

**A Recurring Cycle from Optimism to Hopelessness and the Exploration of Current  
Treatments for Youth-to-Parent Aggression**

By

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### **Abstract**

The prevalence of youth-to-parent aggression is increasing all over the world, however this complex phenomenon remains misunderstood by professionals, resulting in stigmatization and shame in parents and a lack of evidence-based treatment programs. Using attachment and social learning theories, the author examined existing literature to discern the current available treatment programs for youth-to-parent aggression from the mental health, youth criminal justice, and social services systems. The findings suggest that there are treatment programs that are currently being tested for youth-to-parent violence, primarily the Early Intervention for Youth to Parent Aggression program, however most programs are not considered evidence based and lack protocolization. Additionally, the different systems from which a youth is referred impact the goals of the program, with the youth criminal justice programs often aiming to reduce recidivism as opposed to all systems aiming to reduce youth-to-parent aggression as an outcome. However, the inclusion of the family and especially a supportive environment for the parents, as well as motivation to complete the program are both determined to be linked to program outcomes. The literature reveals gaps in geographical location, with much of the current research being done in Spain or Europe, issues of lack of representation of gender diverse youth, and issues related to the diffuse definitions and conceptualizations of this specific kind of family violence.

*Keywords: youth to parent aggression, youth family violence, mental health, youth aggression, youth, treatment program*

## **Dedication**

For Kellen and Tanner

For Rhys and mom

For all the family and friends who offered words of encouragement and wisdom, unending support, and a place for me to lose my mind when needed. To the Usual Suspects (Sam, Courtney, and Caitlin), the Tribrahmance (Sabrina and Jaime), my dad and stepmom Shelly, and my extra dad Steve, my in-laws Kevin and Teresa, my grandparents, my bonus Grandma Marie, Kersten and Kayleen, Moneca, Leyla, my amazing cohort members, and the big team at my practicum placement. You are all the best and wonderful and I could not have done this without you.

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## Chapter 1 – Introduction

Violence from a child to a parent is an understudied form of family violence often eclipsed by primary focus on child abuse and domestic violence (Ibabe, 2019). Youth-to-parent aggression (YPA) is a complex issue of multicausal origin (see Simmons et al., 2018 for review), yet youth violence is conceptualized as a homogeneous problem (Loinaz & Ma de Sousa, 2020). The purpose of my study will seek to bring wider awareness to this phenomenon by exploring youth-to-parent aggression interventions to reduce physical violence based on research that looks at aggression in children.

Violence and aggression in children are often associated with comorbidities that include attention deficit disorder, conduct disorder, and oppositional defiant disorder (Loinaz & Ma de Sousa (2020); Döpfner et al., 2019), and substance use (Ibabe et al., 2013; Routt & Anderson, 2011). Externalizing behaviors and comorbid mental health issues are associated with poor outcomes, including multiple out-of-home placements, discontinuation of youth welfare service interventions (Döpfner et al.), and the aftermath of this kind of family violence strain both the criminal justice and healthcare systems (Gilman & Walker, 2020).

Youth-to-parent aggression occurs in many countries (Beckmann, 2021; Cano-Lozano et al., 2022; Ibabe et al., 2020; Simmons et al., 2018) and such occurrences are rising (Alcibar et al., 2020). While exact estimates of how widespread the problem is are unknown (Loinaz et al., 2022), steep increases in prevalence rates in Western countries were noted as early as 2013 (Calvete et al.), with theories for the increase including social changes related to cultural values, parenting methods and social interaction (Navas-Martinez & Cano-Lozano, 2022b). The prevalence of specific types of youth-to-parent aggression has been examined, with psychological violence ranging between 45% and 92%, physical violence ranging between 5.5%

and 21%, and financial violence is approximately 59% (Beckmann et al., 2017; Calvete et al., 2015; Cano-Lozano et al., 2021; del Hoyo-Bilbao et al., 2018; Margolin & Baucom, 2014).

However, true prevalence rates are hard to determine, as parents and caregivers often underreport due to feelings of shame, social isolation, and stigma (Routt & Anderson, 2011, O'Toole et al., 2022), self blame (Sporer & Radatz, 2017), fear of retaliation from their child (Cottrell & Monk, 2004), and the potential involvement of children in the criminal justice system (Cottrell & Monk, 2004; Edenborough et al. 2008).

Another barrier to a fuller understanding of this complex issue is that there has been no concrete, singular definition by which it has been operationalized. The literature refers to many definitions, such as child-to-parent-violence (Coogan, 2014; Contreras & Cano, 2016; Holt & Retford, 2013), parent abuse (Hunter & Nixon, 2012), child-to-parent abuse (Kuay et al., 2017), and adolescent-to-parent abuse/violence (Hong et al., 2012; Miles & Condry, 2015). Most recently, a systemic review by Ibabe (2020) conceptualized the varying definitions as delineated by age – youth-to-parent aggression being most appropriate for instance where the child is over the age of 12, and child-to-parent aggression for those under 12, and in both cases where “aggression” is the term that encompasses acts of violence and abuse that may be physical, financial, or mental. For the purposes of this paper, the child/youth distinction will both be defined under “youth” to align with the 2020 definition by Ibabe and a recent definition by Arias-Rivera and Garcia (2020).

The following behaviors are not considered child-to-parent violence: one-off acts of aggression, those perpetrated during a diminished state of awareness that are not repeated once awareness is recovered (alcohol intoxication, withdrawal syndromes, delirium or hallucination),



those caused by transitory or permanent psychological disorders (autism or severe mental disability) and parricide with no prior history of aggression (Pereira et al., 2017, p. 6).

There have been several risk factors identified for youth-to-parent aggression, including bidirectional family violence: parent-to-child and inter-parental (Ibabe, 2013) and sibling-to-sibling (Calvete et al., 2015), emotional rejection by the mother (Ibabe, 2013) or lack of warmth in parenting, (Calvete et al., 2015), gender (Shanholtz et al., 2020; O'Toole et al., 2022), parental substance abuse (Nowakowski-Sims, 2019) and overly permissive or authoritarian parenting styles (Ibabe, 2020). Specific to family violence, a recent meta-analytic review (Gallego et al., 2019) found that youth-to-parent aggression in situations where youth were victimized by their parents increased 71% as compared to non-victimized youth, showing the specific experience of abuse at the hands of a parent is a potent risk factor, and underscoring the bidirectional nature of the risk.

These risk factors are used to explain how the instances of violence may come to be, but recently research has begun to focus on why the violence happens. Navas-Martinez and Cano-Lozano (2022a; 2022b; 2023) identify two subsets of youth-to-parent aggression, defined as proactive and reactive violence. There is empirical evidence that supports youth-to-parent aggression as the intermediary stage in the intergenerational transmission of violence (Gebo, 2007; Ibabe et al., 2020), linking directly with Navas-Martinez and Cano-Lozano's (2023) distinctions of proactive versus reactive types of youth-to-parent aggression. Witnessing family violence is a predictor of youth-to-parent aggression in general, and specifically to the subtype of reactive violence, most often perpetrated by what Navas-Martinez and Cano-Lozano call the victimized aggressor. Thus, the risk factors uncovered can be sourced directly to the kind of violence that is being perpetrated, whether reactive or proactive.

Despite its prevalence and emotional and financial impact on families and public systems, the literature on effective interventions and prevention is sparse and lacking effective solutions (Gilman & Walker, 2020; Shanholtz et al., 2020). There are fundamental systemic issues outside of identifying and testing possible treatment solutions. Parents who struggle with youth-to-parent aggression have identified issues with accessing services, finding hospital beds, finding suitable providers, and financial barriers to treatment. When looking at specific programs, parents feel that they do not exist and that broader social issues related to stigma and lack of support, an ill-equipped mental health system, and a lack of dissemination of information to the public are consistent barriers to interventions and solutions (Sporer & Radatz, 2017).

Further, there are treatment barriers based on current conceptualizations of youth-to-parent aggression. Indeed, Navas-Martinez and Cano-Lozano (2023) suggest that treatment of youth-to-parent aggression in adolescents with a specific aggressor profile could include interventions more centered on bidirectional family violence history and violent relationship patterns when youth-to-parent violence is more reactive than proactive and interventions more centered on permissive parenting practices when youth-to-parent violence is more proactive than reactive, which speaks to the aim of this paper.

Examining treatments used for aggressive children who have witnessed interpersonal violence between their parents (a primary risk factor for the reactive subtype of youth to parent abuse), interventions studied by youth-to-parent violence researchers (Ibabe et al., 2022; Alcibar et al., 2020), and attachment injuries may give us a small cross-section of strategies that could be used for specific subtypes of youth-to-parent aggression – if we are finding strategies related to witnessing parental violence, then it is likely these strategies would be more apt to be considered in instances of reactive youth-to-parent aggression. However, these programs provide a

generalized response in the treatment of YPA, without considering that different types of aggressors would require specialized responses. Going forward, intervention, prevention, and treatment strategies will likely become more streamlined as profiles of aggressors becomes more well understood and defined. For example, Navas-Martinez and Cano-Lozano (2022) have developed a profile based on specialist and generalist aggressors, and surmise that going forward, interventions should focus on determining which profile aggressors are categorized as, as well as highlighting the need for more research on how this kind of violence differs between genders.

This is also a limitation of research overall, as even research that has occurred that considers gender differences in child-to-parent abuse does not include current trends related to transgender or non-binary identities to look at the intricacies involved in this intersectionality. A 2023 study by Navas- Martinez and Cano-Lozano also indicates a further need to work on the emotional skills of adolescents involved in CPV with a focus on promoting intrapersonal skills or those skills related to dysregulation in girls and interpersonal skills or those skills related to empathy in boys. Knowing that there are gender differences, but not being inclusive of changes in the gender demographics going forward may cause a gap in future research as well. Another limitation of the research is culture of silence that surrounds youth-to-parent aggression.

A study by Sporer and Radatz (2017) showed participants experiencing negative reactions from both formal and informal sources of support, including denial of the reality or extent of the problems in a way that made participants second guess their realities and isolate. This isolation and dismissal by sources of support continues to make it difficult to identify prevalence rates and recruit for research to test treatments. Additionally, Rutter (2021) notes that while research emphasizes the importance of interventions, mothers often do not recognize YPA

as violence, instead viewing it as overwhelming emotions. Understanding how parents conceptualize violence is another important next step in the research to generalize results about prevention, intervention, and treatment to parents who might not consider their experiences to be YPA.

### **Problem Statement**

Based on the existing knowledge, there are issues related to the increasing rate of prevalence of child to parent violence (which is even higher due to its likely underreporting from shame and stigma (O'Toole et al., 2022)). Parents struggle to find answers about how to proceed with their children in situations of this kind of poorly understood family violence. YPA is increasing in prevalence and has direct impact on individual and family wellness, including frequent police intervention, and feelings of hopelessness, powerlessness, and stigmatization amongst parents and caregivers resulting in mental health issues, emotional distress, and negative family, peer, and work relationships and financial implications when trying to access services or repair items or the home (Holt, 2016a; Holt, 2016b; Cottrell, 2001).

### **Research Question**

Given the range of psychosocial consequences associated with YPA, this paper aims to find out what treatments are available to reduce physical violence in cases of youth-to-parent aggression?

### **Justification**

There are several reasons that justify why this paper is important. First, abuse of parents by their children remains one of the least understood forms of family violence (Simmons et al., 2018), and there has been a noted exponential growth in prevalence rates (Arias-Rivera & Hidalgo Garcia, 2020). Further, there are inconsistencies in definitions and limitations to the

degree to which results can be generalized (Simmons et al., 2018; Ibabe, 2020; Gallego et al., 2019), meaning there are gaps in exploring factors associated with YPA.

Additionally, inconsistencies in understanding and responding to this kind of violence has a detrimental impact on families (O'Toole et al., 2022). Because child to parent violence is not well understood and has only recently begun to be researched, the implementation of specific strategies and treatments is still lagging. Professionals often have contrasting understandings about youth-to-parent aggression (O'Toole et al., 2022), system navigation is marked by inconsistencies, barriers (Sporer & Radatz, 2017; Shanholtz et al., 2020) and markedly different treatment outcome goals, and parents state that between the stigma and the gaps in services, child to parent abuse is under recognized and underserved.

Recent research has linked the cause of this aggression to either proactive or reactive means, which means that existing treatments can be better tailored to the client's situation in hopes of better outcomes. Essentially, treatment planning for this phenomenon is needed, and finding effective treatment plans is a relevant issue (Ibabe et al., 2018; Ibabe et al., 2021).

### **Theoretical Framework**

A recent study by Arias- Rivera and Hidalgo Garcia (2020) examining theoretical frameworks used in YPA research has explained the phenomenon in terms of cognitive-behavioral, psychodynamic, and psychosocial theories. Additional theories from other fields are also references, including communications, criminology, sociology, and broader integrative models.

In this study I will use two related theoretical frameworks. The primary theory is a psychodynamic attachment theory (Bowlby, 1969). According to attachment theory, experiences of maltreatment may lead to the development of negative representations of the self, others, and

relationships with others (Bowlby, 1969). For parents who have experienced disruptions in early caregiving relationships, these experiences could lead to problems with emotion regulation and impaired sensitive caregiving with their own children.

When looking at youth-to-parent aggression studies, previous research correlates attachment with aggression (Nowakowski-Sims & Rowe, 2017; Savage, 2014) including the finding that greater family victimization is linked to lower parental attachment, while family victimization is also linked to the victimized aggressor (Navas-Martinez & Cano-Lozano, 2023) and reactive violence. Further, a quantitative study by Briggs and Broadhurst (2005) and qualitative study by Barrows and colleagues (2023) showed that abused or neglected children with attachment problems can demonstrate YPA. As such, attachment theory is important when conceptualizing this aggression as a form of attachment trauma.

Additionally, the literature reveals the inclusion of the cognitive-behavioral social learning theory (Bandura, 1977) which is my second theoretical framework. Social learning theory looks at how the cognitive and environmental factors interact to influence human learning and behavior and postulates that parents' behavior influences their children's behavior via schedules of reinforcement, punishment, and imitation.

In child-to-parent abuse literature, and especially with the reactive subtype, this means that the violence is created by an interaction in cognitive and environmental factors. This also means that, often in families experiencing domestic familial violence, the behaviors are modelled and learned. There is empirical evidence supporting the idea that this aggression is learned from a same sex parent (Boxer et al., 2009). Ibabe (2013) reaffirms this idea, stating that the higher rate of bidirectionality in sons can be explained by different socialization practices and modeling of same-sex parent behavior (Cottrell & Monk 2004; Stith et al. 2000).

Indeed, both attachment theory and social learning theory are important because they posit psychological mechanisms by which parental experiences of maltreatment in their own childhood could increase risk for poor parenting practices and maltreatment perpetration, which in turn represents a risk factor for the development of psychopathology in children. Not only does it speak to the bidirectionality of YPA, but what could be considered as a generational issue.

### **Definitions**

In this section I will clarify and define the terms and concepts used throughout this paper. Because of the lack of a definitive term for defining YPA, there is a need to establish the specific definition I will be using for this paper.

A systematic analysis by Ibabe (2020) found that the most used terms are child-to-parent violence and parent abuse, but Ibabe argues that child-to-parent violence is not an adequate term because it only encompasses the use of physical force to cause violence, neglecting behaviors rooted in emotional and financial aspects. Further, Ibabe argues that child-to-parent abuse is limiting because it suggests there is usually an abuser and a victim, but there is no clear point at which a child is considered abusive versus aggressive (Gallagher, 2008). Ibabe additionally argues against the terms child-initiated family violence (Peek et al., 1985) and adolescent-initiated parent abuse (Hong et al., 2012) because these definitions limit examples where young adults are involved. Ibabe proposed using youth-to-parent aggression going forward because this encompasses adolescents and young adults, and the term aggression integrates minor aggression and severe maltreatment and avoids generalizing findings that relate to younger children when there are development differences and differences of parenting between children and young

adults (Simmons et al., 2018); as well different considerations of legal consequences for children and parents, or the harm caused.

Ibabe's (2020) definition of YPA encompasses eight characteristics: (1) the aggression is repetitive, (2) it is enacted consciously, (3) it occurs with intention, (4) the perpetrator is a youth, (5) the victim is a parent or caregiver, (6) the child is biological or adopted, (7) the child usually lives in the family home, and (8) the aggression is inclusive physical and non-physical types. Interestingly, this definition precludes drug dependence that impacts the consciousness of the damage being caused to parents. However, Ibabe's definition includes the victim/perpetrator languaging that Toole-Anstey and colleagues (2023) seek to avoid. Again, while Ibabe's definition is inclusive of many previously missed aspects, it still neglects to address the language associated with bidirectionality of violence, which in turn can have impacts on treatment planning if those creating the programs neglect to understand that sometimes, youth are also victims and parents are also perpetrators.

For this paper, we will be using the definition translated to English by Arias-Rivera and Hidalgo Garcia (2020) from the Spanish Society for the Study of Child-to-Parent Violence (SEVIFIP - Sociedad Española para el Estudio de la Violencia Filio-Parental), which defines child-to-parent aggression as "repeated acts of physical, psychological (verbal or non-verbal) or economic violence by children against their parents or parental figures" (p. 220).

While Arias-Rivera and Hidalgo Garcia use the term child, utilization of this definition with the change of children to youth creates a precise definition that addresses the concerns put forth by Ibabe (2020).

Within this paper, *youth* are defined as fitting the parameters that were seen in many of the studies examined; between the ages of 12 and 17. This is done with the understanding of



developmental differences in children under the age of 12 and what those implications are for research. Further, there is the understanding that the distinction between being a “youth” and an “adult” is important when considering the relationship between parents and their children. Age changes possible services that are available (e.g., youth justice versus adult justice, youth mental health versus adult mental health, and the lack of involvement through Children’s Services), and the influences changes in legalities (of adults who abuse their parents) and responsibility (adult parents can cut ties with their adult children without the same consequences as if they do so with their minor children).

*Parents* and *caregivers* are terms that are often used together, or interchangeably. The bulk of the scientific literature focuses on parents (biological or step) who are engaged in YPA, however there are some studies (Selwyn & Meakings, 2016; Barrow et al., 2023) that focus on the experiences of adoptive parents. In my own lived experience, my mother initially started this journey as a foster caregiver. It is important to understand that not all caregivers label themselves as parents, and that often there are trusted adults who fill the role of “parent” but do not explicitly call themselves such who experience YPA. I think it is important to include these experiences as another complexity in the YPA phenomenon.

### **Researcher’s Position**

There is a personal bias involved in the research. Instances of violence committed by children against their parents first came to my attention in a very personal way. I have three adopted siblings, and my eldest adopted brother has been prone to extended rages since first coming to our home when he was two. He struggled to regulate and would scream for hours. As he got older and physically larger, these rages went from manageable to uncontrollable. He began to act out in the home in various ways – threatening to knives, property damage (punching

holes in the walls, throwing a container of bleach across the floors, and lighting a mattress on fire), and eventually escalated to physical violence with my mom, resulting in medical intervention. The result was that my brother needed to be moved to group care to maintain the safety of the family. Conversations with my mother revealed a host of issues associated with the topic – the lack of knowledge or understanding from professionals, the shame and stigma of parents, the issues with system navigation, and the lack of appropriate supports and interventions.

I do not expect that these biases will cloud my ability to write this paper. Due to this being a literature review that is gathering information, my ability to safeguard trustworthiness and validity in this research is by ensuring that I am reflecting what the research says.

While I would love interventions that could be provided to my brother, I do not have a vested interest in the outcome. If my paper were to reveal that there have been several programs, and interventions that have been tested for this kind of violence, and not even one worked, then this fact would be stated.

The other consideration is that studies of issues of child aggression to parents have recently uncovered that the reason for the violence matters (Navas-Martinez & Cano-Lozano, 2022a; 2022b). Proactive versus reactive violence changes the type of intervention needed, since context matters. Reactive violence is an impulsive response to a perceived threat or provocation, often associated with high emotional arousal, anxiety, and anger (and often related to family violence), while proactive aggression is described as instrumental, organized, cold-blooded, and motivated by the anticipation of reward (Euler et al., 2017). Though my brother is not in a violent household now, his home of origin was violent. Social learning theory dictates that he may have come to learn this violence and understand it as a means of protecting himself.

Because of his potential mixed presentation of reactive and proactive violence, the strategies uncovered in this paper may not work for him anyways, though research on the categories of the violence and their implications for treatment planning are not yet present in the literature.

Specific to YPA, I have worked with youth with complex diagnoses who have struggled with aggression towards their parents, however this was not considered in a YPA context.

Writing this paper has given me broader awareness of YPA and thus a better understanding of youth aggression towards their parents.

### **Overview of Sections**

This paper is laid out as follows: chapter 1 is the introduction above; chapter 2 is the methodology for conducting this literature review; chapter 3 is the primary body of the literature review and includes methodological analysis and findings; chapter 4 is the clinical application of the literature review; and chapter 5 contains conclusions and recommendations.

## **Chapter 2 – Capstone Project Methodology**

### **Description of the General Research Plan**

In this literature review, I synthesise findings from works that have been recently published to identify themes, gaps, and other relevant information. I initially began this undertaking by searching electronic databases. After a preliminary review of the data, I began to narrow down the findings using specific key search terms relevant to my research problem and my inclusion and exclusion criteria to find the needed relevant studies.

### **Methods/Methodology**

This literature review focuses on 10 core studies (\*see Appendix for full list) which includes 2 qualitative studies, 5 quantitative studies, and 3 mixed methods design. A search was conducted for peer reviewed articles from the last five to seven years from the City University

Library database, Google Scholar, and by searching and screening the references in relevant systematic literature reviews. These papers were searched between December 2022 and April 2023.

### ***Search Strategy***

To identify all terms and definition that would be useful for this literature review, the searches were conducted using the City University of Seattle Library Database and Google Scholar, as these databases are the ones that I had the easiest access to. These databases primarily linked to articles hosted through PubMed Central, ProQuest, Sage Journals, and Springer Link.

Since violence from a child to a parent currently does not have one operationalized definition, many possible search terms were used, including: “youth to parent violence”; “youth to parent abuse”; “child to parent violence”; “youth to parent aggression”; “child to parent aggression”; “child to parent abuse”; “treatment of “child to parent aggression””; “proactive CPV”; “parents experience of "child to parent" violence”; “experiences parenting aggressive adopted children”; “experiences parenting aggressive children”; “parents experiencing CPV”; and “treatments for childhood aggression” in topic search (title, abstract, author and keyword), selecting journal articles published in English or Spanish with the option to translate to English.

Additionally, relevant literature reviews were selected, and the references were then reviewed for additional sources that fit the inclusion criteria (this provided three additional studies, two of which were used as primary articles for the literature review in Chapter 3).

### ***Criteria for Selection***

Qualitative, quantitative, and mixed methods studies were reviewed when selecting for this literature review.

The following inclusion criteria were used: (1) academic journals; (2) studies focused on children under the age of 18; (3) theoretical studies; (4) empirical studies; (4) terms in title, abstract or as keywords; (5) studies published in English or Spanish, but where the Spanish studies had the option to be translated to English; (6) studies 5 – 7 years old except for research establishing the field.

The following exclusion criteria for terms were: (1) studies where the youth aggressor was over the age of 18; (2) studies in Spanish that could not be translated; (3) conference proceedings, book chapters (aside from as they related to the theoretical frameworks), and dissertations; and (4) childhood aggression that did not include aggression to parents.

Articles were consulted, and the references for those articles were also reviewed to determine those related to specific treatment programs that provided a further history of the programs.

### ***Data Collection and Analysis***

I reviewed each article and the articles chosen for this review were placed into a word document and organized by search term and database. Each citation contained information including the author, title, journal, year of publication, digital object identifier, and link to the article. They were then screened again, reviewing the contents of the article in detail to ensure they fit the inclusion criteria and aimed to answer the research question, and a list of ten articles that satisfied eligibility criteria and made up the primary results of the literature review were placed in the appendix (see appendix for full list).

There were challenges encountered during this search process, especially relating to the different definitions and conceptualizations of YPA. YPA has been called different things in

scientific literature, and trying to explore each of the different titles was a unique difficulty in this research process.

### **Chapter 3 – Review of Literature and Findings**

Initially, I review the different treatment programs that I found in my research on this topic, including cognitive behavioral treatments, treatments primarily related to youth criminal justice, and family treatments. Next, I discuss the role of bidirectional trauma in YPA from attachment and social learning lenses. Then I will discuss stigmatization, which is a multifaceted issue in YPA research. Then, I discuss the factors that influence the treatment of YPA based on both quantitative and quantitative results; as well as professional competencies for treating YPA from the perspective of professionals and families. It is important to recognize the emphasis on evidence-based, protocolized practices; the so-called “gold standard” of scientific investigations (Gnaulati, 2022), however I discuss the limitations of this later in the review.

At the conclusion of this review, I note the gaps in and limitations of the literature. Although researchers have noted a significant increase in prevalent rates, the body of research on treatment programs and efficacy remains in its infancy. Further to this point, there are no studies focusing on YPA treatment programs in Canada or the United States, nor are there any studies which view YPA through a genderfluid lens. Both limit the scope of the review. I will discuss the shortcomings of the literature in the limitations section of this paper.

#### **Treatments for Youth to Parent Aggression**

##### ***Restorative Justice Practices***

###### **Youth Offender Diversion Alternative (YODA).**

The Youth Offender Diversion Alternative (YODA) is a three-phase, voluntary diversion program treating youth between the ages of 17 – 25 aiming to reduce YPA through individual

therapy, case management, and family therapy. Shanholtz and colleagues (2020) note that this treatment is a solution-focused approach focusing on youth who have been charged in the juvenile justice system with assault of a family member. Program evaluations have demonstrated positive short-term outcomes assessing mental health symptoms, anger intensity and regulation, and impulsive and violent behaviors, while youth who participated in the program reported reduced mental health symptoms, anger, and violent behaviors a year later (Bolton et al., 2015).

### **Family Violence Intervention Program.**

The Family Violence Intervention Program targets justice-involved youth who have been arrested for engaging in YPA and focusing on conflict management skill building. The program provides counseling and case management services and requires family member participation in the program. The program is strict, as it requires participants to attend the program and improve school attendance, not be using substances, and have no violence-based arrests. However, results of a program evaluation by Nowakowski and Mattern (2014) found that participation in this program did not reduce juvenile justice involvement, and those with extensive juvenile justice records and poorer school attendance were more likely to terminate the program before completion (Shanholtz et al., 2020). Shanholtz and colleagues further theorize that there is more work to be done to develop an effective intervention for YPA that addresses the needs of youth involved in the juvenile justice system and does not require family engagement or an immense number of resources. It should be highlighted that the Family Violence Intervention Program aims to improve family functioning, substance abuse, mental illness, and attendance and academic performance in the school setting (Nowakowski & Mattern, 2014). However, the reduction of physical violence itself is not a specific goal.

### ***Parent Training Programs***

**Break4Change.**

The preliminary outcomes of Breaking the Cycle/Break4Change (Freiverts & Bautista, 2017) is a manualized therapeutic group program for parents of adolescents who engage in adolescent family violence. Preliminary results indicate that this intervention contributes to the reduction of adolescent perpetrated violence while parents reported improved relationships with youth. However, Ibabe and associates (2021) note that a limitation of the Break4Change program is that it shares barriers to implementation that Multisystemic therapy and Functional Family therapy in that they require parent or family engagement. Due to the nature of YPA, programs that are reliant on the parents or caregivers to engage can often be difficult as some youth have caregivers or parents who are no longer involved in their lives (e.g. where they are in the care of Children's Services) or the caregivers or parents are already tired and experiencing burnout, and struggle to commit to more responsibility relating to their aggressive youth.

**Non-Violent Resistance Program.**

The Non-Violent Resistance program (NVR; Lauster & Coogan, 2014) specifically targets adolescent-to-parent violence through a strengths-based and cognitive behavioral approach working solely with the parents (Shanholtz et al., 2020). NVR struggles with the same barriers to implementation as the Break4Change program, including the need for family involvement.

**Respect Young People's Program.**

The Respect Young People's Program (RYPP) is a program from the United Kingdom for families struggling with youth between the ages of 10 and 16 who are violent towards their parents or caregivers. According to the Dartington Social Research Unit (2016) this abuse is frequently a combination of physical, verbal, financial, coercive, or emotional kinds of abuse, as



well as making threats or causing damage in the home. The program works with the family and the youth, focusing on identification of negative behavior patterns. The program is most successful if the caregivers and the youth both engage but can be done with either the parents or the youth. The RKYPP uses a cognitive behavioral approach, but includes social learning theory, systems theory, strength-based approaches, neuroscience and self-soothing, attachment theory, restorative justice, and solutions focused approaches in its implementation. The program aims to reduce issues related to parenting, family life, and school and has demonstrated statistically significant improvements in mental health, conduct difficulties, emotional difficulties, prosocial behavior, and overall impact of everyday life when compared to post-intervention measurement, and it is currently implemented in more than 20 areas throughout England (Dartington Social Research Unit, 2016; Rutter et al., 2022).

### **Multisystemic Family Therapy.**

Multisystemic therapy has demonstrated a reduction in aggression and delinquency in youth involved in the juvenile justice system (Shanholtz et al., 2020) although this effectiveness has not been verified for this specific type of violence (Astondoa et al., 2023), as they do not specifically target the subset of delinquent behaviors that are involved with YPA. While this intervention is promising because of the noted reduction in aggression, Shanholtz and associates question the feasibility of program implementation due to difficulties with engagement, and high cost.

### ***Cognitive Behavioral Therapy***

#### **Early Intervention Program in Child-T-Parent Aggression (EI-CPA).**

There are several cognitive behavioral based programs that have been implemented for youth struggling with aggression. Within the literature, the program that has the most ongoing

research is The Early Intervention Program in Child-to-Parent Abuse (EI-CPA) (Ibabe et al., 2018). This specific program is psychoeducational in orientation and includes cognitive-behavioural activities while viewing youth violence as a symptom of family conflict and seeking to understand the context of the issue to target intervention. It is both protocolized and is on its way to being an evidence-based program. The EI-CPA aims to stop YPA by improving both the child-parent relationships and the clinical symptoms of parents and adolescents (Ibabe et al., 2021). This is important, as it seeks to address issues that relate both to conceptualizations of YPA from an attachment lens and from a social learning theory perspective, supporting families to both reconnect and to change behaviors to reduce clinical symptomology.

According to Astondoa and colleagues (2023), the program includes 5-10 participants in a group format, and lasts approximately 6 months (24 weeks). There are three subprograms (adolescent, parent, and family). It is important to note that because this is an early intervention program, youth referred are often not yet engaging in serious physical YPA, and the study by Ibabe and colleagues (2022) indicates that for that study, those with serious physical aggression to one parent were excluded, as those participants and the cases that evolve towards greater severity were referred to a YPA intervention program (however which program was the referred service was not indicated). Yet, it is worth considering the efficacy of this early intervention program for physical YPA, as the nature of early intervention itself is to minimize the prevalence of more serious behaviors later. One can hypothesize that clients who engage in an early intervention program may have in the future become children who engage in YPA, but because they were in the program, it never progressed. Thus, while this program would not be best for actively occurring physical aggression, it may be beneficial for emerging issues that in the future could have led to physical YPA.

The initial evaluation of the program was done by Ibabe and colleagues in 2018. It found that in post-test, youth had lower levels of physical and psychological YPA according to their parents, all participants perceived a lower level of family conflict and depressive symptomatology, and well as increased empathy, while subsequent evaluations were completed by Alcibar and associates (2020), Arnoso and associates (2021), Ibabe and colleagues (2021; 2022), and Elgorriaga and colleagues (2023).

In the short term, Alcibar and colleagues (2020) found that the EI-CPA is effective, as parents reported a decrease of physical and psychological aggression towards themselves by their youth, and reaffirmed the 2018 results, noting that youth in the post-intervention condition displayed lower levels of physical and psychological YPA violence than prior to intervention.

Evaluation of this program by Ibabe and associates in 2021 also found that overall, children have fewer behavioral and emotional problems post-treatment. Similarly, positive changes in YPA and depressive symptomatology outcomes were noted, just as in Alcibar et al. (2020) and the preliminary study (Ibabe et al., 2018). In parents and caregivers, the use of corporal punishment, depressive symptomatology, and psychological inflexibility all decreased, while empathy and family relationship quality improved, with the level of family conflict significantly lower after intervention.

Another study by Ibabe and associates (2022) found that long term changes were noted at both the individual and group levels, indicating positive one-year effects, and that changes of participants' knowledge, attitudes and behaviors did not happen by chance, are a result of participation in the program, and are sustainable after program participation. Thus, in both shorter term and longer-term studies, this program can be recommended for families experiencing YPA as a preventative intervention.

The study by Elgorriaga and colleagues (2023) sought to find the results of the program in the medium-term post intervention, and found reductions in YPA, clinical symptoms (depressive symptoms, irrational beliefs, lack of empathy, and emotional instability), and the perception of family conflict. An improvement in overall life satisfaction was also noted. This study improves the quality of the evidence of this pioneering program, having a positive impact on adolescents in the medium term and good acceptability. It can thus be considered a promising program for the clinical and family protection context. Both studies by Alcibar et al. (2020) and Elgorriaga et al. (2023) further support the initial evaluation results by Ibabe and associates (2018). Alcibar and associates also found that the decrease in youth-to-parent violence correlated with the positive development of the quality of family relationships observed during the program, as reported by both youth and parents. Both Alcibar and colleagues and Ibabe and colleagues (2021) found this to be the case, highlighting the significant improvement in the quality of parent-youth relationships as participants understand their own circumstances, the cycle of violence, and the bidirectional nature of this violence. Parents are recognizing the influences of their own behaviors on their children. Further, participants are demonstrating insight and awareness to change their behaviors in their interactions, showing an improvement in family communication and the acquisition of control strategies during crisis moments. Practically speaking, this is important because these studies are showing demonstrable change and practical strategies that families can implement when things are not going well.

### **“Step-Up” Program.**

The second most mentioned program is the Step-Up Program (Routt and Anderson, 2004). Despite critiques that it is not currently evidence based (Ibabe et al., 2018) this program

has showed results of an evaluation program, but this program did not have enough evaluation reports to be considered an evidence-based program (Ibabe et al., 2021).

According to O'Hara and colleagues (2017), the Step-Up program was developed in King County, Washington, after adolescent-to-parent violence was noted as a problem by the King County Department of Judicial Administration (Routt & Anderson, 2011). The 21-week program is a cognitive-behavioural, motivational and skills-based intervention aimed to reduce violence and conflict within the family while teaching youth and caregivers respectful communication and how to better respond to youth aggression. (Routt & Anderson, 2004).

Studies have found that engaging in the "Step-Up" Program has showed promising results at 12-month follow-ups, including a lower percentage of felony referrals (O'Hara et al., 2017) though not for domestic violence incidents (Gilman & Walker, 2019; Loinaz et al., 2022) and lower average number of YPA violence referrals, with youth self-reporting decreased aggression and violence (King County Superior Court, 2015; O'Hara et al., 2017). Program completion was related to greater program effectiveness (Gilman & Walker, 2020). Positive results from an evaluation in Illinois (Ryan et al. 2013) suggest that this program could be successful in other communities outside of King County.

Currently, randomized trials and long-term follow-up data on both behavioral outcomes and rates of recidivism are needed to draw more firm conclusions about the program's effectiveness. However, Gilman and Walker (2020) suggest that because of positive evaluation results, other communities and other courts should consider adopting the Step-Up program.

While these data provide important preliminary evidence of positive effects of Step-Up, it is important to note that there were important differences between completers and non-

completers in the Step-Up group and the comparison group was heterogeneous regarding participation in community services that may be similar in unknown ways to Step-Up.

### **Recurra-GINSO Program.**

The Recurra-GINSO Program is 9 -12-month motivational based treatment using cognitive behavioral techniques designed to treat families in conflict with their children for YPA. It works with all members of a family to promote new and positive relationships, and with youth to develop a life plan. The program involves individual and family intervention, as well as both residential and outpatient programs. There are more than 40 individual sessions, 10 family sessions, 80 group sessions and 20 sessions with groups of parents. After the residential intervention there is a six-month period of individual and familiar outpatient follow-up.

Results of an evaluation study by Loinaz and associates (2022) showed significant reduction in risk and increases in protective factors after the treatment, and evidence that this program may be effective in terms of short-term change. However, there is not enough data to confirm the changes in risk factors will lead to a reduction in future violence.

### ***Alternative Approaches***

In addition to these treatments, alternative approaches including family therapy, psychodynamic therapy, and dialectical behavior therapy have been suggested. O'Hara and colleagues (2017) developed a group intervention targeting YPA using Acceptance and Commitment Therapy (ACT), targeting the factors shown to reduce family violence and associated mental health problems. Feasibility studies with 20 youth participants were completed with results indicative that facilitators can understand and teach ACT techniques and concepts to the group of youths, while the participants were able to understand key ACT concepts and skills

and identify and apply them to their daily lives. As of 2017, O'Hara and associates were conducting pilot studies regarding collection of data from pre and post treatment.

### **Methodological Analysis**

I will begin by describing qualitative, quantitative, and mixed research methods, followed by a discussion of my chosen qualitative studies by examining their research paradigms, participants, sampling, and recruitment techniques, and data collection and data analysis methods. I will then do the same for the quantitative articles and the mixed methods articles, followed by highlighting findings and limitations noted in the literature.

According to Creswell and Creswell (2018), qualitative research is an approach for understanding the meaning individuals or groups give to social or human problems. It is inductive and involves collecting data in the participant's setting and building data into themes of which the researcher makes interpretations of the meaning of the data, usually using one of five approaches: phenomenology, narrative inquiry, grounded theory, ethnography, and case study. Qualitative research focuses on individual meaning.

In comparison, the quantitative approach to research focus on careful measurement of a set of variables to answer research questions or hypotheses (Creswell & Creswell, 2018), and uses five different approaches including survey research, descriptive research, experimental research, correlational research, and causal-comparative research (Taherdoost, 2022). The quantitative researchers of my chosen studies preferred survey designs and quasi-experimental methods to understand the changes in individuals over a treatment course.

### **Qualitative Research Articles**

Two of the studies for this literature review were qualitative. Rutter and colleagues (2022) used an explorative qualitative methodology whereby semi-structured interviews were

conducted with professionals to examine how well their treatment program transitioned online during COVID. Alternatively, Shanholtz and associates (2020) used a community based participatory research framework to identify potential treatment targets to reduce YPA as perceived by adolescents, parents/guardians, and professionals working in the juvenile justice system, and analyzing results through grounded theory.

### ***Research Paradigm***

The two qualitative studies reviewed for this literature review were both interpretivist and constructivist. This kind of paradigm offers valuable insights into the subjective experiences, social constructions, and contextual understandings of phenomena, and its ability to allow for exploration of complex, nuanced research questions make it suitable for research on the experiences of those struggling with YPA.

However, this paradigm does not come without its limitations. When looking at anything having to do with experiences related to treatment, participant results are not generalizable because of the focus on the individual's unique perspectives. One participant's experience is not going to be generalizable to a comparison group because of the inherent individuality of humans. Yet, this limitation does not hinder these quantitative studies, as the lived experiences of participants provides a richer understanding of possible mechanisms for effective treatment, often including feelings of inherent worth and dignity, and feeling seen and supported.

The nature of this research paradigm can also make it challenging to make predictions. When doing research on those struggling with YPA, it may be beneficial to look at mixed methods studies to be able to have quantifiable results about program outcomes situated in a positivist paradigm while having an adjunct qualitative component exploring the subjective



experiences of participants to broaden and deepen the understanding of the needs of families when creating or evaluating treatment programs.

### ***Participants, Sample Size, and Recruitment***

Recruitment for Rutter and colleagues (2022) was done via snowball sampling, where an initial call for interest was placed, and then further workers connected to the RYPP were recruited by the initial practitioners. Snowball sampling is a convenience sample, which according to Creswell and Creswell (2018) is a less desirable, but often used form of nonprobability sampling where respondents are chosen based on convenience and availability. Shanholtz and colleagues (2020) recruited through monthly court-mandated domestic violence education classes offered by the juvenile court in the United States, gathering a sample of 23 participants comprised of court professionals, parents/guardians, and their male adolescent children. Parent/guardian participants were between the ages of 38 and 77 and consisted of four males and five females. Adolescents were between the ages of 14 and 17.

The study by Rutter used a smaller sample size, with 10 participants (7 female, 3 male). Further, while both studies include the job title of each participant, the Rutter study neglected to make any distinction about cultural variability in the sample which might impact views about YPA. On the contrary, Shanholtz study identified parents as Caucasian (67%), Hispanic (22%) or biracial (11%), and all adolescent participants identified as Caucasian (71%) or Hispanic (29%). The demographic information of the court professionals was not collected to maintain confidentiality.

Further, there is geographical limitation as participant recruitment was done only in the United Kingdom (UK) (however, the authors do not identify whether the participants were native to the UK or emigrated from elsewhere). Shanholtz and associates (2020) simply states that data

was collected in the United States but do not identify specific regions. While this may also have been done to maintain confidentiality, the United States is a large country with different demographics, and lacking specifics on geographical data may hinder transferability of results to other areas.

### ***Data Collection***

Data for both Rutter and associates (2022) and Shanholtz and colleagues (2020) was collected using semi structured interviews. Interviews are useful in allowing participants to provide historical information and allow researchers to have control over questions, however interviews provide information filtered through the views of the participants and may include biased responses due to the presence of the researchers (Creswell & Creswell, 2018). The importance of paying attention to potential bias in YPA research is especially salient due to the sensitive nature of the subject. Participants may want to appear less biased or stigmatizing towards parents or youth or appear more knowledgeable about how to support than they are.

### ***Data Analysis***

Shanholtz and associates (2020) analyzed the results of their semi-structured interviews using grounded theory framework and a two-cycle coding process as outlined in Saldaña (2015). Meanwhile Rutter and colleagues (2022) used a framework analysis originally developed by Ritchie and Spencer (1994). It is a simple, transparent, and systematic way of analysing data within a thematic method (Ward et al., 2013). Thus, framework analysis is a suitable qualitative analysis to evaluate how professionals involved in the RYPP adapted to remote working practices, despite the critique that it lacks the theoretical underpinnings of other qualitative approaches (Ward et al., 2013). In both the Shanholtz study and Rutter study, NVivo was used to assist in the analysis, which helps maintain the authenticity of the data.

Validity and reliability are important in data analysis (Creswell & Creswell, 2018), however the Rutter study does not specifically address issues of validity and reliability. No triangulation or member checking procedures were discussed in either the Rutter study or the Shanholtz study, and while the experience of the three authors as it relates to field experience and educational background was listed to address ethical challenges, none of this was used to clarify the potential bias the researchers brought to the study. However, the prolonged field work does mean the researchers have an in-depth understanding of youth aggression and lends credibility to the narrative account (Creswell & Creswell, 2018).

Moreover, the Rutter study does not specifically address issues of qualitative reliability, as they do not detail their transcription or coding processes aside from highlighting the kind of analysis they used. On the other hand, Shanholtz and colleagues (2020) identified steps used during pre-coding to create a foundation of codes coded in grounded theory by in vivo coding. Then three cycles of coding were completed to answer the central research question. While the potential for interpretation bias is present, neither paper addresses any processes used to enhance trustworthiness and credibility in this regard.

### **Quantitative Research Articles**

There were 5 quantitative studies chosen for this literature review, with this form of research being the most prevalent approach in the research that I reviewed. The primary choice of the researchers was to use a single-case experimental design as seen in Arnoso and colleagues (2021), Ibabe and associates (2022) and Elgorriaga and associates (2023). An experimental design manipulates variables to evaluate how this manipulation impacts an outcome of interest and isolates the effects of this manipulation by holding the other variables constant, and helps researchers make inferences about relationships among variables (Creswell & Creswell, 2018).

However, Loinaz and colleagues (2022) used a pre-post design while Gilman and Walker (2020) employed a quantitative retrospective evaluation design using existing data sets.

### ***Research Paradigms***

In all the quantitative studies that were reviewed for this paper, the paradigm was positivist. However, it is important to remember that human behavior and social phenomena are often complex and influenced by subjective factors, often ignoring subjective experiences, meanings, and interpretations of individuals and groups. While these quantitative studies sought to find objective outcomes to evaluating treatment programs, a mixed methods approach that includes subjective reality of those involved might be beneficial as well.

While many outcomes were demonstrably positive and were rated as such by participants and parents in the program, a mixed methods approach that seeks to understand the experiences of those utilizing services may offer a better understanding of the mechanisms by which programs work; that is – what are the subjective factors that may influence the positive outcomes of a treatment program?

It is also worth noting that positivism promotes value neutrality, and advocates for researchers to detach themselves from their own biases and values. While this can be important both for ethics and research outcomes, it is likely difficult to remain truly neutral when working with such polarizing subject matter. While ethically we would seek to minimize stigmatizing participants struggling with YPA by bracketing biases and values, acknowledgement of these biases might lead researchers to a broader and more comprehensive understanding of the research topic and is likely to make the research subjects feel more at ease and supported in the research itself.

### ***Participants, Sample Size, and Recruitment***

Because Gilman and Walker's (2020) study was a retrospective study, recruitment of participants was not necessary, and participant data was instead collected from four administrative data sets from Step-Up and the Washington State Administrative Office of the Courts (AOC) centralized database. In the study by Loinaz and colleagues (2022), there is a lack of detail of how they came to an agreement with the Recurra-GINSO Therapeutic centre to implement the Child-to-Parent Violence Risk assessment tool or measure the results, nor does it discuss the information provided to those who were being measured by the tool in the therapeutic context.

Studies that were not done with the juvenile court system often used social services as a recruitment method. Arnoso and colleagues (2021) had the social services staff of the Vitoria-Gasteiz City Council contact the families for their possible participation in the program, and Ibabe and colleagues (2022) similarly had Children and Family Services specialists offer families the opportunity to participate and screen for eligibility while Elgorriaga and associates (2023) had potential families identified by the Vitoria-Gasteiz city council social services staff and an awareness-raising campaign to reach non-social services users

Participants in Gilman and Walker included youth referred to the juvenile court for an offender matter, had a court identified DV issue, and attended at least one session of Step Up in King County between January 1st, 2006 and June 30th, 2015. The treatment sample included 115 youth while the comparison sample size was 1478. Arnoso and colleagues (2021) began with 29 families (30 mothers and 15 fathers; 19 sons and 9 daughters) between the ages of 12 and 17 willing to participate and both Ibabe and colleagues (2022) and Elgorriaga and associates (2023) had a similar number of participant families, with the former having 39 families with children

between 12 and 17 years (40 adolescents and 61 parents) and the latter having 39 families with children between 12 and 17 years (37 adolescents and 61 parents). In comparison, Loinaz and associates (2022) had a higher number of participants at 118 in total with 52 having completed only pre-treatment measures and 66 with the post-treatment assessment as well.

Gilman and Walker's (2020) study sample was 65.6% male, 70.1% White, 9.2% Black, 15.2% Hispanic, and 5.5% of another race/ethnicity with an average age of the overall sample was 16.1 years, and was the only study that excluded non-male gender. Arnoso and colleagues' (2021) study had a similar average age of youth at 14.47 years, and 60.7% of adolescents were born in Vitoria, 7.2% in other autonomous communities (Madrid and Andalusia) and 10.8% in foreign countries (Romania, Ivory Coast and Ecuador). Information about family demographics including the constitution of the family and educational backgrounds were additionally included. In Ibabe et al.'s study (2021) 14 were daughters and 26 were sons. 28 were Spanish, and only 5 were immigrants, and Elgorriaga et al.'s study (2023) had 10 daughters and 27 sons but has the weakness of not listing any information about race, aside from distinguishing all the families were Spanish. Loinaz's study sample had 66 boys (55.9%) and 52 girls (44.1%), and like Arnoso and Ibabe, was primarily Spanish nationality (96.6%); despite 11% having a different place of birth. The average age was 15.77 years.

In Gilman and Walker's study, those who were chosen for the comparison group were chosen from different counties in the area as opposed to those chosen where Step-Up programs are located. The researchers acknowledged that there may be issues related to between-county differences in this sampling method.

The small sample size continues to be problematic for reasons of generalizability, and because the gender differences are not able to be explored. Small sample sizes were noted in all

the studies chosen for this paper which inhibits the ability to detect significant differences between groups. Similarly, most papers lack a control group.

### ***Data Collection***

There were differences in data collection between the prospective studies and the retrospective study done by Gilman and Walker (2020), since the latter collected data that was already available by having the Step-Up program provide a list of youth who had completed at least one session during the study period and matching them to the AOC databases. Comparison youth were selected by identifying a window of observation for the same period as the Step-Up participants.

Meanwhile, Arnoso and associates (2021), Ibabe and colleagues (2022), and Elgorriaga and colleagues (2023) did pre, post, and follow-up evaluations to collect data and allow changes to be monitored through comparison between phases. While all three measured child-to-parent violence (using the *Adolescent-Child-to-Parent Aggression Questionnaire* (Calvete et al., 2013)) and family conflict (using the *Family Enciornment Scale* (Moos & Moos, 1981; Spanish adaptation by TEA Editions, 1984)), the Arnoso and Ibabe studies also measured aggressive discipline (using a dimension of the Discipline Inventory (Straus & Fauchier, 2007; Spanish adaptation of Calvete et al., 2010), and depressive symptomology (using the *Brief Symptom Inventory*, Derogatis, 2001). The intersession evaluation measured violent behavior of parents in the family environment, quality of family relationships, and the acceptability of the fathers' and mothers' subprogram. Scales that were not already created were on a 10-point Likert scale in the Arnoso study, while Ibabe and colleagues homogenized to a 5-point Likert scale to standardize the answer format. While there are concerns about these changes altering the psychometric properties of these assessments, Ibabe and colleagues respond with reasons their standardization

still maintain reliability and validity. Firstly, their results are based on data simulated using the Monte Carlo method which has demonstrated that as the optimum number of alternatives between four and seven, as well as the number of response alternatives in Likert type scales increases, both reliability and factorial validity improve (Lozano et al., 2008). Secondly, they highlight the importance recognizing that if too many alternatives are offered, there is a greater likelihood of new measurement errors being introduced (Lozano et al., 2008). Thirdly, four of their measurement tools originally had less than five-point Likert scales, while two had more than five options while the remaining tools were already five-point Likert scales. In comparison, Elgorriaga and associates (2023) make no mention of homogenizing any scales, leaving them in their original state.

Ibabe and colleagues (2022) measured additional variables, including psychological inflexibility (using the Acceptance and Action Questionnaire-II (Bond et al., 2011), while both the Ibabe study and the study by Elgorriaga and colleagues (2023) measured irrational beliefs of children (using the Irrational Beliefs Inventory for adolescents (Cardeñoso & Calvete 2004), emotional instability (using the Emotional Instability Scale (Caprara & Pastorelli 1993; Del Barrio et al., 2001), depressive symptomatology in the youth sample (using the Children's Depression Scale (Lang & Tisher 2014), empathy (using the Interpersonal Reactivity Index (Davis 1980; Spanish adaptation, Pérez-Albéniz et al., 2003), satisfaction with life (using the SWLS (Diener et al., 1985; Spanish adaptation by Atienza et al., 2000) and an additional questionnaire to assess socio-demographic data and mental health problems. A strength is that Ibabe and colleagues specify that they applied standardized scales with acceptable psychometric characteristics, and when those scales were not in Spanish, they used instruments that were



adapted and validated to the Spanish population and previously published to enhance reliability and validity.

Meanwhile, Loinaz and colleagues (2022) were assessing the validity and reliability of their scale, the Child-to-Parent Violence Risk assessment tool on its use in a therapeutic context, describing the prevalence of risk factors of youth attending a cognitive-behavioral program, comparing scores in a pre-post assessment, and analyzing its ability to predict treatment results. As such, the tool was implemented pre and post treatment.

### ***Data Analysis***

Researchers primarily used Statistical Package for the Social Sciences (SPSS) (Creswell & Poth, 2018) for the primary data analysis, and the studies evaluating the early intervention program generally used the same questionnaires and measures. The McNemar test, which is a non-parametric test for comparison of related samples assessed with nominal (binary) variables (Loinaz et al., 2022) was frequently used in papers measuring pre and post outcomes.

Loinaz and colleagues (2022) used a chi-square statistic to compare risk and protective factors and transformation of risk factor codifications provided global numerical level of risk. Additionally, the McNemar test was used to compare the proportion in pre-and post treatment risk to quantify therapeutic change, and the Receiver Operating Characteristics (ROC) curve analysis was used to determine the usefulness of the Child-to-Parent Violence Risk (CPVR) scores to predict final clinical opinion related to treatment progress. Gilman and Walker (2020) benefit from the ability to use a randomized controlled trial (RCT) in conjunction with an intent to treat (ITT) analysis, a strength that Ibabe and colleagues (2022) highlight due to the limitation of an RCT not being possible for their analysis.

As previously stated, the same size was limited in Gilman and Walker (2020), as well as all other articles chosen. Gilman and Walker tried to address some of these issues by using propensity scoring to retain the entire sample to allow comparison between the treatment group and the comparison group. The inverse probability weighting (IPW) estimator uses a two-step process, first estimating the propensity score and calculating the resulting weights, and then comparing the weighted samples on the indicated outcomes. Due to estimating the average treatment effect on the treated (ATET), the results can be interpreted as comparing the probability of recidivism for the treatment group to the estimated probability of recidivism had the treatment group not received treatment. Across all variables used in the analytic model, average missingness was less than 0.1%, but to retain the entire sample, the authors used multiple imputation, pooling results across five data sets.

Arnosó and associates (2021) did an analysis on the clinical profile and level of vulnerability of all participants who started the program by using the BALORA questionnaire (Arruabarrena & De Paúl, 2012), which assess the seriousness of situations of risk and helplessness for children involved in child protective services in Basque County. They then completed the remaining analysis on those who completed the program with the established minimum attendance and completed all the intervention evaluations. A mixed (3 x 2) x 2 analysis of variance (ANOVA) was performed to examine the YPA behaviors based on the assessment (pre, post, and follow-up), type of violence (physical vs. psychological), and parental figure (father vs. mother). A series of ANOVAs with a mixed (3) x 2 factorial design were also performed to analyze aggressive discipline, depressive symptoms, or family conflict, depending on the evaluation and parental figure. In these analyses, the Greenhouse-Geisser degrees of freedom correction was applied when necessary. As an index of effect size, the partial eta

squared statistic was used, with the classification of small, medium, and large effect (.01, .06 and .14) (Cohen, 1988). To control the type I error rate ( $\alpha < .05$ ), a *posteriori* contrast analyzes were performed using the Bonferroni correction method.

The analysis of the evolution of violent behaviors and the quality of family relationships was carried out mainly through graphic representations including mean scores and standard deviations of outcome measures, as well as the level of acceptability and satisfaction with the program. In a complementary way, the McNemar test was applied for violent behaviors, since they are dichotomous variables, and the Student's t test was also applied for related samples in the case of the quality of family relationships. All statistical analyzes were performed with the IBM SPSS Statistics 23 statistical package. No treatment of missing values was made.

Elgorriaga and associates (2023) used descriptive analyses of all participants to find out the level of acceptability and satisfaction, as well as for YPA by intervention group, which was chosen because the small size of the adolescent group makes it unreasonable to do at an inferential level. Comparisons of means of repeated measures were made for all participants together (pre-post; post follow-up; pre-follow-up).

### **Mixed Methods**

There were 3 mixed methods studies that were chosen for this paper. Ibabe and associates (2018) uses a pre-post design, Alcibar and associates (2020) uses an experimental and descriptive mixed design and Ibabe and colleagues 2021 study is a single-case experimental design. Mixed methods are important inclusions in the research due to the integration of quantitative and qualitative data to generate meta-inferences beyond what either approach could do alone (Guetterman et al., 2019). This allows researchers in the chosen studies to not only examine if participants showed changes in pre, post, and follow-up measures, but also to find out

from participants and researchers why they think changes occurred. These findings enhance the understanding of treatment interventions going forward by building on what worked as told by those who have gone through the experiences. All the chosen studies chose a convergent mixed methods design, which involves merging quantitative and qualitative data to provide a comprehensive analysis of the research problem (Creswell & Creswell, 2018). This design allows researchers to not only get quantitative data about changes during treatment, but qualitative data about the experiences of those in treatment, providing valuable feedback about possible mechanisms of change, and what works and does not work in the program.

### ***Research Paradigm***

The chosen studies used a pragmatist research paradigm, which according to Creswell and Creswell (2018), emphasizes the assumption that collecting diverse types of data best provides a more complete understanding of a research problem, and researchers look to many approaches for collecting and analyzing data rather than subscribing to only one. It focuses on what and how research ought to be conducted based on the intended consequences.

### ***Participants, Sample Size, and Recruitment***

In Ibabe et al. (2018), Alcibar and colleagues (2020) and Ibabe et al. (2021), treatment programs were promoted by Children and Family Services (CFS) of the City Council of Vitoria-Gasteiz and interested participants who met inclusion criteria were recruited, though the Alcibar study additionally publicised 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.

In the 2018 pilot study, Ibabe and colleagues had 23 families. A weakness of this study is that the pilot study does not talk about specifics of the participants, including any information

about their gender, race, or whether they are native to Spain. On the other hand, Alcibar and colleagues were thorough in their participant description, as there were 47 participants from 18 families: 18 teenagers and 29 parents. They provided demographics on the make up of the family and education and income levels of the parents. The average age of the children was 14.45 years, and 73% were born in Vitoria-Gasteiz, 14% in other regions of Spain and 13% abroad. While the 2018 study was lacking information, Ibabe and colleagues 2021 study had a small sample size with 30 families with children between 12 and 17 years who took part in treatment, but accounting for a dropout rate of 14%. Notably, Ibabe and colleagues (2021) again do not report any race or ethnicities of their participants. Clear weaknesses here include the small sample size and the lack of relevant information in the initial Ibabe study about specific participant demographics.

### ***Data Collection***

The 2018 pilot study by Ibabe and colleagues was the first study to measure effectiveness of the EI-CPV, and looked at rates of child-to-parent violence (using the Adolescent Child-to-Parent Aggression Questionnaire (Calvete et al., 2013), family conflict (using the Family Environment Scale (Moos & Moos, 1981, Spanish adaptation by TEA Editions, 1984), empathy (using the Interpersonal Reactivity Index (Davies, 1980, Spanish adaptation by Pérez-Albéniz et al., 2003), depressive symptomatology (using the Brief Symptom Inventory (Derogatis, 2001) and Children's Depression Scale (Lang, & Tisher, 2014), all tools which were used repeatedly as seen in the discussion on quantitative studies. Additionally, two focus groups were conducted with nine parents (seven mothers and two fathers) who completed the program.

The follow-up study by Alcibar and colleagues (2020) also measured YPA using the Adolescent Child-to-Parent Aggression Questionnaire (Calvete et al., 2013), however family

relationship quality was assessed in each of the sessions by asking all participants about the extent to which family relationships been satisfactory in the last week and scoring responses on a 10-point Likert scale. Violent and respectful behaviours were measured between treatments using information collected from parents and youth, and accounting for the eight categories corresponding to the Abuse and Disrespect Wheel (e.g., Emotional abuse) of Rount and Anderson (2004), and a further eight categories of respectful behaviours included in their Mutual Respect Wheel. Meanwhile, program acceptability for participants was measured using an individual assessment of each participant by the therapists at the end of each module, and the description of experiences of all participants in each subprogram was evaluated. Acceptability of the program for therapists was done on an 11-point Likert scale to assess therapists' acceptance and satisfaction with each session. Therapists' perception of efficacy was done using five semi-structured personal interviews asking open questions about their perception of program efficacy, and the effects or changes they observed in the participants.

In Ibabe and associates (2021), the quantitative single-case experimental design was used to monitor change within participants through comparison between phases. Participants received pre and post-intervention assessment and a follow-up assessment 6 months post-intervention while also completing questionnaires during the assessment sessions under the supervision of an independent psychologist.

The qualitative evaluation was a semi-structured interview for children, and focus groups for parents were administered in post-intervention by an independent person from the intervention program.

Ibabe and colleagues (2021) standardized all instruments in to a five-point Likert scale, and provided some instruments for youth, some for parents, and some for both. Tools were ones

that were seen previously in the quantitative study discussion included the Irrational Beliefs Inventory for adolescents, (Cardeñoso & Calvete, 2004), Children's Depression Scale (Lang & Tisher, 2014), the Brief Symptom Inventory (Derogatis, 2001), Acceptance and Action Questionnaire-II (Bond et al., 2011), Adolescent Child-to-Parent Aggression Questionnaire (Calvete et al., 2013), Dimensions of Discipline Inventory (Straus & Fauchier, 2007; Spanish adaptation, Calvete et al., 2010), Family Environment Scale (Moos & Moos, 1981; Spanish version adapted by TEA Editions, 1984), Interpersonal Reactivity Index (Davies, 1980; Spanish adaptation of Pérez-Albéniz et al., 2003) and a questionnaire was applied to assess socio-demographic variables (sex, age and country of origin) of the children and parents. Additionally, parent reports explored family structure, parental education, and family income while information about mental health and family problems was provided by CFS. To identify the main mechanisms by which EP-CPA works, participants were asked about the useful aspects of each session, and the perceived effectiveness of the intervention once finished. Moreover, three focus groups with parents and two interviews with adolescents were conducted to analyze the changes in potential behavior and beliefs identified by participants, family environment perception or support net.

### ***Data Analysis***

Like the quantitative studies, the mixed methods data analyses primarily used the SPSS for all statistical analyses, In 2018, Ibabe and associates list their pre and post-test means, but do not explain if they used a t-test to do the analysis. However, in 2021, Ibabe and colleagues do discuss their methods, having used a t-test to compare pre-intervention scores with post-intervention scores and a Cohen's d for effect size measure for means comparison. Alcibar and

associates (2020) also used the t-test to compare scores, and Cohen's d to report effect size measure for means comparison results.

Alicbar and associates (2020) employed qualitative analysis for the answers to the open questions regarding therapists' perception of program efficacy, as well as the degree of program implementation and difficulties detected based on common themes in the therapists' answers. Similarly, Ibabe and colleagues (2021) evaluated program acceptability by participants using interviews and focus groups, which was subject to a thematic analysis of interview and focus group transcripts and cross-validation of such.

### **Limitations**

Research on YPA is challenging for several reasons. As previously discussed, stigma can cause parents and caregivers to isolate themselves instead of seeking services. There are challenges with referral sources, with each system (criminal justice, mental healthy, children's services) viewing and supporting YPA in a different manner. There are limitations about how families and professionals understand YPA and what treatment programs are available. Additionally, the lack of a cohesive definition of YPA creates further misunderstandings and discrepancies in attempts to support families struggling with these challenging behaviors. Further, most of the present literature is done outside of North America, with no current research done in Canada present for access to supports.

### ***Geographical***

As discussed, the most obvious limitation in these studies is the geographical limitation. The study by Loinaz and associates (2022) cites this limitation on the smaller scale, as their research was limited to one specific intervention program at one specific intervention centre, which limits the generalizability of results to other programs and other places. On a broader



scale, research on YPA is most prevalent in a European context, primarily in Spain but to a lesser extent in England. These geographical limitations make it difficult to control for cultural complexities and understandings between vast geographical differences and make it hard to determine the generalizability of results from either a British or Spanish context to Canada or the United States. There are no studies in either the US or Canada to compare to either British or Spanish results to determine if there are substantial differences in outcomes, and thus the depth of potential problems related to specific geographical location of the data remains unknown.

### ***Research Design***

It is important to recognize that quantitative research methods are inherently placed in Western epidemiological methods; and that there is a need for decolonization and Indigenizing quantitative research methods. Indigenous approaches to epidemiology that recognize the limits of Western methods, creates opportunities for community-based participatory research, and supports Indigenous self-determination (Hayward et al., 2021). While most of my chosen studies were completed in Spain, recognizing the limitations of research methods is important as a critique, especially if ongoing studies on YPA treatment effectiveness are going to occur with Indigenous populations. It is also important to highlight that the focus on self-determination and community-based participatory action inherent to Indigenous methodologies may be a means of reducing research design limitations related to shame and stigma.

An additional reoccurring design flaw was the use of pre and post measures. While this is the obvious choice when seeking to understand the outcomes of a treatment program, not all cases are able to be assessed pre and post treatment, and all studies doing so struggled with loss of participants during the research.

Finally, in addition to the reoccurring issue of small sample size, most of the studies lacked a control group. Small sample size can lead to issues of generalizability and not gathering enough data to reach data saturation, and thus issues of validity in the results (Creswell & Creswell, 2018). The lack of a control group means that there is nothing to measure results against to ensure that changes are really related to treatment and not something like possible systemic changes in policies or the environment.

### *Diversity*

There were limitations noted in the studies that recruited from youth justice settings (Shanholtz et al., 2020). This included recognizing that those in the system are validated cases of YPA, but often youth who engage in YPA do not come to the attention of these systems. Studies (particularly qualitative) around interventions recognize that the intervention needs of those who are not represented in their samples may differ from those involved with authorities.

Secondly, many of the youth justice settings lack female representation. While male youths are typically the ones represented in studies in youth criminal justice, it is just as important to understand the needs and outcomes of females in the youth criminal justice system who engage in YPA.

Further to this, no papers have yet addressed genderfluidity or transgender youth in the context of YPA. While some studies do focus on gender differences between males and females, no papers specifically include other genders in their research, or if they do, the researchers do not list whether youth are included in their demographic of gender from birth or transitioned/transitioning gender. It would be interesting to see if YPA occurs at similar rates in gender diverse youth, though recognizing the issues related to recruitment and small sample sizes

that already exist in the literature may mean that qualitative case study methods may be better suited to study this intersectionality now.

## **Findings**

In this section I review and synthesise the findings of the two qualitative, five quantitative, and three mixed methods studies and show how these findings relate to my research question, “What treatments are available to reduce physical violence in cases of youth-to-parent aggression?”

I begin with an overview of the results of the qualitative findings, followed by the quantitative and then mixed methods findings. I tried to include all kinds of studies because while quantitative data provides valuable findings for pre to post intervention results, quantitative and mixed methods studies allow the experiential voices of intervention participants to heighten the understanding of *why* something may have worked. As stigmatization and minimization of parent and caregiver voices is a prominent theme in YPA literature, I felt it was important to seek to include those voices where possible. Moreover, understanding why a therapy or treatment works from the perspective of those who have undergone it can provide invaluable information. While finding qualitative and mixed methods articles that included these experiences specific to treatment programs as opposed to the experience of YPA more broadly was still a challenge, I believe that their inclusion allows for a more well-rounded answer to my research question.

In regard to my neutrality in reporting my findings, I began this research with a recognition of my own experiences and biases and the understanding that at the start, I had no information, professional or personal, about treatment programs for YPA. While I am glad to find that there are programs that exist with positive outcomes, even if they are limited in

geographical scope, protocolization, or still in the early stage of rigorous clinical research, if I had found evidence that programs existed did not decrease physical aggression, then I would have provided that information and had a more thorough understanding of which programs exist and which ones to avoid.

### *Qualitative*

Results from Shanholtz and associates (2020) found that in the opinion of key stakeholders, effective interventions for YPA would need a two-pronged approach inclusive of specific and theoretically modifiable emotional behavioral, and psychological factors at the adolescent level, and by inducing change in the family by addressing environmental barriers to seeking treatment and by creating positive family relationships. Meanwhile, Rutter and colleagues (2022) explored changing therapeutic tactics during a time of COVID-19 when environmental barriers to treatment were at their highest. They found that when treatment is not face to face, engagement with youth proved difficult, especially in populations with special education needs and/or disabilities. They further highlight the need for practitioners to adapt their practice.

Shanholtz and associates (2020) results reinforce the theoretical underpinnings of this paper because changes in the family relationships and overall family well-being are intrinsically linked to overall attachment and social learning. Power and authority in the relationship is a repeated struggle cited by parents, but previous research has found that parental authority can serve as a mechanism for positive parent-child relationships because it creates a secure bond between the parent and child and anchors the child by providing a secure base from which they can grow (Omer et al., 2013). As parents learn how to create a secure bond and model

appropriate social behavior, to modify the environment via therapeutic intervention, positive outcomes should be seen.

### **Additional Factors Influencing Treatment Success.**

When looking at online interventions during the time of COVID-19, Rutter and associates (2022) noted that online delivery of programs was often a factor in treatment success. While necessary due to the pandemic, engagement with parents was increased while youth appeared to be more disengaged unless the treatment occurred one-to-one in school environment. This is an interesting development, because it speaks to the importance of attachment and the therapeutic relationship not only between members of the family, but in those who are practicing the intervention. These results demonstrate that youth respond to being relationally in the therapeutic space with practitioners and are less motivated to invest online. From a social learning theory lens, it is possible that observation and imitation of behavior is more easily done when the behavior is seen in person when a youth may be more motivated, and relationship is more involved.

Rutter and associates study also highlights the issues of challenges of populations with special education or disability needs, as they may need to be specially considered when creating treatments to ensure treatment success. Indeed, the study by Shanholtz and colleagues (2020) also highlights challenges with unaddressed mental health issues, with one professional reporting that addressing untreated mental health issues is critically important to make progress toward YPA reduction. Thus, from a qualitative perspective, a deeper understanding of those individuals who are being placed in treatment programs is needed to ensure that their needs are being met by those intervention programs.

### *Quantitative*

Overall, the body of literature on treatment program for YPA is growing. In particular, the Early Intervention Program created by Ibabe et al. (2019) has demonstrated consistent positive effects in the medium term in relation to behavior of parents, sons, and daughters, as well as an overall improvement in the family environment (Arnosó et al., 2021; Elgorriaga et al., 2023), and in the long term at an individual and case level (Ibabe et al., 2022). Changes in the parents include abuse behaviors, aggressive discipline, and depressive symptoms, while the YPA and clinical symptoms (depressive symptoms, irrational beliefs, a lack of empathy, and emotional instability) are decreased in the youth. Perception of family conflict, alongside improved life satisfaction is also noted. Again, treatment program outcomes highlight the need to increase healthy attachment in family relationships and modify behavior in the parents that can be socially learned in their children.

Additionally, the Early Intervention program shows a high level of satisfaction and acceptability. This program shows results that indicate it could be useful for mental health and child welfare systems to implement. Meanwhile, results of the Recurra-GINSO program show that it may be effective in terms of short-term change by demonstrating a reduction in risk and increase in protective factors after the treatment (Loinaz et al., 2022).

Further, Gilman and Walker's (2020) results show some promise that "Step Up" is an effective program to reduce recidivism for youth engaged in YPA from a youth criminal justice lens, though the results do show a lack of effect on assault-related and domestic violence related court referrals.

### **Additional Factors Influencing Treatment Success.**

Studies have shown that there are important considerations for treatment success. Mitigating factors include the amount of family and community level support, as well as organizational and systemic support. The level of satisfaction and acceptability of the EI-YPA demonstrates that feeling heard and supported by professionals as well as feeling supported within the family unit leads to positive treatment outcomes. Additionally, treatment success is clearly linked to treatment completion. Many programs noted that the level of acceptance of satisfaction of participants (and of therapists, if measured) was related to the level of involvement in the program and the level of participation by parents/caregivers and youth (Alcibar et al., 2023). Motivation is relevant to program evaluation because program success will depend on whether participants are motivated to complete their treatment program.

Studies focused on program evaluation have also found a high level of satisfaction among the professionals who carry out the program (Simoes et al., 2014), especially when therapists are able to identify the mechanisms by which the intervention program worked – that is, which useful tools were the therapists able to employ to create therapeutic change.

Further, support provided in treatment programs was a mitigating factor for families. Feeling like they were heard, seen, and understood by others provided families with relief.

Factors highlighted by Loinaz and colleagues (2022) that are linked to program failure include having a prior violent arrest, skipping school (Nowakowski & Mattern, 2014), and having an early age of onset of violence and emotional insensitivity with generalized violence (Curtis et al., 2022) but echo the reoccurring critique that research on the effectiveness of YPA treatment or adherence is still limited.

### *Mixed Methods*

Similarly, to the quantitative studies, many of the mixed methods studies focused on the efficacy of Ibabe's Early Intervention program. The initial 2018 study by Ibabe and colleagues showed lower levels of physical and psychological YPA in the opinion of parents, and a perceived lower level of family conflict and depressive symptomatology after completion of the program, and higher measured empathy.

The 2020 study by Alcibar and associates found that in the short term, the intervention was effective and demonstrated a reduction in physical and psychological aggression towards fathers and mothers, an increase in the quality of parental relationships, and an increase in respectful behaviors in all members of the family. The program was found to have favorable levels for acceptance and satisfaction of the participants and the therapists.

In the 2021 study by Ibabe and colleagues, results demonstrated that in the short term, children have less behavioral and emotional problems, as well as higher self esteem and less issues with frustration tolerance and avoidance right after treatment completion and echoed the 2018 study results by demonstrating effectiveness in reducing physical and psychological YPA. Parents engaged in less corporal punishment, were less depressed, and showed less psychological inflexibility. Moreover, the family relationship was reportedly more positive, with youth/parent relationships becoming closer, family conflict decreasing, and family communication becoming more effective. Again, results in the mixed methods studies showed that modification of attachment systems and allowing youth to learn positive behaviors from their parents yielded better outcomes. Additionally, like Alcibar and colleagues (2020), these results showed program acceptance by participants despite the issues present when family members had to work together during difficulties.



### **Mechanisms for Success.**

Qualitative data found by Alcibar and associates (2020) found potential mechanisms for the success of participants. Therapists felt the “traffic light technique”, “time-out”, “my weekly goal planning”, and reflecting on the justification of violence and identifying behaviours of abuse and respect were useful tools for change. Many of these were echoed in findings from Ibabe et al. (2021) including the ability to detect signals associated with violence, “time out” and “my weekly goal”.

### **Stigma Reduction and Increased Support.**

When assessing dropout rates, Alcibar and associates (2020) found that parental attendance in the Parent Subprogram was higher than in the other two subprograms and theorized that one reason for this could be the generation of a support network between parents. Responses by parents and caregivers in the 2018 study by Ibabe and colleagues appears to support this, as results demonstrated that the EI-CPA helped parents and caregivers to create a support network and reduce the isolation they had been subjected to prior to the treatment experience. Parents spoke about having no support prior, people lacking understanding of their circumstances, and judgement, while the group allowed them to join to learn and share from each other, and how to move forward in conflictive situations.

### **Ethical Considerations**

Ethical considerations are important because according to Truscott and Crook (2013), good intentions are not sufficient to navigate the myriad of ethical challenges inherent in professional practice. In research, the study of YPA raises important ethical considerations that researchers and practitioners must carefully navigate. Understanding and addressing these ethical considerations is crucial to ensure the well-being and rights of all individuals involved and is

especially salient when considering the stigmatizing position that families experiencing YPA are in, as well as the fact that these aggressive children are often minors.

There are many ethical guidelines for psychologists, including the *Ethical Principles of Psychologists and Code of Conduct* (American Psychological Association (APA), 2017), and the *Canadian Code of Ethics for Psychologists* (Canadian Psychological Association (CPA), 2017). Specific to research, The Canadian Institutes of Health Research, the Natural Sciences and Engineering Research Council of Canada, and the Social Sciences and Humanities Research Council of Canada created the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS)* (2022), which not only overlaps with the APA and CPA's respective ethical guidelines but provides a comprehensive framework for ethical research involving human participants in Canada. While it is important to recognize that all the studies in this literature review were conducted outside of the North American sphere, future researchers conducting studies on YPA should adhere to the principles and guidelines outlined in the TCPS, the *Canadian Code of Ethics for Psychologists* (CPA, 2017), and the *Ethical Principles of Psychologists and Code of Conduct* (APA, 2017).

When examining these key principles and guidelines, some key ethical considerations were noted in the literature. Firstly, several researchers sought approval of research by ethics boards, including Shanholtz and colleagues (2020), Ibabe and associates (2021), Alcibar and associates (2020), Arnoso and colleagues (2021), Ibabe and colleagues (2022), and Elgorriaga and associates (2023), and submitted the design and conduct of study for examination by their respective ethics commission (Ibabe et al., 2022).

Secondly, researchers must ensure the confidentiality and privacy of participants, particularly when studying sensitive topics such as aggression within the family. Confidentiality

protections should be in place to safeguard the identity and personal information of both the youth and their parents.

Data collection methods such as in Ibabe and colleagues (2022), detailed physical distancing practices were implemented between participants during evaluations to maintain privacy, while Shanholtz and associates chose not to collect the demographic information of court workers to protect their confidentiality due to easy identifiability. Further, researchers highlight anonymizing data to maintain privacy and confidentiality (Shanholtz et al., 2020; Ibabe et al., 2022; Elgorriaga et al., 2023), and the study by Ibabe and colleagues in 2022 details the lengths they went to ensure these factors, including having the evaluation protocol be applied by psychologists not connected with the intervention who were trained by the research team to conduct the evaluation, and who were not aware of the hypotheses and study variables. Meanwhile, Shanholtz and associates discuss how they deidentified and transcribed their audio-recorded interviews.

Another important consideration is informed consent, which should clearly outline how data will be handled, stored, and anonymized to protect the privacy of participants. Many studies made note of seeking informed consent (Alcibar et al., 2020; Arnosó et al., 2020; Ibabe et al., 2022; Elgorriaga et al., 2023), however only Ibabe and colleagues (2022) are explicit about having children sign assent despite the importance of the process of consent allowing researchers to provide comprehensive information about the study's purpose, procedures, potential risks and benefits, and participants' rights which is of equal importance for youths in the study to know.

The knowledge of vulnerable participants should be important in YPA research, as youth involved in aggressive behaviors towards parents may be considered vulnerable populations due to their age and potential emotional or behavioral difficulties. While researchers should take

extra precautions to protect their welfare throughout the study, many studies lacked provision of additional support services, debriefs, or ensuring that participation did not cause harm or retraumatization, or exacerbate existing family conflicts (though when measuring treatment outcomes in studies by Ibabe and colleagues, reduction of family conflict was an outcome). Shanholtz and associates (2020) were notable as the exception by providing mental health resources at the end of participation to ensure continuity of care.

Further, there should be special attention given to the potential influence of parents in pressuring youth's decisions to participate in the studies, which could be related to the power imbalance between a parent and a child and an already skewed parental relationship and may be considered coercion, however no studies explicitly discussed these issues or how they tried to mitigate it. Additionally, none of the studies directly addressed how to manage safety and risk assessment, though one can assume researchers relied on the treatment programs themselves for this, however in the research itself risk assessment and an understanding of the potential risk to participants is necessary. However, the lack of attention paid to specific issues related to the wellbeing of the youth clients is problematic.

Cultural sensitivity was also lacking, as cultural factors can influence the experience and understanding of youth-to-parent aggression. Researchers should be mindful of cultural differences, respect diverse perspectives, and ensure that the study is sensitive to the cultural context in which the aggression occurs. Cultural competence and inclusivity should guide the research design, participant recruitment, and interpretation of results.

The studies lack specifics regarding the dissemination of findings, which is linked to the last principle in the *Canadian Code of Ethics for Psychologists* (CPA, 2017) includes the development of knowledge, beneficial activities, and the development and respect for society.

Responsible dissemination that allows for responsible and accurate communication of findings, and avoidance of sensationalism or further stigmatization of affected youth or families.

Irresponsible dissemination of results can result in treatment programs that cast those who struggle with YPA in a poor light, and impact factors such as future funding or resources, or willingness to study this phenomenon. It is important to consider the potential impact of sharing results to youth, parents and caregivers, and the broader community. Researchers need to understand how to maximize benefits and minimize risks by balancing the need for scientific knowledge with the potential stigma that could come from publicizing sensitive family issues, even when confidentiality and privacy have been secured. Findings should be presented in a responsible and ethical manner, with recommendations for support services and interventions.

Not only are we considering the sensitive nature of the experiences of YPA, but the reflections about the bidirectional nature of YPA may also hinder honest and authentic conversations when there is an ethical imperative if there is a risk of harm to a child that has only just come to the attention of the researchers.

There are also ethics to consider when evaluating the push for evidence-based, protocolized practices when treatment planning. Evidence based treatments may be cost-sensitive with easily measured outcomes, but especially considering the pragmatics of a clinical setting, focusing solely on evidence-based practice (EBP) become mechanized to focus on symptom-reducing, technique-driven treatments, and risk trivializing client suffering by watering it down to psychiatric symptoms to be changed (Gnulati, 2022). Thus, we lose the context of the experiences of the person, we lose who they are. Further, Gnulati notes that ethical practice dictates that we must maximize the benefits of therapies and treatments, which falls under the second ethical principle of responsible caring in the *Canadian Code of Ethics* (CPA, 2017). The

diminishing of symptoms to evidence of a disorder to be lessened, rather than understood as perhaps a response to trauma, disrupted attachment, or living in a hostile home environment and learning maladaptive social behaviors means we risk minimizing potential good as opposed to maximizing those benefits.

Further, the focus on EBP can be problematic because contemporary Western evidence-based practice places too strong a value on Western methods and scientific rigour of research evidence, which does not consider more inclusive and self-determining research methodologies and ethics of practice (Luke et al., 2022). That is to say, the demand that all treatment programs be evidence-based can risk alienation of cultural clients by creating programs that, while actively seeking to treat them, are not actually *for* them. It also limits the possibilities for treatments that have been created and evaluated using say, indigenous research methodologies and that are build on indigenous or traditional ways of knowing.

Overall, by adhering to ethical guidelines, researchers can conduct research on child-to-parent aggression in an ethical and responsible manner, ensuring the protection and well-being of all participants involved. It is important for researchers to consult these documents directly for a comprehensive understanding of the specific ethical guidelines and principles they should follow.

### **Clinical Ethical Considerations**

Clinical ethics are important and are highlighted for professional practice under the *Canadian Code of Ethics for Psychologists* (CPA, 2017), and the *Ethical Principles of Psychologists and Code of Conduct* (APA, 2017). The first ethical principle is Principle I: Respect for the Dignity of Persons and Peoples (CPA, 2017), and is weighted the highest. In clinical practice, this relates to similar things as in ethical research including privacy and

confidentiality, informed consent given freely, and protections of vulnerable groups and individuals. Additionally, it includes general respect and general rights. This is the cornerstone for ethical counselling practice. Informed and freely given consent are crucial; just as with research ethics there should be special attention given to the potential influence of parents in pressuring youth participation in treatment, which could be related to the power imbalance between a parent and a child and an already skewed parental relationship and may be considered coercion. While parents may want treatment to alleviate the YPA, understanding limitations of consent and assent and not becoming yet another imbalanced relationship is key.

The second ethical principle, as stated above, is Responsible Caring (CPA, 2017). This includes general caring, weighing the risks of benefits of treatment, maximizing benefits and minimizing and offsetting harm. Especially relevant in clinical practice of YPA is the intersectionality between competency, scope of practice, and a strong understanding of the limits of confidentiality. When examining YPA, we are often working with children who are under the age of majority. They are aggressive to their parents and sometimes to their siblings, who may also be in a position of risk. Additionally, as practitioners we must recognize the reoccurring theme that violence of this nature is often bidirectional, and thus there may be issues related to ensuring the safety of children from parental violence and an understanding that not all participants may be forthcoming about the nature of what happens in their home to minimize potential outside intervention from agencies who would seek to intervene on bidirectional violence. We must be competent to practice with youth and with aggression. We must know how to look for red flags for YPA, for parental abuse, and for bidirectional violence in the home. We must be competent in when we may need to ethically break confidentiality and understand that these cases are complex.

The third principle is Integrity in Relationships (CPA, 2017), which includes being accurate and honest in practice, being objective and lacking bias, avoiding incomplete disclosure and deception, and avoiding a conflict of interest. Specific to clinical counselling with YPA, objectivity and lack of bias are extremely important. One factor that is repeated in YPA research is the marginalization and stigmatization of families who engage in YPA, and the fact that professionals, service providers, and community members feel that YPA is a failure on the parts of the parents. It is important to understand and unpack these feelings and biases, as well as doing additional learning and becoming more competent in issues relating to YPA to maintain objectivity and reduce biases, thus minimizing harm.

The last principle is Responsibility to Society (CPA, 2017). This principle details how psychologists are to maintain the welfare of their clients and society at large. This includes being up to date and “contribute to advancements in innovations in the field of psychology to support the growth of “self, students, trainees, colleagues” (p. 32). For clinical practice with YPA, this is a form of actively reducing stigma through creating more understanding in ourselves and professionals and actively working to advance YPA literature.

## **Chapter 4 – Application to Clinical Practice**

### **Application for Personal Development**

When I began researching for this topic, I went in with the understanding of YPA as a phenomenon and the associated stigma attached, but quickly realized I did not understand the depth and breadth of the issue. There is a limited understanding of this complex issue and as I dug deeper, I realized that there was not just a limited understanding, but no research had been done in Canada – including no studies that focus on specific interventions and treatment planning.



As I continued, I quickly realized that there was a barrier in not having a consensus on a definition for YPA and found myself at a place of near anger at the confusion within the literature and the lack of work in the Canadian, or even North American context. I started this capstone after seeing this sort of aggression in increasing frequency in my youth work, and now in my counselling practice, and then becoming acutely familiar with it within my own family.

My intention at the start of this endeavour was to find out what treatments are available for families who are struggling with this, and while I find myself disheartened by the lack of Canadian and North American context, I am buoyed by the fact that there are more treatments that are being tested than I thought there would be. I find myself in a place of needing to advocate and bring awareness to these treatments in hopes of maybe having them cross into the Canadian sphere for future testing and to provide real, much-needed support for families. There is so little awareness about the specifics of YPA and its possible treatments unless we as professionals make a vested effort to seek them out.

### **Application for Professional Development**

These research findings provide awareness and contributions to the body of scientific knowledge related to youth to parent aggression. Having an understanding of where the conceptualization of YPA is, the mechanisms behind it, and the suggested subtypes will provide a broader understanding of clinical presentation, and the treatment programs discussed in this capstone will provide an up-to-date resource list for both clinicians and North American YPA researchers, and an opportunity for active engagement with stakeholders including families, clinicians and practitioners, and policymakers to facilitate the translation of research findings into practice, ensuring that research is relevant and contributes to positive outcomes.

The YPA literature highlights how stigmatized and traumatized families are while underscoring the professional limitations in understanding and conceptualizing YPA. The results of this review can serve as a starting point for professionals to understand the barriers that exist to serving those effected by YPA both from a researcher and person-served perspective, as well as what potential treatment options there are (or that may be on the cusp of coming out). This has organizational importance in terms of how to support families and how to implement YPA specific treatment models.

Additionally, some of the programs do have the opportunity for a quick implementation in Canada. For example, the EI-YPA has protocols, and is evidence-based. The detailed protocol for each session allows for implementation by any professional with training in clinical psychology while the parents' and adolescents' workbooks offer ideas for in-session activities and reference materials. This means that professionals with the relevant trainings will have utility with this program in terms of resources and the ability to implement it.

### **Considerations for Application for the Wellbeing of Society**

In professional practice and wider society, there are important implications for funding (both in terms of funding for treatment programs and for funding to support families in a more effective and meaningful way). Many of the available treatment options require multiple therapists due to the ethical responsibility for competency in whatever you are practicing, as well as the need to avoid dual relationships where a therapist is both a therapist for the child and for the parents or caregivers. Multiple therapists mean a higher operating cost which is impactful for those who receive treatment services from non-profit organizations and creates a significant barrier for communities that do not have the resources to recruit and employ several therapists for these programs (Littell, Popa, & Forsythe, 2005). Even for those with health insurance who

could have the option to access these services outside of organizations with government funding, these high costs are rarely covered by health insurance, or capped session amounts limit opportunity to see a program through in its entirety.

There is also the need for multisystem collaboration when it comes to mental health, physical healthcare, and youth justice systems. Currently, whichever system a youth becomes involved in will determine which YPA treatment program they attend, and thus what the therapeutic focus is (reducing recidivism, for example, versus increasing family wellbeing). Additionally, each system has its own legislation that can increase the pressure on a family. Child welfare, for example, may scrutinize families with other children in the home for not being able to maintain safety, potentially leading to more intrusive involvement despite families trying their best to manage their aggressive child, or systems that refuse to intervene with more supports because they do not want to remove a child with an able and willing caregiver. In these instances, I have witnessed families forced to unwillingly abandon their children to get services, and then struggle with the outcome of such a weighty decision.

While systemic collaboration is not a new aspiration, this research reaffirms the need for these networks to be able to collaborate to understand the best practices and treatments available for those who are being served, and to create outcomes that will best serve all these systems at the same time.

## **Chapter 5 – Conclusions and Recommendations**

### **Recommendations**

Findings from the literature demonstrate that youth who struggle with YPA who are engaged in treatment programs have a demonstrated reduction in violence. In particular, the EI-YPA is the most researched, demonstrating good outcomes in the short, medium, and follow up

terms. Yet, there are still many gaps in the YPA literature. The examination of the literature revealed the need for a definitive definition of YPA, the need for systems collaboration on treatment and goal planning, considerations for creation of future treatment programs, the need for special attention to reduce stigma, and the need to further understand parent and youth conceptualizations of YPA. Recommendations related to these needs are discussed in detail below.

Overall, the recommendation for the literature is to increase the availability and capacity of programs that are demonstrating good outcomes, and to create some sort of training or awareness program for professionals so that they understand the clinical presentation of YPA. Treatment programs should be brought to Canada. Further, studies in the future need to include larger sample sizes, more control conditions, and represent higher diversity in participants.

### ***Definitive Definition of YPA***

Currently the biggest gap in the literature is the lack of a cohesive and widely accepted definition of YPA. This inconsistency impacts developing scientific knowledge (Simmons et al., 2018), including treatments. A systematic review by Toole-Anstey and associates (2023) found that the wide array of definitions risks missing many aspects of YPA. According to these authors, current definitions miss the inclusion of feminist perspectives of YPA, who believe that violence is complex and considers the accounts of gender inequality (Burck et al., 2019), and lacks a clear distinction between this violence and other antisocial behaviors seen in youth and adolescents (Simmons et al., 2019).

While Ibabe (2020) has created a definition to try to encompass many facets of YPA, this definition is new and the literature does not reflect if it is getting regular usage by current researchers. However, having a coherent and widely used definition would influence the creation

of programs to train professionals who work with YPA, the creation of future intervention programs, and the ability to streamline treatment outcomes (especially based on the positive outcomes being demonstrated in some of the research of this paper). Indeed, the search for effective treatment programs for youth who engage in YPA is a relevant issue. The need for treatment is prevalent, but wide-spread programs that are available for desperate families and concerned professionals are absent.

One must query the impact that these differences in conceptualization play in the role of treatment and intervention planning. The differing conceptualizations and definitions of YPA, especially across systems, can be posited as part of the problem for treatment creation and implementation. Many programs that are currently used in the treatment or behavioral modification of YPA were not created as specific YPA interventions, and YPA's complexities results in a multitude of characteristics that are targeted by treatment programs. Loinaz and associates (2022) analyzed clients attending treatment and found that the most prevalent factors in the individual youth included low frustration tolerance (Kennair & Mellor, 2017), academic difficulties, anger management issues, self esteem problems (Contreras & Cano, 2015; Ibabe et al., 2014; Kennedy et al., 2010), impulsivity (Contreras & Cano, 2015; Rico et al., 2017), failure of previous interventions, and problematic educational style.

Many of these characteristics are repetitive in YPA research and thus each specific characteristic may be the focus of treatment and interventions, however the diffuse nature of the presenting concerns can make it difficult to prioritize a hierarchy for treatment goals or too narrow a treatment focus if the broader scope of concerns are not conceptualized as a YPA problem.

Further, how YPA is defined is essential to establishing the efficacy of interventions, including the underpinning conceptions of power and intent, as this impacts how an intervention is designed and implemented. While acknowledging diversity of ontological and epistemological approaches, research and interventions need to make explicit their assumptions of what comprises YPA and the philosophical and practical frameworks guiding their work. These findings advance that of Nixon (2012), who identified tensions in defining YPA, implying the lack of understanding of YPA influences responses chosen. Indeed, this lack of understanding can lead programs to instead focus specifically on child externalizing behavior, lacking focus on the myriad of issues that make up the complexities of YPA. While externalizing behavior exists in the context of youth aggression literature as a treatment goal and as a reoccurring feature of family experiences, interventions and treatments specifically for YPA are scarce, and lack both detailed protocol and sufficient empirical support (Ibabe et al., 2018; Ibabe et al., 2021).

Further, definitions often place youth in the role of perpetrator and parents at the point of victim, despite much of the literature highlighting the bidirectional nature of family violence, and Bandura's (1977) Social Learning Theory positing that much of the violence perpetrated in bidirectionally violent homes being the result of modelled violent behavior as the behavior is learned from the environment. While social learning theory is widely present in the literature, Toole-Anstey and colleagues highlight that the issue of problematizing the concepts of 'intent', 'victim' and 'perpetrator' is largely absent from the studies. This view of power relations may disrupt assumptions underlying some interventions and appears not to have been reflected in the included interventions.

Consequently, the diffuse conceptualizations of YPA will continue to frustrate researchers, professionals, and families, and a more sophisticated understanding is needed. Until

then, professionals will continue miss the phenomenon or deduce it as a parental failure, while parents and caregivers often suppress it as emotional overwhelm. Ibabe and colleagues (2018) Early Intervention program might demonstrate good outcomes, but these complexities in defining and conceptualizing YPA will likely mean that families at the stage where early intervention may be of benefit may not be recognized and might not receive the benefits of a YPA specific early intervention program.

### ***Systems Collaboration for Treatment and Goal Planning***

Research and literature centering on treatment and interventions for YPA are varied amongst themselves, as not every evaluation seeks to measure the same outcomes. Just as there are different characteristics of YPA, research on treatment programs often measure different outcomes of different characteristics. It is essential to understand that treatment programs can be impacted by the system in which they provide service. Some youth come to the attention of service providers through the mental health system when parents seek out specific therapeutic intervention. Some begin their journey via child intervention services when parents become overwhelmed and begin to seek alternative services. Others still come through the youth justice system due to police involvement. Treatments for mental health may look at specifically targeting aggression or reducing it by working on other related factors. Treatments in youth justice often focus on reduction of criminal behaviors and recidivism (Gilman & Walker, 2020). Unsurprisingly, this results in interventions in the literature lacking cohesion in terms of their treatment goals as well as how they define their central phenomenon.

Despite not being created specifically for targeting YPA as a central issue, these interventions are still being used, and as such there are still measures of outcomes that may be

beneficial to the YPA literature and a point with which to take future research opportunities that may test these interventions more rigorously.

### ***Considerations for Creation of Future Treatment Programs***

There are several things that still need to be considered when creating treatment programs. One important factor to recognize is the possible need for trauma-based approaches for YPA intervention when bidirectional violence is present. (Nowakowski-Sims & Rowe, 2015), as well as recognizing that parents or caregivers who are on the receiving end of YPA in instances without bidirectional violence may need trauma-based supports as well, whether this is incorporated into the family portion of programs or whether this is received in individual therapy outside of YPA specific interventions for the youth and family.

### ***Attention to Reducing Stigma of Families Experiencing YPA***

The struggle of families during COVID-19 highlights another wide-reaching gap in this literature: the culture of silence that surrounds youth-to-parent aggression. In a study by Sporer and Radatz (2017), participants described experiencing negative reactions from both formal and informal sources of support, including denial of the reality or extent of the problems in a way that made participants second guess their experiences and isolate. This isolation and dismissal by those who are intended to provide support is an established barrier to identification of true YPA prevalence rates and a limitation of recruitment for research to test treatments.

Additionally, this literature revealed the need for support and connection amongst families who are struggling with YPA. Thus, inclusion of support groups or other means of offering appropriate connection to families struggling with YPA would be important not even in the sphere of treatment, but to increase hope and reduce feelings of stigmatization and isolation in the interim.



### ***Seek to Further Understand Parent and Caregiver Conceptualizations of YPA***

Again, the conceptualization of YPA by professionals is important to understand to dismantle stigma and provide wider options for education and resource networking, but as highlighted over and over, conceptualization is a multi-faceted barrier. Rutter (2021) notes that mothers often do not recognize youth-to-parent aggression as violence, instead viewing it as overwhelming emotions. Understanding how parents conceptualize the violence is another important next step in the research to generalize results about prevention, intervention, and treatment to parents who might not consider their experiences to be youth-to-parent aggression.

Further, changing the language when looking to provide education to professionals speaking with parents who are describing their experiences as children with “overwhelming emotions”, or when trying to recruit for research will bring awareness to this underserved portion of the YPA population, creating a more rigorous understanding of the experiences of YPA.

### **Future Research**

Future research has many options of focus. Firstly, I repeatedly highlighted the gap that exists on studies that have been done in Canada, and future research should focus on filling this gap to encourage data not only on current prevalent rates and trends, but to see treatment outcomes for Canadian children and families. This would be especially beneficial considering the positive outcomes that are being seen in programs such as the EI-CPV. Its protocolization and demonstrated efficacy would give good benchmarks to measure the program against in a Canadian setting and offer a starting point for specific YPA treatment programming in this population. This would provide further research for YPA literature, but also could help discern if there are geographic or cultural limitations to treatments when looking at program outcomes compared between Spain, the United Kingdom, and North America.

Additionally, future research should examine the role of different types of victimization, like bullying or dating violence. These types of victimization have been highlighted as key factors in the patterns and evolution of antisocial behavior and when noted, there has been overlap between victimization and YPA (Nasaescu et al., 2020, as cited in Loinaz et al., 2022).

On the other hand, recent research has also begun to explore the profile of the aggressors (see Navas-Martinez & Cano-Lozano, 2022), however current intervention programs provide a generalized response in the treatment of YPA without consideration of specialized responses for each aggressor profile. Future research should focus on this profile to tailor intervention, prevention, and treatment strategies as profiles of aggressors becomes more well understood and defined. focus on determining which profile aggressors are categorized as, as well as highlighting the need for more research on how this kind of violence differs between genders. For example, one study by Navas-Martinez and Cano-Lozano (2023) highlights the need to work on emotional skills of adolescents by promoting intrapersonal skills (or those related to dysregulation) in girls and interpersonal skills (or those related to empathy) in boys. Understanding gender differences has the potential to show patterns in aggressor profiles, as well as be beneficial for further creation of interventions and treatment planning for YPA. However, while the lack exploration of gender differences is a limitation of research overall, the small circle of research that has occurred that considers gender differences in YPA does not include current trends related to transgender or non-binary identities to look at the intricacies involved in this intersectionality. Knowing that there are gender differences, but not being inclusive of changes in the gender demographics going forward may cause a gap in future research as well.

Additionally, a gap in the research involves Children's Services. Children's welfare services are often involved in cases of YPA as seen in the studies provided for this literature

review. The prevalence of bidirectionality in YPA, as well as the intensity of the violence towards parents often warrants the intervention, however there is no specific research about the prevalence of YPA in households where the child placed and subsequently adopted, nor is there any research discussing the rate of placement breakdown (either in biological or adopted homes) in which intervention services must become involved because parents are unwilling or unable to keep their children in their home any longer. Further, there is no research examining whether YPA occurs in the group care setting with caregivers, or if this then becomes conceptualized as a conduct disorder. This research would be salient for treatment planning, creation and implementation of policies and procedures for Children's Services, and systems navigation and collaboration amongst service providers.

Additionally, an important step in program evaluation would be to compare the effectiveness of EI-YPA interventions with other established evidence based, family-focused interventions, such as Multisystemic Therapy or Life-Skills Training (Ibabe, 2021).

Finally, the EI-YPA that has been noted to have protocols and demonstrates good evidence has been utilizing exclusion criteria that includes physical aggression and severe child abuse. While it is fair to say that an early intervention program is no longer suitable for families whose children have graduated to pervasive physical aggression, the exclusion of severe child abuse (while likely beneficial from an ethical standpoint) runs the risk of these results risk excluding information regarding the bidirectional nature of YPA, especially since the study authors provide no definition for what constitutes the qualifier of "severe". Since profiles related to YPA are being developed, it is likely that treatment and intervention programs will follow suite to tailor their interventions to the specific profiles. Indeed, Navas-Martinez and Cano-Lozano (2023) have suggested that treatment of youth-to-parent aggression in adolescents with a

specific aggressor profile could include interventions more centered on bidirectional family violence history and violent relationship patterns, highlighting the need for future research to try to ethically include participants that include bidirectional family violence.

Finally, future research should focus on broadening the focus from early intervention to existing or severe physical aggression. Many of these programs currently come from the youth justice standpoint and their outcomes are more based on the reduction of recidivism than the specificities of YPA. These programs should be tested for outcomes related to YPA (this could include the overall reduction of aggression, increase in family wellness – however that is defined by the researchers) and would provide an opportunity to explore programs created for youth in the justice system in the context of gender differences. This would be especially beneficial because current trends in recruitment from youth justice populations results in samples that are primarily male. This would also allow the opportunity to include transgender youth if they were available and compare gender results to discern possible patterns.

After examination of these gaps, I propose these specific questions for future research:

1. Does the Early Intervention Program in Situations of Youth-to-Parent Aggression (EI-YPA) provide similar treatment results a Canadian sample population as it does in the Spanish context?
2. Do transgender youth experience similar rates of YPA as cisgender youth?
3. What role do the specialist and generalist profiles of YPA play in treatment outcomes?
4. What is the prevalence of YPA in placement breakdowns where children come into the care of Children's Services ministries?

## **Conclusions**

In conclusion, while steps are being made to broaden the literature on YPA, there remains a dearth of research on specific treatment programs. While some countries, such as Spain, are far ahead in terms of understanding the phenomenon of YPA and seeking to verify evidence based and protocolized treatment programs, many other areas of the world have not even begun this journey.

Additionally, there is the need to understand factors influencing the trajectory of YPA, which mechanisms are useful for change in treatment programs, and what professionals, youth, and families are asking for in terms of services and treatment programming. The findings from the literature demonstrate that the prevalence of issues related to YPA stigmatizes families to the point that they do not seek services until they can no longer handle the violence, or they do reach out and are not served appropriately due to misunderstandings and attitudes by professionals in mental health, children's welfare, and youth criminal justice systems.

Further, the lack of awareness of YPA, of possible treatment avenues, and of currently running treatment programs continues to further stifle and stigmatize families in to seeking piecemeal services that reduce their overall resiliency and family wellness, and do not target the central YPA.

Moreover, it is apparent that most of the literature on YPA treatments is quantitative, which limits the understanding of the lived experiences of youth and families, as well as the focus of much of the research being specific to the EI-YPA. Although statistical data and rigorous testing are important when seeking to affirm evidence basis and protocolization of treatment programs, getting experiential feedback from interviews with those who are actively undertaking the treatment program to identify the mechanisms by which they felt the program worked or did not work, and to utilize feedback for treatment evaluation and next steps is equally

as important. My analysis of these articles clearly demonstrates that there are treatment programs out there that, even in the early stages, have demonstrated success in treating issues of YPA.

I chose this specific population because of the myriad of issues related to YPA and the lack of available services and well-versed professionals who can support. This perfect storm of complexity lends itself to poorer outcomes for families. This target population challenges researchers to remain curious and diligent, especially in the face of social issues that may trigger a bias to blame parents for the perceived uncontrollable behaviors of their children, and when combined with the often-limited professional understanding of the broader scope of the issue. The research findings and recommendations provide contributions to the overall body of scientific on the topic of YPA. The implementation of these recommendations will provide next steps from which to evaluate and expand treatment for those who struggle with YPA.

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### Appendix

Authors	Title	Year	Research Method
Ibabe, I. E., Martinez, A., & Astondo, E. E.	Prominent Intervention Programs in Child-To-Parent Violence: Description of an Innovative Program for Early Intervention	2018	Systemic Review/Mixed Methods
Alcibar, N. A., Erostarbe, I. I., Martínez, A. A., & Astondo, E. E.	EVALUATION REPORT OF EARLY INTERVENTION PROGRAM IN SITUATIONS OF CHILD-TO-PARENT VIOLENCE.	2020	Mixed Methods
Gilman, A., & Walker, S.	Evaluating the Effects of an Adolescent Family Violence Intervention Program on Recidivism among Court-Involved Youth	2020	Quantitative
Shanholtz, C. E., O'Hara, K. L., Duchschere, J. E., Beck, C. J., & Lawrence, E.	Understanding the perception of stakeholders in reducing adolescent-to-parent violence/aggression.	2020	Qualitative
Arnosó, A., Ibabe, I., Elgorriaga, E. and Asla, N.	Evaluation of the Efficacy in the Short and Medium Term of the Early Intervention Program in Situations of Child-to-Parent Violence.	2021	Quantitative
Ibabe, I., Arnoso, A., Elgorriaga, E., & Asla, N.	Evaluation report of early intervention program in situation of child-to-parent abuse: parents and children as participants.	2021	Mixed Methods
Ibabe, I., Arnoso, A. & Elgorriaga, E.	Early Intervention Program in Youth-to-Parent Aggression: Clinically Relevant long-term Changes.	2022	Quantitative
Loinaz, I., Villanueva, J. ., & Sancho, J. L. .	Pre-post changes in a child-to-parent violence psychoeducational intervention program.	2022	Quantitative

Rutter, N., Hall, K., & Westmarland, N.	Responding to child and adolescent-to-parent violence and abuse from a distance: Remote delivery of interventions during Covid-19.	2022	Qualitative
Elgorriaga, Edurne & Ibabe, Izaskun & Arnoso, Ainara & Asla, N.	Evaluation report of Early Intervention Program in Situations of Youth-to-Parent Aggression: What happens one year after?.	2023	Quantitative