



Development and Psychometric Properties of the Child-to-Parent Aggression Parent-Report (CPA-p)

Claire P. Monks¹ · Stella Tsermensei² · Trevor Thompson¹

Received: 2 January 2025 / Accepted: 1 March 2026
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Abstract

Child-to-parent aggression (CPA) has gained increasing recognition in recent years, becoming a concerning issue in many countries. Despite growing attention, few measures assess CPA from the parent's perspective, and none capture the emotional impact on caregivers. The present study developed and validated the Child-to-Parent Aggression Parent-Report (CPA-p), a new instrument designed to assess CPA behaviours and their effects on parents or caregivers. A total of 297 caregivers of children under 18 years (72.4% female) completed the CPA-p online. The sample was randomly divided into two subsamples for exploratory factor analysis (EFA; $n = 148$) and confirmatory factor analysis (CFA; $n = 149$). EFA identified a three-factor structure—psychological aggression, physical aggression, and negative affect of the caregiver—which was subsequently confirmed by CFA. The three-factor structure showed acceptable fit and remained stable across analyses. The model demonstrated good fit indices and internal consistency across subscales, with evidence of criterion-related validity through significant correlations with the Strengths and Difficulties Questionnaire (SDQ). Although measurement invariance tests suggested that factor loadings differed across child gender, the overall structure was stable. The CPA-p presents sound psychometric properties and is a valuable instrument for assessing CPA in both research and clinical contexts. Importantly, it is the first tool to include a measure of the emotional impact of CPA on caregivers, supporting more comprehensive understanding and intervention planning.

Highlights

- Child-to-Parent Aggression (CPA) is a growing concern however, official data is likely to underrepresent the extent of the phenomenon based on under-reporting.
- There are few measures developed to obtain parent/carer experiences of CPA.
- The current study analyzes the psychometric properties of the newly developed Child-to-Parent Aggression Parent Report (CPA-p).
- The CPA-p has three subscales (psychological aggression, physical aggression and negative affect of parent/carer), demonstrates adequate psychometric properties, and is thus a useful instrument to assess CPA.

Keywords child-to-parent aggression · instrument · validation · violence

Claire P. Monks and Stella Tsermensei contributed equally to this work.

✉ Claire P. Monks
c.p.monks@gre.ac.uk

¹ Institute for Lifecourse Development, University of Greenwich, London, England

² Department of Primary Education, University of Thessaly, Thessaly, Greece

In recent years, child-to-parent aggression (CPA), referred to also as child-to-parent-violence (Contreras & Cano, 2016; Holt & Retford, 2013) and child-to-parent abuse (Kuay et al., 2017), has received growing attention. Epidemiological studies report extremely variable data, ranging between 4 and 21% in any year (Calvete et al., 2013; Pagani et al., 2004, 2009; Simmons et al., 2019). These variations can be attributed to several factors, including differences in how CPA is defined (e.g., whether psychological, physical, or financial forms are included), the characteristics of the sample (e.g., community vs. clinical populations), the

methods of data collection (e.g., self-report vs. police or official reports), and the sociocultural context in which the research is conducted. Moreover, the lack of a universally agreed-upon definition and standardized measurement tool for CPA further contributes to the wide variation in reported prevalence rates. Within the UK, CPA seems to be gaining recognition within the policy arena and is increasingly being conceptualized as a form of domestic violence (Miles & Condry, 2015). A recent study (Brennan et al., 2022) looked at police data over a two-year period (2018–2020) of all cases involving offspring under the age of 25 in England and Wales and found that incidents of CPA constituted 1.2% of all violence reported to the police. These data refer only to those cases in which parents reported their children's behaviours to the police. The analysis also revealed that 43% of cases of CPA were not reported, indicating that many cases of CPA remain unknown.

The discrepancies in rates of CPA are largely due to the incomplete operationalization of the construct. The definitions of CPA have been expanded since 1979, with the definition developed by Cottrell (2001) being the most used in the scientific literature. Cottrell (2001) defined CPA as the repeated use of physical, emotional, verbal, and financial abuse by children to threaten, intimidate and control a parent. More recently, a UK study (O'Toole et al., 2022) found that practitioners working with cases of CPA from a wide range of backgrounds held conceptions of CPA that were similar but also broader than Cottrell's research definition. In line with Cottrell's definition, practitioners referred to the use of different types of aggression; however, practitioners also defined CPA as the use of aggressive or threatening behaviour to intimidate or control parents, which parents felt was beyond their control. This view is in accord with research evidence about the negative impacts of CPA on parents (Holt, 2016).

Another characteristic of CPA research is that it has mainly focused on adolescent aggression (Hong et al., 2012). The conceptualization of CPA as mainly an adolescent phenomenon could be due to previous research typically using police data to assess the age at which CPA occurs (Condry & Miles, 2014) or because parents may not report CPA until adolescence when children are physically stronger, and CPA behaviour may become more severe and be seen as abusive (Ulman & Straus, 2003). Interestingly, in O'Toole et al. (2022), practitioners viewed CPA as occurring across the lifespan. Specifically, they reported that CPA behaviours may develop from manipulation during early childhood to financial abuse in adulthood. It seems that whilst the research definition has focused mostly on specific types of violence, in policy and practice definitions of CPA need to be broader and more focused on the purpose and impact of the aggressive behaviour on the parent and to include a

broader age-range of the aggressor. Based on the findings of O'Toole et al. (2022), an updated definition of CPA was developed as follows: “*Aggressive (physical, verbal, emotional), threatening, or abusive (financial) behaviour used by a child of any age repeatedly to intimidate or control a parent*”. This definition aligns with the *Serious Crime Act* (Home Office, 2015), which introduced the offence of coercive or controlling behaviour within family relationships in the UK, reflecting the growing trend toward conceptualizing CPA within a domestic violence framework.

The need to understand and prevent a growing and complex phenomenon such as CPA has resulted in the development of instruments to assess it. There are currently limited instruments that measure aspects of CPA (e.g. Calvete et al., 2013; Contreras et al., 2019; Edenborough et al., 2011; Ghazizadeh & Jafari, 2010; Harries et al., 2023; for a review see Arias-Rivera et al., 2020). Regarding the respondents, most of these instruments are adolescent self-report scales, and only a few of them also include a version for parents. From the available parent scales, only three instruments have been specifically designed to measure CPA (CPAQ, CPV-Q-P, and CMVS). These tools primarily conceptualize CPA in terms of observable behaviours (e.g., verbal, physical) and, in some cases, examine motives or functions (e.g., proactive vs. reactive). However, they do not assess the emotional or psychological impact of aggression on the caregiver, which is a crucial dimension in understanding the severity and consequences of CPA. Furthermore, these tools have largely been developed and validated in non-UK samples, limiting their direct applicability in the present context.

The current study aims to fill these gaps by developing and validating a novel, parent-report scale of CPA, the Child-to-Parent Aggression Parent-Report (CPA-p), which considers caregiver impact and aligns with the most recent UK-based definition of CPA (O'Toole et al., 2022), thus enabling a broader conceptualization of the phenomenon that includes both behavioural and affective consequences. The first aim of the study was to examine the factor structure of the questionnaire in a sample of parents/caregivers from the UK. The second aim was to evaluate criterion-related validity by examining associations between CPA-p scores and established dimensions of child psychological functioning using the Strengths and Difficulties questionnaire (SDQ; Goodman, 1997), which includes known correlates of CPA (Ibabe et al., 2013), such as conduct problems, impulsivity, emotional dysregulation, and broader internalising and externalising difficulties. These associations are well-established in the CPA literature, with recent reviews highlighting links between CPA and behavioural problems, emotional symptoms, peer difficulties, and social maladjustment (e.g., Ibabe et al., 2013; Junco-Guerrero et al., 2025). The third aim was to explore whether the measurement properties

of the CPA-p differed across child gender given previous findings that suggest male and female children may express aggression differently (e.g., Bennett et al., 2005; Björkqvist, 2018).

Method

Participants

Parents/carers of children under 18 years old were recruited to take part in the survey through social media and via mailing lists. There were 297 responses, with parents/carers' age ranging from 22 to 68 years (Mean = 42.7, $SD = 7.6$), with a gender distribution of female $n = 215$ (72.4%), male $n = 78$ (26.3%) and $n = 4$ (1.3%) non-responses. The number of children participants had ranged from 1 to 7. Most participants reported being parents/carers to one ($n = 111$) or two ($n = 128$) children. If participants had more than one child, they were asked to focus their responses on one of their children.

Children's ages ranged from under 1–17 years with a Mean = 10.2 ($SD = 4.9$). The reported gender distribution of focal children was male ($n = 142$, 47.8%), female ($n = 143$, 48.2%), and nonbinary ($n = 2$, 0.7%), with 10 (3.4%) non-responses.

Measures

Participants were asked a series of demographic questions, followed by a newly developed questionnaire asking about their experiences of child-to-parent aggression. The newly developed Child-to-Parent Aggression Parent-Report (CPA-p) asks about experiences of

child-to-parent aggression directed towards them and towards the child's other parent (where appropriate). The items were derived from the qualitative findings and the definition of O'Toole et al. (2022). O'Toole et al. (2022) employed focus groups with practitioners working in areas related to CPA and reported findings regarding the varied types of CPA behaviour, and the potential impact of experiencing CPA on parents/carers. These findings were used to develop items to include in the CPA-p. The measure includes 20-items which are scored on a five-point Likert-type scale from 1 (never) to 5 (always). Parents/carers of more than one child were asked to report on one of their children when completing the measure. Only responses of aggression towards them (rather than the child's other parent) were included in this analysis. A full list of items is provided in Table 1.

Participants were also asked to complete the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) which is a 25-item self-report questionnaire measuring the responses from participants on subscales of (a) emotional symptoms (b) conduct problems (c) hyperactivity-inattention (d) peer problems and (e) prosocial behaviour on a 3-point Likert-type scale from 1 (*not true*), 2 (*somewhat true*), 3 (*certainly true*). Participants were asked to focus their responses on the child they had reported on in the CPA-p. In the current study, the composite scores, Externalizing (calculated by summing conduct problems and hyperactivity/inattention subscales), Internalizing (sum of emotional symptoms and peer problems), and the overall Difficulties score (sum of all subscales except prosocial) were used for the purposes of analysis, following guidance that these are more appropriate than the individual subscales among low-risk samples (Goodman et al., 2010).

Table 1 – Rotated Component Matrix

	Factor 1: Psychological Aggression	Factor 2: Physical Aggression	Factor 3: Negative Affect
They lied to get their own way	0.71	-0.14	-0.03
They yelled at you when they were angry	0.43	0.30	-0.04
They manipulated you to get their own way	0.78	-0.22	0.05
They said something to hurt you on purpose	0.81	0.04	-0.06
They have sworn at you	0.55	0.07	0.22
They made you feel guilty or ashamed	0.68	-0.09	0.14
They damaged property in your house (e.g. tables, door, TVs) when they were angry	0.05	0.50	0.33
They pushed you in a fight	-0.06	0.82	0.22
They punched/kicked you	-0.17	1.00	-0.05
They used something (e.g. chair, knife, appliance) to hit you	-0.03	0.55	0.07
They have threatened to hit you	0.28	0.63	-0.38
You felt afraid of your child	-0.08	0.31	.62
You felt worried about your child's aggression but not expressed it	0.16	0.24	0.38
You lied to downplay your child's aggression	0.14	-0.21	0.78

Procedure

Informed consent was obtained from participants prior to their completion of the survey online. Following demographic questions, participants completed the Child-to-Parent Aggression Parent-Report (CPA-p) and the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997). The order of presentation was fixed rather than randomized, with participants completing the CPA-p first and the SDQ subsequently. Participants were provided with a debrief form with contact numbers/emails of support agencies. This study received ethical approval from the relevant University Research Ethics Committee.

Statistical Analysis Plan

After randomly dividing the data into separate testing ($n = 148$) and validation ($n = 149$) subsamples, exploratory factor analysis (EFA) of the Child-to-Parent Aggression Parent-Report (CPA-p) was conducted on the testing set to identify an initial factor structure. Confirmatory factor analysis (CFA) was then performed on the separate validation set to assess the fit of the model identified by the EFA.

EFA was conducted using maximum likelihood estimation with oblimin as an oblique rotation method given the likely correlation across factors, with Horn's parallel analysis used to identify the number of factors. A liberal cut-off of factor loadings > 0.35 was used to indicate factor membership during the initial EFA so that any item loadings falling just below more conventional thresholds (e.g. 0.50) could be retained for subsequent examination with CFA. For the CFA, adequacy of initial model fit was supported for CFI > 0.90 , RMSEA < 0.08 , and SRMR < 0.10 (Byrne, 1994).

To examine whether the scale exhibited equivalent measurement properties across gender groups, we performed measurement invariance tests in a hierarchical manner, assessing model fit with increasingly restrictive equality constraints (Vandenberg & Lance, 2000). Specifically, we first performed CFA in each gender group separately. If model fit indices still suggested an adequate model, we tested 'metric invariance' by comparing a model where each item loading was equal across gender vs. one where each item loading was allowed to vary across gender. A significant chi-square test indicates that factor loadings differ across gender and therefore an equal loadings model is not supported and further testing (e.g. of equal item intercepts) should not be performed.

Reliability/Validity

Internal consistency was assessed within the CFA framework with coefficient Omega. Criterion-related validity was also assessed by examining associations between the CPA-p subscales, obtained from a simple summation of the relevant items for each subscale, and the Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) which is a measure with known relevance to CPA-related behaviours. If CPA-p subscales were highly correlated indicating the measurement of a common construct to some degree, and therefore computation that the use of a total CPA-p score may be legitimate, we also examined the association of the total CPA-p score with the SDQ.

Results

Missing Data

Missing data were typically under or close to 5% for most items with missing values imputed using predictive mean matching (continuous) or logistic regression (binary) using the R package mice.

EFA

Horn's parallel analysis indicated that four factors should be retained. However, because the fourth factor included only a single item (*stealing*), this item was removed from the scale. The parallel analysis was then rerun, which identified a three-factor model. Factor analysis with oblique rotation extracting three factors comprised of factors labelled Psychological Aggression (6 items), Physical Aggression (5 items) and Negative Affect of the parent/caregiver (3 items). The inter-correlations of these factors ranged from $r = 0.46$ – 0.55 , with the pattern matrix of factor loadings shown in Table 1.

CFA

The initial three-factor model suggested by the EFA of the testing set was assessed with CFA in the validation set ($n = 149$), with factor cross-loadings set to zero, errors left uncorrelated and latent factors allowed to covary. The CFA provided evidence supporting the construct validity of the CPA-p, confirming the three-factor structure identified during EFA. Given some positive skew, we used MLM estimation to provide estimates robust to violations of non-normality. Adequacy of model fit was supported by some indices, RMSEA = 0.073, SRMR = 0.094, but not by others, $\chi^2(74) = 164.02$, $p < 0.001$, CFI = 0.86. We therefore refined

the model where modification indices > 4 and model specification made logical or theoretical sense (Brown, 2015). Specifically (1) the ‘threatened to hit’ item was dropped as its residuals were strongly correlated with residuals of other domain items (suggesting a composite measure), and (2) residuals were allowed to be correlated for the following item pairs: lied-manipulated, kicked-pushed and object-hit-you afraid. The commonality specific to these item pairs seems likely to reflect a common item content for deceitfulness, personal assault and extreme behaviour respectively. The chi-square fit of the revised model was $\chi^2(59)=93.39$, $p=0.003$, suggesting the refined model did not predict the data as well as a saturated model with all possible parameters specified, but other indices suggested an improved fit, RMSEA=0.06, SRMR = 0.08, CFI=0.91. Fully standardized factor loadings are shown in Table 2, all of which were statistically significant ($p<0.001$) and suggest a general pattern of construct validity but with high correlations amongst the three domains ($r = 0.59$ to 0.68).

Finally, because of the high domain correlations, we explored the fit of a standard unidimensional model with uncorrelated errors to assess whether this represented a plausible alternative to the three-factor model. Fit indices suggested this model did not outperform the originally specified three-factor model, RMSEA = 0.099, SRMR = 0.103, $\chi^2(77)=189.93$, $p<0.001$.

Measurement Invariance

A separate CFA was conducted for the male ($n=82$) and female ($n=66$) children subsamples after excluding the non-binary category as this consisted of just a single case in the validation dataset. Fit indices for both subsamples closely approximated that of the overall sample, suggesting acceptable model fit of the three-factor structure in each gender group. Measurement invariance analyses indicated that the equivalence of factor loadings across gender

was not supported, $\chi^2(128)=28.32$, $p=0.002$. As shown in Table 2, most psychological aggression items showed only small differences in loadings (≤ 0.15), whereas several items assessing physical aggression, including property damage, pushing, and especially punching/kicking, had substantially lower loadings among females (0.22–0.51) compared to males (0.51–0.82). A similar pattern was observed for one item within the Negative Affect factor (‘you lied to downplay your child’s aggression’), which also demonstrated a markedly reduced loading for females. Nevertheless, the absence of metric invariance suggests that some CPA behaviours may operate differently across gender, and this should be taken into account when interpreting gender-related findings.

Internal Consistency and Criterion-Related Validity

Coefficient omega found adequate internal consistency for the Psychological Aggression ($\omega=0.79$), Physical Aggression ($\omega=0.67$) and Negative Affect ($\omega=0.74$) subscales and for the overall summated score ($\omega=0.84$).

To assess criterion-related convergent validity, associations between the CPA-p subscale and total (computed as the mean of the three subscales) scores with the SDQ scales were examined in the total dataset ($N=297$). As shown in Table 3, the CPA-p overall and subscale scores were significantly correlated with SDQ measures, providing support for criterion-related validity of the CPA-p in capturing aggression-related difficulties in children as perceived by caregivers.

Discussion

The aim of the current study was to develop and validate the Child-to-Parent Aggression Parent-Report (CPA-p) in a sample of parents/caregivers in the UK. Confirmatory factor analysis

Table 2 – Factor loadings for male ($n=82$) and female ($n=66$) subsamples from CFA on the validation set

Factor		Male	Female	Difference
Psychological	They lied to get their own way	0.52	0.22	0.30
	They yelled at you when they were angry	0.45	0.60	-0.15
	They manipulated you to get their own way	0.58	0.56	0.02
	They said something to hurt you on purpose	0.86	0.78	0.08
	They have sworn at you	0.63	0.70	-0.07
	They made you feel guilty or ashamed	0.76	0.65	0.11
Physical	They damaged property in your house (e.g. tables, door, TVs) when they were angry	0.82	0.51	0.31
	They pushed you in a fight	0.69	0.62	0.07
	They punched/kicked you	0.51	0.22	0.29
	They used something (e.g. chair, knife, appliance) to hit you	0.59	0.45	0.14
Negative Affect	You felt afraid of your child	0.72	0.56	0.16
	You felt worried about your child’s aggression but not expressed it	0.64	0.86	-0.22
	You lied to downplay your child’s aggression	0.86	0.54	0.32

Table 3 – Correlations between the CPA-P total and subscale scores and the SDQ subscales (all p 's<0.001)

		SDQ		
		Difficulties	Internalising	Externalising
CPA-p	Psychological	0.62	0.43	0.60
	Physical	0.42	0.20	0.50
	Negative Affect	0.51	0.39	0.47
	Total	0.65	0.42	0.63

indicated that the CPA-p shows a structure of three strongly related factors relating to behaviour against the parent (Physical Aggression, Psychological Aggression, and Negative Affect). While analysis supported three distinct subfactors, their moderate inter-correlations suggest that a composite overall score can also legitimately be computed, with the use of overall scores generally to be preferred given their stronger internal reliability and the fact this represents a more parsimonious approach. Physical and Psychological Aggression factors are congruent with the dimensions of the commonly used definition in the scientific literature on CPV (Cottrell, 2001) and with CPAQ instrument (Calvete et al., 2013). The newly introduced Negative Affect for caregiver factor is also congruent with previous research supporting the view that CPA goes beyond typical rule breaking behaviour that is beyond caregivers' control and has severe negative consequences to the parent (O'Toole et al., 2022; Simmons et al., 2019).

In line with previous findings (Calvete et al., 2013; Contreras & Cano, 2016), the associations observed between CPA-p scores and child behavioural and emotional difficulties provide support for the criterion-related validity of the CPA-p. Although the aim of the present study was not to draw broader conclusions about CPA as a general construct, the observed correlations between CPA-p scores and measures of behavioural and emotional difficulties provide support for the criterion-related validity of the CPA-p. These findings are consistent with previous research showing associations between CPA and child behavioural problems (e.g., Ibabe et al., 2014; Orue et al., 2019). Difficulties in managing behaviour and emotions may contribute to aggressive responses toward parents, highlighting the importance of further exploring cognitive and emotional regulation processes in CPA.

Analysis of male and female subsamples confirmed that the three-factor structure demonstrated adequate fit in both gender groups separately. However, measurement invariance found that factor loadings differed across gender. While just over a half of the factor loadings exhibited minimal differences in magnitude across gender (≤ 0.15), items referring to acts of physical aggression including property damage and punching/kicking were notably lower in females (0.29-0.32). As items with limited response variation can restrict the size of factor loadings (Brown, 2015), this could potentially account for these lower loadings given that such acts might be less common

in females. Most of the caregivers in the present study were female (>70%), consistent with previous CPA studies (e.g., Holt, 2016) which have reported gender differences in experiences of CPA. However, the overrepresentation of female caregivers in the current study most likely reflects response bias, and we were not able to look at parent gender as a factor here.

Our findings also speak to broader debates about how CPA should be conceptualized. The three CPA-p factors were strongly interrelated, and the prominence of caregiver emotional impact in the factor structure reflects patterns often emphasized within domestic-violence frameworks, where coercion, control, and the emotional consequences for victims are central features (Holt, 2016; Miles & Condry, 2015). At the same time, the lack of full measurement invariance across gender, alongside evidence that behavioural frequency and developmental factors shape item functioning, suggests that CPA may not align neatly with models developed for adult-to-adult violence. Instead, these patterns are more consistent with perspectives that frame CPA as a form of family violence embedded in parent-child relational dynamics and developmental processes (Hong et al., 2012). Thus, our findings highlight the need for future research to clarify whether CPA is best conceptualised within a domestic-violence model or within a broader family-violence framework that accounts for developmental and ecological influences.

The CPA-p measure directly addresses a key gap in previous assessment tools by including a dedicated "Negative Affect" factor, which captures the emotional and psychological toll of CPA on caregivers. This is particularly important as the consequences of CPA are often what drive families to seek help yet have remained under-measured in prior tools. The "Negative Affect" subscale, which captures caregiver responses such as fear, guilt, and worry, has fewer items than the other subscales, which may reflect a broader or less well-defined construct. Future research could refine and expand this subscale, potentially incorporating additional emotional or cognitive impacts of CPA. By formally assessing caregiver impact, the CPA-p enables both researchers and practitioners to better understand the severity and urgency of CPA incidents. Clinically, this has significant implications for early identification and intervention. For example, elevated scores on the Negative Affect subscale could be used to prioritize families for support services, inform safety planning, or tailor therapeutic approaches that address caregiver trauma alongside child behaviour. In

research contexts, the inclusion of the Negative Affect domain provides an avenue for studying how parent experiences relate to treatment outcomes or family dynamics over time. Thus, the CPA-p may serve as a valuable means to evaluate change following interventions.

This study has several limitations. First, results are based solely on parent self-report, and future studies should include child and other informant reports as well. Second, because the order of presentation of the CPA-p and the SDQ was not randomised, it is possible that completing the CPA-p may have affected the way in which participants completed the SDQ and influenced the results. Furthermore, because several items, particularly those reflecting more severe physical aggression, showed non-equivalent factor loadings across gender, the CPA-p should not be used to draw mean-level comparisons between boys and girls at this stage. Observed gender differences may reflect measurement non-equivalence rather than true differences in CPA. Further psychometric research, including tests of differential item functioning and replication in higher-risk samples with greater variability in physical aggression, is needed to clarify whether the current pattern reflects substantive gender differences or methodological artefacts. We were also not able to examine measurement invariance across age due to limited numbers of responses within different age bands. Future studies should test for age invariance to determine whether the CPA-p operates similarly across developmental stages. This is important because the form, frequency, and the way caregivers perceive CPA behaviours may differ between younger children and adolescents, potentially influencing how items are interpreted and scored. Further research with larger samples could also compare a three-factor model with a hierarchical model consisting of a single general factor with multiple subdomains, to provide a more detailed assessment of the relative contributions of an overall single and multiple dimensions more comprehensively. Additionally, parents with multiple children were asked to report on only one child, based on their own selection. This may have introduced self-selection bias, as parents might have chosen to report on the child they perceived as most or least aggressive, which could have influenced the distribution of scores. Future research should consider using random selection or counterbalancing strategies when including multiple-child families to mitigate this potential bias. This study was conducted in the UK, and cross-cultural differences may have affected the results and replication in other cultures is needed to determine which components and consequences of CPA are universal and which are culture-specific. Finally, this study was only able to provide a limited evaluation of the discriminant validity of the CPA-p and more extensive research is needed to assess the ability of the scale to differentiate the three CPA-p domains, with other psychometric investigation (test-retest reliability etc.) also warranted.

Despite these limitations, the findings of the present study suggest that the CPA-p is a short and psychometrically sound instrument that shows potential for use in clinical and research settings, particularly for identifying patterns of child-to-parent aggression and caregiver impact. Psychometric results suggest that while the scale constructs may be examined within an SEM modelling framework simple summation of the individual subscale items to produce three subscale scores is also likely to be adequate. The findings highlight the importance of addressing the impact of CPA on parents, which, in many of the cases prompts families to seek help. The parent-report nature of the CPA-p could also allow researchers to explore parent variables alongside the CPA they are experiencing, as parent samples in CPA research have been under-utilized to date.

Declarations

Conflict of interests The authors declare no competing interests.

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