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Longitudinal Associations Between Child-To-Parent Violence, Problematic Internet Use, and Depression

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ABSTRACT

This study addresses the research gap concerning the longitudinal relationship between problematic online behaviours and child-to-parent violence (CPV). It examined reciprocal associations among problematic internet use, CPV, and depression in 1256 adolescents ($M_{\text{age}} = 15.35$; $SD = 1.11$, 57.6% girls) from Bizkaia, Spain who provided data in at least one of three measurement waves, spaced six months apart. Using random intercept cross-lagged panel models, between-person analyses showed significant associations between CPV and problematic internet use. Within-person analyses indicated that increases in adolescents' typical levels of problematic internet use consistently predicted increases in CPV and depressive symptoms. Although between-person associations were similar across genders, several cross-lagged paths were statistically significant only among girls. Furthermore, separate models for CPV against mothers and fathers revealed that these longitudinal effects were significant only for aggression against mothers. These findings contribute to understanding how online environments may influence the development of CPV.

1 | Introduction

Child-to-parent violence (CPV) is a form of family violence defined as intentional and repeated acts of physical, psychological, or economic violence directed towards parents or parental figures (Pereira et al. 2017; Rogers and Ashworth 2024). CPV may include overt behaviours such as hitting, pushing, or insulting as well as implicit and less visible forms of abuse such as emotional manipulation or actions that undermine parents' well-being or cause fear. Regardless of its form, the literature indicates that CPV is consistently associated with significant distress for both parents (Jiménez-Granado et al. 2024) and children (Jiménez-Granado et al. 2025) as well as with disruption of family dynamics (Arias-Rivera et al. 2022). It is therefore essential to analyse the risk factors involved in the development of CPV over time.

Existing research shows that CPV is a widespread issue. Prevalence estimates suggest that between 6% and 19.1% of adolescents worldwide have engaged in some form of physical violence

against their parents, whereas psychological CPV has been identified as the most frequent type, with rates ranging from 33.0% to 93.0% (Dahouri et al. 2025; Simmons et al. 2018). Although early manifestations may occur during childhood, CPV typically emerges at age 12, peaks in mid-adolescence, and gradually declines with age (Calvete et al. 2020). Findings regarding gender are mixed; however, studies in both community (Gámez-Guadix and Calvete 2012) and clinical samples (Simmons et al. 2018) suggest similar overall prevalence between girls and boys. Gender differences tend to emerge when controlling for the type of violence or the target of aggression. Girls are more likely to engage in psychological CPV (Beckmann et al. 2021; Margolin and Baucom 2014), whereas boys more often exhibit physical aggression (Dahouri et al. 2025). Moreover, mothers are consistently identified as the primary targets of CPV (Del Hoyo-Bilbao et al. 2018; Lyons et al. 2015; Simmons et al. 2018), likely due to their central caregiving roles, greater daily involvement, and culturally ascribed responsibility for enforcing household

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rules and boundaries, which increase their exposure to conflict and vulnerability to CPV.

Previous research has identified several CPV risk factors (Junco-Guerrero et al. 2025), with broad agreement regarding family-related influences such as parenting styles (Arias-Rivera et al. 2022), corporal punishment (Calvete et al. 2015), emotional neglect (Calvete et al. 2014; Papamichail and Bates 2020), and exposure to intimate partner violence (Gámez-Guadix and Calvete 2012). Increasing attention, however, has turned to individual factors related to adolescents' emotional and behavioural functioning (Rogers and Ashworth 2024).

In terms of emotional difficulties, CPV has been consistently linked with internalising symptoms, particularly depression and anxiety. Cross-sectional research in both community (Suárez-Relinque et al. 2020) and offender samples (Cuervo 2025) has shown that adolescents who perpetrate CPV report higher levels of depressive symptoms. Longitudinal evidence further demonstrates that depressive symptoms predict subsequent CPV in both boys and girls (Calvete et al. 2013). These findings suggest that depressive symptoms contribute to the development of CPV, as aggression may serve as a maladaptive strategy for coping with negative affect (Ibabe 2020). Recent research also supports a bidirectional relationship between depressive symptoms and CPV. For instance, a content analysis found that many adolescents who engaged in aggression against their parents reported emotional suffering and frequently expressed remorse (Arias-Rivera et al. 2025). Similarly, a longitudinal study revealed that internalising symptoms, including depression, predicted increases in CPV behaviours 3 months later, although no reverse effects were observed from CPV to internalising symptoms (Jiménez-Granado et al. 2025). Taken together, these results suggest that depression may play a dual role in CPV, functioning both as a potential antecedent that increases vulnerability to aggressive behaviour and as a possible consequence of involvement in CPV. In this way, depressive symptoms may contribute to a self-perpetuating cycle in which emotional distress and family aggression reinforce one another.

Behavioural problems have also been implicated. Substance use, including alcohol and drug consumption, has been linked to subsequent CPV (Calvete et al. 2020; Johnson et al. 2022). Such behaviours impair self-control and heighten irritability, often creating family conflict that may escalate into violence (Junco-Guerrero et al. 2025; Simmons et al. 2018). While most studies have focused on substance addictions, less is known about online behavioural addictions, such as problematic internet use, which similarly involve emotional dysregulation, compulsive engagement, and negative emotional states when restricted (Griffiths 2017).

Problematic internet use (PIU) refers to a recurrent, uncontrollable urge to remain online that interferes with daily functioning and replaces face-to-face interactions (Caplan 2010). Although PIU is often used interchangeably with Internet addiction, it is considered a broader construct that encompasses maladaptive patterns of internet use without necessarily meeting clinical addiction criteria such as tolerance or withdrawal symptoms. Importantly, unlike specific forms of problematic internet use,

such as problematic online gambling or compulsive buying, generalised PIU refers to excessive and dysregulated engagement with the internet across multiple domains, including web browsing, social media use, and online gaming (Gámez-Guadix et al. 2013; Günaydin et al. 2022). Prevalence estimates among adolescents range from 6.0% to 36.1%, with mixed evidence regarding gender differences (Pérez-Saenz et al. 2023; Su et al. 2020). Although limited, existing studies have found consistent associations between CPV and problematic online behaviours (Junco-Guerrero et al. 2024; Martínez-Ferrer et al. 2018; Ronzón-Tirado et al. 2025; Suárez-Relinque et al. 2020), all based on cross-sectional designs. For example, Martínez-Ferrer et al. (2018) found that adolescents who engaged in CPV reported higher levels of PIU. Likewise, Ronzón-Tirado et al. (2025), observed a positive association between CPV and PIU in a large Spanish sample ($n = 1304$). Their findings suggested that PIU may generate conflict situations in which CPV arises either reactively—during disputes about online time or parental restrictions—or instrumentally, when adolescents demand financial resources for online activities (e.g., gaming, gambling) and parents refuse.

Furthermore (Calvete et al. 2026), found that adolescents who engage in CPV had significantly higher levels of PIU compared with those who did not report CPV. Adolescents involved in CPV also exhibited more obsessive patterns of internet-related thinking, greater compulsive use, and more negative consequences related to internet use than those who did not engage in CPV. Moreover, PIU has been associated with depressive symptoms. Adolescents may develop addictive online behaviours as a means to regulate depressive mood states; conversely, PIU itself may contribute to adverse emotional outcomes (Cai et al. 2023; Gámez-Guadix 2014).

Overall, these findings suggest that beyond their individual associations, CPV, PIU, and depression may be dynamically interconnected. From the perspective of compensatory internet use theory (Kardfelt-Winther 2014), adolescents may engage in excessive internet use as a strategy to manage negative emotions or escape from stress and family conflict (Caplan 2010; Günaydin et al. 2022). However, this behaviour may in turn heighten parent-child conflict, potentially triggering aggressive behaviours towards parents (Martínez-Ferrer et al. 2018; Ronzón-Tirado et al. 2025; Suárez-Relinque et al. 2020). Engagement in CPV episodes could simultaneously intensify feelings of guilt, isolation, and depression, reinforcing PIU and perpetuating a negative feedback cycle. From this perspective, the combination of depression and PIU may not only be linked to the emergence of CPV but could also explain its persistence and escalation over time.

1.1 | The Current Study

Although prior studies provide valuable insights from a cross-sectional perspective, longitudinal research is needed to clarify the trajectories and reciprocal relationships among CPV, PIU, and depression. Establishing these temporal dynamics will help determine whether addressing PIU or depressive symptoms could prevent the onset or escalation of CPV.

Building on this rationale, the current study was designed to examine three main objectives. The first objective was to analyse the longitudinal reciprocal relations among CPV, PIU, and depression across three time points, assessed at 6-month intervals. To address this objective, we adopted a multilevel longitudinal analytical approach, specifically a Random Intercept Cross-Lagged Panel Model (RI-CLPM), which separates two types of effects within the same model: Stable between-person differences (i.e., consistent differences between adolescents across time) and within-person changes over time (i.e., increases or decreases relative to each individual's own mean). Importantly, both components are estimated simultaneously in a single model (Hamaker et al. 2015). We hypothesised that, at the trait level, adolescents who engaged in CPV would report higher levels of PIU and depression and that, at the within-person level, increases in PIU and depression would predict subsequent increases in CPV.

Second, given prior evidence showing higher rates of child-to-mother violence (CMV) than child-to-father violence (CFV; Del Hoyo-Bilbao et al. 2018; Lyons et al. 2015; Simmons et al. 2018), we also examined whether the associations of CMV and CFV with PIU and depression differed. Third, based on previous findings and mixed evidence regarding gender differences in CPV prevalence and risk factors (Beckmann et al. 2021; Margolin and Baucom 2014; Orue et al. 2021), we explored potential gender differences in the longitudinal associations among CPV, PIU, and depression.

2 | Method

2.1 | Participants

The sample comprised 1256 adolescents (723 girls, 514 boys, and 19 who chose not to disclose their gender), who provided data in at least one of three measurement waves, spaced six months apart. Participants were recruited from 12 private and public schools in Bizkaia, Spain. At baseline, adolescents were between 14 and 18 years of age ($M = 15.35$, $SD = 1.11$). Socioeconomic status was classified based on parental occupation: 10.8% were categorised as low, 24.6% as medium-low, 22.2% as medium, 25.2% as medium-high, and 17.2% as high.

2.2 | Instruments

CPV was assessed with the Child-to-Parent Aggression Questionnaire (CPAQ; Calvete et al. 2013), which includes 20 parallel items—10 referring to the father and 10 to the mother. Each set contains items assessing physical aggression (e.g., '*You have pushed or hit your mother in a fight*', '*You have beaten your father with something that could hurt him*') and psychological aggression (e.g., '*You have insulted or said bad words to your mother*', '*You have blackmailed your father to get what you wanted*'). Respondents indicated the frequency of each behaviour over the past year on a four-point scale (0 = *never*, 1 = *once or twice*, 2 = *three to five times*, 3 = *six or more times*). Prior studies with Spanish adolescents support the CPAQ's reliability and validity. In the present study, internal consistency coefficients (Cronbach's alpha) were as follows: For CMV, $\alpha = 0.78$, 0.76, and 0.78; for CFV, $\alpha = 0.79$, 0.79, and 0.75; and for total CPV, $\alpha = 0.88$, 0.87, and 0.87 at time 1 (T1), time 2 (T2), and time 3 (T3), respectively.

PIU was measured using the Generalised Problematic Internet Use Scale 2 (GPIUS2; Caplan 2010; Spanish adaptation by Gámez-Guadix et al. 2013). This 15-item self-report instrument uses a six-point Likert scale (1 = *strongly disagree* to 6 = *strongly agree*) to assess four dimensions: Preference for online over face-to-face interaction (e.g., '*I prefer relating to other people through the Internet rather than communicating face to face*'), mood regulation through internet use (e.g., '*I have used the Internet to feel better when I have been sad*'), deficient self-regulation (e.g., '*I find it difficult to control my Internet use*'), and negative consequences of use (e.g., '*My Internet use has created problems in my life*'). A total score was computed by summing all items. Prior research involving Spanish-speaking adolescent samples has supported its construct validity and reliability. In this study, Cronbach's alphas were 0.91, 0.90, and 0.89 for the total score at T1, T2, and T3, respectively.

Depression was measured with the depression subscale of the Spanish version of the Brief Symptom Inventory (BSI; Derogatis and Fitzpatrick 2004). This subscale includes six items (e.g., '*Feeling no interest in things*') in which adolescents indicate how often they experienced each symptom during the last 2 weeks using a five-point scale (0 = *not at all* to 4 = *extremely*). The BSI has shown good psychometric properties in Spanish populations (Pereira et al. 2017). In this study, Cronbach's alphas were 0.82, 0.83, and 0.83 at T1, T2, and T3, respectively.

2.3 | Procedure

The study was approved by the Research Ethics Committee of the [masked for review], and all procedures complied with the ethical standards of the institutional committee and the Declaration of Helsinki. Informed consent was obtained from both parents and adolescents prior to participation. Only five adolescents declined to participate. Data were collected in classroom settings at three time points, each separated by 6 months. To preserve anonymity while allowing matching of responses across T1, T2, and T3, participants generated a personal code known only to them. Each assessment session lasted approximately 30 min.

2.4 | Data Analysis

We tested our hypotheses using a random intercept cross-lagged panel model (RI-CLPM; Hamaker et al. 2015). This method offers an advantage over conventional CLPMs by separating stable between-person differences from dynamic within-person fluctuations. Random intercepts (RIs) capture each participant's typical level on a construct (trait-like variation), whereas within-person components represent deviations from these averages over time. At the within-person level, the model includes both autoregressive and cross-lagged paths. Autoregressive paths assess the extent to which deviations from an individual's typical level at time $t-1$ persist to time t , while cross-lagged paths capture whether deviations in one variable at time $t-1$ predict deviations in another variable at time t (Hamaker et al. 2015; Mulder and Hamaker 2021; Osborne and Little 2024).

Our modelling strategy followed Osborne and Little's (2024) recommendations, which differ in several respects from those of Mulder and Hamaker (2021). Rather than fixing all RI factor

loadings to 1, we estimated them freely while constraining them to equality across indicators. To place RIs on a common scale, their means and variances were fixed at 0 and 1, respectively. For within-person latent variables, variances were constrained to 1, and factor loadings were freely estimated, ensuring that factor scores were expressed on a consistent metric over time.

The model included autoregressive and cross-lagged paths among CPV, PIU, and depression at T1, T2, and T3. We first estimated the RI-CLPM as a nonstationary process, allowing these paths to vary across waves, and then tested a stationary version, which assumes parameter stability over time. Stationarity facilitates interpretation and often improves convergence (Orth et al. 2021; Osborne and Little 2024). The general model was also re-estimated for CPV against mothers and CPV against fathers. Finally, we examined gender invariance by comparing a freely estimated model (with RI associations and longitudinal paths unconstrained across genders) to a model in which these parameters were constrained to equality. Age was included as a between-person covariate by regressing the random intercepts on age in all models, thereby accounting for stable age-related differences among adolescents.

All models were estimated in MPLUS 8.11 with maximum likelihood estimation. Model fit was evaluated using the comparative fit index (CFI), Tucker–Lewis index (TLI), root mean square error of approximation (RMSEA), and standardized root mean square residual (SRMR). Following Osborne and Little (2024), RMSEA values between 0.02 and 0.05 indicate good fit, with values up to 0.08 acceptable. CFI and TLI values between 0.95 and 0.99 are considered very good, and 0.90–0.95 acceptable. SRMR values below 0.08 denote adequate fit.

Little's test for missing completely at random (MCAR) indicated that the data were not missing completely at random ($\chi^2(279) = 414, p < 0.001$). Adolescents who did not complete T2 and/or T3 assessments were significantly older than those who did ($M = 15.18, SD = 0.96$ vs. $M = 15.61, SD = 1.44, t = 6.37, p < 0.001$). The overall percentage of missing data in the entire dataset across the three assessment waves was 21.75%. Consequently, we used multiple imputation to handle missing data, including age as an auxiliary variable in *Mplus*, with 100 imputed datasets generated using the automatic imputation procedure.

3 | Results

Table 1 presents the correlation coefficients among the study variables. All correlations between CPV, PIU, and depression were statistically significant. Strong correlations were observed within each construct across the three measurement points. Age showed only small and mostly nonsignificant correlations with the main study variables, although it was weakly related to depression at T2 and T3.

Gender differences are displayed in Table 2. Across all three waves, girls consistently reported higher levels of CPV, PIU, and depressive symptoms than boys. These differences were statistically significant, with small to moderate effect sizes.

3.1 | General Model

The RI-CLPM demonstrated excellent model fit: $\chi^2(9, N = 1256) = 10.06, RMSEA = 0.010 [0.00, 0.034], CFI = 1.000, TLI = 0.999, SRMR = 0.010$. At the between-person level, the

TABLE 1 | Means, standard deviations, and correlations between all study variables.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
1. CPV T1																
2. CPV T2	0.76 ^a															
3. CPV T3	0.68 ^a	0.72 ^a														
4. CMV T1	0.96 ^a	0.74 ^a	0.66 ^a													
5. CMV T2	0.74 ^a	0.96 ^a	0.71 ^a	0.77 ^a												
6. CMV T3	0.65 ^a	0.69 ^a	0.97 ^a	0.68 ^a	0.72 ^a											
7. CFV T1	0.92 ^a	0.67 ^a	0.60 ^a	0.78 ^a	0.59 ^a	0.53 ^a										
8. CFV T2	0.69 ^a	0.91 ^a	0.63 ^a	0.61 ^a	0.77 ^a	0.56 ^a	0.72 ^a									
9. CFV T3	0.64 ^a	0.67 ^a	0.93 ^a	0.57 ^a	0.60 ^a	0.81 ^a	0.64 ^a	0.68 ^a								
10. PIU T1	0.41 ^a	0.39 ^a	0.31 ^a	0.41 ^a	0.38 ^a	0.29 ^a	0.36 ^a	0.34 ^a	0.29 ^a							
11. PIU T2	0.36 ^a	0.43 ^a	0.36 ^a	0.36 ^a	0.43 ^a	0.36 ^a	0.31 ^a	0.36 ^a	0.31 ^a	0.71 ^a						
12. PIU T3	0.28 ^a	0.29 ^a	0.35 ^a	0.28 ^a	0.28 ^a	0.36 ^{****}	0.29 ^{****}	0.26 ^a	0.31 ^a	0.61 ^a	0.70 ^a					
13. Depression T1	0.34 ^a	0.35 ^a	0.27 ^a	0.32 ^a	0.34 ^a	0.25 ^a	0.31 ^a	0.29 ^a	0.24 ^a	0.41 ^a	0.35 ^a	0.27 ^a				
14. Depression T2	0.29 ^a	0.40 ^a	0.34 ^a	0.29 ^a	0.40 ^a	0.33 ^a	0.25 ^a	0.32 ^a	27 ^a	0.35 ^a	0.45 ^a	0.36 ^a	0.57 ^a			
15. Depression T3	0.31 ^a	0.33 ^a	0.43 ^a	0.33 ^a	0.34 ^a	0.44 ^a	0.24 ^a	0.27 ^a	0.36 ^a	0.32 ^a	0.36 ^a	0.48 ^a	0.49 ^a	0.59 ^a		
16. Age	0.04	0.05	0.02	0.03	0.04	0.0	0.04	0.04	0.04	0.03	0	0.03	0.05	0.07 ^b	0.08 ^b	
<i>M</i>	7.96	7.86	7.89	8.89	8.59	8.57	7.26	7.11	7.05	2.14	2.04	1.99	6.58	6.51	6.17	15.34
(SD)	8.82	8.11	7.68	8.67	8.79	8.32	8.56	8.27	7.62	0.95	0.92	0.88	4.92	5.04	4.91	1.19

Abbreviations: CFV = Child-to-Father-Violence; CMV = Child-to-Mother-Violence; CPV = Child-to-Parent-Violence; PIU = Problematic Internet Use.

^a $p < 0.001$.

^b $p < 0.05$.

TABLE 2 | Gender differences across study variables ($n = 1225$).

	Girls ($n = 718$)	Boys ($n = 507$)			
	<i>M</i> (<i>SD</i>)	<i>M</i> (<i>SD</i>)	<i>t</i> (<i>df</i>)	<i>p</i>	<i>d</i>
CPV T1	9.52 (8.97)	5.79 (6.33)	7.31 (995)	< 0.001	0.47
CPV T2	9.52 (8.78)	5.47 (6.32)	8.02 (999)	< 0.001	0.52
CPV T3	9.24 (8.12)	5.84 (6.46)	6.75 (930)	< 0.001	0.45
CMV T1	10.27 (9.24)	6.44 (7.23)	7.02 (990)	< 0.001	0.45
CMV T2	10.28 (9.24)	6.17 (7.12)	7.47 (995)	< 0.001	0.48
CMV T3	9.99 (8.72)	6.43 (7.18)	6.53 (925)	< 0.001	0.44
CFV T1	8.82 (9.64)	5.10 (6.14)	6.78 (954)	< 0.001	0.45
CFV T2	8.69 (9.08)	4.85 (6.33)	7.29 (962)	< 0.001	0.47
CFV T3	8.26 (8.05)	5.23 (6.53)	5.89 (884)	< 0.001	0.40
PIU T1	2.27 (0.98)	1.94 (0.87)	5.49 (990)	< 0.001	0.36
PIU T2	2.18 (0.95)	1.82 (0.83)	5.75 (994)	< 0.001	0.37
PIU T3	2.11 (0.88)	1.82 (0.84)	4.89 (929)	< 0.001	0.33
Depression T1	7.39 (4.98)	5.40 (4.59)	6.36 (977)	< 0.001	0.41
Depression T2	7.33 (5.06)	5.33 (4.77)	6.27 (989)	< 0.001	0.41
Depression T3	7.11 (5.08)	4.74 (4.26)	7.43 (931)	< 0.001	0.49

Abbreviations: CFV = Child-to-Father-Violence; CMV = Child-to-Mother-Violence; CPV = Child-to-Parent-Violence; PIU = Problematic Internet Use.

RI for CPV, PIU, and depressive symptoms were significantly associated with each other. Older age was significantly associated with both depressive symptoms and CPV. At the within-person level, all contemporaneous correlations among variables at each wave were positive and statistically significant, indicating that adolescents' temporary deviations from their typical levels of CPV, PIU, and depressive symptoms were interrelated. All autoregressive paths were positive and statistically significant, showing that deviations above an adolescent's usual level in a given variable predicted continued deviations in that variable at the next time point.

Cross-lagged paths revealed that deviations above typical levels of PIU consistently predicted subsequent deviations above typical levels of CPV from T1 to T2 and from T2 to T3. Deviations above typical levels of CPV at T1 also predicted higher-than-usual levels of PIU at T2. Additional significant but inconsistent associations emerged between depressive symptoms and PIU. Deviations in PIU at T1 predicted deviations in depressive symptoms at T2, which in turn predicted deviations in PIU at T3. Table 3 presents the within-person coefficients for the model.

To test for stationarity, we constrained the cross-lagged and autoregressive paths from T1 to T2 to equal those from T2 to T3. The stationary model also demonstrated excellent fit indices: χ^2 (18, $N = 1256$) = 29.52, RMSEA = 0.023 [0.004, 0.037], CFI = 0.997, TLI = 0.993, SRMR = 0.021. Although the chi-square difference between the unconstrained and stationary models was statistically significant ($\Delta\chi^2$ (9) = 19.46, $p < 0.001$), the CFI (Δ CFI = 0.003) and RMSEA (Δ RMSEA = 0.013) changes were below the cutoff criteria (Δ CFI < 0.01, and Δ RMSEA < 0.015; Chen 2007; Cheung and Rensvold 2002). Therefore, the stationary model was retained.

In the stationary model, deviations in PIU predicted deviations in both CPV and depressive symptoms. The paths from CPV to PIU were marginally significant ($p = 0.057$). Figure 1 displays the main coefficients from the stationary RI-CLPM at both the between- and within-person levels. Following Orth et al. (2024), who classified effect sizes of 0.03 as small, 0.07 as medium, and 0.12 as large, all statistically significant cross-lagged associations in this model were large.

We next assessed whether the RI-CLPM was invariant across boys and girls, using the stationary model as the reference. We first estimated the model simultaneously for both subsamples, which showed adequate fit indices: χ^2 (36, $N = 1225$) = 55.92, RMSEA = 0.030 [0.013, 0.045], CFI = 0.995, TLI = 0.986, SRMR = 0.029. When we constrained all within-person longitudinal paths and the three RI covariance coefficients to equality across the two subsamples, fit remained adequate: χ^2 (48, $N = 1225$) = 75.42, RMSEA = 0.031 [0.016, 0.043], CFI = 0.993, TLI = 0.986, SRMR = 0.035. This represented only a marginally statistically significant increase in χ^2 ($\Delta\chi^2$ (12) = 19.5, $p = 0.077$). Moreover, the changes in CFI (Δ CFI = 0.002) and RMSEA (Δ RMSEA = 0.001) were below the thresholds proposed by Cheung and Rensvold (2002) and Chen (2007).

Although the overall model appeared similar across genders, an examination of the parameters in the non-invariant model revealed that the longitudinal path from PIU to CPV was not statistically significant among boys: 0.27 (SE = 0.07), $t = 3.67$, $p < 0.001$ versus 0.01 (SE = 0.09), $t = 0.09$, $p = 0.933$, for girls and boys, respectively. Allowing this path to vary across groups resulted in significantly improved fit ($\Delta\chi^2$ (1) = 8.6, $p = 0.003$). Additionally, although the covariance between the RIs of PIU and CPV was statistically significant in both subsamples, the coefficient was higher among girls than boys: 0.41 (SE = 0.06),

TABLE 3 | Longitudinal coefficients among within-person variables for the general CPV nonstationary model.

	Estimate	SE	<i>t</i>	<i>p</i>
VFP T2 ON				
VFP T1	0.48	0.12	4.11	< 0.001
PIU T1	0.19	0.08	2.41	0.016
DEPR T1	0.06	0.07	0.92	0.358
VFP T3 ON				
VFP T2	0.24	0.10	2.33	0.02
PIU T2	0.25	0.09	2.80	0.005
DEPR T2	0.04	0.08	0.44	0.659
PIU T2 ON				
VFP T1	0.18	0.09	1.97	0.049
PIU T1	0.40	0.09	4.28	< 0.001
DEPR T1	0.09	0.07	1.27	0.205
PIU T3 ON				
VFP T2	0.07	0.08	0.90	0.369
PIU T2	0.26	0.10	2.66	0.008
DEPR T2	0.14	0.07	1.96	0.05
DEPR T2 ON				
VFP T1	−0.07	0.09	−0.75	0.454
PIU T1	0.19	0.08	2.51	0.012
DEPR T1	0.16	0.08	2.06	0.04
DEPR T3 ON				
VFP T2	0.07	0.07	1.02	0.306
PIU T2	0.09	0.07	1.36	0.174
DEPR T2	0.24	0.07	3.51	0

Abbreviations: CFV = Child-to-Father-Violence;
CMV = Child-to-Mother-Violence; CPV = Child-to-Parent-Violence;
DEPR = depression; PIU = Problematic Internet Use.

$t = 6.75$, $p < 0.001$ versus 0.29 (SE = 0.12), $t = 2.33$, $p = 0.020$, respectively. Releasing this constraint further improved model fit ($\Delta\chi^2(1) = 6.83$, $p = 0.008$).

3.2 | Models for CPV Against Mothers and Fathers

We next replicated the preceding steps separately for CMV and CFV. For CMV, results closely resembled those obtained with the total CPV score. The RI-CLPM demonstrated excellent fit: $\chi^2(9, N = 1256) = 10.36$, RMSEA = 0.011 [0.000, 0.035], CFI = 1.000, TLI = 0.998, SRMR = 0.010. The stationary model also fit well: $\chi^2(18, N = 1256) = 25.35$, RMSEA = 0.018 [0.000, 0.034], CFI = 0.998, TLI = 0.995, SRMR = 0.020. Constraining stationarity produced a nonsignificant increase in χ^2 ($\Delta\chi^2(9) = 15$, $p = 0.09$), with CFI and RMSEA changes remaining within recommended thresholds ($\Delta CFI = 0.002$ and $\Delta RMSEA = 0.010$).

At the between-person level, the RIs of the three variables were significantly correlated, with large effect sizes. At the within-person level, all autoregressive paths were significant. Higher-than-usual PIU predicted higher-than-usual CMV and depressive symptoms. Deviations in depressive symptoms marginally predicted increases in PIU. Figure 2 displays the main coefficients of the model.

Multi-group analyses tested whether the model was invariant across genders. The unconstrained model fit adequately: $\chi^2(36, N = 1225) = 47.55$, RMSEA = 0.023 [0.000, 0.039], CFI = 0.997, TLI = 0.992, SRMR = 0.026. Constraining within-person paths and RI covariances also yielded good fit, $\chi^2(48, N = 1225) = 67.48$, RMSEA = 0.026 [0.008, 0.039], CFI = 0.995, TLI = 0.990, SRMR = 0.033, with invariance supported ($\Delta CFI = 0.002$; $\Delta RMSEA = 0.003$; $\Delta\chi^2(12) = 19.9$, $p = 0.068$). Nonetheless, some differences emerged. The path from PIU to CMV was significant for girls ($\beta = 0.28$ [SE = 0.08], $t = 3.57$, $p < 0.001$) but not for boys ($\beta = 0.00$ [SE = 0.09], $t = -0.004$, $p = 0.997$). Allowing this parameter to vary improved model fit ($\Delta\chi^2(1) = 6.91$, $p = 0.009$).

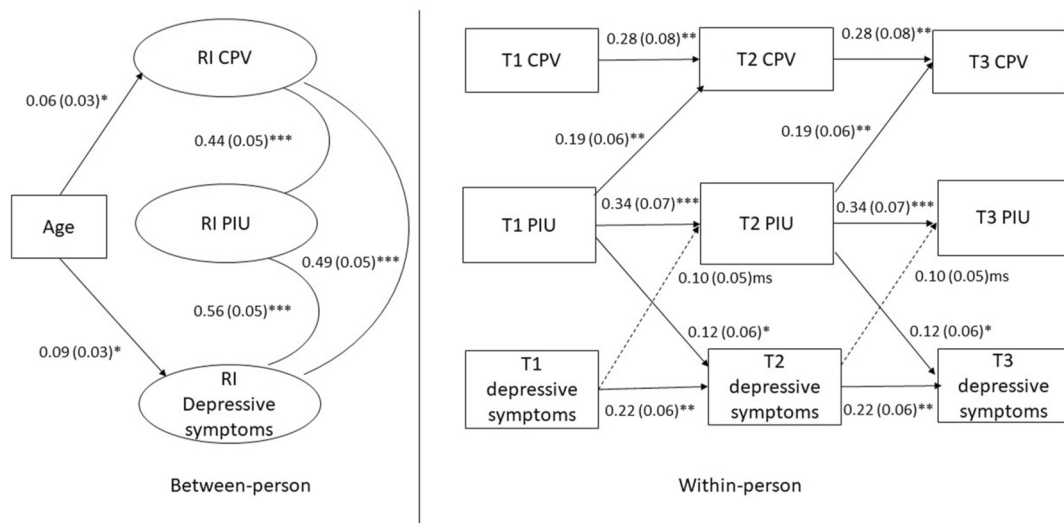


FIGURE 1 | RI-CLPM Model for CPV, Problematic Internet Use, and Depressive Symptoms. CPV = Child-to-parent violence; PIU = Problematic internet use. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

Similarly, although the RI covariance between PIU and CMV was significant for both groups, it was stronger for girls (0.42 [SE = 0.05], $t = 8.08$, $p < 0.001$) than for boys (0.37 [SE = 0.14], $t = 2.67$, $p = 0.008$; $\Delta\chi^2(1) = 5.79$, $p = 0.016$).

For CFV, the baseline model showed good fit: $\chi^2(9, N = 1256) = 11.28$, RMSEA = 0.014 [0.000, 0.037], CFI = 0.999, TLI = 0.997, SRMR = 0.012. The stationary model also fit adequately— $\chi^2(18, N = 1256) = 37.06$, RMSEA = 0.029 [0.016, 0.043], CFI = 0.995, TLI = 0.987, SRMR = 0.024—although χ^2 increased significantly ($\Delta\chi^2(9) = 25.78$, $p = 0.002$) and RMSEA approached cutoff values (Δ RMSEA = 0.015). Inspection of the coefficients indicated that the autoregressive path from T2 to T3 CFV was nonsignificant. We therefore estimated a partial stationarity model, allowing this path to vary over time. The revised model showed good fit: $\chi^2(18, N = 1256) = 37.06$, RMSEA = 0.029 [0.016, 0.043], CFI = 0.995, TLI = 0.987, SRMR = 0.024. Changes in CFI and RMSEA remained within recommended thresholds (Δ CFI = 0.001, Δ RMSEA = 0.006), and the increase in χ^2 was nonsignificant ($\Delta\chi^2(8) = 13.81$, $p = 0.087$). The resulting model is shown in Figure 3. At the between-person level, the RIs of the

three variables were significantly intercorrelated, with large effect sizes. However, at the within-person level, no cross-lagged paths reached statistical significance.

Multi-group analyses used the partial stationarity model as the baseline. The unconstrained model fit well: $\chi^2(34, N = 1225) = 47.96$, RMSEA = 0.026 [0.000, 0.042], CFI = 0.996, TLI = 0.989, SRMR = 0.028. The constrained model also fit well: $\chi^2(47, N = 1225) = 59.51$, RMSEA = 0.021 [0.000, 0.036], CFI = 0.996, TLI = 0.993, SRMR = 0.031. Invariance was supported (Δ CFI = 0.000; Δ RMSEA = 0.005; $\Delta\chi^2(13) = 11.55$, $p = 0.565$). The within-person path from PIU to CPV against fathers was marginally significant among girls ($\beta = 0.18$ [SE = 0.10], $t = 1.82$, $p = 0.069$) but nonsignificant among boys ($\beta = 0.01$ [SE = 0.12], $t = 0.12$, $p = 0.905$). However, these coefficients were not statistically different ($\Delta\chi^2(1) = 0.61$, $p = 0.435$).

4 | Discussion

The main objective of this study was to examine the longitudinal reciprocal relationships between CPV, PIU, and depressive

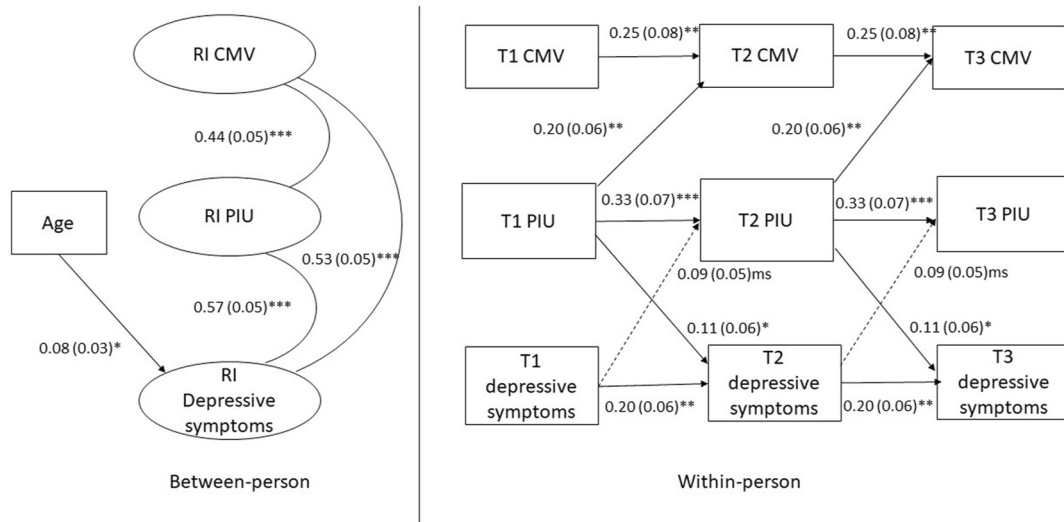


FIGURE 2 | RI-CLPM Model for CMV, Problematic Internet Use, and Depressive Symptoms. CMV = Child-to-mother violence; PIU = Problematic internet use. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

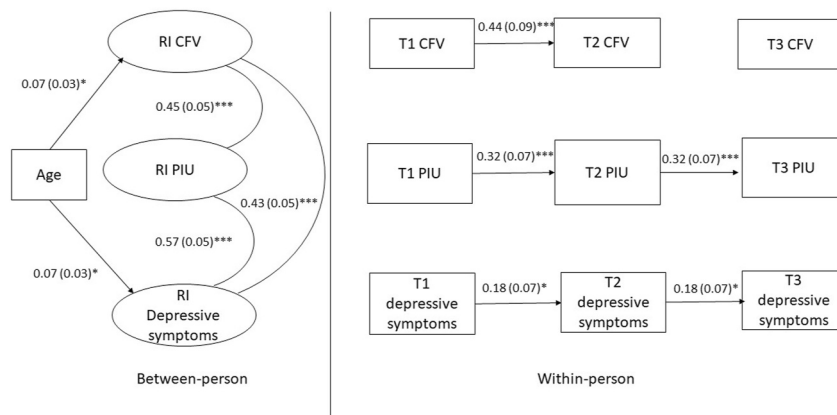


FIGURE 3 | RI-CLPM Model for CFV, Problematic Internet Use, and Depressive Symptoms. CFV = Child-to-father violence; PIU = Problematic internet use; only statistically significant paths are displayed in the figure. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$.

symptoms, as depressive symptoms have frequently been associated with both CPV and problematic online behaviours (Cai et al. 2023; Cuervo 2025; Günaydin et al. 2022; Suárez-Relinque et al. 2020).

Regarding the first objective of this study, findings indicated that, at the trait level, adolescents who engaged in CPV also tended to report higher levels of PIU and depressive symptoms. Additionally, within-person associations, results revealed that increases in PIU above an adolescent's usual level predicted subsequent increases in CPV (Figure 1). These findings are consistent with cross-sectional research (Calvete et al. 2026; Martínez-Ferrer et al. 2018; Ronzón-Tirado et al. 2025) but extend the evidence longitudinally. A possible interpretation is that increases in PIU may heighten family conflict by reducing positive interactions and intensifying disputes over time spent online. Dependence and compulsive internet engagement, similar to substance-related addictive behaviours (Calvete et al. 2020; Johnson et al. 2022), may trigger reactive aggression when parents attempt to impose restrictions or instrumental CPV aimed at securing additional online time (Suárez-Relinque et al. 2020; Ronzón-Tirado et al. 2025). However, evidence for the role of CPV as a predictor of PIU was weak, with only one small but significant path from T1 to T2.

Although depressive symptoms were significantly associated with CPV at the trait level, no longitudinal paths between these variables were statistically significant. This finding contrasts with Jiménez-Granado et al. (2024), who reported that internalising symptoms predicted CPV 3 months later. One explanation for these discrepancies may lie in the methodological differences: This study distinguished between-person and within-person variance. The results of this study suggest that, once trait-level associations are controlled for, predictive links between fluctuations in CPV and depressive symptoms disappear.

While no longitudinal associations emerged between depression and CPV, such associations were found between PIU and depression. Consistently, deviations from usual levels of PIU predicted increases in depressive symptoms. Possible explanations include heightened isolation, reduced face-to-face interaction, or reinforcement of an avoidant emotional cycle that perpetuates depressive symptomatology (Kardefelt-Winther 2014). Associations in the opposite direction (i.e., from depressive symptoms to PIU) were only marginally significant. The inconsistent associations between depression and PIU may reflect this study's broad operationalisation of PIU. Whereas mood regulation difficulties and negative consequences have been longitudinally linked to depression, self-regulation deficits have not (Gámez-Guadix 2014). As noted in prior studies (Wu et al. 2025), compulsive use and cognitive preoccupation, may not correspond closely to the dysthymia and apathy typically observed in depression, thereby weakening their association.

The second objective of this study was to examine whether the trajectories among CPV, PIU, and depression differed between mothers and fathers. Results indicated that the overall findings remained consistent when estimating the general model for CFV and CMV. However, for CFV (Figure 3), the correspondence was limited to the trait level: Mean levels of depression, CFV, and PIU were related, but dynamic interactions among the three variables

were not. Specifically, unlike the results observed for CPV and CMV, temporal variations in the scores of these three problem behaviours were not associated across time points.

Although this may appear to contradict the general and maternal models (Figures 1 and 2), it may reflect differential parenting roles. In many societies, including Spain, mothers are more often responsible for nurturing, setting norms and limits, and monitoring their children's difficulties, interests, and needs. Fathers, by contrast, tend to play a more distant role, spend less time with children, and are less involved in daily care (Papa-michail and Bates 2020; Yaffe 2023). Because of their proximity and perceived demandingness (Yaffe 2023), mothers are more likely to become the primary targets of aggression (Del Hoyo-Bilbao et al. 2018; Lyons et al. 2015; Simmons et al. 2018). Violence against fathers, according to prior research, tends to arise in more persistent or intense conflict dynamics, when aggression extends beyond the mother (Calvete et al. 2013; Romero-Méndez et al. 2021). This pattern may also explain the lower temporal stability of CFV across measurement points as well as the generally lower CFV levels reported compared to CMV.

Finally, regarding the third objective of this study, the results consistently showed that girls scored higher than boys on PIU across all three waves. Although international meta-analyses (Su et al. 2020) generally report higher PIU levels among boys, these differences appear to be moderated by cultural factors (Baloğlu et al. 2020). Notably, several studies conducted in Spain have reported findings consistent with ours, with girls reporting greater PIU (e.g., Casaló and Escario 2019; Gámez-Guadix et al. 2013). In addition, girls also scored higher in CPV against both parents. Although this may seem surprising, prior research has found that girls often display higher levels of CPV, particularly psychological aggression (Beckmann et al. 2021; Del Hoyo-Bilbao et al. 2022) the primary form assessed in this study. Seven of the 10 questionnaire items measured psychological violence, which may account for these gender differences.

Beyond differences in variable levels, a key finding of this study is that increases in PIU predicted subsequent increases in CPV only among girls. This pattern aligns with previous research indicating, for example, that problematic social media use is more strongly associated with CPV in girls than in boys (Suárez-Relinque et al. 2020). One possible explanation is that parents tend to monitor and intervene more in girls' internet use than in boys', which may generate conflict. In a study on internet usage profiles and parental involvement, Gómez et al. (2017) found that girls were overrepresented in the groups characterised by moderate use with parental control and problematic use with parental control, whereas boys predominated in the moderate-use group without parental control.

Although not central to the study objectives, age was also associated with both CPV and depressive symptoms (Figure 1), with older adolescents reporting higher levels of both. However, these results should be interpreted in light of the study's temporal scope and methodological design, as measurements were taken at three 6-month intervals and the overall trajectory of CPV over time was not analysed. Previous longitudinal research has shown that although aggression tends to increase rapidly

until around age 15, its prevalence subsequently declines (Calvete et al. 2020). Furthermore, problematic internet use and emotional difficulties may also vary across developmental stages. Therefore, it is possible that the associations observed among CPV, PIU, and depressive symptoms differ according to specific phases of adolescence. Future longitudinal studies with broader developmental spans and age-stratified designs could help clarify potential stage specific patterns.

The findings of this study should also be considered in view of three additional limitations. First, CPV, PIU, and depressive symptoms were assessed through self-report measures, which may introduce response biases or recall inaccuracies, particularly as perceptions of CPV often differ among family members (Arias-Rivera and Hidalgo García 2020; Calvete et al. 2014). Second, CPV was assessed primarily through items related to psychological aggression, which limited our ability to capture the full spectrum of CPV behaviours. Finally, the use of a high school-based sample presents both strengths and limitations. On the one hand, it allowed for the examination of CPV in a non-clinical, community adolescent population, capturing a broad range of behaviours, including moderate levels of CPV. It also facilitated longitudinal data collection in relatively large and accessible samples and enabled the identification of early risk factors before CPV becomes more severe. On the other hand, this approach may limit the generalisability of the findings to other populations such as adolescents involved with the juvenile justice system, or younger adolescents aged 12–14 years, as previous research suggests that both CPV and problematic internet use may emerge earlier in development.

5 | Conclusion

The results of this study provide valuable insights into the longitudinal associations among CPV, PIU, and depression. In particular, the findings extend previous cross-sectional evidence by corroborating, within a longitudinal design, that fluctuations above usual levels of PIU predict corresponding fluctuations in CPV. This suggests that internet dependence and conflicts surrounding time spent online constitute significant risk factors for the development of CPV dynamics.

Regarding depression, the results corroborate its trait-level association with both PIU and CPV, although at the within-person level no statistically significant associations were found between CPV and depressive symptoms. Finally, the relationship between PIU and CPV appears to be influenced by personal variables, such as parental role and adolescent gender, with mothers more frequently targeted by CPV and girls reporting higher levels of PIU, CPV, and depressive symptoms. Taken together, these findings underscore the importance of considering the intersection between problematic online behaviours and CPV when developing prevention and intervention strategies aimed at mitigating CPV.

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Ethics Statement

All procedures were approved by the Research Ethics Committee of the University of Deusto and informed consent was obtained from both adolescents and their parents or legal guardians.

Conflicts of Interest

The authors declare no conflicts of interest..

Data Availability Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

References

- Arias-Rivera, S., and V. Hidalgo García. 2020. "Theoretical Framework and Explanatory Factors for Child-To-Parent Violence. A Scoping Review." *Anales de Psicología* 36, no. 2: 2020–2231. <https://doi.org/10.6018/analesps.338881>.
- Arias-Rivera, S., B. Lorence, and V. Hidalgo. 2022. "Parenting Skills, Family Functioning and Social Support in Situations of Child-To-Parent Violence: A Scoping Review of the Literature." *Journal of Family Violence* 37, no. 7: 1147–1160. <https://doi.org/10.1007/s10896-021-00316-y>.
- Arias-Rivera, S., B. Lorence, and J. Maya. 2025. "“I Lock Myself in My Room and Cry in Frustration”: An Analysis of Adolescent Behaviors of Child-To-Parent Violence." *Frontiers in Psychiatry* 16: 1524413. <https://doi.org/10.3389/fpsy.2025.1524413>.
- Baloğlu, M., R. Şahin, and I. Arpacı. 2020. "A Review of Recent Research in Problematic Internet Use: Gender and Cultural Differences." *Current Opinion in Psychology* 36: 124–129. <https://doi.org/10.16/j.chb.2020.106480>.
- Beckmann, L., M. C. Bergmann, F. Fischer, and T. Mößle. 2021. "Risk and Protective Factors of Child-To-Parent Violence: A Comparison Between Physical and Verbal Aggression." *Journal of Interpersonal Violence* 36, no. 3–4: NP1309–1334NP. <https://doi.org/10.1177/0886260517746129>.
- Cai, Z., P. Mao, Z. Wang, D. Wang, J. He, and X. Fan. 2023. "Associations Between Problematic Internet Use and Mental Health Outcomes of Students: A Meta-Analytic Review." *Adolescent Research Review* 8, no. 1: 45–62. <https://doi.org/10.1007/s40894-022-00201-9>.
- Calvete, E., M. Gámez-Guadix, I. Orue, et al. 2013. "Brief Report: The Adolescent Child-To-Parent Aggression Questionnaire: An Examination of Aggressions Against Parents in Spanish Adolescents." *Journal of Adolescence* 36, no. 6: 1077–1081. <https://doi.org/10.1016/j.adolescence.2013.08.017>.
- Calvete, E., A. Jiménez-Granado, I. Orue, and R. Ronzón-Tirado. 2026. "Profiles of Adolescents Involved in Child-To-Parent Violence and Their Association With Emotional and Behavioral Problems." *Journal of Interpersonal Violence*: 08862605261419453: Advance online publication. <https://doi.org/10.1177/08862605261419453>.
- Calvete, E., I. Orue, L. Bertino, et al. 2014. "Child-To-Parent Violence in Adolescents: The Perspectives of the Parents, Children, and Professionals in a Sample of Spanish Focus Group Participants." *Journal of Family Violence* 29, no. 3: 343–352. <https://doi.org/10.1007/s10896-014-9578-5>.
- Calvete, E., I. Orue, L. Fernández-González, R. Chang, and T. D. Little. 2020. "Longitudinal Trajectories of Child-To-Parent Violence Through Adolescence." *Journal of Family Violence* 35, no. 2: 107–116. <https://doi.org/10.1007/s10896-019-00106-7>.
- Calvete, E., I. Orue, M. Gámez-Guadix, J. Del Hoyo-Bilbao, and E. L. de Arroyabe. 2015. "Child-To-Parent Violence: An Exploratory Study of the Roles of Family Violence and Parental Discipline Through the Stories

- Told by Spanish Children and Their Parents.” *Violence & Victims* 30, no. 6: 935–947. <https://doi.org/10.1891/0886-6708.VV-D-14-00105>.
- Caplan, S. E. 2010. “Theory and Measurement of Generalized Problematic Internet Use: A Two-Step Approach.” *Computers in Human Behavior* 26, no. 5: 1089–1097. <https://doi.org/10.1016/j.chb.2010.03.012>.
- Casaló, L. V., and J. J. Escario. 2019. “Predictors of Excessive Internet Use Among Adolescents in Spain: The Relevance of the Relationship Between Parents and Their Children.” *Computers in Human Behavior* 92: 344–351. <https://doi.org/10.1016/j.chb.2018.11.042>.
- Chen, F. F. 2007. “Sensitivity of Goodness of Fit Indexes to Lack of Measurement Invariance.” *Structural Equation Modeling: A Multidisciplinary Journal* 14, no. 3: 464–504. <https://doi.org/10.1080/10705510701301834>.
- Cheung, G. W., and R. B. Rensvold. 2002. “Evaluating Goodness-Of-Fit Indexes for Testing Measurement Invariance.” *Structural Equation Modeling: A Multidisciplinary Journal* 9, no. 2: 233–255. https://doi.org/10.1207/S15328007SEM0902_5.
- Cuervo, K. 2025. “Risk Factor Profile In Child-To-Parent Violence: A Gender Analysis.” *Criminal Justice and Behavior* 52, no. 4: 628–645. <https://doi.org/10.1177/00938548241304767>.
- Dahouri, A., M. Mirghafourvand, H. Zahedi, M. Maghalian, and M. Hosseinzadeh. 2025. “Prevalence of Child to Parent Violence and Its Determinants: A Systematic Review and Meta-Analysis.” *BMC Public Health* 25, no. 1: 1426. <https://doi.org/10.1186/s12889-025-22600-y>.
- Del Hoyo-Bilbao, J., I. Orue, and E. Calvete. 2022. “Interaction of Psychopathic Traits Dimensions in the Prediction of Psychological and Physical Child-To-Parent Violence in Adolescents.” *Journal of Psychopathology and Behavioral Assessment* 44, no. 1: 235–244. <https://doi.org/10.1007/s10862-021-09940-w>.
- Del Hoyo-Bilbao, J., M. Gámez-Guadix, and E. Calvete. 2018. “Corporal Punishment by Parents and Child-To-Parent Aggression in Spanish Adolescents.” *Anales de Psicología/Annals of Psychology* 34: 108–116. <https://doi.org/10.6018/analesps.34.1.259601>.
- Derogatis, L. R., and M. Fitzpatrick. 2004. “The SCL-90-R, the Brief Symptom Inventory (BSI), and the BSI-18.” In *The Use of Psychological Testing for Treatment Planning and Outcomes Assessment: Instruments for Adults*, edited by M. E. Maruish. 3rd ed., 1–41. Lawrence Erlbaum Associates Publishers.
- Gámez-Guadix, M. 2014. “Depressive Symptoms and Problematic Internet Use Among Adolescents: Analysis of the Longitudinal Relationships From the Cognitive-Behavioral Model.” *Cyberpsychology, Behavior, and Social Networking* 17, no. 11: 714–719. <https://doi.org/10.1089/cyber.2014.0226>.
- Gámez-Guadix, M., and E. Calvete. 2012. “Violencia filio-parental y su asociación con la exposición a la violencia marital y la agresión de padres a hijos [Child-To-Parent Violence and Its Association With Exposure to Marital Violence and Parent-To-Child Violence].” *Psicothema* 24, no. 2: 277–283. <https://www.psicothema.com/pdf/4011.pdf>.
- Gámez-Guadix, M., I. Orue, and E. Calvete. 2013. “Evaluation of the Cognitive-Behavioral Model of Generalized and Problematic Internet Use in Spanish Adolescents.” *Psicothema* 25, no. 3: 299–306. <https://doi.org/10.7334/psicothema2012.274>.
- Gómez, P., S. K. Harris, C. Barreiro, M. Isorna, and A. Rial. 2017. “Profiles of Internet Use and Parental Involvement, and Rates of Online Risks and Problematic Internet Use Among Spanish Adolescents.” *Computers in Human Behavior* 75: 826–833. <https://doi.org/10.1016/j.chb.2017.06.027>.
- Griffiths, M. D. 2017. “Behavioural Addiction and Substance Addiction Should Be Defined by Their Similarities Not Their Dissimilarities.” *Addiction* 112, no. 10: 1718–1720. <https://doi.org/10.1111/add.13828>.
- Günaydin, N., Y. Kaşko Arıcı, F. Y. Kutlu, and E. Yancar Demir. 2022. “The Relationship Between Problematic Internet Use in Adolescents and Emotion Regulation Difficulty and Family Internet Attitude.” *Journal of Community Psychology* 50, no. 2: 1135–1154. <https://doi.org/10.1002/jcop.22708>.
- Hamaker, E. L., R. M. Kuiper, and R. P. P. P. Grasman. 2015. “A Critique of the Cross-Lagged Panel Model.” *Psychological Methods* 20, no. 1: 102–116. <https://doi.org/10.1037/a0038889>.
- Ibabe, I. 2020. “A Systematic Review of Youth-To-Parent Aggression: Conceptualization, Typologies, and Instruments.” *Frontiers in Psychology* 11: 18. <https://doi.org/10.3389/fpsyg.2020.577757>.
- Jiménez-Granado, A., L. Fernández-González, and J. Del Hoyo-Bilbao. 2025. “Longitudinal Reciprocal Associations Between Internalizing Symptoms and Child-To-Parent Violence in Adolescents: The Role of Cognitive Mechanisms.” *Psychology of Violence* 15, no. 5: 545–554. <https://doi.org/10.1037/vio0000552>.
- Jiménez-Granado, A., L. Fernández-González, J. Del Hoyo-Bilbao, and E. Calvete. 2024. “Psychological Symptoms in Parents Who Experience Child-To-Parent Violence: The Role of Self-Efficacy Beliefs.” *Healthcare* 11, no. 21: 2894. <https://doi.org/10.3390/healthcare11212894>.
- Johnson, B., T. Richert, and B. Svensson. 2022. “Physical Violence and Property Damage Towards Parents, Committed by Adult Children With Drug Problems.” *Journal of Family Violence* 37, no. 1: 165–180. <https://doi.org/10.1007/s10896-020-00181-1>.
- Junco-Guerrero, M., F. J. Fernández-Baena, and D. Cantón-Cortés. 2025. “Risk Factors for Child-To-Parent Violence: A Scoping Review.” *Journal of Family Violence* 40: 1–26. <https://doi.org/10.1007/s10896-023-00621-8>.
- Junco-Guerrero, M., A. Ruiz-Fernández, and D. Cantón-Cortés. 2024. “Video Games, Violence Justification and Child-To-Parent Violence.” *Journal of Child and Family Studies* 33, no. 10: 3154–3164. <https://doi.org/10.1007/s10826-024-02864-5>.
- Kardefelt-Winther, D. 2014. “A Conceptual and Methodological Critique of Internet Addiction Research: Towards a Model of Compensatory Internet Use.” *Computers in Human Behavior* 31: 351–354. <https://doi.org/10.1016/j.chb.2013.10.059>.
- Lyons, J., T. Bell, S. Fréchette, and E. Romano. 2015. “Child-To-Parent Violence: Frequency and Family Correlates.” *Journal of Family Violence* 30, no. 6: 729–742. <https://doi.org/10.1007/s10896-015-9716-8>.
- Margolin, G., and B. R. Baucom. 2014. “Adolescents’ Aggression to Parents: Longitudinal Links With Parents’ Physical Aggression.” *Journal of Adolescent Health* 55, no. 5: 645–651. <https://doi.org/10.1016/j.jadohealth.2014.05.008>.
- Martínez-Ferrer, B., A. Romero-Abrio, D. Moreno-Ruiz, and G. Musitu. 2018. “Child-To-Parent Violence and Parenting Styles: Its Relations to Problematic Use of Social Networking Sites, Alexithymia, and Attitude Towards Institutional Authority in Adolescence.” *Psychosocial Intervention* 27, no. 3: 163–171. <https://doi.org/10.5093/pi2018a24>.
- Mulder, J. D., and E. L. Hamaker. 2021. “Three Extensions of the Random Intercept Cross-Lagged Panel Model.” *Structural Equation Modeling: A Multidisciplinary Journal* 28, no. 4: 638–648. <https://doi.org/10.1080/10705511.2020.1784738>.
- Orth, U., D. A. Clark, M. B. Donnellan, and R. W. Robins. 2021. “Testing Prospective Effects in Longitudinal Research: Comparing Seven Competing Cross-Lagged Models.” *Journal of Personality and Social Psychology* 120, no. 4: 1013–1034. <https://doi.org/10.1037/pspp0000358>.
- Orth, U., L. L. Meier, J. L. Bühler, et al. 2024. “Effect Size Guidelines for Cross-Lagged Effects.” *Psychological Methods* 29, no. 2: 421–433. <https://doi.org/10.1037/met0000499>.
- Orue, I., E. Calvete, and L. Fernández-González. 2021. “Early Maladaptive Schemas and Social Information Processing in Child-To-Parent Aggression.” *Journal of Interpersonal Violence* 36, no. 15–16: 6931–6955. <https://doi.org/10.1177/0886260519831395>.
- Osborne, D., and T. D. Little. 2024. “The Random Intercepts Cross-Lagged Panel Model.” In *Longitudinal Structural Equation Modeling*,

edited by T. D. Little. 2nd ed., 286–337. Guilford Press. <https://doi.org/10.1037/pspp0000358>.

Papamichail, A., and E. A. Bates. 2020. ““I Want My Mum to Know That I Am a Good Guy ...”: A Thematic Analysis of the Accounts of Adolescents Who Exhibit Child-To-Parent Violence in the United Kingdom.” *Journal of Interpersonal Violence* 37, no. 9–10: 6135–6158. <https://doi.org/10.1177/0886260520926317>.

Pereira, R., I. Loinaz Calvo, H. Bilbao, et al. 2017. “Propuesta de definición de violencia filio-parental: Consenso de la Sociedad Española para el Estudio de la Violencia Filio-Parental [Proposal for the Definition of Filio-Parental Violence: Consensus of the Spanish Society for the Study of Child-To-Parent Violence].” *Papeles del Psicólogo* 38, no. 3: 216–223. <https://www.redalyc.org/journal/778/77853188014/77853188014.pdf>.

Pérez-Saenz, J., J. Ortuño-Sierra, A. Pérez-Albéniz, O. Mason, and E. Fonseca-Pedrero. 2023. “Prevalence of Problematic Internet Use Among Spanish Adolescents.” *Clinica y Salud* 34, no. 3: 139–144. <https://doi.org/10.5093/clysa2023a14>.

Rogers, M. M., and C. Ashworth. 2024. “Child-To-Parent Violence and Abuse: A Scoping Review.” *Trauma, Violence, & Abuse* 25, no. 4: 3285–3298. <https://doi.org/10.1177/15248380241246033>.

Romero-Méndez, C. A., J. L. Rojas-Solis, and L. M. Greathouse Amador. 2021. “Co-occurrence of Different Types of Interpersonal Violence in Mexican Adolescents.” *Journal of the Research Society of Pakistan* 38. https://doi.org/10.7179/PSRI_2021.38.09.

Ronzón-Tirado, R., I. Orue, and E. Calvete. 2025. “Instrumental and Reactive Motives for Child-To-Parent Violence in the Context of Online Addictive Behaviors.” *Journal of Family Violence*: 1–13. <https://doi.org/10.1007/s10896-025-00926-w>.

Simmons, M., T. E. McEwan, R. Purcell, and J. R. Ogloff. 2018. “Sixty Years of Child-To-Parent Abuse Research: What We Know and Where to Go.” *Aggression and Violent Behavior* 38, no. 1: 31–52. <https://doi.org/10.1016/j.avb.2017.11.001>.

Su, W., X. Han, H. Yu, Y. Wu, and M. N. Potenza. 2020. “Do Men Become Addicted to Internet Gaming and Women to Social Media? A Meta-Analysis Examining Gender-Related Differences in Specific Internet Addiction.” *Computers in Human Behavior* 113: 106480. <https://doi.org/10.1016/j.chb.2020.106480>.

Suárez-Relinque, C., G. del Moral Arroyo, T. I. Jiménez, J. E. Calleja, and J. C. Sánchez. 2020. “Predictive Psychosocial Factors of Child-To-Parent Violence in a Sample of Mexican Adolescents.” *Frontiers in Psychology* 11: 576178. <https://doi.org/10.3389/fpsyg.2020.576178>.

Wu, J., X. Wu, C. S. Tarimo, et al. 2025. “Network Analysis of Internet Addiction and Depression Among Chinese Adolescents.” *Journal of Affective Disorders* 378: 119–127. <https://doi.org/10.1016/j.jad.2025.02.052>.

Yaffe, Y. 2023. “Systematic Review of the Differences Between Mothers and Fathers in Parenting Styles and Practices.” *Current Psychology* 42, no. 19: 16011–16024. <https://doi.org/10.1007/s12144-020-01014-6>.