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PREVALENCE OF CHILD-TO-PARENT VIOLENCE: A SYSTEMATIC REVIEW

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Abstract
Child-to-Parent Violence (CPV) is a current phenomenon that refers to a type of family violence where children exhibit aggressive behaviors towards their parents. This study aimed to review the prevalence of CPV (physical, psychological, and economic) according to the sex of the aggressor and victim in community, judicial, and clinical populations. Following the PRISMA declaration, the search included 421 articles in Web of Science, Scopus, and Psychology Data Base, of which 25 met the eligibility criteria. The results indicate that CPV is a global issue, with a high incidence (96%) in physical CPV, psychological CPV (76%), and economic CPV (40%) studies. The urgency to establish a common methodology in CPV research is emphasized, as variability in prevalence rates highlights the need for a unified approach to facilitate meaningful comparisons between study populations.
Keywords: violence, physical, psychological, economic, community, judicial, clinical.

INTRODUCTION

Child-to-Parent Violence (CPV) is a complex social phenomenon that has gained recognition in recent decades. According to Pereira (2017), CPV refers to repeated behaviors of physical, verbal, or non-verbal aggression against parental figures. One conceptual approach was made by Holt (2011), identifying any behavior by a child intended to inflict physical, psychological, or financial harm to gain power and control over one of the parents. From these definitions, the key feature is the intentionality of harm by the child towards a family member (Ibabe, 2020).

Physical CPV involves using force to inflict harm on another person, characterized by violent actions (hits, punches, etc.) that can cause pain, physical injuries, and even death (Jiménez-García et al., 2022).

Psychological CPV is a form of abuse by children that involves acts causing emotional or psychological harm to the parents (Contreras et al., 2020a). It is characterized by a series of behaviors (insults, threats, emotional manipulation, etc.) that can have a detrimental impact on the mental health of the affected parents (Calvete & Orue, 2016).

Economic violence, according to Cottrell (2001), goes beyond merely stealing money or belongings from the parents, including emotional pressure to acquire unaffordable goods and the irresponsible accumulation of debts falling on the parents. It is often combined with psychological violence in the form of threats, emotional blackmail, and extortion (Arias-Rivera & Hidalgo, 2020).

The frequency of CPV can be classified into two criteria: isolated cases (occurring once) (Cano-Lozano et al., 2021) or repeated CPV (occurring on several occasions) (Del Hoyo-Bilbao et al., 2018).

CPV has received limited attention compared to other types of family violence, such as gender-based violence or parent-to-child violence. A concerning lack of knowledge exists regarding the prevalence and severity of this type of violence, with varied results. As Rodríguez et al. (2013) and Morán et al. (2012) indicate, national and international community study prevalence data show that the weighted average of physical aggression against parents was around 10%, offering a general estimate of the problem's magnitude. Arias-Rivera & Hidalgo (2020) mention that the prevalence of CPV varies across studies: internationally, physical

CPV affects 11% to 22% of adolescents and psychological CPV affects 51% to 75%. In Spain, according to adolescents, physical CPV ranges from 7.8% to 8.4% and psychological CPV from 91.2% to 95.8%. According to parents, physical CPV in Spain is between 8.3% and 13.8%, and psychological CPV is between 85% and 99.4%.

Álvarez et al. (2011) analyzed the aggressive behavior of 82 minors aged 7 to 21, attended in 2007 and 2010. 70.7% were male, with an average age of 14.26 years. 62.2% exhibited verbal and physical aggressive behaviors, and 37.8% exhibited only verbal aggression. In 64.6% of cases, both parents were victims.

Accurately estimating the frequency of CPV is challenging due to various factors that limit the reliability of assessments (Aroca-Montolío et al., 2014). Major methodological limitations include variations in sample size and type (community, judicial, and clinical), diversity of tools used, and differences in the characterization of violence types and perpetrators' ages (Rodríguez, 2013).

However, this information is dispersed in the scientific literature, so this systematic review will efficiently synthesize a large amount of data to provide an updated image. Thus, the goal of this work is to conduct a systematic review of the prevalence of both isolated and repeated CPV in community, judicial, and clinical populations, considering differences based on the sex of the aggressor and victim across different types of violence (physical, psychological, and economic).

METHOD

To carry out this systematic review, the guidelines of the PRISMA declaration (Page et al., 2021) and the methodological guidelines proposed by Rubio-Garay et al. (2017) were followed concerning search terms, analysis period, definitions, and typologies. The documents used were selected using the search equation with terms presented in Figure 1, which corresponds to the search in databases: Web of Science, Scopus, and Psychology Data Base, analyzed simultaneously from May 15, 2024, to July 15, 2024.

The data extraction methods for selected sources involved using the Mendeley bibliographic manager, and duplicates were eliminated. A researcher independently reviewed all titles and abstracts using the eligibility criteria, and freely accessible full texts were consulted. Discrepancies in each phase were resolved by discussion with a second researcher, reaching consensus.

The recommendation by Sánchez-Meca et al. (2011) was applied for combining formal search strategies. The study selection process is described in the flow diagram presented (Figure 1).

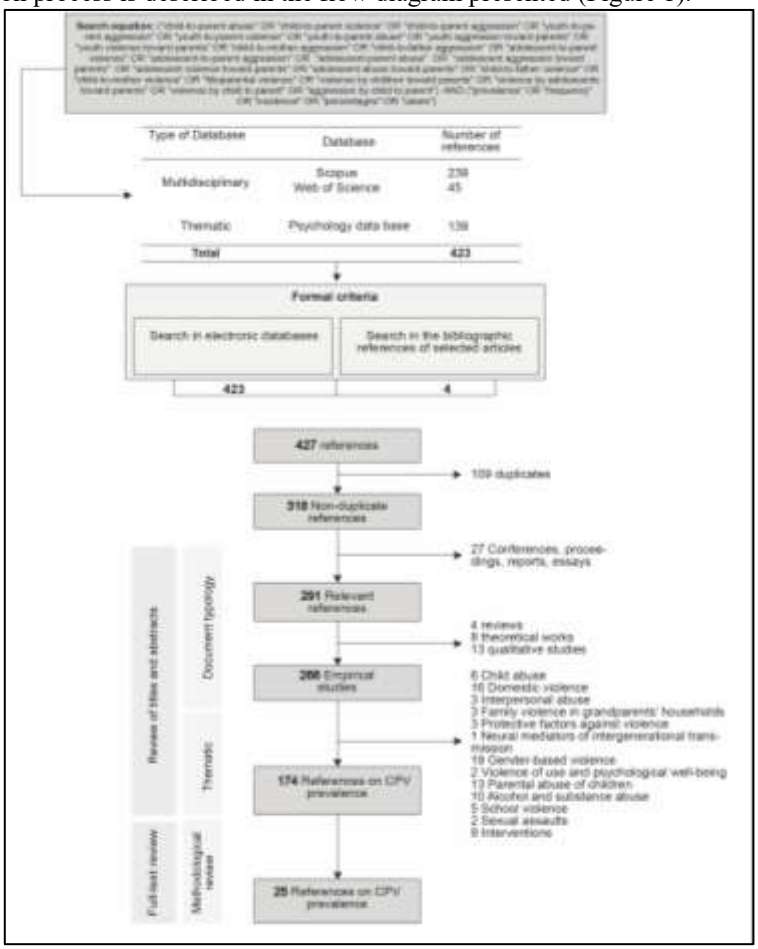

FIGURE 1 Flowchart of the Procedure for Search and Selection of Studies.

Inclusion criteria considered studies that contained the search equation keywords in the title: study period (2010-2023), studies published in English and Spanish, epidemiological and empirical studies focusing on CPV prevalence, studies on community, judicial, and clinical populations, with adolescent and young adult samples, regardless of the sex of the perpetrator or parent.
Exclusion criteria omitted documents lacking essential methodological information, observational studies, theses, book chapters, conference proceedings, reviews, expert opinions, therapeutic experiences, and case studies that did not provide data on CPV types. Studies analyzing other forms of violence, such as family, child abuse, or gender violence, were also excluded.
All the data were extracted from published studies, with no need for ethical approval and no payment required for viewing them. The Cochrane Handbook for Systematic Reviews (Higgins and Green, 2011) was taken into account: 1) Generation of random sequence; 2) Allocation concealment; 3) Blinding of participants and personnel; 4) Blinding of assessors; 5) Incomplete outcome data; 6) Selective reporting of results; and 7) Others.

RESULTS

Once the search equation (Figure 1) was applied, 239 articles were obtained from the Scopus database, 45 from Web of Science, and 139 from Psychology Data Base, plus 4 secondary sources, totaling 427 sources. Subsequently, 109 duplicates were discarded, and 27 documents were excluded due to their typology (conferences, proceedings, reports, and essays), leaving a total of 291 relevant sources. Additionally, 25 references were excluded because they were theoretical papers and qualitative studies. To determine the references on CPV prevalence, 92 studies were not considered as they addressed other topics irrelevant to this review. After analysis, 174 references specifically addressing CPV were selected. It was determined that 25 studies met the criteria for reporting prevalence data on CPV (Table 1).

TABLE 1 Methodological Characteristics of the Studies Included in the Systematic Review

Authors	Year	Country	Instrument	Criteria	Physical	Psychological	Economic
Boxer et al.	2009	United States	CBCL Conflict Tactics Scales	Repeated	X		
Calvete & Orue	2016	Spain	CPAQ Adapted	Isolated Repeated	X	X	
Calvete et al.	2022	Spain	CPAQ-R Revised	Isolated Repeated	X		
Calvete & Veytia	2018	Mexico	CPAQ Adapted	Isolated Repeated	X	X	
Cano-Lozano et al.	2023	Spain	CPV-Q Validated	Repeated	X	X	X
Cano-Lozano et al.	2021	Spain	CPV-Q Validated	Isolated Repeated	X	X	X
Contreras et al.	2020b	Spain	CPV-QP	Isolated Repeated	X	X	X
Contreras et al.	2020a	Spain	C-VIFIP Validated	Isolated Repeated	X	X	X
Del Hoyo-Bilbao et al.	2018	Spain	CPAQ Validated Adapted	Isolated Repeated	X	X	
Gámez-Guadix et al.	2012	Spain	Ad hoc CTS Validated	Isolated Repeated	X	X	
Ibabe	2019	Spain	CTS Applied	Repeated	X	X	
Ibabe et al.	2014	Spain	Family Violence Scale	Isolated Repeated	X	X	X
Jarlen et al.	2016	Chile	CPV-Q Validated	Isolated Repeated	X	X	X
Jiménez-García et al.	2022	Chile	CPV-Q Adaptation	Repeated	X	X	X
Jiménez-García et al.	2020	Chile	C-VIFIP Adaptation	Repeated	X	X	X
Kageyama et al.	2016	Japan	General Health Questionnaire K6 Detection Questionnaire	Repeated	X	X	
Ilabaca & Gaete	2021	Chile	Ad hoc Administered	Isolated Repeated	X	X	X

Loinaz et al.	2020	Spain	CPVR Adapted	Repeated	X	X	X
Lyons et al.	2015	Canada	IPS Adapted	Repeated	X		
Pagani et al.	2004	Canada	CTS Administered	Repeated	X	X	
Pagani et al.	2009	Canada	CTS Administered	Repeated	X	X	
Sheed et al.	2023	Australia	VP-SAFvR Discriminatory Validity	Repeated	X		
Walsh & Krienert	2007	United States	NIBRS Descriptive Statistics	Enhanced Intimidation	X		
Beckmann	2019	Germany	CTS Conflict Tactics Scale	Isolated	X		
Simmons et al.	2018	Australia	ABC-I Validated	Repeated	X		

Notes. CPAQ = Child-to-Parent Aggression Questionnaire (Calvete et al., 2013; Mexican validation and adaptation, Calvete & Veytia, 2018); CPV-Q = Child-to-Parent Violence Questionnaire, adolescent version (Contreras et al., 2019; Chilean adolescent validation, Jiménez-García et al., 2022). C-VIFIP = Child-to-Parent Violence Questionnaire (C-VIFIP; Contreras et al., 2019). P = Psychological; F = Physical; E = Economic; CD = Control Domain; CPV-Q = Child-to-Parent Violence (Contreras et al., 2019; youth version, Cano-Lozano et al., 2021); CPV-QP = Child-to-Parent Violence Questionnaire, Parent's version (CPV-Q-P; Contreras et al., 2020); CPAQ = Child-to-Parent Aggression Questionnaire (Calvete et al., 2013; Del Hoyo_Bilbao et al., 2018); CTS = (Revised Conflict Tactics Scales, CTS2 and Conflict Tactics Scales, Parent-Child, CTSPC; Straus & Douglas, 2004; CPVR = The Child-to-Parent Violence Risk Assessment Tool (CPVR); CPV = (subscale for evaluating physical, psychological, and emotional violence according to Cottrell's (2001); VP-SAFvR = Victoria Police Screening Assessment for Family Violence Risk (VP-SAFvR); the Parent-Child Conflict Tactics Scales (CTSPC)-Parent-To-Child (Straus et al., 1998) and Child-To-Parent (Straus et al.,1998; Straus & Douglas, 2004), the Revised Conflict Tactics Scales-Short Form (CTS2-Short Form; Straus & Douglas, 2004); The ABC-I's development is informed by the content of the Beliefs about Child to Parent Abuse Questionnaire (BACPAQ; Simmons et al. 2019).

Research on CPV has been carried out in various countries, with a significant concentration in Spain, followed by studies in Chile, Canada, the United States, Mexico, and Australia. In Spain, extensive research on CPV has been conducted, with 44% of studies (Calvete & Orue, 2016; Calvete et al., 2022; Cano-Lozano et al., 2023; 2021; Contreras et al., 2020a; 2020b; Del Hoyo-Bilbao et al., 2018; Gámez-Guadix et al., 2012; Ibabe, 2019; Ibabe et al., 2014; Loinaz et al., 2020). In Chile, 16% of research has been done (Jarlen et al., 2016; Ilabaca & Gaete, 2021; Jiménez-García et al., 2022; 2020). 12% of studies have been conducted in Canada (Lyons et al., 2015; Pagani et al., 2004; 2009). In the United States, 8% of cases have been investigated (Boxer et al., 2009; Walsh & Krienert, 2007). Similarly, 8% of studies have been conducted in Australia (Simmons et al., 2019; Sheed et al., 2023). Mexico and Germany contribute 4% each (Calvete & Veytia, 2018; Beckmann, 2019).

Regarding age, 36% of the studies include adolescents between 12 and 18 years old, while 16% of the studies include young adults between 18 and 25 years old.

It is noted that 56% of the 25 studies in this research (Calvete et al., 2016; 2022; Calvete & Veytia, 2018; Cano-Lozano et al., 2023; 2021; Contreras et al., 2020a; 2020b; Del Hoyo-Bilbao et al., 2018; Ibabe, 2019; Ibabe et al., 2014; Ilabaca & Gaete, 2021; Jarlen et al., 2016; Jiménez-García et al., 2022; 2020) are not retrospective, including real-time data collection through observations, reports from parents or third parties (such as teachers or health professionals), or documented records of recent incidents. 40% of studies are retrospective (Beckmann, 2019; Boxer et al., 2009; Gámez-Guadix et al., 2012; Kageyama et al., 2016; Loinaz et al., 2020; Lyons et al., 2015; Pagani et al., 2004; 2009; Simmons et al., 2019; Walsh & Krienert, 2007), which may be subject to limitations such as participant recall accuracy, retrospective bias, and lack of contemporary objective data.

Frequency Criteria of CPV

Regarding the criteria used to extract prevalence data on CPV in studies, the isolated cases of aggression (any behavior exercised at least once) were used by 48% of the studies. As for the repeated aggression criterion (behavior exercised two or more times), 92% of studies employ this criterion. Additionally, the combination of both criteria has been identified in 44% of the studies. Lastly, 4% of studies are based on official records of crimes related to CPV.

Types of CPV

Regarding the type of CPV analyzed, physical CPV was analyzed in 96% of the studies, while psychological CPV was analyzed in 76% of the cases, compared to economic CPV (40%).

Next, the characteristics of the sample and the results obtained on the prevalence of CPV are described (see Table 2).

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TABLE 2 Prevalence of physical, psychological, and economic filio-parental violence.

Author	Year	Population	N	Age (years)	Aggressor Gender	CPV Physical						CPV Phychological						CPV Economic					
						Point Prevalence (%)			Recurrent Prevalence (%)			Point Prevalence (%) Víctim			Recurrent Prevalence (%) Víctim			Point Prevalence (%) Víctim			Recurrent Prevalence (%) Víctim		
						M	P	A	M	P	A	M	P	A	M	P	A	M	P	A	M	P	A
Boxer et al.	2009	Clinical	232	11-18	♀				29.1	15.5	8.2												
					⚧				35.2	28.7	19.7												
					♂				8.2	19.7													
Calvete y Orue.	2016	Community	1.274	14-18	♀	7.8	6.3					93.9	87.5		7.7	5.8							
					⚧	5	4.6					90.7	85.6		6.6	6.7							
					♂			8.9															
Calvete y Veytia[1]	2018	Community	1.417	14-19	♀	7.3	5.3		1.7	0.9		89.6	71.2		4.0	3.1							
					⚧	5.1	7.1		1.5	1.6		83.9	73.1		3.4	4.1							
Calvete et al.	2022	Community	1.244	12-17	♀							53.8	54.7	63.7	11.5	12.5	18						
					⚧							45.8	48.8	56.8	9.5	11.4	14.9						
Cano-Lozano et al. [2]	2023	Judicial	208	14-20	♀				2.48	2.66					2.29	2.84					0.76	0.69	
					⚧				2.18	2.55					0.94	1.69					0.69	0.54	
Cano-Lozano et al.	2021	Community	1.543	18-25	♀	13.6	7.5		3.5	2.4		97.1	91.4		77.8	63.9		63.4	53.1		34.5	26.1	
					⚧	15.3	15.0		5.1	5.2		91.4	87.7		63.4	53.1		68.1	66.9		35.1	33.8	
					♂	14.4	11.2		4.3	3.8		94.2	89.6		70.5	58.5		65.8	59.9		34.7	29.9	
Contreras et al.	2020b	Community	1.012	12-17	♂	4.20	3.20		1.70	0.90		25.70	19.80		11.20	7.40		18.30	15.30		6.80	680	
Contreras et al.	2020a	Community	1.624	12-18	♀	8.1	6.3		1.9	2.1		57.6	54.9		24.0	23.0		35.8	31.4		15.9	13.1	
					⚧	7.10	7.0		2.1	2.5		46.9	43.2		17.8	15.7		38.0	33.8		14.2	9.9	
					♂	8.1	6.3		1.9	2.1		52.8	49.6		20.9	19.9		36.8	32.5		15.1	11.8	
Del Hoyo Bilbao et al.	2018	Clinical	169	16-26	♂	68.8	68.8		24.2	26.6		68.8	68.8		77.3	59.4							
Gámez-Guadix et al.	2012	Community	1.343	18-25	♀				3.1	3.5					70.9	60.1							
					⚧				4.4	4					68.4	57							
					♂	4.7	4.7					72.2	72.2										
Ibabe et al.	2014	Judicial	231	14-18	♂	73	73		73	73					84	84		53	53		53	53	
			586		♀										88								

Ibabe	2019	Community		12-18	⚥				7.0	5.3					81								
					⚤										77	77							
Jarlen et al.	2016	Community	182	14-18	⚢	98.0	96.9		2.0	3.1		1.0	7.2		99.0	92.8		33.3	35.1		66.7	64.9	
					⚣	97.0	95.2		3.0	4.8		9.0	7.8		91.0	92.2		46.3	38.1		53.7	61.9	
					⚤	97.6	96.3		2.4	3.8		4.1	7.5		95.8	92.5		38.5	36.3		61.5	63.8	
Jiménez-García et al.	2022	Community	905	12-18	⚢				5.6	5.2					70.6	62.0					37.2	30.5	
					⚣				2.5	4.3					59.3	59.6					33.2	34.2	
					⚤				4.5	4.9					66.3	61.0					35.7	32.0	
Jiménez-García et al.	2020	Community	823	18-25	⚢				5.6	5.2					70.6	62.0					37.2	30.5	
					⚣				2.5	4.3					59.3	59.6					33.2	34.2	
					⚤				4.5	4.9					66.3	61.0							
Kageyama et al.	2016	Clinical	379	60-80	⚤												58.1						
Ilabaca y Gaete.	2021	Community	1.861	13-20	⚢	12.6	4.3		0.9	0		41.1	21.3		21.7	23.8		17.9	11.1		18.2	11.0	
					⚣	11.2	7.5		0.7	0		42.3	26.9		19.8	22		18.9	13.7		18.5	12.0	
Loinaz et al.	2020	Clinical Judicial	91	17,07	⚢				68.6	17.1					85.7	42.9					50.0	17.1	
					⚣				48.2	32.1					92.7	50.0					45.5	23.2	
Lyons et al.	2015	Community	365	18-24	⚣				6.3	5.5													
Pagani et al.	2004	Community	6.397	15-16	⚢				13.7						65.9								
					⚣				13.5						61.5								
Pagani et al.	2009	Community	6.397	15-16	⚢						9.5						57.5						
					⚣						12.3						53.5						
Sheed et al.	2023	Judicial	4.999	10-24	⚢				22.80	22.80													
					⚣				24.87	24.87													
					⚤						27.15												
Walsh y Krienert.	2007	Judicial	17.957	<21	⚢	6.1	6.9		8.9	14.5													
					⚣	9.7	9.3		10.8	16.0													
Beckmann	2019	Community	2.490	13-18	⚤			5.3															
Simmons et al	2019	Commu	587	14-25	⚢				29	13													

		nit y																				
									7	8												

Notes. CPV = Parent-Child Violence; H = Male; M = Female; A = Both; 1 combined rate of psychological and economic violence; 2 data of mean scores.

Physical Child-to-Parent Violence: Community, Judicial, and Clinical Populations

In relation to physical CPV data in the community population, it is observed that 36% of individuals have exercised CPV at least once. Additionally, between 47% and 56% have exercised repeated CPV (indicator based on a score higher than a certain value on a frequency scale). It is important to highlight that mothers are more frequently victims of CPV than fathers. Regarding the sex of the aggressor in isolated violence, no significant differences were found between sons/daughters. However, in the case of repeated CPV, it is observed that 52% of sons exercise more CPV than daughters, with this being the highest percentage found, in contrast to daughters (48%).

In judicial populations, fewer studies are available, but the data indicates that 8% have exercised CPV at least once, while 12% have exercised repeated CPV, based on the appearance of a violence incident within 6 months of the first episode (Sheed et al., 2023) or more than one episode of CPV exercised during 12 months (Ibabe et al., 2014).

In this case, mothers and fathers are victims of CPV in similar proportions. Regarding the sex of the aggressor in isolated violence, 4% of sons/daughters exercise violence equally, while in repeated violence, 12% of sons/daughters exercise it equitably.

Lastly, in the clinical population, research data reveals that 4% have exercised CPV at least once during the last year. In this group, mothers and fathers are also victims in similar proportions. Regarding the sex of the aggressor in isolated cases, 4% of sons/daughters exercise violence equally, while in repeated cases, 12% of sons/daughters also exercise violence equally.

Psychological Child-to-Parent Violence: Community, Judicial, and Clinical Populations

Regarding psychological CPV figures in the community population, 36% have exercised it at least once, and between 48% and 56% have exercised it repeatedly. It is noteworthy that mothers are more frequently victims of psychological CPV than fathers. Regarding the sex of the aggressor in isolated violence, 28% (the lowest percentage found) showed no differences, while in repeated violence, 52% (the highest percentage found) corresponds to sons/daughters.

In the judicial population, although fewer studies are available, data indicates that 12% have exercised psychological CPV repeatedly, and in this case, mothers and fathers are victims in similar proportions. Regarding the sex of the aggressor in repeated violence, no significant differences were found.

Finally, in the clinical population, the data reveals that 4% have exercised psychological CPV at least once, while 12% have exercised it repeatedly, and mothers and fathers are victims in similar proportions. In isolated violence, 4% of sons/daughters exercise it equally, while in repeated violence, 12% of sons exercise it equally.

Economic Child-to-Parent Violence: Community, Judicial, and Clinical Populations

Regarding economic CPV figures, in the community population, 20% of individuals have exercised it at least once, the lowest percentage recorded in the studies. Additionally, between 24% and 28% have exercised it repeatedly (criterion based on obtaining a score of 2 or higher on the Likert scale used), and in this case, both mothers and fathers are victims equally.

Regarding the sex of the aggressor in isolated violence, 16% corresponds to sons/daughters (the lowest percentage recorded), while in repeated violence, 24% of sons/daughters exercise it equally (the highest percentage recorded).

In the judicial population, it is observed that 4% of individuals have exercised economic CPV at least once. However, 12% have exercised it repeatedly, and in this case, both mothers and fathers are victims equally. Regarding the sex of the aggressor, 4% corresponds to both sons, while 8% of sons/daughters exercise repeated violence equally (the highest percentage recorded).

Finally, in the clinical population, research data reveals that 4% have exercised this type of violence repeatedly, and in this context, both mothers and fathers are victims equally. Regarding the sex of the aggressor, no differences were found.

DISCUSSION AND CONCLUSIONS

The primary objective of this study was to conduct a systematic review of the prevalence of CPV in community, judicial, and clinical populations, considering differences based on the sex of the aggressor and in different types of violence (physical, psychological, and economic). The majority of CPV research is concentrated in Spain (44%), reflecting a high level of awareness regarding this issue due to an increase in reports and the establishment of public equality policies, a trend also seen in Europe and the United States (Walsh

& Krienert, 2007). Other countries with significant contributions include Chile (16%), Canada (12%), Austria (8%), while Mexico and Germany contribute 4% each. However, differences in samples and sociocultural factors make direct comparisons between contexts difficult.

Regarding the prevalence of physical CPV in the community population, it appears in isolated cases (36%) and repeatedly (47%-56%). Mothers are more frequently victims than fathers, a result consistent with other findings (Ilabaca & Gaete, 2021; Pagani et al., 2004). This pattern could be explained by gender role socialization and family dynamics, as pointed out by Cottrell & Monk (2004). Additionally, Pagani et al. (2003) identified several factors such as maternal vulnerability, reduced social support, and work overload. In repeated cases, sons exercise more violence than daughters, which could be attributed to personal characteristics (Calvete & Orué, 2016).

Psychological violence shows a prevalence similar to physical CPV both in isolated (36%) and repeated (48%-56%) cases. As with physical violence, mothers are primarily victims (Cottrell & Monk, 2004; Ibabe, 2019). No significant differences were found based on the sex of the aggressor, which aligns with studies by Calvete et al. (2022) and Loinaz et al. (2020).

On the other hand, economic violence has a lower prevalence compared to other forms of CPV, appearing in isolated cases in 20% of the cases. In this type of violence, both mothers and fathers are victims equally (Ilabaca & Gaete, 2021). In repeated contexts (24%-28%), sons and daughters exercise this type of violence equally. Jarlen et al. (2016) suggest that this behavior could be related to attempts to exert control or power over parents. Contreras et al. (2020a) highlight that shared economic responsibility might explain the economic aggression towards both parents.

Regarding the judicial population, the prevalence of physical CPV (8%-12%), psychological CPV (12%), and economic CPV (4%-12%) is lower than that observed in the community population, possibly due to underreporting or less detection. In the clinical population, the levels of physical and psychological violence are similar to those of the community population, while economic CPV is less prevalent. No significant differences were found based on the sex of the aggressor, which aligns with the results of Ibabe et al. (2014).

In general, these findings underline the importance of treating CPV as a relevant social issue. The higher prevalence of violence towards mothers highlights the need for specific support and awareness strategies for this population. Furthermore, the differences identified based on the aggressor's sex in repeated violence cases emphasize the need to design interventions tailored to family and gender dynamics (Martínez et al., 2015).

A higher prevalence of CPV has been noted in the community population. However, there are limitations due to the lack of studies in judicial and clinical contexts, resulting from the scarcity of available reports in the literature and difficulty accessing these samples. Additionally, the complexity of the search equation may have excluded relevant research on the topic. Although selection biases were considered, some of the studies included do not present high methodological quality, which limits the generalization of results.

The heterogeneity of the methodological designs and measurement methods used in the selected studies also complicates the interpretation of the results. In future systematic reviews, it is recommended to ensure that studies meet rigorous criteria, as suggested by Higgins and Green (2011), which include random sequence generation, allocation concealment, and participant and staff blinding. An additional challenge is the variety of instruments used to measure CPV, so it is suggested to prioritize studies that use validated instruments, which would improve the quality and consistency of the research.

Among the 25 studies analyzed, approximately 44% correspond to retrospective research, which presents significant limitations. These depend on participants' recollections, which can introduce biases due to impressions or omissions. To address this limitation, it is recommended to reduce the time gap between the experience of the phenomenon and data collection, which could improve the accuracy of this type of study.

Most CPV studies have focused on adolescents, although this does not imply that the phenomenon is limited exclusively to this stage. CPV is more prevalent during adolescence due to significant changes in family dynamics (Pereira, 2017). During this stage, adolescents seek greater autonomy and struggle to define their identity, which can lead to conflicts when challenging family norms. Factors such as lack of communication and conflict resolution skills, loss of control, and the desire for power equality contribute to the emergence of CPV (Contreras et al., 2020a; Jiménez-García et al., 2020).

The typical onset of CPV occurs around 12 years old and can extend to 18 or even 25 years. Recently, research has begun to explore CPV in young adults aged 18 to 25, particularly in contexts where late emancipation is common, a feature in Western countries. In these cases, prolonged family cohabitation may contribute to the continuation of this type of violence (Cano-Lozano et al., 2021).

One of the main contributions of this study is that it provides a comprehensive view of the prevalence of CPV in different contexts: community, judicial, and clinical, allowing the identification of the magnitude of the problem in each setting and comparing prevalence rates.

The implications of this study for research and professional practice are significant, as they highlight the importance of addressing the intensity, consequences, and risk factors associated with CPV. An early intervention approach is recommended to prevent the worsening of issues and a global, contextualized approach that considers the particularities of each population. Prevention and treatment strategies should be adapted to the specific characteristics of the analyzed contexts.

Future research directions include analyzing the cultural and social factors that influence the occurrence of CPV in different contexts. It is also essential to examine individual and parental factors, such as substance use, psychological aspects, and family dynamics, that may contribute to the emergence of this type of violence.

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REFERENCES

1. Álvarez, M., Herrero, M., & Martínez, B. (2011). Análisis de la conducta agresiva en menores atendidos en una clínica psicológica. *Revista de Psicología Clínica*, 23(2), 123-135.
2. Arias-Rivera, S., Hidalgo, V. (2020). Fundamentos teóricos y factores explicativos de la violencia filio-parental. Un estudio de Alcance. *Anales de Psicología, 36*(2), 220-231. https://doi.org/10.6018/analesps.338881.
3. Aroca-Montolío, C., Lorenzo-Moledo, M. y Miró-Pérez, C. (2014). La violencia filio parental: un análisis de sus claves. *Anales de psicología, 30*(1), 157-170.
4. Beckmann, L. (2019). Family relationships as risks and buffers in the link between parent-to-child physical violence and adolescent-to-parent physical violence. *Springer Science+Business Media, LLC, part of Springer Nature*. https://doi.org/10.1007/s10896-019-00048-0
5. Boxer, P. Gullan, R. L. y Mahoney, A. (2009). Adolescents' physical aggression toward parents in a clinic-referred sample. *Journal of Clinical Child and Adolescent Psychology*, *38*(1), 106–116. https://doi.org/10.1080/15374410802575396
6. Calvete, E., Jiménez-Granado, A., y Orue, I. (2022). The Revised Child-to-Parent Aggressions Questionnaire: An Examination During the Covid-19 Pandemic. *Journal of Family Violence*. https://doi.org/10.1007/s10896-022-00465-8
7. Calvete, E. y Orué, I. (2016). Violencia filio-parental: frecuencia y razones para las agresiones contra padres y madres. *Psicología Conductual*, *24*(3), 481.
8. Calvete, E. y Veytia, M. (2018). Adaptation of the child-to-parent violence questionnaire to Mexican adolescents. *Revista Latinoamericana de Psicología*, *50*(1), 49–60. https://doi.org/10.14349/rlp.2018.v50.n1.5
9. Cano-Lozano, M. C., Contreras, L., Navas-Martínez, M. J., León, S. P., y Rodríguez-Díaz, F. J. (2023). Child-to-parent Violence Offenders (Specialists vs. Generalists): The Role of Direct Victimization at Home. *The European Journal of Psychology Applied to Legal Context*, *15*(1), 9–22. https://doi.org/10.5093/ejpalc2023a2
10. Cano-Lozano, M. C., León, S. P., & Contreras, L. (2021). Child-to-Parent Violence: Examining the Frequency and Reasons in Spanish Youth. *Family Relations*, *70*(4), 1132–1149. https://doi.org/10.1111/fare.12567
11. Contreras L., Rodríguez-Díaz F., y Cano-Lozano M. (2020a). Prevalencia y razones para la violencia filio-parental en adolescentes españoles: Diferencias de género en víctimas y agresores. Psicología Jurídica: Investigación para la Práctica Profesional. Colección Psicología y Ley, Nº16, *Sciendo*, 3920, pp. 177-190. https://doi.org/10.2478/9788395609596-013
12. Contreras, L., León, S. P., y Cano-Lozano, M. C. (2020b). Assessing Child-to-Parent Violence with the Child-to-Parent Violence Questionnaire, Parents' Version (CPV-Q-P): Factor Structure, Prevalence, and Reasons. *Frontiers in Psychology*, *11*. https://doi.org/10.3389/fpsyg.2020.604956
13. Cottrell, B. (2001). *Parent abuse: The abuse of parents by their teenage children*. Family Violence Prevention Unit, Health Canada.
14. Cottrell, B. y Monk, P. (2004). Adolescent-to-parent abuse: A qualitative overview of common themes. *Journal of family Issues, 25*(8), 1072-1095. https://doi.org/10.1177/0192513X0326133.
15. Del Hoyo-Bilbao, J., Gámez-Guadix, M., Orue, I., y Calvete, E. (2018). Psychometric Properties of the Child-to-Parent Aggression Questionnaire in a Clinical Sample of Adolescents Who Abuse Their Parents: Prevalence and Gender Differences. *Violence and Victims*, *33*(2), 203–217. https://doi.org/10.1891/0886-6708.v33.i2.166
16. Gámez-Guadix, M., Jaureguizar, J., Almendros, C., y Carrobles, J. A. (2012). Estilos de socialización familiar y violencia de hijos a padres en población española. In *Behavioral Psychology / Psicología Conductual, 20*(3), 585-602.
17. Higgins, J. P. T. & Green, S. (2011). Cochrane handbook for systematic reviews of interventions version 5.1.0. The Cochrane Collaboration. www. cochrane-handbook.org.
18. Holt, A. (2011). Responding to the problem of 'parent abuse'. *Psychologist*. 24: 186–188.

19. Ibabe, I. (2019). Adolescent-to-parent violence and family environment: The perceptions of same reality? *International Journal of Environmental Research and Public Health*, *16*(12). https://doi.org/10.3390/ijerph16122215
20. Ibabe, I. (2020). A systematic review of youth-to-parent aggression: Conceptualization, typologies, and instruments. *Frontiers in psychology*, *11*. https://doi.org/10.3389/fpsyg.2020.577757
21. Ibabe, I., Arnoso, A., y Elgorriaga, E. (2014). Behavioral problems and depressive symptomatology as predictors of child-to-parent violence. *European Journal of Psychology Applied to Legal Context*, *6*(2), 53–61. https://doi.org/10.1016/j.ejpal.2014.06.004
22. Ilabaca Baeza, P. A., y Gaete Fiscella, J. M. (2021). Adolescents Who Are Violent Toward Their Parents: An Approach to the Situation in Chile. *Journal of Interpersonal Violence*, *36*(11–12). https://doi.org/10.1177/0886260518808856
23. Jarlen, A., Arcos, Á., Elizabeth, R., Guajardo, S., Milena, S., y Moraga, E. (2016). Prevalencia de la violencia filio-parental en adolescentes de la ciudad de Osorno. *Pensamiento y Acción Interdisciplinaria, 1*(1), 59-74
24. Jiménez-García, P., Contreras, L., Pérez, B., Cova, F., y Carmen Cano-Lozano, M. (2020). Adaptation and psychometric properties of the child-to-parent violence (CPV-Q) in young chileans. *Revista Iberoamericana de Diagnostico y Evaluación Psicológica*, *3*(56), 34–46. https://doi.org/10.21865/RIDEP56.3.03
25. Jiménez-García, P., Pérez, B., Contreras, L., y Cano-Lozano, M. C. (2022). Analysing child-to-parent violence in Chilean adolescents: Prevalence and reasons. *Current Psychology*, *41*(9), 6314–6325. https://doi.org/10.1007/s12144-020-01113-4
26. Kageyama, M., Solomon, P., y Yokoyama, K. (2016). Psychological Distress and Violence Towards Parents of Patients with Schizophrenia. *Archives of Psychiatric Nursing*, *30*(5), 614–619. https://doi.org/10.1016/j.apnu.2016.02.003
27. Loinaz, I., Barboni, L., y Ma-De-sousa, A. (2020). Gender differences in child-to-parent violence risk factors. *Anales de Psicología*, *36*(3), 408–417. https://doi.org/10.6018/analesps.428531
28. Lyons, J., Bell, T., Fréchette, S., y Romano, E. (2015). Child-to-Parent Violence: Frequency and Family Correlates. *Journal of Family Violence*, *30*(6), 729–742. https://doi.org/10.1007/s10896-015-9716-8
29. Martínez, M. L., Estévez, E., Jiménez, T. I., y Velilla, C. (2015). Violencia filio-parental: principales características, factores de riesgo y claves para la intervención. *Papeles del psicólogo*, *36*(3), 216-223.
30. Morán Rodríguez, N., Álvarez, M. G., Santos, C. G., y Vera, M. P. G. (2012). Menores que agreden a sus padres: análisis de los datos de prevalencia a nivel nacional e internacional. *Psicopatología Clínica Legal y Forense*, *12*(1), 101-120.
31. Pagani, L., Larocque, D., Vitaro, F., & Tremblay, R. E. (2003). Verbal and physical abuse toward mothers: The role of family configuration, environment, and doping strategies. *Journal of Youth and Adolescence, 32*, 215-223. doi:10.1023/A:1022599504726
32. Pagani, L. S., Tremblay, R. E., Nagin, D., Zoccolillo, M., Vitaro, F., y McDuff, P. (2004). Risk factor models for adolescent verbal and physical aggression toward mothers. *International Journal of Behavioral Development*, *28*(6), 528–537. https://doi.org/10.1080/01650250444000243
33. Pagani, L., Tremblay, R. E., Nagin, D., Zoccolillo, M., Vitaro, F., & McDuff, P. (2009). Risk factor models for adolescent verbal and physical aggression toward fathers. *Journal of Family Violence*, *24*(3), 173–182. https://doi.org/10.1007/s10896-008-9216-1
34. Page, M.J., McKenzie, J.E., Bossuyt, P.M., Boutron, I., Hoffmann, T.C., Mulrow, C.D., Shamseer, L., Tetzlaff, J.M., A, E. (2021). Declaración PRISMA 2020: una guía actualizada para la publicación de revisiones sistemáticas. *Revista Española de Cardiología*, *74*(9): 790-799. https://doi.org/10.1016/j.recesp.2021.06.016.
35. Pereira Tercero, R. (2017). Violencia filio-parental: factores que favorecen su aparición. *Construção psicopedagógica*, *25*(26), 5-16.
36. Rodríguez, N. M. (2013). Padres víctimas de abuso por parte de sus hijos: características descriptivas, factores de riesgo y propuesta de un programa de intervención psicológica *(Doctoral dissertation).*
37. Rubio-Garay, F., López-González, M. A., Carrasco, M. Á., y Amor, P. J. (2017). The prevalence of dating violence: A systematic review. *Papeles del Psicólogo*, *38*(2), 135-147.
38. Sánchez-Meca, J., Marín-Martínez, F., y López-López, J. A. (2011). Meta-análisis e intervención psicosocial basada en la evidencia. *Psychosocial Intervention*, 20(1), 95-107. https://doi.org/10.5093/in2011v20n1a8
39. Simmons, M., McEwan, T. E., Purcell, R., & Ogloff, J. R. P. (2018). Sixty years of child-to-parent abuse research: What we know and where to go. *Aggression and Violent Behavior*, *38*, 31-52. https://doi.org/10.1016/j.avb.2017.11.001
40. Sheed, A., Mcewan, T., Papalia, N., Spivak, B., y Simmons, M. (2023). Assessing Risk of Family Violence by Young People: Identifying Recidivism Base Rates and the Validity of the VP-SAFvR for Youth. *Criminal Justice and Behavior*. https://doi.org/10.1177/00938548231170799
41. Straus, M. A. (1979). Measuring intrafamily conflict and violence: The Conflict Tactics (CT) Scales. *Journal of Marriage and Family, 41*(1), 75–88.