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The Clinical Profile Of Adolescent Offenders Of Child-To-Parent Violence

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Abstract

The aim of the present study was to examine whether juvenile offenders with charges for parent abuse had a different clinical profile from that of juveniles with charges for other offences and from that of non-offenders. The sample comprised 231 adolescents of both sexes aged 14 to 18 in the Basque Country (Spain), of whom 106 were juvenile offenders and the rest from a community sample. Some of the offenders had charges for parent abuse ($n = 59$). Juvenile offenders who were violent toward their parents showed more behaviour and emotional problems than offenders of other types and non-offenders. Certain psychological problems in adolescents could lead to family conflict situations, with parents finding themselves unable to control them.

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1. Introduction

In recent years, violence by adolescents toward their parents (child-to-parent violence or parent abuse) has generated more and more interest in the scientific and clinical fields. Research so far has not produced conclusive results on the psychological or clinical profile of children who assault their parents. However, there is empirical evidence that juvenile who have charges of parent abuse present more psychological disorders than juvenile offenders charged with common crimes [e.g., 1], as well as higher rates of psychiatric hospitalisation and psychotropic medication use [2].

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On the one hand, juveniles who assault their parents exhibit violence in other environments, such as school, often showing antisocial and criminal behaviours [3]. According to the DSM-IV-TR [4], the diagnostic categories most commonly found in this group are in the section for *Disorders of attention deficit and disturbing behaviour* [5, 1]. On the other hand, the profile of adolescents who batter their parents has been found to include depressive symptomatology [6, 7], lower self-esteem and low empathy [1]. Consistent with these findings, in a study carried out in the US, juveniles with parent abuse charges had higher rates of suicide attempts and psychological distress than juvenile offenders with other types of charges [2].

As previous research on child-to-parent violence does not analyse in depth the psychological/psychopathological profile of juvenile offenders, the goal of this study was to explore the extent to which juvenile offenders with charges of parent abuse had more behavioural and/or emotional problems than other young offenders and non-offender juveniles. Furthermore, we analysed the predictive power of emotional and behavioural problems in child-to-parent violence using Structural Equation Modelling.

2. Method

2.1. Participants

The sample comprised 231 adolescents of both sexes (66% boys and 34% girls) aged 14 to 18 in the Basque Country (Spain). The participants were classified in three groups: one made up of offenders reported for violence against parents (PA) ($n = 59$), a second group of juveniles that had committed offences outside the home (NPA) ($n = 47$), and a third group made up of adolescents who had not committed offences (NOF) ($n = 125$). The third group was formed from a larger sample ($n = 485$) in which the sex and age of the two offender groups were taken into account. The non-offenders group is slightly larger than the other two groups, so as to avoid problems with statistical analysis due to the low number of participants sometimes exacerbated by missing values. No significant differences were found among the three groups according to sex [$\chi^2(2, N = 231 = 4.99, p = 0.08)$] and age [$\chi^2(8, N = 231 = 10.68, p = 0.22)$].

2.2. Instruments

Intra-family Violence Scale [8]. This questionnaire measures family violence: child-to-parent violence and other types of family violence (parent-to-child violence and marital violence). In this study the internal consistency of the child-to-parent violence subscale ($\alpha = .80$) was acceptable.

Multi-factor Self-Assessment Child Adjustment Test (TAMAI, [9]). The TAMAI is an individually and/or collectively self-applied test for children and adolescents aged 8 to 18. This instrument consists of a 175-item self-report questionnaire with true-false response format, and has five dimensions. In this study three dimensions were applied: personal maladjustment (e.g., somatisation, depression, cognitive punishment –discomfort, pain or tension- or intropunitive –self-censorship, self-rejection, inward aggression-, school maladjustment (e.g., school indiscipline, aversion to instruction, low-motivation or low-industriousness) and social maladjustment (social self-maladjustment, social aggression or infringement of rules -tendency to disregard or rebel against rules-). In the present research, personal maladjustment ($\alpha = .83$) and school maladjustment ($\alpha = .75$) presented adequate levels of internal consistency, but the value of social maladjustment ($\alpha = .46$) was lower than desirable ($\alpha < .70$).

Behavior Assessment System for Children (BASC, [10]). The questionnaire for adolescents (aged 12-18) is made up of 12 scales, but only a subset of five psychological scales was used: social stress, sensation-seeking, anxiety, self-esteem and external locus of control. These rating scales consisted of 64 items. Alpha reliability coefficients for the scales used ranged from .73 to .83.

Adolescent Clinical Inventory (MACI, [11]). The MACI is designed to assess personality characteristics and clinical syndromes in adolescents. It consists of 160 items grouped into 27 scales divided into three main areas: personality characteristics, concerns and clinical syndromes. For the current study, we used only the 10 items related to drug use (Substance-Abuse Proneness Scale) included in the clinical syndromes domain. The alpha reliability coefficient for this scale was .73.

Magallanes Scale of Attention Deficit Identification in Adolescents (ESMIDA-J, [12]). This is a self-applied test with 20 items for detecting behaviour indicators corresponding to the conditions “Attention Deficit and Hyperactivity Disorder” (ADHD) or “Attention Deficit Disorder” (AD). Alpha reliability coefficients for the scales were .78 and .63, respectively.

2. Results

Table 1 shows the results of unifactorial analysis of variance when factor (group) was significant.

Table 1

Mean comparisons of variables in the study as a function of the group

	PA (<i>n</i> = 59)	NPA (<i>n</i> = 47)	NOF (<i>n</i> = 125)	<i>F</i>	<i>p</i>
CHILD-TO-PARENT VIOLENCE					
Physical violence	1.83 ^a	1.42	1.24 ^a	8.43	.000
Psychological violence	2.20 ^a	1.69	1.52 ^a	6.27	.002
Financial violence	1.82 ^{ab}	1.28 ^a	1.30 ^b	6.54	.002
EMOTIONAL PROBLEMS					
Personal maladjustment	12.73 ^{ab}	9.59 ^a	9.54 ^b	7.62	.001
External locus control	5.59 ^a	4.31	3.21 ^a	14.13	.000
Somatisation	3.57 ^a	2.85	2.61 ^a	3.56	.028
School low-motivation	6.58 ^a	5.26	4.76 ^a	6.78	.001
School low-industriousness	6.58 ^{ab}	5.26 ^a	4.76 ^b	9.76	.000
Cognitive punitive	8.40 ^{ab}	6.13 ^a	6.63 ^b	8.01	.000
Intropunitive	5.25 ^{ab}	4.04 ^a	4.12 ^b	8.50	.000
Depression	1.61 ^{ab}	0.87 ^a	0.84 ^b	11.27	.000
BEHAVIOURAL PROBLEMS					
School maladjustment	19.08 ^{ab}	15.22 ^a	13.67 ^b	13.62	.000
Hyperactivity	7.08 ^a	7.07 ^b	4.62 ^{ab}	11.43	.000
Attention deficit	1.86	1.34	1.17	3.64	.003
Aversion to instruction	16.53 ^{ab}	13.78 ^a	12.33 ^b	10.83	.007
School indiscipline	2.56 ^{ab}	1.43 ^a	1.33 ^b	13.45	.002
Social maladjustment	13.85 ^{ab}	11.26 ^a	10.26 ^b	13.70	.000
Social aggression	1.24 ^{ab}	0.74 ^{ac}	0.38 ^{bc}	18.04	.000
Social self-maladjustment	6.02 ^a	4.54	3.45 ^a	17.26	.000
Infringement of rules	4.78 ^a	3.80 ^b	3.07 ^{ab}	11.21	.000
Substance-Abuse Proneness	3.54 ^a	3.52 ^b	1.04 ^{ab}	25.59	.000
Illegal substances use last year	3.78 ^a	3.14 ^b	1.80 ^{ab}	28.71	.000

PA: juvenile offenders with parent abuse charges; NPA: juvenile offenders without parent abuse charges; NOF: non-offender adolescents; Italics: global dimensions of TAMAI

^{a, b, c}: When multiple post-hoc comparisons of Games-Howell are significant $p < .05$.

Raw scores for personal maladjustment, social and school in the PA group show a "rather high" level (from 61st to 80th percentile). However, the group of non-offenders presented an "average" level (from 41st to 60th percentile) in all three dimensions.

The model showed a reasonably good fit to the data based on normal theory: ML $\chi^2(71, N = 231) = 115.48$. The practical goodness of fit indicators (CFI = .98, NNFI = .97, IFI = .98, RMSEA = .054) also support the data for this model. However, these results improved a little with a robust method. The Yuan and Bentler [13] chi-square scaled method was 6 points lower, Yuan-Bentler $\chi^2(71, N = 231) = 109.42$, CFI = .98, NNFI = .98; IFI = .98; RMSEA = .049. According to robust standard errors, all factor loadings were significant ($p < .001$). This model

accounted for 33% of the variance in child-to-parent violence. The Behavioural Problems factor significantly predicted Child-to-Parent Violence ($\beta = .48, p < .001$), while the Emotional Problems factor did not ($\beta = .10, p > .05$). Moreover, a significant positive relationship was found between Emotional and Behavioural Problems of adolescents ($r = .61, p < .001$). Female gender was a significant predictor of Child-to-Parent Violence ($\beta = .17, p < .001$), and of fewer Behavioural Problems ($\beta = -.22, p < .001$).

3. Discussion

The findings confirmed different clinical profiles for the three groups. In general, parent abuse offenders showed more behavioural and emotional problems than non-parent abuse offenders or non-offender adolescents. Among other symptoms, the PA group, in comparison to the other two groups, showed higher levels of school maladjustment (school indiscipline, aversion to instruction) and social maladjustment (social aggression). These findings would be in line with the results of previous studies, since the profile of adolescents who are aggressive toward their parents includes school maladjustment [1] and violent behaviours outside of the family context [3, 14]. Comparisons between the PA and NPA offenders yielded similarities and differences between them. Predictably, participants in both offender groups had higher scores in several behavioural problems, specifically substance-abuse proneness, illegal substances use, hyperactivity, infringement of rules, and social self-adjustment. Nevertheless, the novelty of this study's findings is the high level of some emotional symptoms (depression, intropunitive, school low-industriousness, cognitive-punitive or personal maladjustment) in parent abuse offenders compared to other offenders. Multilevel maladjustment (personal, school and social) is a diagnostic criterion (B Criterion) of dissocial disorder [4], and its association with antisocial and criminal behaviours has been well documented [e.g., 15]. The clinical profile of juveniles with parent abuse charges may be compatible with disorders of attention deficit and disturbing behaviour.

As regards the prediction of child-to-parent violence, it should be mentioned that behavioural symptoms are better predictors of parent abuse than emotional symptoms. The fact that offenders with charges of parent abuse present more behavioural problems than other offenders and than non-offenders suggests that certain psychological problems in teenagers can precipitate conflict in the family context. This may be because they were not treated properly from the psychological or pharmacological point of view, or it could be due to the parents' difficulties for controlling their child's inappropriate behaviour (e.g., ADHD or depressive symptomatology). Children's violent behaviour against their parents reflects failure in the learning of social and emotional skills – learning which becomes more difficult in contexts of marital violence or child abuse. In any case, the results of the present study confirm children's need to receive individual therapy. Cognitive behavioural therapy has been the most effective approach in several behavioural disorders [16], though to date there is no empirical evidence for parent abuse cases.

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