



Responding to Child to Parent Violence & Abuse in Europe

Development of Guidelines,
Monitoring and Evaluation
Tools -Workstream 2

Workstream 2 : Guidelines, Monitoring and Evaluation Tools

Development of Guidelines, Monitoring and Evaluation Tools for CPV interventions in Bulgaria, England, Republic of Ireland, Spain and Sweden

Authors: Maite Ferrando, Jordi Garcés, Estrella Durá, Fran Ródenas and Barbara Branchini (Polibienestar Research Institute, University of Valencia),

In collaboration with University of Brighton, Brighton & Hove City Council, England, National Association XXI Rhodope Mountain Initiative, Bulgaria, National University of Galway, Ireland, Spain and Åmåls Kommun, Sweden.

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Introduction

The Responding to Child to Parent Violence (RCPV) Project Funded by DAPHNE III European Union

In 2006 the European Youth Forum identified the need for research and policy on child to parent violence (CPV) and the Daphne II programme (2004-8) indicated a rise in reported cases. As a result the Daphne III programme put out a call for proposals on 'Children as victims and perpetrators of violence'. It was thanks to this call that the 'Responding to Child to Parent Violence' (RCPV) action research project was funded from February 2013 until the end of January 2015.

CPV is one of the most hidden, misunderstood and stigmatised forms of family violence. It involves teenage and younger girls and boys who use physical, psychological, emotional and financial violence and abuse over time to the extent that parents/carers live in fear of their child. The idea that parents, who are responsible for children's welfare, can become victims of abuse from their own child is extremely challenging not only for the parent experiencing violence from their child but also for practitioners and wider society. This particular form of violence in the family is not yet being adequately addressed in Europe; CPV is largely absent from national and European programmes on the violence of young people, domestic violence and on violence against women and girls.

A partnership of six institutions from five European countries was granted a two-year action project (2013 – 2015) within the framework of the Daphne III programme. RCPV examined whether violent and abusive behaviour by children towards parents/carers can be changed in 5 European countries: Spain, England, Ireland, Bulgaria and Sweden; the project's focus was on children aged 10 – 19 (WHO definition of adolescence). Adult 'children' can also be violent and abusive to parents but this aspect of CPV was not included in the scope of RCPV. The project explored the ways practitioners currently respond to this social problem focussing on two European-based interventions: Break4Change (see <https://www.justice.gov.uk/youth-justice/effective-practice-library/break-4-change>) and Non Violent Resistance (Omer, 2004).

The RCPV partnership was led and coordinated by the University of Brighton working with Brighton and Hove City Council (BHCC), England; National Association XXI Century Rhodopa Mountain Initiative, Bulgaria; Brighton and Hove City Council (BHCC), England; National University of Ireland Galway (NUIG); Polibienestar Research Institute, University of Valencia, Spain and Åmåls Kommun, Sweden. There were also two associate partners: COPE Galway (domestic violence and outreach service) and the Regional Directorate of the Ministry of Interior – Smolyan. The project produced a range of useful resources for policy makers and practitioners contained on an RCPV USB card and available on the project website www.rcpv.eu : films on CPV, filmed role plays for use in training professionals and tool kits for the Break4Change and Non Violent Resistance models are available on the website via the RCPV YouTube Channel.

RCPV adopted an action research methodology motivated by the quest to map policy, practice and knowledge in relation to CPV in each partner country and to learn how to improve these by reflecting on the changes made through project actions. The aims of the project were as follows:

- To research understanding and raise awareness of CPV
- To improve policy and practice
- To develop an evaluation framework
- To implement intervention programmes
- To develop tools for practitioners and families in Spain, Bulgaria, England, Ireland and Sweden.

All with an underpinning focus on gender dynamics and preventing and responding to violence against women and children.

The two intervention models chosen to be implemented and studied as part of the research project were Break4Change (B4C) based in Brighton and Hove and works with parents and young people in parallel groups over 10 weeks and Non Violent Resistance (NVR) based in Galway, as adapted in Ireland, works with parents usually on a one to one basis for up to 10 sessions with additional telephone support, if required (NVR can also be used with groups of parents).



Workstream 2

Development of Guidelines, Monitoring and Evaluation Tools

Responding to Child to Parent Violence and Abuse across Europe:
Bulgaria, England, Republic of Ireland, Spain and Sweden

Workstream 2: Guidelines, Monitoring and Evaluation Tools

1. Workstream 2

The three main objectives of this workstream are a) to develop an evaluation tool able to assess those existing intervention programmes which are tackling CPV situations in partner countries; b) to adapt the evaluation tool to national features (policies, culture, religion, other needs) and language (Spanish/English) and c) to establish the necessary infrastructure for implementing the evaluation tool (action method, sample, support materials, etc.).

To achieve these objectives, Polibienestar Research Institute has lead the development of a new framework and tools for the evaluation of specialised CPV programmes that are sensitive to the different contextual situations of families in Europe. The framework and tools will enable a better understanding of the dynamics of child to parent violence and abuse across European countries, but also help to assess how existing interventions are responding to this phenomenon. Only by assessing them, existing programmes could be improved for an optimum impact on the family's welfare.

Research Methodology

In the Evaluation Workstream it was planned to carry out the following activities.

As a previous step, a brief compilation of CPV intervention and/or programmes in the different countries was performed by the partners. The objective was to establish existing evaluation practices already implemented in the countries concerning CPV intervention assessment. There were very few examples of specialised programmes, and these were located in England, Spain and Ireland. Sweden and Bulgaria did not have any experience of CPV intervention and hence although contributing to the development of the evaluation framework it was decided these partners would not be included in the piloting or validation stage of this Workstream.

Thus, the first RCPV project activity was focused on the development of a European framework. At this concern, the evaluation framework defines specific variables and measurement criteria as a previous conceptual step for the further development of several questionnaires to be used to assess families (parent/carers and young people) and professionals within the intervention context. The questionnaires are central elements on the Responding to Child to Parent Violence evaluation tool.

After a first proposal was designed, the second activity was the iterative review and process of adaptation to the countries involved in the project. During the meeting held in Bulgaria in September, 2013, a first analysis of the evaluation framework was discussed. At a later stage suggestions, recommendations and contributions were made by all the partners.

Once the framework was reviewed and adapted, two validation steps were carried out in England, Brighton and Hove, with those attending the Break4Change (B4C) intervention programme (See Wp4). The first validation step consisted of the feedback provided by one real family that previously participated in the afore-mentioned B4C programme. Parents and young people answered the relevant questionnaires developed within the CPV evaluation framework (see Evaluation framework manual in www.rcpv.eu). Professionals who facilitated the programme also completed the corresponding questionnaire. With the feedback obtained, several improvements and corrections were performed. One of the key improvements was related to the length of the questionnaires for young people (too long to be manageable) and the language used (in some cases it was not appropriate for some young people or families)

With the results of the first step validation, a second validation piloting was carried out, with 15 families participating in the programme, who responded to the questionnaires and followed the evaluation protocol established.

The results and lessons learnt from the whole validation process are part of the current implementation report. In addition, other pilot experiences and/or contributions to the evaluation framework have been performed and their results are included to promote future use of the developed tools. As a final result of the Workstream, the evaluation tools were elaborated and disseminated, becoming part of the evaluation framework (www.rcpv.eu)

Evaluation framework development

In Europe this is a new field of research and practice with limited evidence and awareness of the problem in policy and practice fields. Our analysis of the existing situation of CPV intervention in the partner countries concluded that there is a lack of comprehensive evaluation research and/or studies in this field.

There is, in general, a lack of awareness about this hidden problem, although professionals and experts report that its prevalence is increasing (Aroca 2014, Calvete et al 2013, Pereira 2009, Rico 2008)

The evaluation research led by Polibienestar Research Institute from the University of Valencia, within the RCPV project provides a starting point for evidence based research on this topic. According to Hernandez et al (2003,) for the design of an evaluation instrument, the following steps should be adopted:

1. Define and compile the relevant variables to be measured or observed
2. Review its conceptual definition and provide a clear understanding of their meaning
3. Review and operationally defined each variable (how to measure it)
4. Select those instruments that have been already developed and adapt them to the context of the research if possible
5. Set the measurement level of each item collecting quantitative variables (nominal, ordinal, interval or ratio)
6. Encode the data to be measured
7. Carry out a pilot with the evaluation instrument with individuals comparable with the targeted sample
8. Modify and improve the measuring instrument and implement the evaluation

Following the steps outlined above, the evaluation framework was designed and drafted by defining measurement dimensions adopting a comprehensive and evidenced based approach. These dimensions covered several fields that have been shown to be relevant when explaining Child to Parent Violence, identified according to the literature review (see references). In line with this approach, several violent behaviour checklists were proposed, and final agreement was achieved by the whole team of experts and researchers over a complete checklist of violent behaviours used by Brighton & Hove in their internal evaluation of the Break4Change programme. In addition, professionals' self-efficacy dimension was also included because the previous and promising research considering this variable as part of the CPV intervention outcome (Coogan, 2013a, Coogan, 2013b).

There are many investigations which have been carried out for similar phenomena, for instance Domestic Violence or Gender Based Violence, where several instruments were developed to assess and/or measure specific factors. The desk research and study visits carried out within workstream 2 allowed the team to identify several dimensions and items used in the evaluation of other phenomena, which were felt to be transferrable and useful for the evaluation of CPV intervention. This was the case, for instance, in relation to variables which capture protection/care styles measured by the Parental Bonding Instrument (PBI, Parker, Tupling & Brown (1979) and its Spanish adaptation (Gómez, Vallejo, Villada & Zambrano 2007).

Additionally, two main psychosocial dimensions were included whose integration in the RCPV evaluation framework aimed to provide a comparative and comprehensive approach; hence standardised questionnaires measuring Satisfaction with Life (SWLS, Diener et al, 1985) and Psychological Distress (Brief Symptoms Inventory, BSI-18, Derogatis 2001) were included.

Finally, for those dimensions of CPV with no previous evaluation background, specific items and scales were built, using Likert scale, nominal (categories) or open questions according to the objective of the variable.

As a result of these design and draft processes, the following dimensions were considered relevant to the RCPV framework:

Parents (or carers) and young person evaluation dimensions

- Personal and demographic information
- Frequency & intensity of *Child to Parent Violent behaviour*

- Parental role (parents only)
- Family role structures and dynamics
- Family (emotional) relationships
- Acceptance and motivation to change
- Networks of support
- Quality of life/Psychological Stress
- Strategies/lessons learned from the intervention

Professional & intervention evaluation dimension

- Professional Self-efficacy
- Areas, Location and Context of Intervention
- Accessibility to the programme
- Intervention type
- Duration, structure/phases, follow up & evaluation of the programme/intervention

In short, all variables included in the RCPV evaluation framework could be classified according to their role into the following classification:

- Variables linked with CPV factors and related problem description
- Variables aimed to evaluate the programme/intervention effectiveness (outcome) & mechanisms of change (process assessment)
- Variables to define programme efficiency based on its characteristics, therapeutic approach, resources needed, etc.

Phase 1 Translating the Evaluation Framework to CPV Questionnaires

Once these steps were covered, the dimensions defined and agreed were translated to the range of questionnaires, used to assess the CPV intervention by being answered by families (parents/carers and young people independently) and professionals. As said previously, the dimensions were translated into items, and where possible, items were adopted from existing questionnaires to measure the specific dimensions included in the RCPV questionnaires.

According to the experts (European Association of Psychological Assessment, EAPA, Guidelines for the Assessment Process, 2001), the evaluation of the effectiveness of a psychosocial programme needs to be implemented not only before and after the intervention, but also at follow up. Since the RCPV evaluation framework aims at identifying consolidated behavioural and emotional change in family settings, this would demonstrate stability one year after the intervention was finished. According to this premise, three assessment moments were identified:

- Pre-intervention assessment for families and professionals, to be carried out before the beginning of intervention
- Post-intervention assessment for families, once the programme or CPV intervention has finished
- Follow up assessment for families to be measured one year after the programme ended.

This timeline for the assessment will allow a comprehensive understanding of the process of change but also the stability of the achievements reached through the intervention.

Thus, it is important to mention that a range of questionnaires were developed to be used at the different assessment moments and by the respective specific actors. Thus, seven different questionnaires were created: one version to compile those variables concerning the professionals and intervention-related dimensions, three versions (pre-intervention, post-intervention and follow up) to compile the answers of parents and/or carers at each point of evaluation, and three versions to measure the responses of the young people at the same three moments pre-intervention, post-intervention and follow up).

The initial seven versions of the questionnaire were then reviewed and discussed by several experts composing the project team. The professionals and researchers who contributed to the questionnaires review and improvement are listed in the table below:

ENTITY	COUNTRY	EXPERTS
University of Brighton	UK	Paula Wilcox, PhD Applied Social Studies, Reader, University of Brighton, UK. Alexia Papamichail, Psychology MPhil student, University of Brighton, UK.
Brighton & Hove City Council	UK	Deborah Corbridge, Integrated Team for Families Manager, Brighton & Hove City Council, UK. Michelle Pooley, Community Engagement co-ordinator, Brighton & Hove City Council, UK. Pam Nicholls, Domestic Violence Parent and Social Work, Rise Martyn Stoner, Youth Offending Service, Brighton & Hove
National University of Galway	Republic of Ireland	Declan Coogan, Social Work Lecturer, National University of Ireland, Galway, Republic of Ireland. Eileen Lauster, Psychology researcher, National University of Ireland, Galway, Republic of Ireland.
Institut d'Investigació Polibenestar, Universitat de València	Spain	Jordi Garces Ferrer, PhD Psychology and Policy Sciences, Institut d' Investigació Polibenestar, Universitat de València, Spain. Estrella Durá Ferri, PhD Psychology, Institut d' Investigació Polibenestar, Universitat de València, Spain Maite Ferrando Garcia, PhD Psychology, Institut d' Investigació Polibenestar, Universitat de València, Spain Barbara Branchini, Politics Bachelor, Institut d' Investigació Polibenestar, Universitat de València, Spain Francisco Ródenas, PhD Sociology, Institut d' Investigació Polibenestar, Universitat de València, Spain Andrea Navarro Mañez, pre-doctoral student, Institut d' Investigació Polibenestar, Universitat de València, Spain
Åmål Municipality	Sweden	Ulla Mortensen, Social worker, Åmål municipality, Sweden. Inger Christoffersson, Social worker, Åmål municipality, Sweden.
National Association XXI Century Rhodopa Mountain Initiative	Bulgaria	Anna Assenova, Project coordinator, National Association XXI Century Rhodopa Mountain Initiative, Smolyan, Bulgaria. Tatyana Spasenova, Chairwoman of Executive Board, National Association XXI Century Rhodopa Mountain Initiative

The intensive review of the questionnaires resulted in the modification of some elements, including the re-definition of items which were considered not clear and/or relevant, among other issues. With the modifications mentioned, the seven versions of the questionnaires were considered definitive and the validation phase started.

Phase 2 Validation and Data Collection

The validation phase comprised two progressive steps. During the first validation procedure, external experts working in CPV intervention with families were invited to test the questionnaires as professionals replicating a real application of the evaluation framework (in Brighton & Hove, Spain and Ireland); in addition they reviewed the families and young person questionnaires, providing their knowledge and experience through different workshops, meetings and discussions.

A second testing process followed this first validation step. Four families that had participated in the past implementation of the B4C CPV programme in Brighton & Hove were also invited to answer the three questionnaires (pre-intervention, post-intervention and follow up) in a simulation testing process, in which parents/carers and young person were asked to answer as they remembered the situation before and after the intervention, and one year later, respectively.

The feedback provided by this validation procedure concluded with the substitution of one of the scales (Satisfaction with Life) to reduce the length of the questionnaires, as it was stated to be too long to be accurately responded to. In addition, the section structure was modified to avoid controversy and uncomfortable questions located at the very beginning of the questionnaire and wording were improved to ensure easier understanding of the questions even with low literacy families.

The second validation procedure consisted of a complete pilot experience involving 11 families entering in two new releases of the Break4Change programme in Brighton and Hove (one starting in February and the second in August, 2014); as established in the evaluation protocol, the questionnaires were answered by families before starting the intervention (February 2014/August 2014) and once they finished it (June 2014/December 2014). It is also planned that the families will answer the questionnaire one year after the intervention has ended (June /December 2015).

In order to implement this last validation step and as part of the evaluation framework the research team fulfilled the requirements to achieve the Ethical Board approval from both the University of Brighton and University of Brighton. To this aim, several procedure documents were generated, including the required reports to get the ethical committee approval and any other requirements including the INFORMED CONSENT DOCUMENT. The referred documents are also compiled in the Evaluation framework, available in www.rcpv.eu

Phase 3 Results

The previous steps provided evidence about the conceptual validity and usability of the RCPV evaluation framework, whose main achievement has been the proposal for an evaluation framework already available in www.rcpv.eu. The validation of the tool implies as well to test its capacity to provide relevant and robust results about the impact of the intervention on the Child to Parent Violence ecosystem, including efficiency indicators.

The data collection and analysis carried out established the empirical and research potential of the tool created. Only preliminary results are presented in this report (see section 3), but deeper analysis and conclusions will be available together with the last evaluation data (follow up June/December 2015). Further research with wider samples, control groups and different intervention models is needed to establish and improve the psychometric properties and structural validity of the current RCPV evaluation tool.

Phase 4 Communication and Dissemination of Research Findings on Evaluation [See also WS5 Dissemination Report]

Under the evaluation workstream, a continuous and expanding dissemination and communication process has been followed. This has meant that since the development of the Evaluation framework several study visits have been required to collect input from professionals and intervention experts, mainly in Spain, but also some international events (for instance, The International Conference on Family intervention and evaluation, Brussels May 2013).

In addition, other specific dissemination and communication events and actions are listed below:

- Regional seminar in ÅmålsKommun, Sweden on the 12 April, 2013
- Regional seminar in Smolyan, Bulgaria on the 25-26 September, 2013
- Mid project internal audit and progress report end of Jan 2014

- RCPV First International Project Conference: **Child to Parent Violence – Innovations in Practice, Policy and Research**, 12- 13 June 2014, NUI Galway.
- RCPV Second International Conference: **Challenges in Positive Parenting**, Valencia, Spain, 26 September, 2014
- **Conference on Child to parent Violence**, Spanish Society for the Study of Child to Parent Violence (Barcelona, 9 of October, 2014)
- RCPV Policy round table in Smolyan 31 October 2014
- **EU RCPV Policy round table** in Brussels 20 January 2015
- RCPV End of Project International Conference: **Child to Parent Violence – European Perspectives**, 28-29 January 2015
- Final project Evaluation Report due end April 2015 which will be distributed through the RCPV project website

2. Evaluation framework

Evaluation dimensions

The following tables show the dimensions established as part of the evaluation framework for those variables assessing the parents/carers and the young person, and those assessing professional and intervention variables, respectively. A short description about the indicator used to measure the specific variables considered in each dimension, together with the evaluation sequence for each dimension are included in both tables.

Family assessment (parents/carers and children/young person)

DIMENSION	INDICATOR	MEASUREMENT
Child to parent violence characterization (behavior typology and frequency)	Number and typology of child to parent violence events reported by families and young person independently (nº of aggressions/ episodes of each specific violent behaviour per week)	Pre-intervention Post-intervention Follow up
Intensity and severity of the violence	Assessment of factors related to the intensity & severity of the problem (medical assistance, policy demands, etc.)	Pre-intervention Post-intervention Follow up
Acceptance of the problem and motivation to change	Items addressed to assess the degree of acceptance of change and expectations of the intervention	Pre-intervention Post-intervention Follow up
Affirmation of the parental role	Items assessing the confidence and self-assessment of their parental skills.	Pre-intervention Post-intervention Follow up
Family roles structure and dynamics	Assessment of the familial dynamics, including dependency and authority relationships	Pre-intervention Post-intervention Follow up

DIMENSION	INDICATOR	MEASUREMENT
Emotional parent-child link	Assessment of the emotional link between parents and the young person by using the standardised questionnaire Parental Bonding Inventory (PBI) developed by Parker, Tupling & Brown (1979)	Pre-intervention Post-intervention Follow up
Psychological distress	Standardized questionnaire evaluating anxiety, depression and somatization symptoms and a general index (Brief Symptoms Inventory (BSI-18), developed by Derogatis (2001)	Pre-intervention Post-intervention Follow up
Assimilation of the contents of the programme	Items focused on the identification of those strategies taught during the intervention mostly adopted by the families.	Post-intervention
Satisfaction with life	Standardized questionnaire assessing quality and satisfaction with life (SWLS, Diener et al, 1985)	Pre-intervention Post-intervention Follow up
Network of support	Items addressed to evaluate the existence of a network of support for the families	Pre-intervention Post-intervention

Professionals & intervention assessment

DIMENSION	INDICATOR	MEASUREMENT
<i>Intervention variables</i>	Items and/or questions assessing different features or variables including: type of intervention, duration, structure, participants etc.	Pre-intervention
<i>Context variables</i>	Items and questions evaluating relevant environment and sustainability issues such as resources involved, coordinating measures, access pathway to the intervention, etc.	Pre-intervention
<i>Professional variables</i>	Items and variables featuring the professional profile and perceived self-efficacy (using Coogan et al, 2013).	Pre-intervention
<i>Self-assessment variables</i>	Questions concerning the means used by the intervention to assess its impact including follow up	Pre-intervention

3. Data analysis and preliminary results

The comprehensive assessment covered by the RCPV evaluation framework allows the application of a wide range of statistic tools to the study and research of child to parent violence and its intervention. Within this wide range, we present some first preliminary results including a) descriptive indicators of the sample and the violent behaviour features and b) significant statistic results on the effectiveness of the intervention by comparing measures taken before and after Break4Change programme.

Sample and violent behaviour descriptive indicators

The total sample consisted of 39 people of which 24 are parents or carers, 11 children (and 4 professionals).

Parents and carers sample descriptive analyses

The parents and carers evaluated in this sample are 24 people of whom 16 are women (67%) and 8 men (33%), between 32 and 59 years (mean age 44 years). The wide range of age of the group implies also different generational features, but also the gap with their children is diverse, showing a rich representation of the families suffering from child to parent violence at home.

The predominance of women among the parents/carers of this sample is, therefore, a fact (statistically significant with Chi Square index 7,9 with a $p=0,02$). This is a representative situation of most of the European societies where women remain in most cases responsible for the care of the children.

The most relevant range of age is from 46 to 49 years, and the number of children they report cover a range from 1 to 5, with the most frequent number between 2 and 3 children. Concerning the personal situation, 13 parents/carers (54%) described to have a partner whilst 11 of them were single or divorced (46%). These data do not reflect some of the literature statements that pointed out that this kind of family violence occurs more often in single-parent families, mainly with a unique child.

In terms of education level, 15 parents/carers (65%) reported to have a University education and 7 of them (29%) Secondary studies.

Children/young person sample descriptive analyses

Our sample consisted of 11 young people with an age between 12 and 15 years, most of them (46%) being between 12 and 13 years old.

Concerning the gender, there is a clear bias, with 9 boys (82%) and only 2 girls (18%) in the sample.

All of them reported to be attending Secondary studies.

Professionals

The professionals 4 people 36 to 64 years of which 3 are women (75%) and men (25%).

The profile of the professionals described concern with family social services (technical specialist for children or family worker). Half of them (50%) reported to be under formation and specialization in child to parent violence and currently studying.

Concerning some self-assessment indicators, 2 of the professionals reported a good management of the problem, while one of them reported to find limitations sometimes and the fourth one considered child to parent violence a complex problem to deal with.

Referring to the variables describing the type of programme, it was defined by all responders as a mixed public/non-public intervention, within the context of a *centre of judicial measures youth offending and working with the family, parents/carers and young person separately*.

For the description of the nature of the intervention, one professional (25%) reported to follow a *Cognitive-Behavioural model* whilst the other three (75%) considered that they *"take positive aspects of a range of model"*.

Three out of four (75%) professionals indicated to follow a protocol of intervention.

As strategies defining the programme, most reflected ones (75% of agreement) were: control of emotions, strategies addressed to establish a consistent discipline; encouragement of mutual respect, problem solving, communication skills, sharing experiences with others in similar situations, self-esteem reinforcement, parental role reinforcement, zero tolerance of abusive and violent behaviour, solution focused techniques and risk assessment and safety planning. A complete agreement was shown concerning the application of *behavioural change (positive and negative reinforcement)* and *negotiation and conflict resolution techniques*.

Further conclusions about the professional responses about the session duration and intervention sequence, follow up process and internal evaluation of the programme will be deeply analysed in future results.

Significant statistic results on the effectiveness of the intervention

The sample size for family data, initially composed by 35 individuals including 24 parents or carers (69%), and 11 children/young people (31%), was reduced due to the lack of post-intervention completion of the questionnaires in some cases. Thus, a final sample with pre-intervention and post-intervention complete data is composed of 15 parents/carers (83%) from both Break4Change programmes assessed and 3 children/young people (17%) only from the first programme edition (February to June 2014). There was a delay in collecting children/young person questionnaires at the end of the intervention programmes for those individuals who finished the intervention in December 2014 so that these responses could not be included in the analysis at the time of this report. It is expected to include pending data from those young people for further analysis in a future results release to be published in scientific journals in later 2015.

With the available sample (N=18) at the time of this report, we consider to apply t-test analysis to determine the changes or improvements associated with the intervention or participation in Break4change programme as part of the evaluation of the impact in the intervention. This analyses included both parents/carers and young person to integrate general perception of the family change after checking that the responses of the (three) children/young people kept the tendency shown by the parents/carers group in all relevant dimensions, with some exemptions. Several items that only applied to parents were, obviously analysed for the parents/carers group; in addition, items *on frequency and intensity of violent behaviour* were only analysed taking into account the parents/carers group, due to the different profiles of responses that the children/young people reflected. When the sample size increases, both groups should be separately analysed to provide richer information about the intervention effect in the different groups.

In the tables below we present the results of the t-test analysis performed. This statistic indicator shows the probability (p) that the results (mean and standard deviation) of the measurement in the different moments (pre-intervention versus post-intervention) could be reached/obtained randomly (per hazard). When p is lower than 0,05, there is a global consensus in the scientific community that the differences in the two moments are significant (not random differences), and the hypothesis of the intervention as an explanatory factor behind the differences could be considered. However, significant differences must not be linked with causal explanations, but a powerful statistical symptom for the intervention effectiveness.

Thus, the quantitative items responses in the two different times were then compared concerning the following dimensions: *affirmation of the parental role, family roles structure and dynamics, emotional parent-child link, violent behaviour intensity and perception, psychological distress, satisfaction with life.*

Table: Affirmation of parental role t-test results

ITEMS		STATISTICS			
		X	S.D	T	p
1.1 I feel able to bring up my child well.	Pre (1.1)	3,0	.96	-2,582	.022
	Post (1.1B)	3,8	.77		
1.2 I am a good father/mother/carer.	Pre (1.2)	3,6	.91	-1,075	
	Post (1.2B)	3,8	.91		
1.3 I am confident in my parenting skills	Pre (1.3)	2,8	.91	-2,477	.027
	Post (1.3B)	3,4	.73		
1.4 I have doubts about my decisions on my child care.	Pre (1.4)	2,8	.99	.155	
	Post (1.4B)	2,8	1,04		
1.5 I am sure about how to educate/bring up my child.	Pre (1.5)	3,0	1,22	-2,073	
	Post (1.5B)	3,6	.97		
1.6 I am clear about my responsibilities at home as father/mother/carer.	Pre (1.6)	3,4	1,12	-2,982	.010
	Post (1.6B)	4,3	.97		

X=mean; S.D= Standard deviation

Affirmation of the variable parental role encompasses items with different values of response ranging from 1 = Strongly Disagree to 5 = Strongly Agree. Items that show a significant difference when we compare pre-intervention and post-intervention responses are: *I feel Able to bring up my child well* ($p = .022$), *I am confident in my parenting skills* ($p = .027$) and *I am clear about my responsibility at home as my father/mother/carer* ($p = .010$). In addition, the mean of these items before and after the intervention indicates that the intervention has improved substantially the affirmation of parental role, since there is an increase of the scores indicating this change.

Table family roles structure and dynamics t-test results

ITEMS		STATISTICS			
		X	S.D	T	P
1 At home, we all have our own role in the family.	Pre (2.1)	2,64	1,221	-1,44	
	Post (2.1B)	3,05	1,02		
2 At home, we all have our own tasks assigned for which we are responsible for.	Pre (2.2)	2,16	.92	-2,60	.018
	Post (2.2B)	2,83	1,24		
3 At home, we have some rules to follow.	Pre (2.3)	3,27	.95	-0,25	
	Post (2.3B)	3,33	1,23		
4 At home, each one does whatever he/she wants to do.	Pre (2.4)	2,94	1,16	1,45	
	Post (2.4B)	2,5	1,24		
5 At home, what happens to each of us affects the whole family.	Pre (2.5)	4	1,02	-0,33	
	Post (2.5B)	4,11	1,23		
6 All the family takes part in the tasks at home.	Pre (2.6)	2,33	1,23	-1,94	
	Post (2.6B)	3	1,45		
7 We all have a good relationship with each other and help one another.	Pre (2.7)	2,11	.85	-3,27	.005
	Post (2.7B)	3	1,11		
8 My child and I have a relationship more similar to a friendship than to the relation between parent/carer/child.	Pre (2.8)	2,16	.98	-0,92	
	Post (2.8B)	2,44	1,14		
9 In our family, the father is the head of the family.	Pre (2.9)	1,78	1,18	0	
	Post (2.9B)	1,78	1,36		
10 In our family, the mother is the head of the family.	Pre (2.10)	3,6	1,29	-2,83	
	Post (2.10B)	3,4	1,45		

X=mean; S.D= Standard deviation

In this case, under the dimension family roles structure and dynamics (items 2.1-2.10, 2.1B-2.10B), the only items that showed significant difference in their responses before and after the intervention were *At home, we all have our own tasks assigned for which we are responsible for.* ($p = .018$) and *We all have a good relationships with each other and help one another* ($p = .005$). In both cases, the difference means an increase in a positive dynamic within the family, since the responses to this items ranged from 1 = *Strongly disagree* to 5 = *Strongly Agree*; this is, the families perceived an increased agreement with the items reflecting more positive and adaptive structures and dynamics at home.

Table with emotional parent-child link items t-test results

ITEMS		STATISTICS			
		X	S.D	t	p
The relationship with my child, nowadays is (<i>from very bad to very good</i>)	Pre (3.1)	2,61	1,04	-2,83	.012
	Post (3.1B)	3,38	.85		
Do you engage in activities with your son or daughter? (Activities can include sports, games, walks, cycling, dance, music, cinema etc)	Pre (3.2)	3	1,18	-1,59	
	Post (3.2B)	3,38	.98		
1. When my child has a problem he/she always tells me what's happening.	Pre (3.3.1)	2,30	1,25	-1,72	
	Post (3.3.1B)	2,77	1,42		
2. My child likes speaking with me.	Pre (3.3.2)	2,46	1,12	-2,99	.011
	Post (3.3.2B)	3,23	.92		
3. My child loves me very much.	Pre (3.3.3)	3,46	1,26	-1,85	
	Post (3.3.3 B)	4	1,15		
4 My child and I have always been very close.	Pre (3.3.4)	3,46	1,12	,46	
	Post (3.3.4B)	3,31	1,49		
5. I tell my child/children that I love him/her/them.	Pre (3.3.5)	4,54	.77	1	
	Post (3.3.5 B)	4,38	.87		
6. I am not a person who expresses how I feel	Pre (3.3.6)	1,61	.87	-1,89	
	Post (3.3.6B)	1,84	1,07		
7. I am close to and always available for my children.	Pre (3.3.7)	4	.91	-1,76	
	Post (3.3.7B)	4,30	.75		
8. I do not understand my child although I try to do so.	Pre (3.3.8)	3,38	1,39	0	
	Post (3.3.8B)	3,38	1,45		
9. When my child has a problem I normally understand her/him.	Pre (3.3.9)	3,66	1,07	1	
	Post (3.3.9B)	3,25	1,21		
10. I accept my child as he/she is.	Pre (3.3.10)	3,61	1,12	-2,52	.027
	Post (3.3.10B)	4,07	.08		
11. I support my child when he/she makes a decision.	Pre (3.3.11)	3,54	1,05	-0,69	
	Post (3.3.11B)	3,69	.95		

X=mean; S.D= Standard deviation

The dimension *parent-child emotional link* is split in several types of items. Among them, there is a significant difference between pre-intervention and post-intervention responses in the item. *The relationship with my child nowadays is* ($p = .012$), which ranges from the score 1 = *Very bad* to 5 = *very good*. The mean showed indicates that there was a clear increase of the perception of the relationship, initially considered *bad* to *acceptable* (2.66) while after the intervention was mainly described as *acceptable* to *good* (3.44).

Attending to concrete issues, significant differences were found in the items *My child likes to speak with me* ($p = .011$), *I accept my child as he/she is* ($p = .027$), *I Spend time with my child doing the things That he / she likes to do* ($p = 0.023$), *My child is emotional/affectionate/close with me* ($p = .018$) and *I enjoy speaking with my child* ($p = .007$). In all these items, the means of the responses given in the two different times indicates an improvement of the relationship between parents/carers and child context when considering that a higher score implies a higher level of agreement with these statements (from 1= *strongly disagree* to 5= *strongly agree*).

Table with frequency of violent behaviour items t-test results

ITEMS		STATISTICS			
		X	S.D	t	p
1 Criticized you.	Pre (4.1.1)	3,65	1,32	1,83	
	Post (4.1.1B)	3,06	1,34		
2 Called you names.	Pre (4.1.2)	3,76	1,43	2,27	.037
	Post (4.1.2 B)	3,17	1,23		
3 Tried to keep you from doing something you wanted to do.	Pre (4.1.3)	3	1,37	1,28	
	Post (4.1.2B)	2,52	1,12		
4 Gave you angry looks or stares.	Pre (4.1.4)	3,88	1,22	1,54	
	Post (4.1.4B)	3,38	1,06		
5 Screamed or yelled at you.	Pre (4.1.5)	3,82	1,33	2,05	.060
	Post (4.1.5B)	3,29	1,05		
6 Threatened to hit or throw something at you.	Pre (4.1.6)	2,82	1,13	2,76	.014
	Post (4.1.6B)	1,94	1,14		
7 Pushed, grabbed or shoved you.	Pre (4.1.7)	2,76	1,3	2,13	.049
	Post (4.1.7B)	2	1,17		
8 Put you or other family members down.	Pre (4.1.8)	3,71	1,45	2,99	.009
	Post (4.1.8B)	2,77	1,39		
9 Threatened and/or hit brothers or sisters.	Pre (4.1.9)	3,2	1,42	.36	
	Post (4.1.9B)	3,06	1,44		
10 Became upset with you or your partner because something at home was not the way they wanted it or done the way they thought it should be.	Pre (4.1.10)	3,29	1,21	1,16	
	Post (4.1.10B)	2,88	1,11		

11 Stayed away from home for several hours without informing you.	Pre (4.1.11)	2,41	1,17	.68	
	Post (4.1.11B)	2,11	1,49		
12 Said things to scare you (example: told you something "bad" was going to happen, threatened to commit suicide, told you to watch out).	Pre (4.1.12)	1,94	1,19	1,85	
	Post (4.1.12B)	1,41	.71		
13 Slapped, hit or punched you.	Pre (4.1.13)	2,29	1,15	2,06	.056
	Post (4.1.13B)	1,70	.84		
14 Refused to do chores.	Pre (4.1.14)	4,17	.95	2,66	.017
	Post (4.1.14B)	3,29	1,04		
15 Threatened you with a knife or a weapon.	Pre (4.1.15)	1,29	.68	1,14	
	Post (4.1.15B)	1,11	.33		
16 Threats to kill you.	Pre (4.1.16)	1,29	.85	.89	
	Post (4.1.16B)	1,11	.33		
17 Told you that you were bad parents.	Pre (4.1.17)	3,05	1,34	2,79	.013
	Post (4.1.17B)	2,11	1,11		
18 Threw, hit, kicked or smashed something during an argument.	Pre (4.1.18)	3,58	.93	3,21	.005
	Post (4.1.18B)	2,41	1,41		
19 Kicked you.	Pre (4.1.19)	2	1,17	2,52	.023
	Post (4.1.19B)	1,23	.56		
20 Hurt a pet or threatened to hurt a pet.	Pre (4.1.20)	1,37	.89	1,77	
	Post (4.1.20B)	1,06	.25		
21 Choked you.	Pre (4.1.21)	1,47	1,18	1,10	
	Post (4.1.21B)	1,11	.46		
22 Used a knife, gun or other weapon.	Pre (4.1.22)	1,05	.24	0	
	Post (4.1.22B)	1,05	.24		
23 Steal you money.	Pre (4.1.23)	2,11	.99	3,05	.008
	Post (4.1.23B)	1,52	.87		
24 Spend money without consulting.	Pre (4.1.24)	2,29	1,1	1,10	
	Post (4.1.24B)	1,94 1	1,29		
25 Sexual abuse violence.	Pre (4.1.25)	1	0	-1	
	Post (4.1.25B)	1,05	.24		
26 Harm her or himself.	Pre (4.1.26)	1,76	1,09	1,941	
	Post (4.1.26B)	1,23	.56		

X=mean; S.D= Standard deviation

When analysing those items evaluating the frequency of several violent behaviours of the child towards their parent, we find significant differences on the following items: *Called you names* ($p=.037$), *Threatened to hit or throw something at you* ($p=.014$), *Pushed, grabbed or shoved you* ($p=.049$), *Put you or other family members down* ($p=.009$), *Refused to do chores* ($p=.017$), *Told you that you were bad parents* ($p=.013$), *Threw, hit, kicked or smashed something during an argument* ($p=.005$), *Kicked you* ($p=.023$) and finally, *Steal you money* ($p=.008$). At this concern, the mentioned items cover different ranges of the violent behavior including physical, psychological and economic consequences.

The significant differences involved, in all cases, a reduction in the frequency of the specific violent behaviour, which was ranged from 1=Never to 5=Every day.

Table intensity and interference of the violent behaviour items t-test results

ITEMS		STATISTICS			
		X	S.D	T	p
Do you ever feel that your life is in danger?	Pre (4.2)	1,42	.85	.61	
	Post (4.2 B)	1,28	.61		
Did you need to call the police because of your child violence behaviour whilst you were attending the programme?	Pre (4.5.1)	1,64	.49	-2,28	.04
	Post (4.5.1B)	1,93	.26		
Could you please indicate on a scale from 1 to 5 the level of disruption caused in your life because of child to parent violence?	Pre (4.6)	3,86	1,06	1,18	
	Post (4.6B)	3,29	1,70		

X=mean; S.D= Standard deviation

Considering the items measuring the intensity and interference of the violent behaviour in the families daily life, only the item *Did you need to call the police because of your child violence behaviour whilst you were attending the programme?* ($p=.04$) showed a significant difference between the pre-intervention and the post-intervention responses, with the latter being closer to the 2 score (*no need to call the police*)

Table Satisfaction of Life items t-test results

ITEMS		STATISTICS			
		X	S.D	T	p
How happy, satisfied or pleased have you been with your personal life? (DURING THE PAST MONTH)	Pre (7.9)	2,17	.95	-1,76	.008
	Post (7.9B)	2,94	1,14		

X=mean; S.D= Standard deviation

Because the scale of Quality of Life initially used in the pilot was decided to be substituted by *Satisfaction with Life Scale* (SWLS, Diener et al, 1985) we only consider the item whose meaning can be compared in the future with the SWLS responses due to the similar content. Concretely, *the item How happy, satisfied or pleased have you been with your personal life?* was found to be significantly different ($p=.008$) when comparing pre-intervention and post-intervention scores. Thus, after Break4Change programme the sample reported to be more satisfied (2.94 compared with 2,17), as the score of this item ranged from 0 (very dissatisfied) to 5 (extremely happy, satisfied and pleased).

Table Brief Symptoms Inventory items t-test results

ITEMS		STATISTICS			
		X	S.D	t	p
1. Faintness or dizziness	Pre (8.1)	,66	1,08	2,20	.042
	Post (8.1B)	,22	,548		
2. Feeling no interest in things	Pre (8.2)	1,77	1,30	2,38	.029
	Post (8.2B)	1,11	1,07		
3. Nervousness or shakiness inside	Pre (8.3)	1,41	1,17	1,59	
	Post (8.3 B)	1,00	1,06		
4. Pains in heart or chest	Pre (3.3.4)	,58	,79	1,72	
	Post (3.3.4B)	,35	,86		
5. Feeling lonely	Pre (8.5)	1,83	1,38	3,38	.003
	Post (8.5 B)	1,00	1,18		
6. Feeling tense or keyed up	Pre (8.6)	2,33	1,28	2,71	.015
	Post (8.6B)	1,55	1,29		
7. Nausea or upset stomach	Pre (8.7)	1,55	1,61	2,81	.012
	Post (8.7B)	,50	,78		
8. Feeling blue	Pre (8.8)	2,29	1,04	5,10	.000
	Post (8.8B)	1,11	,92		
9. Suddenly scared for no reason	Pre (8.9)	1,61	1,53	3,82	.001
	Post (8.9B)	,50	,92		
10. Trouble getting your breath	Pre (8.10)	,94	1,16	2,50	.023
	Post (8.10B)	,33	,59		
11. Feelings of worthlessness	Pre (8.10)	1,50	1,42	2,05	.052
	Post (8.10B)	,94	1,10		
12. Spells of terror or panic	Pre (8.11)	,94	1,21	2,67	.016
	Post (8.11B)	,50	,92		
13. Numbness or tingling in parts of your body	Pre (8.12)	,88	1,21	1,95	
	Post (8.12B)	,47	,79		
14. Feeling hopeless about the future	Pre (8.13)	2,00	1,13	2,48	.024
	Post (8.13B)	1,16	1,24		

15. Feeling so restless you couldn't sit still	Pre (8.14)	1,66	1,37	3,01	.008
	Post (8.14B)	,94	1,16		
16. Feeling weak in parts of your body	Pre (8.15)	1,22	1,21	1,72	.052
	Post (8.15B)	,77	1,16		
17. Thoughts of ending your life	Pre (8.16)	,77	1,06	2,85	.011
	Post (8.16B)	,05	,23		
18. Feeling fearful.	Pre (8.17)	1,39	1,33	2,83	.012
	Post (8.17B)	,78	,94		

X=mean; S.D= Standard deviation

Finally, the results of the t-tests analysis comparing pre-intervention and post-intervention responses show a relevant number of significant differences in several items evaluating psychological distress, with anxiety related items (*Feeling tense or keyed up, Suddenly scared for no reason, Spells of terror or panic, Feeling so restless you couldn't sit still, Feeling fearful*), somatisation symptoms (*Faintness or dizziness, Nausea or upset stomach, Trouble getting your breath, Feeling weak in parts of your body*) and also quite severe depressive mood (*Feeling lonely, Feeling blue, Feelings of worthlessness, Feeling hopeless about the future, Thoughts of ending your life*).

The BSI scores vary from 0 (*not at all*) to 4 (*extremely*) to describe how much these symptoms *DISTRESSED OR BOTHERED* during the past seven days, and average scores in several clinical samples range from .89 to 2.01, which indicates that CPV families are showing similar psychological symptomatology than clinical samples with psychological and psychiatric disturbances (see Derogatis 2001, Andreu et al 2008). With no doubt the evidence shown in the BSI-18 items provide a clear evidence about the impact that *child to parent violence* causes in the families but also about the positive effect on the psychological status of those participating in the Break4Change programme. At this concern, almost all the items reflected a significant improvement at the end of the intervention.

Additional effectiveness results: Assimilation of the contents of the programme

Some final conclusions are drafted from these preliminary results from the descriptive data collected from the post-intervention questionnaire, referred to the dimension of *Assimilation of the contents of the programme*, in which some items focus on the identification of those strategies taught during the intervention mostly adopted by the families.

The perception of the parents of the impact of the programme can be observed according to their degree of agreement (5) or disagreement (1) with the following statements (section 2 post-intervention questionnaire), and in general terms the sample provided a positive feedback about the experience gained in Break4Change (most of them close to the score 4)

Table: Participants perception of the intervention items, mean and standard deviation

ITEMS	X	S.D
The strategies learned in the programme have been very useful.	3,87	1,08
I believe that my child has progressed very much since he/she began in the program.	3,46	1,06
Since I began the programme, the relationship with my child has improved very much.	3,81	1,18
The programme has positively changed things at home very much.	3,75	.88
There has been an increase in parental presence in my child's life.	3,73	1,27
There has been an increase of support for me the parent in the wider family and/or community network.'	3,06	1,18

X=mean; S.D= Standard deviation

In addition, the responses to the item *Do you apply the strategies that you learned in the workshop/programme?* The participants responded *sometimes* in a 31% (5), *often* another 31% (5), and *almost always* another 31% (5), whilst only the 6% reported to do it *always* (1).

Finally, the sample was asked about “Which strategies have been most useful? (Tick all that apply)” and they selected from those strategies listed below.

Table: Percentage of the sample that found useful each specific strategy

	%
Control of Emotions	60%
Strategies addressed to establish a consistent discipline.	45%
Encouragement of mutual respect.	65%
Anger control techniques	50%
Problem solving.	35%
Communication skills	55%
Behavioural change (positive and negative reinforcement techniques).	80%
Educational guidelines for you to work with your child/ren.	25%
Negotiation and Conflict resolution.	55%
Sharing experiences with others in similar situations.	80%
Self-esteem reinforcement	55%
Parental role reinforcement.	65%
Zero tolerance of abusive and violent behavior	55%
Artistic and creative processes	25%
Solution focused techniques	45%
Risk assessment and safety planning	30%
Other	15%

In short, data obtained are highly relevant and future publications will go further in the project results. The main objective of this report and the evaluation activities performed within Responding to Child to Parent Violence project was to establish a solid first step in the assessment of intervention programmes for families suffering this problem. The results presented together with the evaluation framework developed provides a clear example about the potential of using the evaluation tools elaborated, which need to be used and improved to clearly state its utility. In addition, larger samples and control group research will be required to establish the required psychometric properties and construct validation of the RCPV evaluation framework.

Conclusions about preliminary results on the effectiveness of Break4Change

According to the preliminary results obtained through the implementation of the RCPV Evaluation framework to the Break4Change programme, we can summarise the following conclusions:

- A. The questionnaires developed have shown applicability, usability and validity to assess the impact of the programme Break4Change regarding several dimensions, and according to the reported information provided by different sources: parents/carers, young people and professionals.

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- B. The comparison between the responses of the individuals in the different moments, pre-intervention and post-intervention are a rich provider of relevant information to detect those variables influenced by the intervention programme (family structure and dynamics, emotional links, perceptions and behaviours) but also other indicators such the psychological improvement and its effect on the satisfaction with life of the family members. However, additional research is needed to evidence the maintenance of the positive changes at the follow up.
 - C. Quantitative evaluation of the Break4change programme showed statistically significant evidence of positive behaviour change in many items across all dimensions of the families' responses. Thus, several items reflecting parental role, family structure & dynamic, emotional link, violent behaviour frequency and psychological symptoms show a significant positive change not randomly attributable.
 - D. There is a need of further research development, with bigger samples, different intervention models and adequate control group comparison to provide solid evidence about the absolute effectiveness of existing CPV interventions. In addition, accumulative data and deeper mixed qualitative-quantitative analysis will provide more knowledge about the efficiency of these interventions, while contributing to increase and improve the positive impact of them in the families' life.

4. Future Activities

For the future development of the RCPV Evaluation framework, there are some planned activities to be carried out. First of all, it is planned to implement the follow up evaluation (one year after) with those families involved in the pilot in Brighton and Hove (June/December 2015).

Second, responses given to the professional questionnaires in Ireland will be analysed. In addition, it would be explored the possibility of engaging CPV intervention services/resources in Ireland and Spain in the validation process, using the whole RCPV evaluation framework so that comparison analysis and evidence-based research could be added to the work already developed in Brighton.

Third, a qualitative discussion will be done in order to abstract those elements of the evaluation framework to be applied to the experiences arise in Sweden and Bulgaria where CPV intervention was inexistent previous to RCPV project activities.

Finally, the RCPV evaluation framework should follow an ongoing and continuous process open to be updated as a result of the experience and feedback of their users. One of future improvements identified would focus on the development of a different methodology for young/child assessment, substituting the current paper-based method by a technology/gaming-based method. This change would ensure a better engagement but also new opportunities not only for the assessment of the intervention but for educational or interventional process itself.

References

- Andréu Abela, J. (2003). "Infancia, socialización familiar y nuevas tecnologías de la comunicación", *Portularia: Revista de Trabajo Social*, 3: 243-261.
- Aroca, C. y Alba, J.L. (2012). "Características de las familias que sufren violencia filio-parental. Un estudio de revisión". *Infancia, Derechos y Educación. Educatio Siglo XXI* Vo. 30, nº 2.
- Aroca, C.M., Canovas, P.L. and Alba, J.L.R. (2012) Características de las familias que sufren violencia filio-parental: un estudio de revisión; Characteristics of families suffering parent abuse: a literature review, *Educatio Siglo XXI*, Vol. 30 nº 2 • 2012, pp. 231-254, Universidad de Valencia.
- Aroca, C., Lorenzo, M., Miró, C. (2014). La violencia filio-parental: un análisis de sus claves. *Anales de la psicología*, vol. 30, no 1 (enero), 157-170.
- Asociación Altea-España (2007). "Propuesta de buenas prácticas. Violencia intrafamiliar: Menores que agreden a sus padres". Programa Daphne II.
- Asociación Altea-España (2010). "Violencia intrafamiliar: Menores que agreden a sus padres II". Programa Daphne III.
- Báez J. y Pérez de Tudela (2007). *Investigación cualitativa*. Madrid: Ed. ESIC.
- Berkowitz, L. (1996). *Agresión: Causas, consecuencias y control*. Bilbao: Descleé de Brouwer.
- Calvete, E., Orue, I. y Gámez-Guadix, M. (2013). Child-to-parent violence: Emotional and behavioral predictors. *Journal of Interpersonal Violence*, 28 (4),755-772.
- Corbetta Piergiorgio (2007). *Metodología y técnicas de investigación social*. Ed. Mac Graw Hill.
- Coogan, D. (2012) Marking the Boundaries- When Troublesome becomes Abusive and Children Cross a Line in Family Violence, *Feedback- Journal of the Family Therapy Association of Ireland*, pp.74-85.
- Coogan, D (2013a) Engaging and Supporting Embattled Systems - Challenges for Parents and Practitioners in Responding to Child to Parent Violence. Paper presented at the UNESCO Child and Family Research Centre International Conference, National University of Ireland, Galway, 13-14 June 2013.
- Coogan, D, (2013b) Practitioners Perceptions of Child to Parent Violence and the NVR Programme- First Impressions. Paper presented at the 13th IPSCAN European Conference, Dublin, 17th September 2013.
- Delgado J.M. y Gutiérrez J. (2007). *Métodos y técnicas cualitativas de investigación en ciencias sociales*. Madrid: Síntesis.
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49, 71-75.
- Derogatis, L.R. (2001). *Brief Symptom Inventory (BSI)-18. Administration, scoring and procedures manual*. Minneapolis: NCS Pearson, Inc
- Echeburúa E. y De Corral. P. (1998). *Manual de violencia familiar*. Madrid: Siglo XXI.
- Parker, G., Tupling, H., and Brown, L.B. (1979) A Parental Bonding Instrument. *British Journal of Medical Psychology*, 1979, 52, 1-10.
- Pereira Tercero R. y BertinoMenna L. (2009). "Una comprensión ecológica de la violencia filio-parental". *Revista Redes*, 21: 69-90.
- Rico, Rosario (2008) *Violencia Intrafamiliar: Menores que Agreden*. Asociación ALTEA-ESPAÑA. Daphne II – Project JLS/2006/DAP-1/264/WY. (Online) Available from:
<http://www.altea-europa.org/documentos/PublicacionLibrodaphneII.pdf>