in the Adolescent Subprogram and the Parent Subprogram have a group format, while the sessions corresponding to the Family Subprogram are with a single family group (for complete information see Ibabe et al., 2019).

*Data analysis*

The intervention effects of the EI-CPV program were analyzed using *t* test in which pre-intervention scores (or first session or module) serve to compare post-intervention scores (or last session or module) of child-to-parent violence, violent behaviours, quality of family relationships, and respectful behaviours. The data analyses were carried out with the SPSS statistical package, version 24. The effect size measure for means comparison results were reported with Cohen's *d*. In line with recommendations, the values were interpreted as small: $\eta^2$= .20, medium: $\eta^2$= .50, or large: $\eta^2$= .80 when interpreting the effect of an intervention (Cohen, 1977). The evaluation of program acceptability for participants (level of participation, involvement and talking about their experience) was made according to therapist's report using graphical representation, while program acceptability for therapists was made through the average of interest and satisfaction based on self-reports. Program acceptability was measured for each subprogram through all sessions, taking into account the number of participants in the respective session. The answers to the open questions regarding therapists' perception of program efficacy, as well as the degree of program implementation and difficulties detected

were subjected to qualitative analysis, based on common themes in the therapists' answers.

## Results

*Short-term effects of the program*

   With regard to parent reports, the level of physical CPV was lower after the intervention (*M*= 1.40) than before (*M*= 1.87), *t*(24)= 3.54, *p*= .002, *d*= .71, 95% CI [.19, .74], as was psychological CPV (*M*= 2.54 vs. *M*= 3.12), *t*(24)= 3.39, *p*= .005, *d*= .62, 95% CI [.22, 1.11]. On the basis of the information from all family members, family relationships improved considerably, with the perception of the family relationship quality in the final session (*M*= 7.82 out of 10) being much better than in the first session (*M*= 4.12 out of 10), *t*(24)= -5.17, *p*< .001, *d*= -1.03, 95% CI [-5.17, -2.22]. This is very positive evidence regarding the improvement of family relationships. Figure 1 shows the responses given by the participants (parents and adolescents) during program implementation, and the line follows an upward trend, which represents improvements in the quality of family relationships.
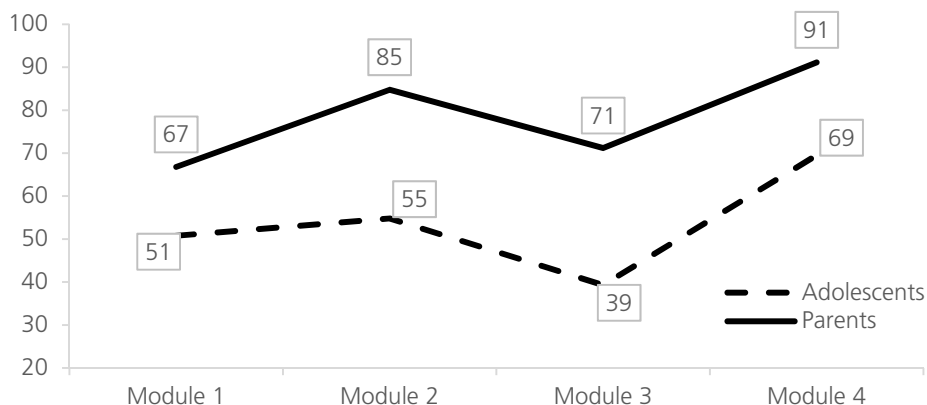
**Figure 1**
Development of family relationship quality during sessions of Family Subprogram
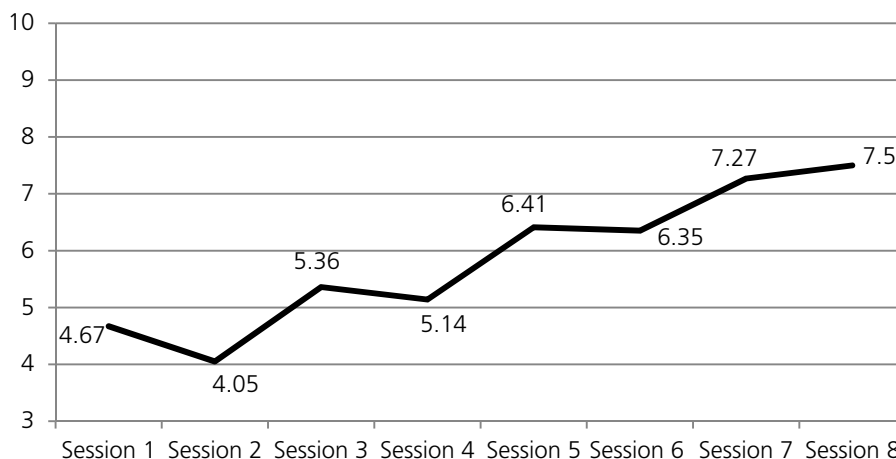


*Development of family relationship quality during sessions of Family Subprogram*

   The level of respectful behaviours in the family environment was much higher in the final module (*M*= 87) than in the first (*M*= 57), *t*(31)= -4.99, *p*< .001, *d*= -.88, 95% CI [-42.90, -18.04]. An upward trend in respectful behaviours through the Family Subprogram can be seen in Figure 2. Although in the first module, respectful behaviour in parents and children was at a similar level, *t*(43)= -1.64, *p*= .107, the level of respectful behaviour of parents (*M*= 91) was superior than that of children (*M*= 69), *t*(20.31)= -3.14, *p*= .005 in the final module.

**Figure 2**
Development of respectful behaviours in the family context



*Development of respectful behaviours in the family context*

According to Figure 3, violent behaviours by children and parents in the family environment did not decrease during the implementation of the Family Subprogram. Taking into account all family members, the level of violent behaviour in the family was similar in the first module (*M*= 21) and the final module (*M*= 25), *t*(30)= -0.80, *p*= .43. In the first module, the level of violent behaviour of parents (*M*= 14) was lower than that of the children (*M*= 26), *t*(26.27)= 3.02, *p*= .006, *d*= -.88, 95% CI [4.90, 24.84], but in the final module no significant differences were found (parents *M*= 30; children *M*= 20), *t*(36)= 1.57, *p*= .125.

**Figure 3**
Development of violent behaviours in the family context
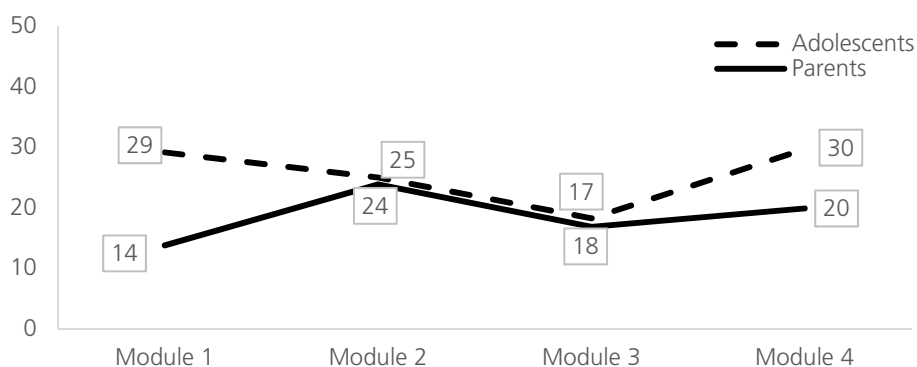


According to the therapists, participants were reluctant when talking about their abusive behaviours in the first sessions. However, the fact that they were

required to reflect on their own behaviours of abuse and disrespect stimulated introspection regarding their behaviour in the family context. Teenagers managed to acknowledge that some of their behaviours were violent, for example, emotional violence, parents, however, found it difficult to see themselves as perpetrators. Finally, all participants began to accept that they can behave in violent and disrespectful ways, and this helps to raise their awareness of their shared responsibility regarding the family situation.

*Perception of program efficacy of therapists*

According to the information gathered in the therapists' evaluation protocols and semi-structured interviews, the effects of the program on adolescents were seen in the family environment. Family conflicts were of lower intensity, indicating that the problem of child-to-parent violence in some way diminished or disappeared, and another series of problems more normally associated with adolescence appeared. In general, boys and girls learned to relax and acquire a certain ability to communicate more assertively and less aggressively. As far as parents were concerned, therapists described how they managed to establish limits and norms for harmonious living and stop overprotecting the children or setting limits that were too strict or inappropriate for their age. Parents often displayed feelings of guilt, failure and shame regarding their parental role and made great progress in these aspects. They acquired greater awareness of the needs of their children. In addition, mothers and fathers managed to establish a support network within the parent group itself that helped them normalize their situation.

At a family level, we observed a greater awareness of how the behaviour and attitude of each family member can favour or impede family relationships as a whole. In general, communication within the family was more respectful, sincere and frequent, and the family environment was healthier and more relaxed. Family members were able to verbalise their emotions because they acquired resources to deal with conflict situations.

As to which were the most useful tools employed in the program as mechanisms for change, in semi-structured interviews therapists mentioned the traffic light technique to recognize the intensity of irritation-anger, time-out to manage conflict situations, setting a goal to achieve each week, working on the justification for violence and identifying their own behaviours of abuse and respect.

*Degree of program acceptance by participants*

Adolescents participated in 16 sessions and parents in 11, but both interventions were structured in six modules. Therapists provided information about the participants individually regarding their degree of involvement and talking about their experiences during the sessions (Figure 4A shows adolescents and Figure 4B parents).

**Figure 4A**

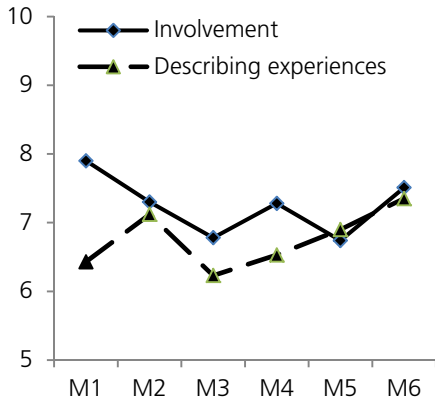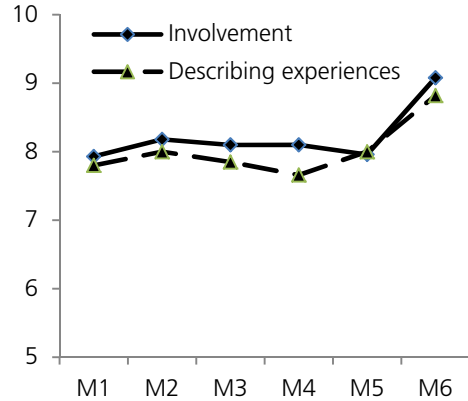Adolescent Subprogram: involvement and talking about experiences



**Figure 4B**

Parent Subprogram: involvement and talking about experiences



The level of involvement (M= 8.22) and talking about experiences (*M*= 8.02) for parents was highly satisfactory. In addition, it is worth noting the progress from module 5 to module 6 (from *M*= 7.93 to *M*= 9.08 for involvement; from *M*= 7.8 to *M*= 8.82 for talking about experiences). For adolescents, talking about experiences and involvement were on average somewhat lower (*M*= 6.76 and *M*= 7.25, respectively), although an upward trend was observed, from 6.43 on average in the first module to 7.35 in the sixth module.

The eight family sessions were spread across four modules. As can be seen in Figure 4C, the average levels for family involvement (*M*= 7.27) and talking about experiences (*M*= 7.32) were acceptable.

**Figure 4C**

Level of involvement and talking about experiences in Family Subprogram
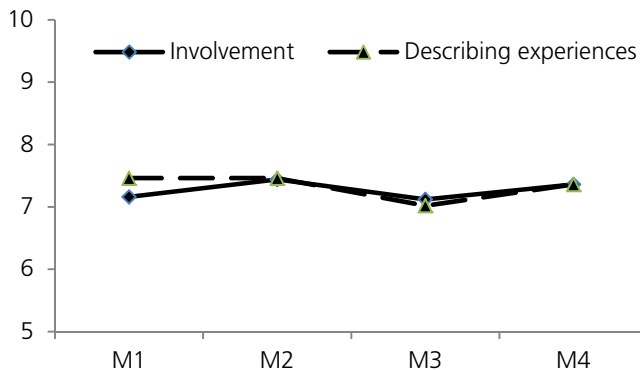
*Degree of program acceptance by therapists*

Participation data refer to the participation of adolescents and parents, with therapists as informants. Average scores obtained in the Adolescent Subprogram during all sessions are quite high in terms of participation ($M$= 8.17), satisfaction ($M$= 7.71) and in interest ($M$= 7.12) (see Figure 5). The sessions that the therapists of adolescents reported as generating the greatest interest were session 7 and 9 ($M$= 8.6) (*Beliefs that justify violence and the alternatives*, and *Strategies for anger control*), while the lowest levels of interest, according to the same therapists, were stimulated by sessions 2 ($M$= 4.3*)* and 16 ($M$= 5.6) *(Planning objectives and assuming responsibilities and Telling a personal story).* Regarding satisfaction, the therapists of adolescents reported an excellent level of satisfaction in session 11 ($M$= 9) (*Responding empathically)* while a lower level of satisfaction in session 3 should be noted ($M$= 6) (*How violence works).* Regarding the level of participation that therapists perceived in adolescents, the highest score was observed in session 4 ($M$= 9.33) (*Violence and drug use)*, while the lowest level of participation corresponded to session 12 ($M$= 6.33) (*Understanding conflict and violence*, *communication skills).*

**Figure 5**
Levels of participation, interest and satisfaction reported by therapists in the Adolescent Subprogram
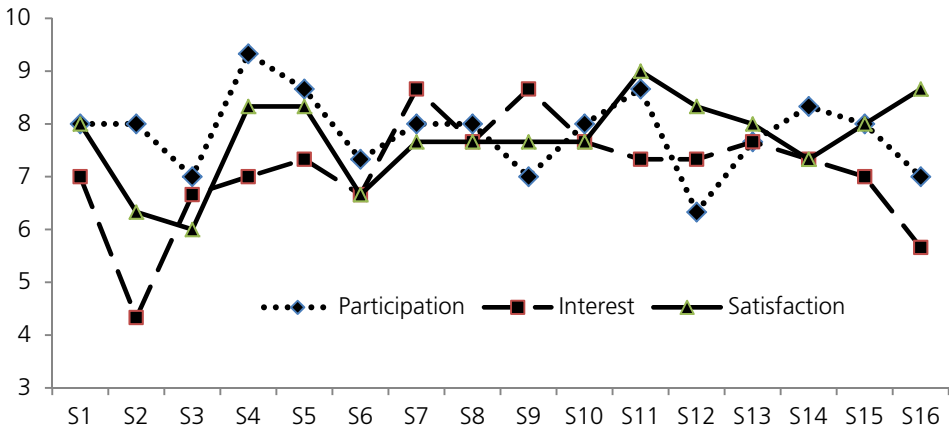


*Levels of participation, interest and satisfaction reported by therapists in the Adolescent Subprogram*

In the Parent Subprogram, the average scores on all indicators were high (participation $M$= 8.4; satisfaction $M$= 8.5; interest $M$= 7.27); the results are therefore very positive (see Figure 6). Therapists noted an increase in interest across the implementation of the whole program (S1 $M$= 7) vs (S11 $M$= 8). Positive evidence of this can be seen in the fact that average satisfaction levels were equal

to or greater than 9 in three sessions (S1-*Strengths and challenges*, S4-*Violence and drug use* and S11-*Consolidation of changes and narration of personal history*). Similarly, the level of parental involvement was excellent (*M*= 9) in two sessions (S6-*Identification of thoughts* and S11-*Modification and consolidation of changes*), according to therapists.

**Figure 6**
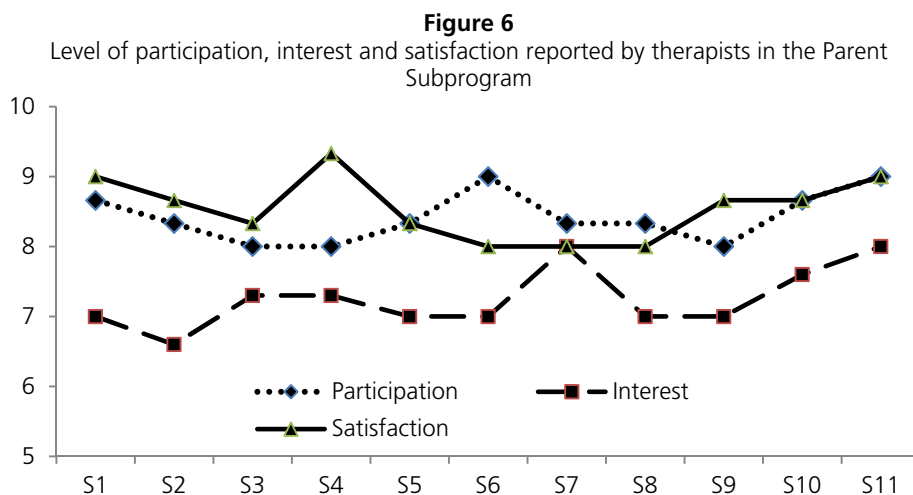Level of participation, interest and satisfaction reported by therapists in the Parent Subprogram



*Level of participation, interest and satisfaction reported by therapists in the Parent Subprogram*

In the Family Subprogram, the level of satisfaction (*M*= 7.8) and interest (*M*= 7.84) noted by the therapist may be considered acceptable, as may the level of family participation (*M*= 7.73) (see Figure 7). The graph also shows an upward trend in participation scores (from S1 *M*= 7 to S8 *M*= 8.55). The final session (S8 - *What have we changed?*) turned out to be the one with the highest scores in all three indicators (participation *M*= 8.55, interest *M*= 8.58 and satisfaction *M*= 8.2), which suggests that this session was highly satisfactory.

*Degree of program implementation and difficulties detected*

Regarding the extent to which it was possible to execute the program in terms of the contents proposed, it was estimated that the Adolescent Subprogram was the one with the highest degree of implementation (91%); lower levels, however, were registered by the Family Subprogram (80%) and Parent Subprogram (79%). The overall estimate of program content implementation, taking into account all the sessions of the subprograms in which they were involved, was 87%. In terms of the degree to which the proposed activities were carried out, it was possible to implement more activities in the Adolescent Subprogram (89%) than in the Family Subprogram (75%) or in the Parent Subprogram (79%). The degree of global activity implementation was 83%. The

main issue detected in the Parent Subprogram was the lack of time to implement all the programmed contents and activities while also registering and meeting the needs of mothers and fathers. The Family Subprogram has greater flexibility in its implementation process regarding the order of contents to better meet the specific needs of each family.

The dropout rate in the Parent Subprogram (10%) was lower than in the Adolescent Subprogram (17%) or Family Subprogram (17%). To determine the global dropout rate, we took into account whether or not each adolescent, mother and father stopped participating in both subprograms in which they took part, and an overall dropout rate of 13% was thus calculated. An analysis of why the participants left the intervention yielded a range of reasons given to therapists; from minors leaving to go to residential foster homes (having worsened from moderate to severe CPV) and transfers of residence, to refusal to attend for personal or family reasons or fatigue, or the need for a more individualised psychological approach. The therapists mentioned that parents decided to leave the program when they felt that their children, rather than they themselves, were solely responsible, or when issues arose that they were not prepared to face.

**Figure 7**
Level of participation, interest and satisfaction noted by the therapist in the Family Subprogram
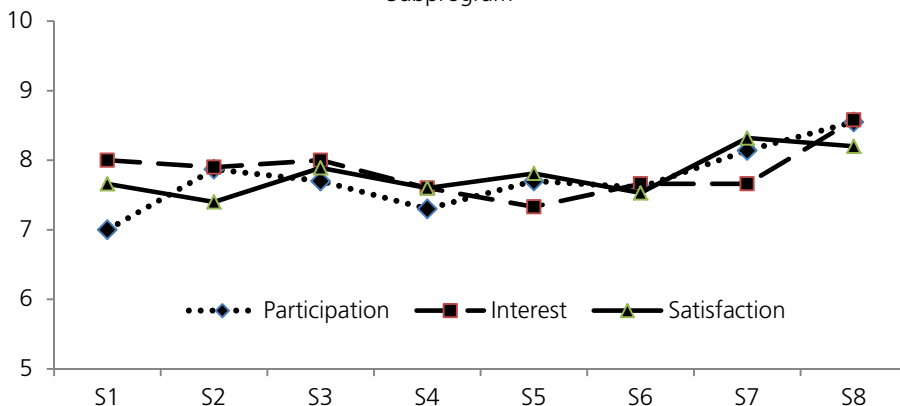


## Discussion

An intervention with minors who abuse their parents is an extremely complex undertaking, and creating specific treatment programs and ensuring rigorous analysis of their results appears to us of vital importance. A characteristic associated with the efficacy of such programs is the importance of including continuous evaluation of changes and results by the professionals responsible for the intervention (Martínez et al., 2015). With the aim of tackling this need, this study presents the evaluation of the Early Intervention Program in Situations of Child-to-Parent Violence (Ibabe et al., 2019). Specifically, positive evidence of the pre post-intervention evaluation and inter-treatment results are presented.

Moreover, the results of the process evaluation of the process of the program's first three intervention groups are shown, with the participants and therapists as informants. This paper contributes to a growing literature on the evaluation of efficacy of intra-family violence programs in a social services context.

One aim of this study was to assess the program's short-term effect of treatment on physical and psychological CPV. The results indicate that the intervention is effective because during the implementation of the program, physical and psychological aggression towards the parents decreased, according to parent reports. Adolescents in the post-intervention condition displayed lower levels of physical and psychological child-to-parent violence than in pre-intervention, with good effect size (*d*= .71 and *d*= .91, respectively). The positive change observed in this study regarding child-to-parent violence is consistent with the results of a preliminary study of this intervention program (Ibabe et al., 2018).

A further objective of the present study was to analyse the development of family relationship quality during the implementation of the program, as well as changes in violent and respectful behaviour of the participants in the family environment. The decrease found in CPV matches the positive development of the quality of family relationships observed during the course of the program, according to information provided by adolescents and parents. This suggests a significant improvement in the quality of parent-child relationships as it means that participants are beginning to understand their own circumstances and the cycle of violence and to implement changes in the way they interact with and respond to their child or parent. Respectful behaviours of all family members increased progressively throughout the development of the program. This result is consistent with the findings of the preliminary study, in which all participants had a higher level of empathy after completing the early intervention program (*d*= .45) (Ibabe et al., 2018).

In general, the level of acceptance and satisfaction of participants and therapists regarding the intervention program is favourable. This conclusion is based on the average scores for indicators such as talking about experiences in the sessions, the level of involvement in the program and the level of participation by parents and adolescents. Likewise, the average level of interest and satisfaction of the therapists regarding the intervention can be considered acceptable. This is an aspect as relevant as the motivation of the participants in the program because the success of the program will depend in part on it. Other studies focused on program evaluation have also found a high level of satisfaction among the professionals who carry out the program (e.g., Simoes, Fonseca, & Anglin, 2014).

The study aimed to identify the mechanisms by which the intervention program worked through the information provided by the therapists. Among the program's most useful tools for change mentioned by therapists are the traffic light technique, time-out, my weekly goal planning, reflecting on the justification of violence and identifying behaviours of abuse and respect. Effects of the program reported by professionals are that adolescents learned to relax and to acquire certain abilities to communicate more assertively and less aggressively. The parents, in turn, set clearer limits, reduced their need for control, worked on their sense of guilt, failure and shame, and managed to create a support network to

help them normalize the situation. In addition, professionals perceived a decrease in tension and aggressiveness in the family system.

According to Aroca et al. (2013), the fundamental elements of therapeutic intervention in a program for CPV are the restoration of parental hierarchy and authority, the learning of techniques to establish coherent and consistent discipline, as well as the repair of broken or damaged relationships. Structured participation of different family members seems to be an important aspect of learning family management skills (Axberg, & Broberg, 2012; Fletcher, Freeman, & Mathey, 2011) which leads to greater intervention efficacy. Similarly, the intervention needs to be extended in time for the program to take effect (Letarte, Normandeau, & Allard, 2010; Mulford, Redding, & Mendoza, 2016; Webster, Gaspar, & Seabra-Santos, 2012). Also worth mentioning is the importance of understanding that the intervention involves different modalities, of both individual and group treatment (Gesteira et al., 2009).

This study further sought to analyse potential weaknesses of the program, such as the dropout rate or the degree of implementation. The general dropout rate was 13%, which means that most of those who started the program completed it reasonably. Parental attendance in the Parent Subprogram was higher than in the other two subprograms, one reason for this perhaps being the generation of an interesting support network between parents. In the family interventions, dropout could be due to the inability of parents to face reality and take responsibility. In studies conducted with children with behavioural problems, high dropout rate during interventions seems to be a recurring difficulty (Borduin et al., 1995; Kazdin, Siegel, & Bass 1992; Redondo, Sánchez-Meca, & Garrido, 1999) which may be due to the potentially demanding nature of treatment (Kazdin et al., 1992) or to the low levels of motivation of families and therapists to undergo it (Brestan, Jacobs, Rayfield, & Eyberg, 1999; Kazdin, 1989; Kazdin, Esveldt-Dawson, French, & Unis, 1987).

The degree to which the program design was implemented was acceptable (87% of content and 83% of activities). However, in the Parent Subprogram, time was limited due to the need to provide a space for each participant to talk through their problems and find some emotional relief; it would thus be appropriate to include some additional sessions to properly develop all the contents planned. In this context, we consider it necessary to offer scheduled individual counselling sessions to facilitate coping with everyday difficulties. Thus, an appendix will be added to the intervention manual to provide an optimized version of the Early Intervention Program in Situations of Child-to-Parent Violence, including three additional sessions in the Parent Subprogram and three optional individual through program.

The most important limitations of the study are the lack of a control group and the small sample size. In the near future, it is hoped that an equivalent control group can be incorporated into the design. The evaluation of the intervention program is ongoing, and in the coming years the research team will continue to provide evidence of the program's efficacy in the short- and medium-term, as well as of the acceptance and satisfaction of participants and therapists. In conclusion, the Early Intervention Program in Situations of Child-to-Parent Violence is probably

efficacious in the short term due to the positive changes observed in the behaviour of all family members and to the perception of improved quality of family relationships and the positive changes in them reported by the therapists.

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## Appendix A

**Inter-treatment evaluation protocol for participants (parents and adolescents)**

1.  Respect of family members of the mutual respect wheel

| *Indicate if during the last week your behaviour was respectful in the family environment, corresponding to any of the following categories.* | Yes | No |
|---|---|---|
| a)  Proper use of information technologies and social networks<br>b)  Nonthreatening behaviour<br>c)  Being trustworthy<br>d)  Communicating respectfully<br>e)  Problem-solving respectfully<br>f)  Respecting property and household objects<br>g)  Being accountable to family<br>h)  Respecting other-family members' needs | | |

2.  Abuse of family members of the abuse /disrespect wheel

| *Indicate if during the last week your behaviour was violent or disrespectful in the family environment, corresponding to any of the following categories.* | Yes | No |
|---|---|---|
| a)  Inappropriate use of information technologies and social networks<br>b)  Physical abuse<br>c)  Violating trust of family members<br>d)  Emotional abuse<br>e)  Threats and intimidation<br>f)  Damaging and destroying properties<br>g)  Minimizing, denying, blaming and justifying<br>h)  Making unreasonable demands | | |

3.  Quality of family relationships

To what extent have family relationships been satisfactory in the last week?

```
   0          1      2      3      4      5      6      7      8      9         10
Totally                                                                    Totally
unsatisfactory                                                             satisfactory
```

## Appendix B

## Evaluation protocol for therapists during the intervention

1.  <u>Individual evaluation of each participant at the end of the module</u>

To what extent was the participant involved in the program?

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Totally
uninvolved

Totally
involved

To what extent did the participant talk about their experiences?

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Not at
all

A great
deal

2.  <u>Evaluation of the level of satisfaction at the end of the session</u>

What was the level of group participation in this session?

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

No
participation

Excellent
participation

To what extent did you find the contents of this session interesting?

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Totally
uninteresting

Extremely
interesting

To what extent did you feel satisfied with the development of the session?

| 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |

Totally
dissatisfied

Extremely
satisfied

3.  <u>Level of implementation and difficulties encountered in the session</u>

To what degree/percentage do you think the proposed contents for the session were implemented?
.....................%

Were modifications made regarding the contents described in the manual?
( ) Yes      ( ) No
If yes, what was modified specifically? Describe the changes made in detail.


Were modifications made regarding the development of the activities described in the manual?
( ) Yes      ( ) No
If so, what was modified specifically? Describe the changes made in detail.

4.  <u>Perception of efficacy at the end of the program</u>

Question for reflection on finishing the program.

To which underlying mechanisms do you attribute the positive changes observed in the participants in the program

5.  <u>Semi-structured interview</u>

---

*Analyse the program's potential and weaknesses*
- o   Content
- o   Distribution of the sessions
- o   Activities planned
- o   *My weekly goal planning* strategy
- o   *Abuse* and *Respect* wheels strategy
- o   Issues which were difficult to address in sessions

---

*Effects and changes due to the program*
Changes observed in the participants:
- o   Parent-child relations or family environment
- o   Behaviour of adolescents
- o   Behaviour of parents
- o   Level of stress or mood in parents and adolescents
- o   Unexpected positive or negative changes in other areas of their lives (school; work; other family relationships)