



Evaluation Framework: Child to Parent Violence

Evaluation Framework for Child to Parent Violence

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Part 1: Introduction

1.1 The Responding to Child Parent Violence project

1.2 Development of the RCPV evaluation framework

Introduction

1.1. The Responding to Child to Parent Violence project

Child to Parent Violence and Abuse (CPV) is one of the biggest taboos in family life. 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 parents experiencing violence from their children but also for practitioners and wider society. It is the most hidden and misunderstood of the differing forms of family violence that exists. It has been absent from national and European programmes on the violence of young people and/or violence against women. As a result this particular form of violence in the family has not been adequately addressed in Europe.

In most European countries people are only just starting to recognise and talk about it. It is with thanks to the European Commission Daphne III programme, which highlighted CPV, that the partners in the Responding to Child to Parent Violence (RCPV) action research project have had the opportunity to explore this issue within a European context over the past two years.

A partnership of six institutions from five European countries was granted a two-year project (2013 – 2015) within the framework of the Daphne III programme. This project is called Responding to Child to Parent Violence (RCPV). The aim of the project is to generate relevant knowledge on current strategies for intervening in CPV in the partner countries. It will focus on interventions and strategies that target the prevention and treatment of CPV. It will compare five European countries: Bulgaria, England, Ireland, Spain and Sweden. The final output of the project will be a tool-kit. The project is coordinated by the University of Brighton, in partnership with National Association XXI Rhodope Mountain Initiative, Bulgaria, Brighton and Hove City Council, England, National University of Galway, Ireland, Polibienestar Research Institute from the University of Valencia, Spain and Åmås Kommun, Sweden.

Within the scope of the described activities, the Institute Polibienestar of the University of Valencia, supported by the University of Brighton and the project partners, has developed an Evaluation Framework in Workstream 2 to assess the impact of those interventions implemented to cope with Child to Parent Violence. The RCPV evaluation tool is the first international joint attempt to improve the effectiveness and efficiency of Child to Parent Violence programmes being implemented worldwide. Alongside this document are the questionnaires developed to be used as evaluation tools together with several additional documents which may be of interest to professionals and researchers interested in this area of work.

Introduction

1.2. Development of the RCPV evaluation framework

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 interventions in the partnership 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 the professionals and experts agree that its prevalence is increasing (Aroca 2014, Calvete et al 2013, Pereira 2009, Rico 2008).

As a result and lead by Polibienestar Research Institute from the University of Valencia, the RCPV project provides a starting point for evidence-based research on this topic. According to Hernandez et al (2003), in order to design 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 define each variable (how to measure it)
4. Select those instruments that have been previously 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 those targeted
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 but also from several workshops and Interviews with professionals and experts from the different project countries. We describe below some of the key conclusions in selecting and defining the key dimensions within the RCPV Evaluation framework.

- Several violent behaviour checklists were proposed, and final agreement was achieved by the whole team of experts and researchers for a complete checklist of violent behaviours used by Brighton & Hove in their internal evaluation of the Break4Change programme. In addition, a dimension to capture professionals' self-efficacy was also included as previous and promising research considered this variable as part of the CPV intervention outcome (Coogan et al., 2012).
- There are many investigations that 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 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 programmes¹. 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.**

¹ To standardise the evidence base, the questionnaires have used the same wording as found on the original forms, therefore in some cases the language may be open to interpretation e.g. 'feeling blue' in England was altered to 'feeling low' to help people understand the meaning.

-
- 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.

In short, all variables included in the questionnaires designed for the RCPV evaluation framework could be described, according to their role, into the following classification scheme:

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

Once the relevant dimensions were defined and developed through consensus, several validation processes were followed to ensure the accuracy and usability of the RCPV evaluation framework questionnaires. 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-England, Spain and Ireland); in addition they reviewed the parents' and young person questionnaires, providing their knowledge and experience through different workshops, meetings and discussions.

This first validation step was followed by a series of pilot experiences. Firstly, some voluntary families and professionals responded to the questionnaires in order to check if the questionnaires were clearly understood and that they were valid to the expected goals of measurement (convenience sample piloting).

After the first testing, some changes were included; among them, the section structure was modified to avoid controversy and uncomfortable questions located at the very beginning of the questionnaire. The wording was improved to ensure easier understanding of the questions even with low literacy families. Then, a second pilot testing of the evaluation framework questionnaire was implemented. In this case, four real families that had participated in the past in the implementation of the Break4Change CPV programme in Brighton & Hove were also invited to answer the questionnaires (simulation testing with real families), in which parents/carers, young person were asked to answer questions as they remembered their situation before and after the intervention, and one year later, respectively, according to the questionnaires' time sequence. The professionals who implemented the programme also participated in testing the questionnaires. 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.

With the reviewed questionnaires of the RCPV Evaluation framework, the final step consisted of a complete pilot experience involving families entering in the last two releases of the Break4Change² programme in Brighton and Hove implemented in 2014. This is the last stage of the validation process and this experience provided positive feedback about the potential of the RCPV evaluation framework as assessment tool. The conclusions and results achieved by using the RCPV evaluation framework in the assessment of Break4Change programme is available on the project website (www.rcpv.eu)

However, the validation of an assessment tool is a continuous process and the RCPV project international scope requires a wide outreach. Therefore, future research and applications of the developed questionnaires will be required to establish its validity and optimise its usability as a result of the experience and feedback provided from its users, researchers, professionals and families. In fact, one of the identified future improvements will focus on the development of a different methodology for the evaluation of the child, replacing the current method of paper questionnaires for technology-based methods (tablet, avatar, video game, etc.). This option would ensure a better compromise, but also new opportunities not only for the evaluation of the intervention, but also by the education or interventional process with the young people. To this end, the manual includes ethical protocols and informed consent models developed to collect information from the evaluation of families, while performing research in this field.

² Details of Break4Change can be found at www.break4change.co.uk or @Break4Change



Part 2 RCPV Evaluation framework description

2.1 RCPV Evaluation framework description

2.2 Evaluation dimensions

Part 2: RCPV Evaluation framework description

2.1. RCPV Evaluation Framework Description

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 established:

- 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 with the intervention.

Thus, a range of questionnaires have been developed to be used at the different assessment moments and by the respective specific actors. Concretely, the RCPV evaluation framework consists of seven different questionnaires: one version to compile those variables concerning the professionals and intervention-related dimensions, three versions to compile the answers of parents and/or carers at each point of evaluation time (pre-intervention, post-intervention and follow up), and three versions to measure the responses of the young people at the same three moments (pre-intervention, post-intervention and follow up).

2.2. 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 young person)

DIMENSION	INDICATOR	MEASUREMENT
Child to Parent Violence characterization (behaviour 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

Familial roles structuring	Assessment of the familial dynamics, including dependency and authority relationships	<ul style="list-style-type: none"> - Pre-intervention - Post-intervention - Follow up
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)	<ul style="list-style-type: none"> - Pre-intervention - Post-intervention - Follow up
Psychological distress	Standardized questionnaire evaluating anxiety, depression and somatization symptoms and a general index developed by Derogatis (2001): Brief Symptoms Inventory (BSI-18)	<ul style="list-style-type: none"> - 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.	<ul style="list-style-type: none"> - Post-intervention
Satisfaction with life	Standardized questionnaire assessing quality and satisfaction with life (SWLS, Diener et al, 1985)	<ul style="list-style-type: none"> - Pre-intervention - Post-intervention - Follow up
Network of support	Items addressed to evaluate the existence of a network of support for the families	<ul style="list-style-type: none"> - Pre-intervention - Post-intervention

Professionals & intervention assessment

DIMENSION	INDICATOR	MEASUREMENT
Intervention variables	Items and/or questions assessing different features or variables including: type of intervention, duration, structure, participants etc.	<ul style="list-style-type: none"> - Pre-intervention
Context variables	Items and questions evaluating relevant environment and sustainability issues such as resources involved, coordinating measures, access pathway to the intervention, etc.	<ul style="list-style-type: none"> - Pre-intervention
Professional variables	Items and variables assessing professional profile and perceived self-efficacy (using Coogan et al, 2012), among other relevant issues.	<ul style="list-style-type: none"> - Pre-intervention
Self-assessment variables	Questions concerning the instruments used by the intervention to assess its impact including follow up	Pre-intervention



Part 3: Questionnaires & Tools

- 3.1. Questionnaire for professionals
- 3.2 Parent Questionnaire (Pre intervention)
- 3.3 Questionnaire for Young people/Children (Pre intervention)
- 3.4 Parent Questionnaire (post intervention)
- 3.5 Questionnaire for Young people/Children (post intervention)
- 3.6 Questionnaire for Parents
- 3.7 Questionnaire for Young people/Children
- 3.8 Documents for the assessment of parents or carers
- 3.9 Documents for young people

Part 3: Questionnaire for professionals



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Professionals' Questionnaire

Gender: M F Age: _____

Career:

- | | |
|---------------------------|--------------------------|
| 1. Social pedagogue | <input type="checkbox"/> |
| 2. Social worker | <input type="checkbox"/> |
| 3. Psychologist | <input type="checkbox"/> |
| 4. Teacher/Educationalist | <input type="checkbox"/> |
| 5. Sociologist | <input type="checkbox"/> |
| 6. None of the above. | <input type="checkbox"/> |
| Please specify _____ | |

Have you got an undergraduate or postgraduate qualification/training in child-parent violence?

- | | |
|--|--------------------------|
| 1. No | <input type="checkbox"/> |
| 2. Yes | <input type="checkbox"/> |
| 3. I'm getting the knowledge right now | <input type="checkbox"/> |

Have you got an undergraduate or postgraduate qualification/training in domestic violence?

- | | |
|--|--------------------------|
| 4. No | <input type="checkbox"/> |
| 5. Yes | <input type="checkbox"/> |
| 6. I'm getting the knowledge right now | <input type="checkbox"/> |

Do you think it's necessary to specialize in child to parent violence?

- | | |
|---------------------------|--------------------------|
| 1. No, it's not necessary | <input type="checkbox"/> |
| 2. Maybe | <input type="checkbox"/> |
| 3. Yes, of course | <input type="checkbox"/> |

Section 1: Self-efficacy in responding to CPV Do your professional skills make you feel limited when coping with this child to parent problem?

1. No ☐
2. Sometimes, I have found some limitations ☐
3. Yes, it's a complex problem ☐

Responding to CPV selected sections from Coogan et al (2013)

a) You and Your Agency Context

The following set of questions asks for views about you and your agency in relation to child to parent violence. Please rate you how much you agree (5) or disagree (1) with the following statements.

1. In my agency, there is additional support available to help members of the team to work with parents experiencing child to parent violence.	1	2	3	4	5
2. I would feel able to offer advice and consultation to others on work with child to parent violence.	1	2	3	4	5
3. In my agency there are clear expectations that team members should ask about experiences of violence within the family as part of the assessment process.	1	2	3	4	5

b) Your Confidence Levels

The following set of questions asks you about your confidence levels in working with child to parent violence, where (1) means you have no confidence, (3) means you are moderately confident and (5) means you are very confident. How confident are you that you can... (please circle the appropriate number for you)

4. Provide emotional support for parents and/or child to parent violence?	1	2	3	4	5
5. Assess the positive qualities of the parents and/or child living with child to parent violence.	1	2	3	4	5
6. Engage the parents and/or child in discussion about their experiences of child to parent violence?	1	2	3	4	5
7. Help parents make a distinction between a child's behaviour that is testing boundaries and rules and a child's behaviour that involves child to parent violence?	1	2	3	4	5
8. Develop a relationship with the parents and/or child where <u>you</u> feel able to be open and honest with them about child to parent violence?	1	2	3	4	5
9. Develop a relationship with the parents and/or child where <u>they</u> feel able to be open and honest with you about child to parent violence?	1	2	3	4	5
10. Work with parents who appear hopeless and/or helpless in dealing with child to parent violence?	1	2	3	4	5

11. Help the parents and/or child to change ways of thinking that contribute to child to parent violence?	1	2	3	4	5
12. Assist parents (and child) to be in control without them becoming controlling?	1	2	3	4	5
13. Help parents and child to commit to resisting their child's violence?	1	2	3	4	5
14. Highlight parents' and child's successes in increasing their self-confidence in responding to child to parent violence?	1	2	3	4	5
15. Help parents and child tell others about, and involve them in, resolving child to parent violence?	1	2	3	4	5

c) Your Knowledge and Understanding

The following set of questions asks you about your knowledge and understanding of child to parent violence. Please rate how much you agree (5) or disagree (1) with the following statements.

16. I understand the importance of parents breaking the silence about their experiences of child parent violence and involving others such as an agency, family members and/or friends and/or relatives in resolving this problem.	1	2	3	4	5
17. I know how to apply knowledge of solution focused intervention skills when working with parents living with child to parent violence.	1	2	3	4	5

d) Your Skills

The following set of questions asks you about your skills level in responding to child to parent violence. Please rate how much you agree (5) or disagree (1) with the following statements.

18.I can assess parents' and child's experiences of child to parent violence.	1	2	3	4	5
19.I can use interviewing skills when working with the parents or child who are experiencing child to parent violence.	1	2	3	4	5
20.I can equip parents and child with specific skills to deal with child to parent violence.	1	2	3	5	5
21.I can explain to the parents and child the importance of telling other people and involving them in supporting their responses to child to parent violence.	1	2	3	4	5

Section 2: Areas, Location and Context of Intervention

The agency/organization developing the programme is:

1. State ☐
2. Non State ☐
3. Both ☐
4. Other ☐
Please specify _____

Where does it take place?

1. In a residential centre ☐
2. In a centre of judicial measures/youth offending ☐
3. In the community ☐
4. None of the above. ☐
Please specify _____

How do you work in the programme (Tick all possible alternatives).

1. One to one: With parent/s ☐ With young person / child ☐
2. Family ☐
3. Group work: With parents ☐ With young people / children ☐
4. Community ☐
5. Other: ☐
please specify _____

Is your programme securely funded for the foreseeable future?

1. Yes ☐
2. No ☐

If no, please give details _____

Who takes part in the programme?

1. Young people ☐
2. Parents/carers ☐
3. Young people and parents/carers ☐
4. Young people, parents/carers and brothers/sisters if they want to ☐
5. Other. ☐ **please specify** _____

How old are the children attending the programme? Between: _____ and _____

Section 3. Type of intervention

What model of intervention are using for the development of the programme? Please choose one.

1. Cognitive - behavioral ☐
2. Systemic family ☐
3. Psychoanalytic ☐
4. Ecological ☐
5. We take positive aspects of a range of models (we don't define ourselves inside any approach) ☐
6. None of the previous ones. ☐ Indicate which _____

Do you use a structured protocol of intervention (such as a manual) to work with the participants in the programme?

1. Yes ☐
2. No ☐

What do you consider the main strategies and/or theoretical mechanisms of change underpinning the programme to be: (tick all you consider relevant).

1. Control of Emotions	<input type="checkbox"/>
2. Strategies addressed to establish a consistent discipline.	<input type="checkbox"/>
3. Encouragement of mutual respect.	<input type="checkbox"/>
4. Anger control techniques	<input type="checkbox"/>
5. Problem solving.	<input type="checkbox"/>
6. Communication skills	<input type="checkbox"/>
7. Behavioural change (positive and negative reinforcement techniques).	<input type="checkbox"/>
8. Educational guidelines for parents to work with the children.	<input type="checkbox"/>
9. Negotiation and Conflict resolution.	<input type="checkbox"/>
10. Sharing experiences with others in similar situations.	<input type="checkbox"/>
11. Self-esteem reinforcement	<input type="checkbox"/>
12. Parental role reinforcement.	<input type="checkbox"/>
13. Zero tolerance of abusive and violent behaviour	<input type="checkbox"/>
14. Artistic and creative processes	<input type="checkbox"/>
15. Solution focused techniques	<input type="checkbox"/>
16. Risk assessment and safety planning	<input type="checkbox"/>
17. Other: _____ (specify)	<input type="checkbox"/>

Section 4. Duration and phases or structure of the intervention

How long does the intervention last?

1. It depends on the family the duration is variable ☐
2. Number of weeks (aprox): _____ ☐

How often do the sessions/meetings take place?

1. Twice a week ☐
2. Once a week ☐
3. Every two weeks ☐
4. Once a month ☐
5. Other. ☐ Please specify _____

How long do the sessions/meetings lasts?

1. Less than one hour ☐
2. Between an hour and an hour and a half ☐
3. More than an hour and a half ☐
4. Other _____

Are there levels of intervention or separation in groups of intervention according to the degree of violence or any other feature?

1. Yes ☐
2. No ☐

If yes, describe the levels or groups of intervention(s) that exist_____.

Section 5. Accessibility to the programme

What is the process to access the programme?

1. Families are referred by professionals in:
 - 1.1 Social Services ☐
 - 1.2 Health services ☐
 - 1.3 Justice services ☐
 - 1.4 School services ☐
 - 1.5 Other. ☐ Please, specify _____
2. Parents (or children) actively ask to join the programme ☐

Is there a fee involved?

1. Yes ☐
2. No ☐

If yes, please specify_____.

Section 6. Phases of follow-up

When the intervention has ended, is there any follow-up with the families?

1. No ☐
2. It depends if they need it ☐
3. Yes, always ☐

How often is there a follow-up session/meeting/telephone call?

1. There is no follow-up ☐
2. Every few weeks ☐
3. Every month ☐
4. Every two to five months ☐
5. Every 6 months ☐
6. Every year ☐

How many meetings or follow-ups are endorsed?

1. None ☐
2. One ☐
3. Two ☐
4. Three ☐
5. Four ☐
6. More. ☐ Please specify how many _____

The follow up meetings/sessions are...

1. Individuals (Child and parents separately) ☐
2. Combined I (Parents and young people) ☐
3. Combined II (Parents, young people and brothers / sisters) ☐
4. Group I (group of children) ☐
5. Group II (Group of parents) ☐
6. Group III (Group of children and parents) ☐

Section 7. Evaluation of the efficiency of the program

Did you use any instrument to measure the results of your programme or intervention?

1. No ☐
2. Yes ☐

If yes, who implements the assessment?

1. The professional who carried out the intervention ☐
2. An external evaluator ☐
3. The manager of the intervention and an external assessor ☐
4. The whole intervention team and an external assessor ☐

In the mentioned evaluation, what do you evaluate?

1. Results; if so, please specify which indicators and measures you use: _____ ☐
2. Strategies learned, if so, please specify which mechanisms or skills you evaluate and how: _____ ☐

Section 8

Is there anything else you would like to add on this issue?

.....

.....

.....

Many thanks for taking the time to complete this questionnaire

Contact Details:

Questionnaire developed by:



In association with:



NUI Galway
OÉ Gaillimh



University of Brighton

Part 3

Parent Questionnaire (Pre-intervention)



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PARENT'S QUESTIONNAIRE (Pre-intervention)

Personal information

Gender: M F

Age: _____

Nº of children _____

If you have partner, specify gender: M F

Marital Status:

- | | |
|--------------------------|--------------------------|
| 1. Single | <input type="checkbox"/> |
| 2. Married | <input type="checkbox"/> |
| 3. Civil Partnership | <input type="checkbox"/> |
| 4. Partner | <input type="checkbox"/> |
| 5. Separated or divorced | <input type="checkbox"/> |
| 6. Widow/er | <input type="checkbox"/> |

At the present time, with whom do you live?

- | | |
|---|--------------------------|
| 1. Alone | <input type="checkbox"/> |
| 2. With partner | <input type="checkbox"/> |
| 3. Grandparent bringing up grandchildren | <input type="checkbox"/> |
| 4. Other family member | <input type="checkbox"/> |
| 5. Step children | <input type="checkbox"/> |
| 6. Adopted children | <input type="checkbox"/> |
| 7. Other. <input type="checkbox"/> Please specify which _____ | |

Educational level:

- | | |
|---|--------------------------|
| 1. No studies | <input type="checkbox"/> |
| 2. Primary studies | <input type="checkbox"/> |
| 3. Secondary studies | <input type="checkbox"/> |
| 4. University studies | <input type="checkbox"/> |
| 5. Professional studies | <input type="checkbox"/> |
| 6. Other. <input type="checkbox"/> Please specify which _____ | |

Section 1.

Indicate on a scale from 1 to 5 the degree of agreement (5) or disagreement (1) with the following statements.

1. I feel able to bring up my child well.	1	2	3	4	5
2. I am a good father/mother/carer	1	2	3	4	5
3. I am confident in my parenting skills	1	2	3	4	5
4. I have doubts about my child care decisions	1	2	3	4	5
5. I am sure about how to educate/bring up my child	1	2	3	4	5
6. I am clear about my responsibilities at home as father/mother/carer	1	2	3	4	5

Section 2.

Indicate on a scale from 0 to 5 the degree of agreement (5) or disagreement (1) with the following statements.

1. At home, we all have our own role in the family.	1	2	3	4	5
2. At home, we all have our own tasks assigned which we are responsible for.	1	2	3	4	5
3. At home, we have some rules to follow.	1	2	3	4	5
4. At home, each of us does whatever he/she wants to do.	1	2	3	4	5
5. At home, what happens to each of us affects the whole family.	1	2	3	4	5
6. All family members take part in the tasks at home.	1	2	3	4	5
7. We all have a good relationship with each other and help one another.	1	2	3	4	5
8. My child and I have a relationship more similar to a friendship than to the relationship between parent/carer and child.	1	2	3	4	5
9. In our family, the father is the head of the family.	1	2	3	4	5
10. In our family, the mother is the head of the family.	1	2	3	4	5
11. In our family, we don't have any specific gender head of the family.	1	2	3	4	5

Section 3.

The relationship with my child, at the moment is:

1. Very bad ☐
2. Bad ☐
3. Acceptable ☐
4. Good ☐
5. Very good. ☐

Do you engage in activities with your son or daughter? (Activities can include sports, games, walks, cycling, dance, music, cinema etc)

1. Never ☐
2. At least once a year. ☐
3. Once a month. ☐
4. Once a week. ☐
5. Daily ☐

Indicate on a scale from 1 to 5 the degree of agreement (5) or disagreement (1) with the following statements.					
1. When my child has a problem he/she always tells me what's happening.	1	2	3	4	5
2. My child likes speaking with me.	1	2	3	4	5
3. My child loves me very much.	1	2	3	4	5
4. My child and I have always been very close.	1	2	3	4	5
5. I tell my child/ren that I love him/her/them.	1	2	3	4	5
6. I am not a person who expresses how I feel.	1	2	3	4	5
7. I am close to and always available for my children.	1	2	3	4	5
8. I do not understand my child although I try to do so.	1	2	3	4	5
9. When my child has a problem I normally understand her/him.	1	2	3	4	5
10. I accept my child as he/she is.	1	2	3	4	5
11. I support my child when he/she makes a decision.	1	2	3	4	5

Indicate on a scale from 1 to 5 the degree of agreement (5) or disagreement (1) with the following statements. PBI (inventory items). Parker, Tupling & Brown (1979).					
1. I spend time with my child doing the things that he/she likes to do.	1	2	3	4	5
2. My child is emotionally distant or cold with me.	1	2	3	4	5
3. I am emotional/affectionate/close to my child.	1	2	3	4	5
4. My child is emotional/affectionate/close with me.	1	2	3	4	5
5. I enjoy speaking with my child.	1	2	3	4	5
6. I tend to let my child do what he/she wants to do too much.	1	2	3	4	5
7. My child makes me feel he/she does not love me.	1	2	3	4	5
8. I provide so much freedom to my child because she/he demands it.	1	2	3	4	5
9. When my child behaves well, I applaud/praise it.	1	2	3	4	5
10. I like to acknowledge when my child does things well.	1	2	3	4	5
11. I often blame my child for many things.	1	2	3	4	5

Section 4.

When you have been attacked or abused by your child, how frequently have these behaviours been used against you? Use this scale from 1 to 5. 1 = Never 2 = Rarely (one to three times at year) 3 = Occasionally (approximately once a month) 4 = Frequently (approximately once a week) 5 = Almost every day					
1. Criticized you.	1	2	3	4	5
2. Called you names	1	2	3	4	5
3. Tried to keep you from doing something you wanted to do.	1	2	3	4	5
4. Gave you angry looks or stares.	1	2	3	4	5
5. Screamed or yelled at you.	1	2	3	4	5
6. Threatened to hit or throw something at you.	1	2	3	4	5
7. Pushed, grabbed or shoved you.	1	2	3	4	5
8. Put you or other family members down (made critical remarks).	1	2	3	4	5
9. Threatened to hit or hit brothers or sisters.	1	2	3	4	5
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 done.	1	2	3	4	5
11. Stayed away from home for several hours without informing you.	1	2	3	4	5

12. Said things to scare you (Example: told you something "bad" was going to happen, threatened to commit suicide, told you to watch out).	1	2	3	4	5
13. Slapped, hit or punched you.	1	2	3	4	5
14. Refused to do the chores.	1	2	3	4	5
15. Threatened you with a knife or a weapon.	1	2	3	4	5
16. Threatened to kill you.	1	2	3	4	5
17. Told you that you were bad parents.	1	2	3	4	5
18. Threw, hit, kicked or smashed something during an argument.	1	2	3	4	5
19. Kicked you.	1	2	3	4	5
20. Hurt a pet or threatened to hurt a pet.	1	2	3	4	5
21. Choked or tried to strangle you.	1	2	3	4	5
22. Used a knife, gun or other weapon.	1	2	3	4	5
23. Stole your money.	1	2	3	4	5
24. Spent money without consulting you.	1	2	3	4	5
25. Was sexually abusive or violent to you	1	2	3	4	5
26. Harmed her or himself	1	2	3	4	5

	Never	Rarely	Occasionally	Frequently	Almost every day
Have you ever had the feeling that your life was or is in real danger?	1	2	3	4	5

Did you receive professional support to cope with these problems?

1. Yes

☐

2. No

☐

If yes, please specify _____

Have you ever been injured as a result of your child being violent or abusive to you?

1. Yes

☐

2. No

☐

	Never	Rarely	Occasionally	Frequently	Almost every day
Did you receive medical care for injuries because of your child being violent or abusive to you?	1	2	3	4	5

Could you please tell us which kind of injuries? _____

Did you need to call the police because of your child violence behaviour?

1. Yes

☐

2. No

☐

If yes, how many times? _____

Could you please indicate on a scale from 1 to 5 the level of disruption in your life caused because of child to parent violence? (1 no interference, 5 maximum interference)	1	2	3	4	5
--	---	---	---	---	---

Section 5.

	No	Maybe, I am not sure	Yes
Do you think that this situation is affecting other areas of your life outside your home, such as work, studies or social relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think the programme will help you with this problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 6.

Before knowing about this programme, have you ever talked to anyone else about the problems you are facing with your child being violent or abusive to you?

1. No ☐
2. Yes ☐

If yes, to whom? (Tick all which apply).

1. Relatives ☐
2. Friends ☐
3. Professionals:
 - 3.1 Teachers ☐
 - 3.2 Social Services ☐
 - 3.3 Doctors ☐
4. Other ☐. Indicate whom _____

Do you trust anybody to ask for support with other serious problems?

1. No ☐
2. Yes ☐

If yes, to whom? (Tick all which apply).

1. Relatives ☐
2. Friends ☐
3. Professional:
 - 3.1 Teachers ☐
 - 3.2 Social Services ☐
 - 3.3 Doctors ☐
4. ☐ Other ☐. Indicate whom _____

Section 7.

Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

7 = Strongly agree
6 = Agree
5 = Slightly agree
4 = Neither agree nor disagree
3 = Slightly disagree
2 = Disagree
1 = Strongly disagree

1. In most ways my life is close to my ideal.	1	2	3	4	5	6	7
2. The conditions of my life are excellent.	1	2	3	4	5	6	7
3. I am satisfied with my life.	1	2	3	4	5	6	7
4. So far I have gotten the important things I want in life.	1	2	3	4	5	6	7
5. If I could live my life over, I would change almost nothing.	1	2	3	4	5	6	7

Section 8.

Below is list of problems people sometimes have. Read each one carefully and circle the number of the response that best describes **HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY.**

Circle only one number for each problem (0 1 2 3 4). Do not skip any items. If you change your mind, draw an X through your original answer and then circle your new answer.

0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

HOW MUCH WERE YOU DISTRESSED OR BOTHERED BY THE ITEMS BELOW IN THE LAST 7 DAYS INCLUDING TODAY:

1. Faintness or dizziness	0	1	2	3	4
2. Feeling no interest in things	0	1	2	3	4
3. Nervousness or shakiness inside	0	1	2	3	4
4. Pains in heart or chest	0	1	2	3	4
5. Feeling lonely	0	1	2	3	4
6. Feeling tense or keyed up	0	1	2	3	4
7. Nausea or upset stomach	0	1	2	3	4
8. Feeling blue	0	1	2	3	4
9. Suddenly scared for no reason	0	1	2	3	4
10. Trouble getting your breath	0	1	2	3	4
11. Feelings of worthlessness	0	1	2	3	4
12. Spells of terror or panic	0	1	2	3	4
13. Numbness or tingling in parts of your body	0	1	2	3	4
14. Feeling hopeless about the future	0	1	2	3	4
15. Feeling so restless you couldn't sit still	0	1	2	3	4
16. Feeling weak in parts of your body	0	1	2	3	4
17. Thoughts of ending your life	0	1	2	3	4
18. Feeling fearful.	0	1	2	3	4

Section 9

Is there anything else you would like to add on this issue?

.....

.....

.....

.....

Many thanks for taking the time to complete this questionnaire

Contact Details:

Questionnaire developed by:



In association with:



NUI Galway
OÉ Gaillimh



University of Brighton

Part 3

Questionnaire for Young person/Children (Pre intervention)



With financial support from the DAPHNE programme of the European Union

YOUNG PERSON'S QUESTIONNAIRE (Pre Intervention)

Gender: M F

Age: _____

Whom do you live with at the moment?

1. With my mother or father or carer/s. ☐ Indicate which of them: _____
2. With my mother and father ☐
3. With my mother or father and her/his partner. ☐ Indicate which of them: _____
4. With extended family (grandmother/father, aunt/uncle) ☐
5. Foster parent ☐
6. Parent of boy/girlfriend ☐
7. Other _____ ☐

Educational level:

1. No studies ☐
2. Primary studies ☐
3. Secondary studies ☐
4. Other ☐ Please specify which _____

Section 1.

Indicate on a scale from 1 to 5 the degree of agreement (5) or disagreement (1) with the following statements.

1. At home, we all have our own role in the family.	1	2	3	4	5
2. At home, we all have our own tasks assigned which we are responsible for.	1	2	3	4	5
3. At home, we have some rules to follow.	1	2	3	4	5
4. At home, each one does whatever he/she wants to do.	1	2	3	4	5
5. At home, what happens to each of us affects the whole family.	1	2	3	4	5
6. All the family takes part in the tasks at home.	1	2	3	4	5
7. We all have a good relationship with each other and help one another.	1	2	3	4	5
8. My parents and I have a relationship more similar to a friendship than to the relationship between parent/carer/child.	1	2	3	4	5
9. In our family, the father is the head of the family.	1	2	3	4	5
10. In our family, the mother is the head of the family.	1	2	3	4	5
11. In our family, we don't have any specific gender head of the family.	1	2	3	4	5

Section 2.

The relationship with my parent/s, nowadays is:

1. Very bad ☐
2. Bad ☐
3. Acceptable ☐
4. Good ☐
5. Very good. ☐

Do you engage in activities with your family? (Activities can include sports, games, walks, cycling, dance, music, cinema etc)

1. Never ☐
2. At least once a year. ☐
3. Once a month. ☐
4. Once a week. ☐
5. Daily ☐

Indicate on a scale from 1 to 5 how much you agree (where 5=strongly agree) or disagree (where 1=strongly disagree) with the following statements. PBI (inventory items). Parker, Tupling & Brown (1979).

1. I spend time with my parent/s doing the things that I like to do.	1	2	3	4	5
2. My parent/s is/are emotionally distant or cold with me.	1	2	3	4	5
3. I am emotional/affectionate/close to my parent/s.	1	2	3	4	5
4. My parent/s is/are emotional/affectionate/close with me.	1	2	3	4	5
5. I enjoy speaking with my parent/s.	1	2	3	4	5
6. My parent/s let me do what I want.	1	2	3	4	5
7. My parent/s makes me feel he/she does not love me.	1	2	3	4	5
8. My parent/s provides me with so much freedom because I demand it.	1	2	3	4	5
9. When I behave well, my parent/s applaud/praise me.	1	2	3	4	5
10. I like my parent/s to acknowledge me when I do things well.	1	2	3	4	5
11. I blame my parent/s for many things.	1	2	3	4	5

Section 3.

Please, indicate with the following scale how often you have done the following things.

- 1 = Never
2 = Rarely (one to three times a year)
3 = Occasionally (approximately once a month)
4 = Frequently (approximately once a week)
5 = Almost every day

1. Criticized your parent/s.	1	2	3	4	5
2. Called him/her/them names.	1	2	3	4	5
3. Tried to keep your parent/s from doing something they wanted to do.	1	2	3	4	5
4. Gave your parent/s angry looks or stares.	1	2	3	4	5
5. Creamed or yelled at your parent/s.	1	2	3	4	5
6. Threatened to hit or throw something at your parents.	1	2	3	4	5
7. Pushed, grabbed or shoved your parent/s.	1	2	3	4	5
8. Put down (made critical remarks about) your parent/s or other family members.	1	2	3	4	5
9. Threatened to hit or hit your brother/s or sister/s.	1	2	3	4	5
10. Became upset with either parent because something at home was not the way you wanted it or done the way you thought it should be.	1	2	3	4	5
11. Stayed away from home for several hours without informing your parent/s.	1	2	3	4	5
12. Said things to scare your parent/s (Example: told them something "bad" was going to happen, threatened to commit suicide, told them to watch out).	1	2	3	4	5
13. Slapped, hit or punched your parent/s.	1	2	3	4	5

14. Refused to do the chores.	1	2	3	4	5
15. Threatened your parent/s with a knife or a weapon.	1	2	3	4	5
16. Threatened to kill your parent/s.	1	2	3	4	5
17. Told your parent/s they were bad parent/s.	1	2	3	4	5
18. Threw, hit, kicked or smashed something during an argument.	1	2	3	4	5
19. Kicked your parent/s.	1	2	3	4	5
20. Hurt a pet or threatened to hurt a pet.	1	2	3	4	5
21. Choked or tried to strangle your parent/s.	1	2	3	4	5
22. Used a knife, gun or other weapon.	1	2	3	4	5
23. Stole your parents` money.	1	2	3	4	5
24. Spent your parent/s money without consulting them.	1	2	3	4	5
25. Sexually abusive or sexually violent to your parent/s	1	2	3	4	5
26. Harmed yourself in any way.	1	2	3	4	5

What was/is school like for you?

1. Very good ☐
2. Good ☐
3. Ok ☐
4. Bad ☐
5. Very bad ☐

	Yes	No
Did you ever get into trouble at school?	<input type="checkbox"/>	<input type="checkbox"/>
Did you ever truant?	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been in trouble with the police about your behaviour towards your parent/s?

1. Yes ☐
2. No ☐

If yes, can you say what this was about and when it happened?.....

.....

Have you ever been in trouble with the police for any other reason?

1. Yes ☐
2. No ☐

If yes, can you say what happened and when?

.....

.....

.....

Have your brothers or sisters ever been violent towards your mum or dad or carer?

1. Yes ☐
2. No ☐

Why do you think you have been violent to your mum or dad or carer?

.....

.....

.....

Section 4.

Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

7 = Strongly agree

6 = Agree

5 = Slightly agree

4 = Neither agree nor disagree

3 = Slightly disagree

2 = Disagree

1 = Strongly disagree

1. In most ways my life is close to my ideal.	1	2	3	4	5	6	7
2. The conditions of my life are excellent.	1	2	3	4	5	6	7
3. I am satisfied with my life.	1	2	3	4	5	6	7
4. So far I have gotten the important things I want in life.	1	2	3	4	5	6	7
5. If I could live my life over, I would change almost nothing.	1	2	3	4	5	6	7

Section 5.

Below is a list of problems people sometimes have. Read each one carefully and circle the number of the response that best describes **HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY. BSI-18 (Derogatis, 2001)**

Circle only one number for each problem (0 1 2 3 4). Do not skip any items. If you change your mind, draw an X through your original answer and then circle your new answer.

0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

HOW MUCH WERE YOU DISTRESSED OR BOTHERED BY THE ITEMS BELOW IN THE LAST 7 DAYS INCLUDING TODAY:

1. Faintness or dizziness	0	1	2	3	4
2. Feeling no interest in things	0	1	2	3	4
3. Nervousness or shakiness inside	0	1	2	3	4
4. Pains in heart or chest	0	1	2	3	4
5. Feeling lonely	0	1	2	3	4
6. Feeling tense or keyed up	0	1	2	3	4
7. Nausea or upset stomach	0	1	2	3	4
8. Feeling low	0	1	2	3	4

9. Suddenly scared for no reason	0	1	2	3	4
10. Trouble getting your breath	0	1	2	3	4
11. Feelings of worthlessness	0	1	2	3	4
12. Spells of terror or panic	0	1	2	3	4
13. Numbness or tingling in parts of your body	0	1	2	3	4
14. Feeling hopeless about the future	0	1	2	3	4
15. Feeling so restless you couldn't sit still	0	1	2	3	4
16. Feeling weak in parts of your body	0	1	2	3	4
17. Thoughts of ending your life	0	1	2	3	4
18. Feeling fearful.	0	1	2	3	4

Section 6.

	No	Maybe, I am not sure	Yes
Do you think that this situation is affecting other areas of your life outside your home, such as work, studies or social relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think the programme will help you with this problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 7.

Do you talk to anyone if you have problems or things that are worrying you?

1. Yes ☐
2. No ☐

If yes, to whom? (Tick all which apply).

5. Relatives ☐
6. Friends ☐
7. Professionals:
 - 7.1 Teachers ☐
 - 7.2 Social Services ☐
 - 7.3 Doctors ☐
8. Other ☐. Indicate whom _____

Have you told anyone about arguments becoming violent at home?

.....

.....

.....

Do you know anyone else who has experienced similar problems?

1. Yes ☐
2. No ☐

If yes, whom?

1. Relatives ☐
2. Friends ☐
3. Family member ☐
4. Other ☐. Indicate who _____

Section 8

Is there anything else you would like to add on this issue?

.....

.....

.....

Many thanks for taking the time to complete this questionnaire

Contact Details:

Questionnaire developed by:



In association with:



NUI Galway
OÉ Gaillimh



University of Brighton

Part 3

Parent Questionnaire (post intervention)



With financial support from the DAPHNE programme of the European Union

PARENT'S QUESTIONNAIRE (Post Intervention)

Personal information

Gender: M F

Age: _____

Nº of children _____

If you have partner, specify gender: M F

Marital Status:

- | | |
|--------------------------|--------------------------|
| 1. Single | <input type="checkbox"/> |
| 2. Married | <input type="checkbox"/> |
| 3. Civil Partnership | <input type="checkbox"/> |
| 4. Partner | <input type="checkbox"/> |
| 5. Separated or divorced | <input type="checkbox"/> |
| 6. Widow/er | <input type="checkbox"/> |

Currently, with whom do you live?

- | | |
|--|--------------------------|
| 1. Alone | <input type="checkbox"/> |
| 2. With partner | <input type="checkbox"/> |
| 3. Grandparent bringing up grandchildren | <input type="checkbox"/> |
| 4. Other family member | <input type="checkbox"/> |
| 5. Step children | <input type="checkbox"/> |
| 6. Adopted children | <input type="checkbox"/> |
| 7. Other _____ | <input type="checkbox"/> |

Educational level:

- | | |
|---|--------------------------|
| 1. No studies | <input type="checkbox"/> |
| 2. Primary studies | <input type="checkbox"/> |
| 3. Secondary studies | <input type="checkbox"/> |
| 4. University studies/ Professional studies | <input type="checkbox"/> |
| 5. Other <input type="checkbox"/> . | |

Please specify which _____

Section 1.

Indicate on a scale from 1 to 5 the degree of agreement (5) or disagreement (1) with the following statements						
1.	I feel able to bring up my child well.	1	2	3	4	5
2.	I am a good father/mother/carer	1	2	3	4	5
3.	I am confident in my parenting skills	1	2	3	4	5
4.	I have doubts about my decisions on my child care	1	2	3	4	5
5.	I am sure about how to educate/bring up my child	1	2	3	4	5
6.	I am clear about my responsibilities at home as father/mother/carer	1	2	3	4	5

Section 2.

1.	The strategies learned in the programme have been very useful.	1	2	3	4	5
2.	I believe that my child has progressed very much since he/she began in the program.	1	2	3	4	5
3.	Since I began the programme, the relationship with my child has improved very much.	1	2	3	4	5
4.	The programme has changed things at home very much for the better	1	2	3	4	5
5.	There has been an increase in parental presence in my child's life.	1	2	3	4	5
6.	There has been an increase of support for me the parent in the wider family and/or community network.'	1	2	3	4	5

Do you apply the strategies that you learned in the workshop/programme?

1. No ☐
2. Sometimes ☐
3. Often ☐
4. Almost always ☐
5. Always ☐

Which strategies have been most useful? (Tick all that apply).	
1. Control of Emotions	<input type="checkbox"/>
2. Strategies addressed to establish a consistent discipline.	<input type="checkbox"/>
3. Encouragement of mutual respect.	<input type="checkbox"/>
4. Anger control techniques	<input type="checkbox"/>
5. Problem solving.	<input type="checkbox"/>
6. Communication skills	<input type="checkbox"/>
7. Behavioural change (positive and negative reinforcement techniques).	<input type="checkbox"/>
8. Educational guidelines for you to work with your child/ren.	<input type="checkbox"/>
9. Negotiation and Conflict resolution.	<input type="checkbox"/>
10. Sharing experiences with others in similar situations.	<input type="checkbox"/>
11. Self-esteem reinforcement	<input type="checkbox"/>
12. Parental role reinforcement.	<input type="checkbox"/>
13. Zero tolerance of abusive and violent behaviour	<input type="checkbox"/>
14. Artistic and creative processes	<input type="checkbox"/>
15. Solution focused techniques	<input type="checkbox"/>
16. Risk assessment and safety planning	<input type="checkbox"/>
17. Other: _____ (specify)	<input type="checkbox"/>

What's the most important and useful thing you have learned in the programme? (Open question).

.....

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Section 3.

Indicate on a scale from 0 to 5 the degree of agreement (5) or disagreement (1) with the following affirmations.

1. At home, we all have our own role in the family.	1	2	3	4	5
2. At home, we all have our own tasks assigned for we are responsible for.	1	2	3	4	5
3. At home, we have some rules to follow.	1	2	3	4	5
4. At home, everyone does whatever he/she wants to do.	1	2	3	4	5
5. At home, what happens to each of us affects the whole family.	1	2	3	4	5
6. All the family take part in the tasks at home.	1	2	3	4	5
7. We all have a good relationship with each other and help one another.	1	2	3	4	5
8. My child and I have a relationship more similar to a friendship than to the relation between parent/carer/child.	1	2	3	4	5
9. In our family, the father is the head of the family.	1	2	3	4	5
10. In our family, the mother is the head of the family.	1	2	3	4	5
11. In our family, we don't have any specific gender head of the family.	1	2	3	4	5

Section 4.

The relationship with my child, nowadays is:

1. Very bad ☐
2. Bad ☐
3. Acceptable ☐
4. Good ☐
5. Very good. ☐

Do you engage in activities with your son or daughter? (Activities can include sports, games, walks, cycling, dance, music, cinema etc)

1. Never ☐
2. At least once a year. ☐
3. Once a month. ☐
4. Once a week. ☐
5. Daily ☐

Indicate on a scale from 1 to 5 the degree of agreement (5) or disagreement (1) with the following statements.

1. When my child has a problem he/she always tells me what's happening.	1	2	3	4	5
2. My child likes to speak with me.	1	2	3	4	5
3. My child loves me very much.	1	2	3	4	5
4. My child and I always have been very close.	1	2	3	4	5
5. I tell my child/ren that I love him/her/them.	1	2	3	4	5
6. I am not a person who expresses how I feel.	1	2	3	4	5
7. I am close to and always available to my children.	1	2	3	4	5
8. I do not understand my child although I try to do so.	1	2	3	4	5
9. When my child has a problem I normally understand her/him.	1	2	3	4	5
10. I accept my child as he/she is.	1	2	3	4	5
11. I support my child when he/she makes a decision.	1	2	3	4	5

Indicate on a scale from 1 to 5 the degree of agreement (5) or disagreement (1) with the following statements. PBI (inventory items). Parker, Tupling & Brown (1979).						
12.	I spend time with my child doing the things that he/she likes to do.	1	2	3	4	5
13.	My child is emotionally distant or cold with me.	1	2	3	4	5
14.	I am emotional/affectionate/close to my child.	1	2	3	4	5
15.	My child is emotional/affectionate/close with me.	1	2	3	4	5
16.	I enjoy speaking with my child.	1	2	3	4	5
17.	I tend to let my child do what he/she wants to do too much.	1	2	3	4	5
18.	My child makes me feel he/she does not love me.	1	2	3	4	5
19.	I provide so much freedom to my child because she/he demands it.	1	2	3	4	5
20.	When my child behaves well, I applaud/praise it.	1	2	3	4	5
21.	I like to acknowledge when my child does things well.	1	2	3	4	5
22.	I often blame my child for many things.	1	2	3	4	5

Section 5.

When you have been attacked or abused by your child, how frequently have these behaviours been used against you? Use this scale from 1 to 5.

1 = Never

2 = Rarely (one to three times)

3 = Occasionally (approximately once a month)

4 = Frequently (approximately once a week)

5 = Almost every day

1.	Criticized you.	1	2	3	4	5
2.	Called you names	1	2	3	4	5
3.	Tried to keep you from doing something you wanted to do.	1	2	3	4	5
4.	Gave you angry looks or stares.	1	2	3	4	5
5.	Screamed or yelled at you.	1	2	3	4	5
6.	Threatened to hit or throw something at you.	1	2	3	4	5
7.	Pushed, grabbed or shoved you.	1	2	3	4	5
8.	Put you or other family members down.	1	2	3	4	5
9.	Threatened and/or hit brothers or sisters.	1	2	3	4	5
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.	1	2	3	4	5
11.	Stayed away from home for several hours without informing you.	1	2	3	4	5
12.	Said things to scare you (Example: told you something "bad" was going to happen, threatened to commit suicide, told you to watch out).	1	2	3	4	5
13.	Slapped, hit or punched you.	1	2	3	4	5
14.	Refused to do chores.	1	2	3	4	5
15.	Threatened you with a knife or a weapon.	1	2	3	4	5
16.	Threats to kill you.	1	2	3	4	5
17.	Told you that you were bad parents.	1	2	3	4	5
18.	Threw, hit, kicked or smashed something during an argument.	1	2	3	4	5
19.	Kicked you.	1	2	3	4	5
20.	Hurt a pet or threatened to hurt a pet.	1	2	3	4	5
21.	Choked you.	1	2	3	4	5
22.	Used a knife, gun or other weapon.	1	2	3	4	5
23.	Steal your money	1	2	3	4	5
24.	Spend money without consulting	1	2	3	4	5
25.	Sexual abuse or violence	1	2	3	4	5
26.	Harm her or himself	1	2	3	4	5

	Never	Rarely	Occasionally	Frequently	Almost every day
Do you ever feel that your life is in danger?	1	2	3	4	5
Did you receive medical care for injuries because of your child being violent or abusive to you whilst you were attending the programme?	1	2	3	4	5

If yes, could you please tell us which kind of injuries?

Did you need to call the police because of your child violence behaviour whilst you were attending the programme?

1. Yes ☐
2. No ☐

If yes, how many times? _____

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? (1 no interference, 5 maximum interference)	1	2	3	4	5
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Section 6.

Before knowing about this programme, have you ever talked to anyone else about the problems you are facing with your child being violent or abusive to you?

1. No ☐
2. Yes ☐

If yes, to whom? (Tick all which apply).

1. Relatives ☐
2. Friends ☐
3. Professional:
 - 3.1. Teachers ☐
 - 3.2. Social Services ☐
 - 3.3 Doctors ☐
4. Other ☐. Indicate whom _____

Do you trust anybody to ask for support with other serious problem?

1. No ☐
2. Yes ☐

If yes, to whom?

1. Relatives ☐
2. Friends ☐
3. Professional:
 - 3.1. Teachers ☐
 - 3.2. Social Services ☐
 - 3.3 Doctors ☐
4. Other ☐. Indicate whom _____

Section 7.

	No	Maybe, I am not sure	Yes
Do you think that this situation is still affecting other areas of your life outside your home, such as work, studies or social relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think the programme (or other intervention) helped you with this problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 8.

Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

7 = Strongly agree

6 = Agree

5 = Slightly agree

4 = Neither agree nor disagree

3 = Slightly disagree

2 = Disagree

1 = Strongly disagree

1. In most ways my life is close to my ideal.	1	2	3	4	5	6	7
2. The conditions of my life are excellent.	1	2	3	4	5	6	7
3. I am satisfied with my life.	1	2	3	4	5	6	7
4. So far I have gotten the important things I want in life.	1	2	3	4	5	6	7
5. If I could live my life over, I would change almost nothing.	1	2	3	4	5	6	7

Section 9.

Below is list of problems people sometimes have. Read each one carefully and circle the number of the response that best describes **HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY.**

Circle only one number for each problem (0 1 2 3 4). Do not skip any items. If you change your mind, draw an X through your original answer and then circle your new answer.

0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

HOW MUCH WERE YOU DISTRESSED OR BOTHERED BY THE ITEMS BELOW IN THE LAST 7 DAYS INCLUDING TODAY:

1. Faintness or dizziness	0	1	2	3	4
2. Feeling no interest in things	0	1	2	3	4
3. Nervousness or shakiness inside	0	1	2	3	4
4. Pains in heart or chest	0	1	2	3	4
5. Feeling lonely	0	1	2	3	4
6. Feeling tense or keyed up	0	1	2	3	4
7. Nausea or upset stomach	0	1	2	3	4
8. Feeling blue	0	1	2	3	4
9. Suddenly scared for no reason	0	1	2	3	4
10. Trouble getting your breath	0	1	2	3	4
11. Feelings of worthlessness	0	1	2	3	4
12. Spells of terror or panic	0	1	2	3	4
13. Numbness or tingling in parts of your body	0	1	2	3	4
14. Feeling hopeless about the future	0	1	2	3	4
15. Feeling so restless you couldn't sit still	0	1	2	3	4
16. Feeling weak in parts of your body	0	1	2	3	4
17. Thoughts of ending your life	0	1	2	3	4
18. Feeling fearful.	0	1	2	3	4

Section 10

Is there anything else you would like to add on this?

.....

.....

.....

Many thanks for taking the time to complete this questionnaire

Contact Details:

Questionnaire developed by:



In association with:



**NUI Galway
OÉ Gaillimh**



University of Brighton

Part 3

Questionnaire Young person/Children (post intervention)



With financial support from the DAPHNE programme of the European Union

YOUNG PERSON'S QUESTIONNAIRE (Post Intervention)

Gender: M F Age: _____

Whom do you live with at the moment?

1. With my mother or father or carer. Indicate which of them: _____ ☐
2. With my mother and father ☐
3. With my mother or father and her/his partner. Indicate which of them: _____ ☐
4. With extended family (grandmother/father, aunt/uncle) ☐
5. With my foster parent ☐
6. With the parent of my boy/girlfriend ☐
7. Other _____ ☐

Educational level:

1. No studies ☐
2. Primary studies ☐
3. Secondary studies ☐
4. Other ☐ Please specify which _____

Section 1.

Indicate on a scale from 1 to 5 the degree of agreement (5) or disagreement (1) with the following statements.

1. At home, we all have our own role in the family.	1	2	3	4	5
2. At home, we all have our own tasks assigned for we are responsible for.	1	2	3	4	5
3. At home, we have some rules to follow.	1	2	3	4	5
4. At home, each one does whatever he/she wants to do.	1	2	3	4	5
5. At home, what happens to each of us affects the whole family.	1	2	3	4	5
6. All the family takes part in the tasks at home.	1	2	3	4	5
7. We all have a good relationship with each other and help one another.	1	2	3	4	5
8. My child and I have a relationship more similar to a friendship than to the relation between parent/carers/child.	1	2	3	4	5
9. In our family, the father is the head of the family.	1	2	3	4	5
10. In our family, the mother is the head of the family.	1	2	3	4	5
11. In our family, we don't have any specific gender head of the family.	1	2	3	4	5

Section 2.

The relationship with my parent/s, nowadays is:

1. Very bad ☐
2. Bad ☐
3. Acceptable ☐
4. Good ☐
5. Very good. ☐

Do you engage in activities with your family? (Activities can include sports, games, walks, cycling, etc)

1. Never ☐
2. At least once a year. ☐
3. Once a month. ☐
4. Once a week. ☐
5. Daily ☐

Indicate on a scale from 1 to 5 the degree of agreement (5) or disagreement (1) with the following statements. PBI (inventory items). Parker, Tupling & Brown (1979).

1. I spend time with my parent/s doing the things that I like to do.	1	2	3	4	5
2. My parent/s is/are emotionally distant or cold with me.	1	2	3	4	5
3. I am emotional/affectionate/close to my parent/s.	1	2	3	4	5
4. My parent/s is/are emotional/affectionate/close with me.	1	2	3	4	5
5. I enjoy speaking with my parent/s.	1	2	3	4	5
6. My parent/s let me do what I want .	1	2	3	4	5
7. My parent/s makes me feel he/she does not love me.	1	2	3	4	5
8. My parent/s provides me with so much freedom because I demand it.	1	2	3	4	5
9. When I behave well, my parent/s applaud/praise me.	1	2	3	4	5
10. I like my parent/s to acknowledge me when I do things well.	1	2	3	4	5
11. I blame my parent/s for many things.	1	2	3	4	5

Section 3.

Please, indicate with the following scale how often do you have the following behaviors

- 1 = Never
2 = Rarely (one to three times)
3 = Occasionally (approximately once a month)
4 = Frequently (approximately once a week)
5 = Almost every day

1. Criticized your parent/s.	1	2	3	4	5
2. Called them names.	1	2	3	4	5
3. Tried to keep your parent/s from doing something they wanted to do.	1	2	3	4	5
4. Gave your parent/s angry looks or stares.	1	2	3	4	5
5. Screamed or yelled at your parent/s.	1	2	3	4	5
6. Threatened to hit or throw something at your parents.	1	2	3	4	5
7. Pushed, grabbed or shoved your parent/s.	1	2	3	4	5
8. Put down (made critical remarks about) your parent/s or other family members.	1	2	3	4	5
9. Threatened and/or hit brothers or sisters.	1	2	3	4	5
10. Became upset with either parent because something at home was not the way you wanted it or done the way you thought it should be.	1	2	3	4	5
11. Stayed away from home for several hours without informing your parent/s.	1	2	3	4	5
12. Said things to scare your parent/s (Example: told them something "bad" was going to happen, threatened to commit suicide, told them to watch out).	1	2	3	4	5

13. Slapped, hit or punched your parent/s.	1	2	3	4	5
14. Refused to do chores.	1	2	3	4	5
15. Threatened your parent/s with a knife or a weapon.	1	2	3	4	5
16. Threatened to kill your parent/s.	1	2	3	4	5
17. Told your parent/s they were bad parent/s.	1	2	3	4	5
18. Threw, hit, kicked or smashed something during an argument.	1	2	3	4	5
19. Kicked your parent/s.	1	2	3	4	5
20. Hurt a pet or threatened to hurt a pet.	1	2	3	4	5
21. Choked your parent/s.	1	2	3	4	5
22. Used a knife, gun or other weapon.	1	2	3	4	5
23. Stole your parent/s money.	1	2	3	4	5
24. Spent your parent/s money without consulting them.	1	2	3	4	5
25. Sexually abusive or violent to your parent	1	2	3	4	5
26. Harmed yourself in any way.	1	2	3	4	5

What was/is school like for you now?

1. Very good ☐
2. Good ☐
3. Ok ☐
4. Bad ☐
5. Very bad ☐

	Yes	No
Do you get into trouble at school now?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever truant?	<input type="checkbox"/>	<input type="checkbox"/>

Have you been in trouble with the police about your behaviour towards your parent/s since the programme began?

1. Yes ☐
2. No ☐

If yes, can you say what this was about and when it happened?

.....

.....

.....

Have you been in trouble with the police for any other reason since the programme ended?

3. Yes ☐
4. No ☐

If yes, can you say what this was about and when it happened?

.....

.....

Section 4.

	No	Maybe, I am not sure	Yes
Do you think that the problem with your parents is still affecting other areas in your life outside your home, such as work/studies, friends, social relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think the programme has helped you with this problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5.

Indicate on a scale from 1 to 5 the degree of agreement (5) or disagreement (1) with the following statements					
1. The strategies learned in the programme have been very useful.	1	2	3	4	5
2. I believe that I have progressed very much since I began in the program.	1	2	3	4	5
3. Since I began the programme, the relationship with my parent/s has improved very much.	1	2	3	4	5
4. The programme has positively changed things at home very much.	1	2	3	4	5

Do you apply the strategies that you learned in the workshop/programme?

1. No ☐
2. Sometimes ☐
3. Often ☐
4. Almost always ☐
5. Always ☐

Which strategies have been most useful? (Tick all that apply).	
1. Control of Emotions	<input type="checkbox"/>
2. Strategies addressed to establish a consistent discipline.	<input type="checkbox"/>
3. Encouragement of mutual respect.	<input type="checkbox"/>
4. Anger control techniques	<input type="checkbox"/>
5. Problem solving.	<input type="checkbox"/>
6. Communication skills	<input type="checkbox"/>
7. Behavioural change (positive and negative reinforcement techniques).	<input type="checkbox"/>
8. Educational guidelines for parents to work with the children.	<input type="checkbox"/>
9. Negotiation and Conflict resolution.	<input type="checkbox"/>
10. Sharing experiences with others in similar situations.	<input type="checkbox"/>
11. Self-esteem reinforcement	<input type="checkbox"/>
12. Parental role reinforcement.	<input type="checkbox"/>
13. Zero tolerance of abusive and violent behaviour	<input type="checkbox"/>
14. Artistic and creative processes to think through emotions	<input type="checkbox"/>
15. Solution focused techniques	<input type="checkbox"/>
16. Risk assessment and safety planning	<input type="checkbox"/>
17. Other: _____ (specify)	<input type="checkbox"/>

What was the most important and useful thing you learned in the programme? (Please tell us in your own words).....

Section 6.

Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

7 = Strongly agree

6 = Agree

5 = Slightly agree

4 = Neither agree nor disagree

3 = Slightly disagree

2 = Disagree

1 = Strongly disagree

1. In most ways my life is close to my ideal.	1	2	3	4	5	6	7
2. The conditions of my life are excellent.	1	2	3	4	5	6	7
3. I am satisfied with my life.	1	2	3	4	5	6	7
4. So far I have gotten the important things I want in life.	1	2	3	4	5	6	7
5. If I could live my life over, I would change almost nothing.	1	2	3	4	5	6	7

Section 7

Below is a list of problems people sometimes have. Read each one carefully and circle the number of the response that best describes **HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY**. Circle only one number for each problem (0 1 2 3 4). Do not skip any items. If you change your mind, draw an X through your original answer and then circle your new answer. **BSI-18 (Derogatis, 2001)**

0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

HOW MUCH WERE YOU DISTRESSED OR BOTHERED BY THE ITEMS BELOW IN THE LAST 7 DAYS INCLUDING TODAY:

1. Faintness or dizziness	0	1	2	3	4
2. Feeling no interest in things	0	1	2	3	4
3. Nervousness or shakiness inside	0	1	2	3	4
4. Pains in heart or chest	0	1	2	3	4
5. Feeling lonely	0	1	2	3	4
6. Feeling tense or keyed up	0	1	2	3	4
7. Nausea or upset stomach	0	1	2	3	4
8. Feeling blue	0	1	2	3	4
9. Suddenly scared for no reason	0	1	2	3	4
10. Trouble getting your breath	0	1	2	3	4
11. Feelings of worthlessness	0	1	2	3	4
12. Spells of terror or panic	0	1	2	3	4
13. Numbness or tingling in parts of your body	0	1	2	3	4
14. Feeling hopeless about the future	0	1	2	3	4
15. Feeling so restless you couldn't sit still	0	1	2	3	4
16. Feeling weak in parts of your body	0	1	2	3	4
17. Thoughts of ending your life	0	1	2	3	4
18. Feeling fearful.	0	1	2	3	4

Section 8.

Who do you talk to if you have problems or things that are worrying you now?

1. Yes

☐

2. No

☐

If yes, to whom? (Tick all which apply).

1. Relatives

☐

2. Friends

☐

3. Family ☐
4. Professionals: ☐
- 4.1. Teachers ☐
- 4.2 Social Services ☐
- 4.3 Doctors ☐
5. Other ☐ Indicate who _____

Section 9.

Is there anything else you would like to add on this issue?

.....

.....

.....

.....

Many thanks for taking the time to complete this questionnaire

Contact Details:

Questionnaire developed by:



In association with:



NUI Galway
OÉ Gaillimh



University of Brighton

Part 3

Questionnaire for Parents/carers (Follow Up)



With financial support from the DAPHNE programme of the European Union

PARENT'S QUESTIONNAIRE (Follow Up)

This questionnaire aims to find out whether you have been able to maintain non-violent behavior in the last year

Personal information

Gender: M F Age: _____
If you have partner, specify gender: M F

Nº of children _____

Marital Status:

- | | |
|--------------------------|--------------------------|
| 1. Single | <input type="checkbox"/> |
| 2. Married | <input type="checkbox"/> |
| 3. Civil Partnership | <input type="checkbox"/> |
| 4. Partner | <input type="checkbox"/> |
| 5. Separated or divorced | <input type="checkbox"/> |
| 6. Widow/er | <input type="checkbox"/> |

Currently, with whom do you live?

- | | |
|--|--------------------------|
| 1. Alone | <input type="checkbox"/> |
| 2. With partner | <input type="checkbox"/> |
| 3. Grandparent bringing up grandchildren | <input type="checkbox"/> |
| 4. Other family member | <input type="checkbox"/> |
| 5. Step children | <input type="checkbox"/> |
| 6. Adopted children | <input type="checkbox"/> |
| 7. Other _____ | <input type="checkbox"/> |

Educational level:

- | | |
|---|---|
| 1. No studies | <input type="checkbox"/> |
| 2. Primary studies | <input type="checkbox"/> |
| 3. Secondary studies | <input type="checkbox"/> |
| 4. University studies/ Professional studies | <input type="checkbox"/> |
| 5. Other | <input type="checkbox"/> Please specify which _____ |

Section 1.

Indicate on a scale from 1 to 5 the degree of agreement (5) or disagreement (1) with the following statements

1. I feel able to bring up my child well.	1	2	3	4	5
2. I am a good father/mother/carer	1	2	3	4	5
3. I am confident in my parenting skills	1	2	3	4	5
4. I have doubts about my child care decisions	1	2	3	4	5
5. I have sure about how to educate/bring up my child	1	2	3	4	5
6. I am clear about my responsibilities at home as father/mother/carer	1	2	3	4	5

Section 2.

Indicate on a scale from 1 to 5 the degree of agreement (5) or disagreement (1) with the following statements

1. The strategies learned in the programme have been very useful.	1	2	3	4	5
2. I believe that my child has progressed very much since he/she began in the program.	1	2	3	4	5
3. Since I began the programme, the relationship with my child has improved very much.	1	2	3	4	5
4. The programme has changed things at home very much for the better.	1	2	3	4	5
5. There has been an increase in parental presence in my child's life.	1	2	3	4	5
6. There has been an increase of support for me as the parent in the wider family and/or community network.	1	2	3	4	5

Do you still apply the strategies that you learned in the workshop/programme?

1. No ☐
2. Sometimes ☐
3. Often ☐
4. Almost always ☐
5. Always ☐

Which strategies have been most useful? (Tick all possible alternatives).

1. Control of Emotions	<input type="checkbox"/>
2. Strategies addressed to establish a consistent discipline.	<input type="checkbox"/>
3. Encouragement of mutual respect.	<input type="checkbox"/>
4. Anger control techniques	<input type="checkbox"/>
5. Problem solving.	<input type="checkbox"/>
6. Communication skills	<input type="checkbox"/>
7. Behavioural change (positive and negative reinforcement techniques).	<input type="checkbox"/>
8. Educational guidelines for parents to work with the children.	<input type="checkbox"/>
9. Negotiation and Conflict resolution.	<input type="checkbox"/>
10. Sharing experiences with others in similar situations.	<input type="checkbox"/>
11. Self-esteem reinforcement	<input type="checkbox"/>
12. Parental role reinforcement.	<input type="checkbox"/>
13. Zero tolerance of abusive and violent behaviour	<input type="checkbox"/>
14. Artistic and creative processes	<input type="checkbox"/>
15. Solution focused techniques	<input type="checkbox"/>
16. Risk assessment and safety planning	<input type="checkbox"/>
17. Other: _____ (specify)	<input type="checkbox"/>

What's the most important and useful thing you have learned in the program? (Open question).

.....
.....
.....

Section 3.

Indicate on a scale from 0 to 5 the degree of agreement (5) or disagreement (1) with the following affirmations.					
1.	At home, we all have our own role in the family.	1	2	3	4 5
2.	At home, we all have our own tasks assigned for we are responsible for.	1	2	3	4 5
3.	At home, we have some rules to follow.	1	2	3	4 5
4.	At home, each one does whatever he/she wants to do.	1	2	3	4 5
5.	At home, what happens to each of us affects the whole family.	1	2	3	4 5
6.	All the family members take part in the tasks at home.	1	2	3	4 5
7.	We all have a good relationship with each other and help one another.	1	2	3	4 5
8.	My child and I have a relationship more similar to a friendship than to the relation between parent/carer/child.	1	2	3	4 5
9.	In our family, the father is the head of the family	1	2	3	4 5
10.	In our family, the mother is the head of the family	1	2	3	4 5
11.	In our family, we don't have any specific gender head of the family.	1	2	3	4 5

Section 4.

The relationship with my child, nowadays is:

1. Very bad ☐
2. Bad ☐
3. Acceptable ☐
4. Good ☐
5. Very good. ☐

Do you engage in activities with your son or daughter?

1. Never ☐
2. At least once a year. ☐
3. Once a month. ☐
4. Once a week. ☐
5. Daily ☐

Indicate on a scale from 1 to 5 the degree of agreement (5) or disagreement (1) with the following statements.					
1.	When my child has a problem he/she always tells me what's happening.	1	2	3	4 5
2.	My child likes to speak with me.	1	2	3	4 5
3.	My child loves me very much.	1	2	3	4 5
4.	My child and I always have been very close.	1	2	3	4 5
5.	I say to my child/ren that I love him/her/them.	1	2	3	4 5
6.	I am not a person who expresses how I feel.	1	2	3	4 5
7.	I am close to and always available to my children.	1	2	3	4 5
8.	I do not understand my child although I try to do so.	1	2	3	4 5
9.	When my child has a problem I normally understand her/him.	1	2	3	4 5
10.	I accept my child as he/she is.	1	2	3	4 5
11.	I support my child when he/she makes a decision.	1	2	3	4 5

Indicate on a scale from 1 to 5 the degree of agreement (5) or disagreement (1) with the following statements. PBI, Parker, Tupling & Brown (1979).					
1. I stop to do with my child the things that he/she likes to do.	1	2	3	4	5
2. My child is emotionally distant or cold with me.	1	2	3	4	5
3. I am emotional/affective/close to my child.	1	2	3	4	5
4. My child is emotional/affective/close with me.	1	2	3	4	5
5. I enjoy speaking with my child.	1	2	3	4	5
6. I tend to consent too much my child.	1	2	3	4	5
7. My child makes me feel he/she does not love me.	1	2	3	4	5
8. I provide so much freedom to my child because she/he demands it.	1	2	3	4	5
9. When my child behaves well, I applaud/praise it.	1	2	3	4	5
10. I like to acknowledge when my child does things well.	1	2	3	4	5
11. I often blame my child about too many things.	1	2	3	4	5

Section 5.

When you have been attacked or abused by your child, how frequently have these behaviours been used against you? Use this scale from 1 to 5.

1 = Never

2 = Rarely (one to three times)

3 = Occasionally (approximately once a month)

4 = Frequently (approximately once a week)

5 = Almost every day

1. Criticized you.	1	2	3	4	5
2. Called you names	1	2	3	4	5
3. Tried to keep you from doing something you wanted to do.	1	2	3	4	5
4. Gave you angry looks or stares.	1	2	3	4	5
5. Screamed or yelled at you.	1	2	3	4	5
6. Threatened to hit or throw something at you.	1	2	3	4	5
7. Pushed, grabbed or shoved you.	1	2	3	4	5
8. Put you or other family members down.	1	2	3	4	5
9. Threatened and/or hit brothers or sisters.	1	2	3	4	5
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.	1	2	3	4	5
11. Stayed away from home for several hours without informing you.	1	2	3	4	5
12. Said things to scare you (Example: told you something "bad" was going to happen, threatened to commit suicide, told you to watch out).	1	2	3	4	5
13. Slapped, hit or punched you.	1	2	3	4	5
14. Refused to do chores.	1	2	3	4	5
15. Threatened you with a knife or a weapon.	1	2	3	4	5
16. Threats to kill you.	1	2	3	4	5
17. Told you that you were bad parents.	1	2	3	4	5
18. Threw, hit, kicked or smashed something during an argument.	1	2	3	4	5
19. Kicked you.	1	2	3	4	5
20. Hurt a pet or threatened to hurt a pet.	1	2	3	4	5
21. Choked you.	1	2	3	4	5
22. Used a knife, gun or other weapon.	1	2	3	4	5
23. Steal you money	1	2	3	4	5
24. Spend money without consulting	1	2	3	4	5
25. Sexually abusive or violent behaviour	1	2	3	4	5
26. Harm her or himself	1	2	3	4	5

	Never	Rarely	Occasionally	Frequently	Almost every day
Do you ever feel that your life is in danger?	1	2	3	4	5
Did you receive medical care for injuries because your child being violent or abusive to you?	1	2	3	4	5

Could you please tell us which kind of injuries? _____

Did you need to call the police because of your child's violent behaviour?

3. Yes ☐

4. No ☐

If yes, how many times?? _____

Could you please indicate in a scale from 1 to 5 the level of disruption in your life caused because of child to parent violence? (1 no interference, 5 maximum interference)	1	2	3	4	5
--	----------	----------	----------	----------	----------

Section 6.

Do you think the programme helped you with this problem? Please, explain how.

.....

Section 7.

Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

7 = Strongly agree

6 = Agree

5 = Slightly agree

4 = Neither agree nor disagree

3= Slightly disagree

2= Disagree

1= Strongly disagree

1. In most ways my life is close to my ideal.	1	2	3	4	5	6	7
2. The conditions of my life are excellent.	1	2	3	4	5	6	7
3. I am satisfied with my life.	1	2	3	4	5	6	7
4. So far I have gotten the important things I want in life.	1	2	3	4	5	6	7
5. If I could live my life over, I would change almost nothing.	1	2	3	4	5	6	7

Section 8.

Below is list of problems people sometimes have. Read each one carefully and circle the number of the response that best describes **HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY.**

Circle only one number for each problem (0 1 2 3 4). Do not skip any items. If you change your mind, draw an X through your original answer and then circle your new answer.

0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

HOW MUCH WERE YOU DISTRESSED OR BOTHERED BY THE ITEMS BELOW IN THE LAST 7 DAYS INCLUDING TODAY:

1. Faintness or dizziness	0	1	2	3	4
2. Feeling no interest in things	0	1	2	3	4
3. Nervousness or shakiness inside	0	1	2	3	4
4. Pains in heart or chest	0	1	2	3	4
5. Feeling lonely	0	1	2	3	4
6. Feeling tense or keyed up	0	1	2	3	4
7. Nausea or upset stomach	0	1	2	3	4
8. Feeling blue	0	1	2	3	4
9. Suddenly scared for no reason	0	1	2	3	4
10. Trouble getting your breath	0	1	2	3	4
11. Feelings of worthlessness	0	1	2	3	4
12. Spells of terror or panic	0	1	2	3	4
13. Numbness or tingling in parts of your body	0	1	2	3	4
14. Feeling hopeless about the future	0	1	2	3	4
15. Feeling so restless you couldn't sit still	0	1	2	3	4
16. Feeling weak in parts of your body	0	1	2	3	4
17. Thoughts of ending your life	0	1	2	3	4
18. Feeling fearful.	0	1	2	3	4

Section 9

Is there anything else you would like to add on this?

.....

.....

.....

Many thanks for taking the time to complete this questionnaire

Contact Details:

Questionnaire developed by:



In association with:



NUI Galway
OÉ Gaillimh



University of Brighton

Part 3

Questionnaire for Young Person/Children (Follow Up)



With financial support from the DAPHNE programme of the European Union

YOUNG PERSON'S QUESTIONNAIRE (Follow Up)

This questionnaire aims to find out whether you have been able to maintain non-violent behavior in the last year.

Whom do you live with at the present?

1. With my mother or father or carer. Indicate which of them: _____
2. With my mother and father
3. With my mother or father and her/his partner. Indicate which of them: _____
4. With extended family
5. Other _____

Educational level:

1. No studies
2. Primary studies
3. Secondary studies
4. Others. Which _____

Section 1.

Indicate on a scale from 1 to 5 the degree of agreement (5) or disagreement (1) with the following statements.

1. At home, we all have our own role in the family.	1	2	3	4	5
2. At home, we all have our own tasks assigned for we are responsible for.	1	2	3	4	5
3. At home, we have some rules to follow.	1	2	3	4	5
4. At home, each one does whatever he/she wants to do.	1	2	3	4	5
5. At home, what happens to each of us affects the whole family.	1	2	3	4	5
6. All the family members take part in the tasks at home.	1	2	3	4	5
7. We all have a good relationship with each other and help one another.	1	2	3	4	5
8. My child and I have a relationship more similar to a friendship than to the relation between parent/carer/child.	1	2	3	4	5
9. In our family, the father is the head of the family.	1	2	3	4	5
10. In our family, the mother is the head of the family.	1	2	3	4	5
11. In our family, we don't have any specific gender head of the family.	1	2	3	4	5

Section 2.

The relationship with my parent/s, nowadays is:

1. Very bad ☐
2. Bad ☐
3. Acceptable ☐
4. Good ☐
5. Very good. ☐

Do you engage in activities with your family nowadays?

- | | |
|--------------------------|--------------------------|
| 1. Never | <input type="checkbox"/> |
| 2. At least once a year. | <input type="checkbox"/> |
| 3. Once a month. | <input type="checkbox"/> |
| 4. Once a week. | <input type="checkbox"/> |
| 5. Daily | <input type="checkbox"/> |

Indicate on a scale from 1 to 5 the degree of agreement (5) or disagreement (1) with the following statements. PBI (inventory items). Parker, Tupling & Brown (1979).

1. I spend time with my parent/s doing the things that I like to do.	1	2	3	4	5
2. My parent/s is/are emotionally distant or cold with me.	1	2	3	4	5
3. I am emotional/affectionate/close to my parent/s.	1	2	3	4	5
4. My parent/s is/are emotional/affective/close with me.	1	2	3	4	5
5. I enjoy speaking with my parent/s.	1	2	3	4	5
6. My parent/s let me do what I want.	1	2	3	4	5
7. My parent/s makes me feel he/she does not love me.	1	2	3	4	5
8. My parent/s provides so much freedom to me because I demand it.	1	2	3	4	5
9. When I behave well, my parent/s applaud/praise me.	1	2	3	4	5
10. I like to my parent/s acknowledge me when I do things well.	1	2	3	4	5
11. I blame my parent/s for many things.	1	2	3	4	5

Section 3.

Please, indicate with the following scale how often do you have the following behaviours

- 1 = Never
2 = Rarely (one to three times)
3 = Occasionally (approximately once a month)
4 = Frequently (approximately once a week)
5 = Almost every day

1. Criticized your parent/s.	1	2	3	4	5
2. Called them names.	1	2	3	4	5
3. Tried to keep your parent/s from doing something they wanted to do.	1	2	3	4	5
4. Gave your parent/s angry looks or stares.	1	2	3	4	5
5. Screamed or yelled at your parent/s.	1	2	3	4	5
6. Threatened to hit or throw something at your parents.	1	2	3	4	5
7. Pushed, grabbed or shoved your parent/s.	1	2	3	4	5
8. Put down parent/s or other family members.	1	2	3	4	5
9. Threats and/or hit brothers or sisters.	1	2	3	4	5
10. Became upset with either parent because something at home was not the way you wanted it or done the way you thought it should be.	1	2	3	4	5
11. Stayed away from home for several hours without informing your parent/s.	1	2	3	4	5
12. Said things to scare your parent/s (Example: told them something "bad" was going to happen, threatened to commit suicide, told them to watch out).	1	2	3	4	5
13. Slapped, hit or punched your parent/s.	1	2	3	4	5
14. Refused to do chores.	1	2	3	4	5
15. Threatened your parent/s with a knife or a weapon.	1	2	3	4	5
16. Threats to kill your parent/s.	1	2	3	4	5
17. Told your parent/s they were bad parent/s.	1	2	3	4	5
18. Threw, hit, kicked or smashed something during an argument.	1	2	3	4	5
19. Kicked your parent/s.	1	2	3	4	5
20. Hurt a pet or threatened to hurt a pet.	1	2	3	4	5
21. Choked your parent/s.	1	2	3	4	5
22. Used a knife, gun or other weapon.	1	2	3	4	5
23. You stole your parent/s money.	1	2	3	4	5
24. You spent your parent/s money without consulting them.	1	2	3	4	5
25. Sexually abusive or violent to your parent/s	1	2	3	4	5
26. Harmed yourself in any way.	1	2	3	4	5

What was/is school like for you now?

1. Very good ☐
2. Good ☐
3. Ok ☐
4. Bad ☐
5. Very bad ☐

	Yes	No
Do you get into trouble at school now?	<input type="checkbox"/>	<input type="checkbox"/>
Do you ever truant?	<input type="checkbox"/>	<input type="checkbox"/>

Have you been in trouble with the police about your behaviour towards your parent/s since the programme ended?

1. Yes ☐
2. No ☐

If yes, can you say what this was about and when it happened?

.....
.....
.....

Have you been in trouble with the police for any other reason since the programme ended?

1. Yes ☐
2. No ☐

If Yes, Can you say what this was about and when it happened?

.....
.....

Section 4.

Indicate on a scale from 1 to 5 the degree of agreement (5) or disagreement (1) with the following statements, concerning the programme you attended to					
1. The strategies I learned in the programme have been very useful.	1	2	3	4	5
2. I believe that I have progressed very much since I began in the program.	1	2	3	4	5
3. Since I began the programme, the relationship with my parent/s has improved very much.	1	2	3	4	5
4. The programme has positively changed things at home very much.	1	2	3	4	5

Do you apply the strategies that you learned in this programme?

1. No ☐
2. Sometimes ☐
3. Often ☐
4. Almost always ☐
5. Always ☐

Which strategies have been more useful? (Tick all possible alternatives).	
1. Control of Emotions	<input type="checkbox"/>
2. Strategies addressed to establish a consistent discipline.	<input type="checkbox"/>
3. Encouragement of mutual respect.	<input type="checkbox"/>
4. Anger control techniques	<input type="checkbox"/>
5. Problem solving.	<input type="checkbox"/>
6. Communication skills	<input type="checkbox"/>
7. Behavioural change (positive and negative reinforcement techniques).	<input type="checkbox"/>
8. Educational guidelines for parents to work with the children.	<input type="checkbox"/>

9. Negotiation and Conflict resolution.	<input type="checkbox"/>
10. Sharing experiences with others in similar situations.	<input type="checkbox"/>
11. Self-esteem reinforcement	<input type="checkbox"/>
12. Parental role reinforcement.	<input type="checkbox"/>
13. Zero tolerance of abusive and violent behaviour	<input type="checkbox"/>
14. Artistic and creative processes	<input type="checkbox"/>
15. Solution focused techniques	<input type="checkbox"/>
16. Risk assessment and safety planning	<input type="checkbox"/>
17. Other:_____ (specify)	<input type="checkbox"/>

What's the most important and useful thing you have learned and still use from this programme? (Open question).

.....
.....
.....
.....

Section 5.

Below are five statements that you may agree or disagree with. Using the 1 - 7 scale below, indicate your agreement with each item by placing the appropriate number on the line preceding that item. Please be open and honest in your responding.

7 = Strongly agree

6 = Agree

5 = Slightly agree

4 = Neither agree nor disagree

3= Slightly disagree

2= Disagree

1= Strongly disagree

1. In most ways my life is close to my ideal.	1	2	3	4	5	6	7
2. The conditions of my life are excellent.	1	2	3	4	5	6	7
3. I am satisfied with my life.	1	2	3	4	5	6	7
4. So far I have gotten the important things I want in life.	1	2	3	4	5	6	7
5. If I could live my life over, I would change almost nothing.	1	2	3	4	5	6	7

Section 6.

Below is a list of problems people sometimes have. Read each one carefully and circle the number of the response that best describes **HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY. BSI-18 (Derogatis, 2001)**

Circle only one number for each problem (0 1 2 3 4). Do not skip any items. If you change your mind, draw an X through your original answer and then circle your new answer.

0 = Not at all 1 = A little bit 2 = Moderately 3 = Quite a bit 4 = Extremely

HOW MUCH WERE YOU DISTRESSED OR BOTHERED BY THE ITEMS BELOW IN THE LAST 7 DAYS INCLUDING TODAY:

1. Faintness or dizziness	0	1	2	3	4
2. Feeling no interest in things	0	1	2	3	4
3. Nervousness or shakiness inside	0	1	2	3	4
4. Pains in heart or chest	0	1	2	3	4
5. Feeling lonely	0	1	2	3	4
6. Feeling tense or keyed up	0	1	2	3	4
7. Nausea or upset stomach	0	1	2	3	4
8. Feeling blue	0	1	2	3	4
9. Suddenly scared for no reason	0	1	2	3	4
10. Trouble getting your breath	0	1	2	3	4
11. Feelings of worthlessness	0	1	2	3	4
12. Spells of terror or panic	0	1	2	3	4
13. Numbness or tingling in parts of your body	0	1	2	3	4
14. Feeling hopeless about the future	0	1	2	3	4
15. Feeling so restless you couldn't sit still	0	1	2	3	4
16. Feeling weak in parts of your body	0	1	2	3	4
17. Thoughts of ending your life	0	1	2	3	4
18. Feeling fearful.	0	1	2	3	4

Section 7

Is there anything else you would like to add on this issue?

.....

.....

.....

Many thanks for taking the time to complete this questionnaire

Contact Details:

Questionnaire developed by:



In association with:



NUI Galway
OÉ Gaillimh



University of Brighton

Part 3

Part 3

Basic ethical protocol documents: Information sheet & Consent form

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Responding to Child to Parent Violence

Information Sheet for Parent Participants in Evaluation framework piloting

We are several researchers at different Universities (University of Brighton and University of Valencia, Spain) conducting a Europe wide study on how to respond to Child to Parent Violence (CPV) [Adapt accordingly]. As part of this study we would like to apply some specific questionnaires that have been developed together with more than 20 researchers and experts working on CPV to the higher possible number of parents or carers who have experienced violence from an adolescent child and are receiving professional support to cope with this situation.

What is the purpose of the study? Why are we researching this?

The main aim of this study is to test these questionnaires as a tool to provide “evidence” about the impact that the supporting programme received could have in the families’ lives, enabling the practitioners and the own individuals to better know the improvement achieved through the intervention. In addition, the tool to be tested will also contribute to demonstrate the efficacy and effectiveness of the resources invested in such programmes by public or private authorities, increasing their sustainability and/or funding possibilities.

What does it consist of?

We would like to invite you to fill in three questionnaires in three moments respectively, before starting the programme, after its completion and one year later. The questionnaires will take around 15-20 minutes to be filled in. If you have any doubt, you can ask a practitioner that will assist you with the completion of the questionnaires. If you do not want to ask some of the questions, feel free to do it.

Why have I been chosen?

You are invited to participate in this study because the practitioners of the programme you are going to take part of considered it beneficial for both, the programme results and their participants.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. However, you can change your mind and withdraw from the study at any time without giving a reason. Any data collected before you withdraw will not be used if you request so.

Will the questionnaires be confidential?

Your personal details will be confidential and stored securely by the researchers. In order to do that, each participant will be assigned a Code number to refer to the specific participant and the correspondence between the Codes and the personal details will be kept consequently.

What if something goes wrong?

If you feel that something is wrong or you want to complain about something, you can contact either of the researchers. The Project Director is Dr Paula Wilcox. You may also contact the(contact details as above).

Who has reviewed the study?

The research proposal has been approved by *The Faculty of Health and Social Science Research Ethics and Governance Committee at the University of Brighton* [Adapt accordingly].

How can I get in touch with the researchers to discuss this further?

Please tell the person who gave or sent you this sheet whether the researchers can contact you and how you would like to be contacted (by telephone, letter or email). Alternatively you can contact us:

Contact persons

Name..... email address..... Telephone.....

**Thank you for taking the time to read this and considering
participating in our study**



With financial support from the DAPHNE programme of the European Commission

Responding to Child to Parent Violence

Participant Consent Form (P/I)

- I agree to take part in this research which aims to better understand Child to Parent Violence and to improve service responses.
- The researcher,, has explained to my satisfaction the purpose of the research and the possible risks involved.
- I have had the principles of the research and the research procedure explained to me and I have read also the information sheet. I understand it, and the principles and procedures fully.
- I am aware that I will be required to fill in a questionnaire in three different moments.
- I understand that any confidential information will be seen only by the researchers and will not be revealed to anyone else. However, if I was to reveal plans to harm myself or others, I understand that the researcher would need to break confidentiality. I understand that if I reveal that I have been involved in any illegal activity, confidentiality may also be broken.
- I understand that I am free to withdraw from the research at any time, without giving any reasons.

Name (please print)

Signed.....

Date



With financial support from the DAPHNE programme of the European Commission

Part 3

DOCUMENTS FOR YOUNG PERSON PARTICIPANTS

- a. Information Sheet Interview
- b. Consent Form Interview

Responding to Child to Parent Violence

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What does it consist of?

We would like to invite you to fill in three questionnaires in three moments respectively, before starting the programme, after its completion and one year later. The questionnaires will take around 15-20 minutes to be filled in. If you have any doubt, you can ask a practitioner that will assist you with the completion of the questionnaires. If you do not want to ask some of the questions, feel free to do it.

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Will the questionnaires be confidential?

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Contact persons

Name..... email address..... Telephone.....

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- The researcher,, has explained to my satisfaction the purpose of the research and the possible risks involved.
- I have had the principles of the research and the research procedure explained to me and I have read also the information sheet. I understand it, and the principles and procedures fully.
- I am aware that I will be required to fill in three specific questionnaires in different moments.
- I understand that any confidential information will be seen only by the researchers and will not be revealed to anyone else. However, if I was to reveal plans to harm myself or others, I understand that the researcher would need to break confidentiality. I understand that if I reveal that I have been involved in any illegal activity, confidentiality may also be broken.
- I understand that I am free to withdraw at any time, without giving any reasons.

Name (please print)

Signed.....

Date



With financial support from the DAPHNE programme of the European Commission



Part 4: References

Part 4: References

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