



(De)constructing Child-to-Parent Violence - Therapeutic Intervention in Child-to-Parent Violence, featuring an Adolescent in Institutional Care

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Resumo:

Na sequência do crescente fenómeno de Violência Filioparental (VFP) em Portugal, sem que profissionais e famílias tenham um referencial comum em torno desta problemática, proliferam pedidos de avaliação e intervenção no âmbito da proteção de adolescentes com comportamentos disruptivos colocando-se recorrentemente em situações de risco, sem que os pais lhes consigam impor qualquer limite. Depois de avaliados, percebemos que as problemáticas apontadas são consequência de um padrão

de VFP. Ilustramos um processo de intervenção terapêutica num destes casos, com adolescente em acolhimento institucional, visando a reunificação familiar. Numa perspectiva de intervenção ecossistémica, preconizou-se trabalho em todas as áreas de vida da adolescente, nos diferentes níveis sócio-terapêuticos, a partir da intervenção terapêutica familiar, que decorreu em sessões de coterapia mensais (10 sessões+2 follow-up). Tendo como referência o Protocolo utilizado no Centro de Intervenção em VFP, Euskarri, procurou-se reformular o problema identificado e desconstruir as narrativas dominantes à volta da VFP, incidindo nas 3 áreas disfuncionais da família: hierarquia; proteção/segredo; separação/fusão. Com a intervenção terapêutica realizada, o problema passou do adolescente violento, para a dinâmica familiar vigente, através da circularidade e metacomunicação, verificaram-se mudanças qualitativas no padrão de funcionamento familiar, e foi possível a reunificação familiar.

PALAVRAS-CHAVE: Violência filiofamiliar; Intervenção terapêutica; Acolhimento institucional; Mudança; Reunificação familiar.

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Following the growing phenomenon of Child-to-Parent Violence (CPV) in Portugal, with no common reference around this problematic available to both professionals and families, requests for assessment and intervention within the protection of youth proliferate, of adolescents characterized as having a disruptive behavior, placing themselves constantly in hazard, with parents being unable to impose limits. Once evaluated, we realize the problematics highlighted are the result of a CPV pattern. This paper presents a process of therapeutic intervention in a CPV case, featuring an adolescent in the context of institutional care, towards the completion of family reunification. In a perspective of an ecosystemic intervention, work was professed in all areas of the teenager's life, on different sociotherapeutic levels, from the familiar therapeutic intervention, held in monthly cotherapy sessions (10 sessions+2 follow-up). Taking as reference the Protocol used in the Intervention Center in CPV, Euskarri, it was sought to reformulate the identified problem and to deconstruct the dominant narratives around CPV, focusing on the 3 dysfunctional areas of the family: hierarchy, protection/secret; separation/fusion. During the intervention period, the problem perspective changed from the violent adolescent to current family dynamics, through circularity and meta-communication; qualitative changes in the pattern of the family functioning were noted and reunification was possible.

Keywords: Child-to-Parent Violence; Therapeutic Intervention; Institutional Care; Change; Family Reunification.

Introduction

Cottrell (2001)¹ defines child-to-parent violence (CPV) as an intentional act by the child aimed at provoking fear and physical, psychological or financial damage to the parent, with the objective of gaining control or power over the latter. In other words, it is an act that involves threat, intimidation and domination (Paterson et al. 2002)². Pereira (2006)³ defines CPV as a behavior involving physical (aggression, pushing, throwing objects), verbal (repeated insults or threats) or non verbal (threats of aggression, damage to cherished objects) violence, repeated by the children in relation to the parents or adult surrogates.

CPV is a social problem that has been obscured for decades (Robinson et al. 2004).⁴ The first reference found in literature was credited to Harbin and Madden (in Walsh and Krienert, 2007)⁵ defining it in 1979 as a “new” type of family violence. Studies show that in the 1980s and 1990s, 5-10% of adolescents in the United States showed aggressive behaviors toward their parents per year (Cornell and Gelles 1982; Agnew and Huguley 1989; both in Brezina 1999),⁶ and that 7-18% of biparental families and 29% of monoparental families experienced CPV situations (Peek et al. 1985).⁷ In Canada, whereas DeKeseredy (1993)⁸ estimated that 1 in every 10 parents were assaulted by their children, the Canadian National Clearing House of Family Violence (2003),⁹ in a large scale study, indicates that 14% of parents had already been assaulted by their adolescent children. In France, the number pointed by Laurent et al. (1999)¹⁰ is significantly lower (0.6%).

More recently, Cyrulnik (2005)¹¹ observes that CPV has been reaching worldwide dimensions with an incidence of 1% in French families, 4% in Japanese families, and 6% in North-American families. An investigation carried out in Bilbao by Calvete et al. in 2010¹² seems to corroborate this observation. In a group of 1,427 adolescents, 7.2% had shown violent behaviors toward the parents. Differences in estimated values may reflect the use of different scales and measurement and data collection methods, which renders comparisons considerably difficult. On the other hand, as in other forms of domestic violence, CPV is consensually higher than indicated by statistical data, since many parents feel embarrassed to admit these situations in their families, often tolerating very high levels of aggression before seeking for help. This attempt to maintain the myth of family harmony ends up maintaining CPV as a secret,¹³ avoiding confrontation, open discussion and hiding or minimizing it. These parents, then, resist punishing their children or offer consistent answers before the aggression.¹⁴ The general belief that parents have to protect their children, even if against their will, the lack of clarity and objectiveness about what is an acceptable or intolerable behavior have contributed for the late acknowledgment of CPV, including among healthcare professionals and policy makers.¹⁵

Although references to research on clinical interventions are found, literature indicates that CPV is a relevant problem that has been neglected by clinical investigation.² The analysis conducted indicates as intervention strategies in these situations narrative and solution-focused approaches that invite adolescents to assume responsibility for their violent behaviors and the victims to rewrite their lives with

a view of empowerment (De Shazer and Berg, 1992¹⁶; Jenkins, 1990¹⁷; Micucci, 1995¹⁸; Sheehan, 1997¹⁹; White, 1988²⁰; White and Epston, 1990²¹). Nevertheless, investigations developed in recent years show that CPV does not arise from a single cause relation, but is actually a complex, many-sided phenomenon with multiple causes, which can only be understood from an ecological model integrating intrapersonal, family, cultural and community variables.²² The treatment should result in a relational approach. To increase the possibilities of success, the circuit in which violence is established should be aimed at, and not only the family member in whom the symptom manifests itself.²³ Thence, Loketek (in Alarcão, 2000) posits that, in reading the violent behavior, therapeutic interventions should include all elements in the relationship, exploring violence in the various family sub-systems.

From a review of studies on clinical experience and therapeutic work with families in which CPV occurs, an intervention process is detailed with a CPV family whereof the adolescent daughter was institutionalized, recurring to intervention protocol in CPV developed by Pereira (2006)²⁵ based on an ecological understanding of the phenomenon.

Framing the Case

The household is composed of 3 elements: the parents and Maria. The mother works in a restaurant, and the father is a gardener. Maria is 15 years old and concluded the fourth year in school. They live nearby an urban center.

No close relationships with the extended families are found. The father's family lives in the north of the country, their contact is restricted to yearly visits. Maria's mother was abandoned when still a child and she lived with her godmother until she was 11 years old, when she started to work as a housemaid. She has no reference of extended family.

Maria's institutional care is a response to the system of protection from dangerous situations in her natural way of life.²⁶ Based on the principle of family prevalence as a fundamental right to healthy human development, in the case of absence of restriction order, the family should be contemplated within a project of social and therapeutic intervention to promote integral and harmonious development for the child/adolescent in order to decrease risk factors and increase the quality of family relationships toward family reunification.²⁶ Therefore, Maria was received in the Centro de Acolhimento Temporário para Adolescentes (Temporary Care Center for Adolescents - CAT), 160 km away from her family home during six months after a series of behaviors such as school absenteeism, running away from home, violent behaviors toward the mother, destruction of objects, absence of effective control by the fathers, and according initiation of improper alternative happenings, namely in the relationship with her peers, social exclusion, disruptive behaviors, consumption and small robberies.

Maria's parents did not show any ability to cope with the situation, admitting they were not able to "force" Maria into going to school and contain violent and risk behaviors. The situation was followed by

1st rate local services in Childhood and Adolescence that focused the responsibility on the parents for the absence of limits and her scholarly underachievement, trying to involve Maria in a psychological and psychiatric work that never went further, due to the girl's opposition.

Framing the Intervention

After Maria presented at the Service, the social worker and the psychologist gathered information on the family and the intervention employed until then through a meeting with technicians of various services that followed up and evaluated the situation in the first interview with the parents.

Problems pointed by the technicians and the parents were centered in the following issues:

- School absenteeism;
- Constant escapes from home (4 communicated to the police);
- Lack of respect toward the parents;
- Excessive aggressiveness toward objects and mother (shoves);
- Verbal violence toward the mother.

In the interview with the parents, the father mentioned that Maria had always been "rebellious and authoritarian" and that, since she was a child, she constantly said she wanted to hit her parents. The mother lamented having been overprotective and submissive to Maria's wishes, pointing that, when the daughter was 13 years old, as she started a relationship with a boy who presented high risk and aggressive behaviors, she (the mother) used to blame the boy and other friends for Maria's aggressive behavior, since Maria was seen as rebellious yet "utterly good and sweet."

Maria's institutionalization was based on despair (with cries and screams) and revolt crises, manifested through challenging behaviors and attitudes (screams, abuse, and physical aggression to furniture, escape or suicidal threats). In a first individual interview with her, she referred the challenging behaviors toward the parents (absenteeism, escapes, screams and abuse toward the mother) without attributing them enough severity to justify her being institutionalized. She said the main responsible was the father, since he had placed charges after some of her escapes, but she stressed the fact that she knew how unbearable it was for the mother to be away from her, which was verbalized as "my mother cannot live without me (...) she won't stand and it will still be bad for her (...) my father, on his turn (...) wants to arrest me (...) but not my mother (...) she won't allow it."

The parents' availability to the therapeutic process was assessed and family therapy was agreed upon. The parents agreed to visit Maria at CAT for the monthly sessions.

In an ecosystemic perspective, we tried to work with Maria in the various areas of her life, namely the individual and educational levels and in the relationship with parents and peers, aiming at enhancing personal, social, and responsibility competences. Along with individual psychological counseling, integrated in a 2nd cycle group, in voluntary programs and cultural and sportive activities, experiences were encouraged that allowed the development of life competences in accordance to her age group.²⁴ Maria showed an accentuated disinvestment in activities (at school and others). This pattern could sometimes be compensated with investment by adults/peers, pointing to intervention strategies in which activities were performed in groups, functioning as a motivator.

Family Therapy Intervention^{25,27}

This intervention occurred in co-therapy with two members of the CAT technical team in monthly family sessions. During this process, intervention strategies associated to the first and second cybernetic models were used to allow the reformulation of the problem and the deconstruction of dominating narratives around child-to-parent violence, in an attempt to punctuate the events in a different manner, co-constructing a more adaptive narrative.²⁴

1st Session—Maria and Parents

The father said that the marriage occurred immediately after a non planned pregnancy.

The mother revealed she was very happy with the pregnancy, since she always wanted to have a child and a family.

Maria said she felt closer to her father during childhood and to the mother during adolescence.

Both parents said they had always given Maria everything (e.g., expensive clothes, cell phones, computer) and satisfied all her wishes (e.g., breakfast at bed, peeled fruits, special and more expensive biscuits and cereals), which was never duly valued by the daughter and, as an adolescent, the demands started to include going out at night, sleeping out and money, trying to impose her will with screams, kicking the doors and abusing or even shoving her mother.

Maria confirmed this description and did not show any affective resonance with her parents' sadness and disillusionment; on the contrary, she attributed the problem to the parents, saying that "they gave and did because they wanted to," blaming them for her institutionalization.

Maria's relationship with her parents was associated to an instrumental perspective, aimed at obtaining material gains. We tried to emphasize the family's accommodation to this pattern and explain her violent conduct under the light of the background, triggering factors, beginning, duration, reactions and attitudes of all the elements in the family system.

The parents were focused on Maria's love relationship, seen as the main source of the problems and behaviors. The focus was then placed on the family system, and it was argued with them that the behavior of others cannot be controlled, but part of what happens in our family life can be controlled by us, including solution and investment in the relationships with those who are near us. The distress of all the elements in the family was valued, resulting from the dysfunctional relationship.

It was suggested that they identify the qualities of the other elements in the family in order to take the focus away from negative aspects.

2nd Session – only with the parents, Maria did not want to participate

Maria had escaped from the CAT and the parents were focused on risk behavior, presenting difficulty to place the focus on the relationship. The work of clarification of the violent conduct (requiring them to describe some episodes) and exploration of family function around the violence/challenge symptom was carried on.

A family genogram was produced and the family history of each of them was discussed, as well as problems both of them had during their lives. The father's own father was an alcoholic and very violent with the rest of the family, thus his passive attitude with Maria and refusing to have a more aggressive attitude. The mother felt that she only acquired a family when she got married and Maria was born, who was always seen as a gift that allowed her to do everything.

A permissive-liberal educational style was identified in the family,²⁸ mainly related to the emotional fusion between a violent young girl and an aggressed parent, which is in line with the recent concept of CPV.²⁹ Thus, the therapeutic hypothesis formulated was that the inversion of power in family hierarchy and Maria's association of "parents-material goods," this perspective resulting in a strictly instrumental relationship with her parents. The maintenance of this pattern springs from the need of parents feeling confirmed in the role of "good caring fathers" and closer to the girl, safeguarding themselves from emotional involvement, manifestation and communication of positive and negative affects.

We worked with the need of subverting this pattern; from "parents-material goods" to "parents-parental functions" (from affects to limitations), jointly thinking about how changes could be introduced in this pattern.

Both parents were able to understand the value of their behavior, assuming that this was the way they would be closer to Maria, compensating through her for what they did not have and they recognized the anxiety they felt about Maria valuing only immediate gains. The mother assumed that it would be difficult for her to act differently, in spite of being a meaningful change.

3rd Session – individual moments with each of the parents

The family functioning was tried to be understood within the individual perspective of each of the parents, once we feel that the couple was organized around Maria and was still focusing the problem.

The mother insisted that the father should be more rigid in Maria's upbringing and that she had been too protective in opposition to her husband, who had been too permissive and absent. She showed to have difficulty in perceiving herself as a part of the problem and the solution, once she felt that her daughter did not know how to value everything she has done for her. She admitted that she tried to compensate through the daughter for what she herself had never had. She reflected also that the husband was distant and not satisfactorily affective with her and their daughter, but that they did not speak about her feelings.

The father verbalized and manifested his distress and dissatisfaction with the family relationship, resulting from the couple's relationship. He admitted feeling attacked in the relationship, which made him relinquish a more active role in the family in order to avoid greater conflicts. He mentioned being aware of the responsibility they had in Maria's upbringing and affirmed being available to change, even though he felt powerless and not knowing how to do it, asking the therapists to assume an educational attitude toward them.

His role as father was highlighted instead of his role as husband and the options in this respect.

4th Session Moment with the mother

There came a time in which the family relationship and dynamics should be punctuated with the mother, since she herself showed to be defensive and reactive, resisting to see herself as part of the problem and the solution. Therefore, the need of constant contact with her daughter was analyzed, as well as the power she provided the daughter with in her absence of self-control concerning her preoccupations, often utterly devalued by Maria and having a perverse effect in their relationship, frequently resulting in violence.

Moment with the father

With the father, the same questions as addressed with the mother were discussed. However, he assumed his responsibility in the process with more consistency, as a part of the problem and a part of the solution. The question of the guilt felt by him in his role as a husband was safeguarded, the dissatisfaction felt and his effacement as father, since he did not feel he had the necessary legitimacy to intervene.

He showed ability to reflect about these questions and said he was trying to act differently. He verbalized being more present in his wife's life since the beginning of therapy, and more active in their home. He says he feels better with it, once it was what his consciousness led him to do.

Moment with - both parents

Too permissive parents who maintain a symmetric child-to-parent relationship since their child is very young, registering the absence of a hierarchy of rules, show strong difficulties to assume their parental role.³⁰ The focus was on formulating common objectives and delimiting the process around revising the cautionary measure six months after, as well as in the temporary triangulation of the family system with the institution with the aim of enabling the necessary distance to reorganize power and hierarchy in the family.

The importance of communication between the parents was discussed, as well as the agreement between them in the parental function, once Maria has grown up feeling that each of them was on opposite sides and "played" with that, gaining material advantages and permission to go out. The difficulty of this process and the fact that it was painful for both was clarified, and the need to be more consistent was reinforced.²⁵

5th Session First moment: both parents

A new look on the way the family system was developed. Maria began to learn to derive immediate gains from their distance between the couple. Both perceived and accepted this reading.

New forms to relate to each other was sought for, starting from the presupposition that changes and models have to start with the parents. The work started from the preconceived idea accepted in the system that the attribution of immediate gains (material goods) meant "we like you, daughter," replacing manifestations of affect and the emotional distance.

Within the therapeutic system, the issues of mother-child alliance were attempted to be regulated, as well as the father's peripheral role, which facilitated triangulation and the inversion of power:

- Daily telephone contact in groups (at most 3 times a day);
- Assertive ways of communication, manifesting concern;
- Saying no to Maria's requests and sulky attitudes without losing supportiveness, concern and affect in words.

The need of Maria being home in the weekends to develop their relationship was reflected about, but the parents, mainly the mother, were not sure about it due to fear that the child would escape again.

2nd Moment: with Maria's parents

Maria wanted to tell her father that she used to smoke and she wrote it in a sheet of paper, since she did not feel able to speak. She showed the paper to her father within the session. This initiative proved effective to establish a better communication and trust between father and daughter. The value and significance of this attitude to all the members of the family was talked about.

It was agreed upon that it was important that she would spend the weekends at home with her parents and a family-centered program should be sketched in group. In a process developed within the context of family therapy, a program was elaborated in order to convey feelings of security and commitment to all the elements in the system.

6th Session - both parents

The weekend with the family was discussed as well as how each of the parents felt and what did they value. Both were satisfied in communicating feelings associated to the moments they had shared.

It was arranged that these family weekends would occur fortnightly in order to maintain the relationship of the family and to ensure an opportunity for the change in patterns and dynamics to be established, with the pact "no violence and no escapes."

7th Session - both parents and Maria

The weekends was discussed, mainly the last one:

For the father, the experience had been much better than he had expected. He said that the daughter was more mature and able to listen. He described the programs they had done together while the mother was at work and verbalized that they talked about daily subjects, not concentrating on problems of the past. Above all, he said he had felt good and that they had been able to talk. He mentioned that the most important moment was when they were lunching, face to face, and could dedicate more attention to one another and talked looking in each other's eyes.

Maria said that the most important moment for her was when she and her father danced to waltz music Saturday night, when the three of them went out together, despite her not being able to ponder why she had felt good, referring mainly to the music and the dance, saying she felt closer to her father.

The mother said she felt sad for having to work on Saturdays and not being there with them, but she liked very much to dance with Maria to the song “Mãe Querida” (Dear Mother), saying it had been very important for her, since it was Mother’s Day. (At this point, kisses, smiles and complicity among the three of them were witnessed.) She also related moments of sharing and joy between the two of them, saying that “being a mother is one of the most important things in life.” She also pointed that the most difficult moment was when she took Maria by car back to the institution.

Maria was questioned about the most significant moment with her mother, and she immediately mentioned “boiled potatoes,” laughing. She then explained that there were often boiled potatoes in the institution and pointed that “the food prepared by my mother is different,” which was very meaningful to her. In clarifying the meaning of this verbalization, she suggested the importance and the value of being with her mother and having attention and affect. In deepening the theme, Maria valued the fact that “the mother had served her the dish,” which was again pointed in the affective plane.

Maria was enthusiastic and wanted to narrate an episode in which she was dancing with her mother in the house, having taught her to dance Kizomba while the mother taught Maria other dances. She said she liked this moment in which “they were happy, laughing, teaching and learning together.”

What was not so good after this weekend was also addressed, this time with Maria in the session.

According to the mother, Maria was harsh and arrogant at the telephone when talking about the plans for their next weekend home: folkloric parties and dances. Maria was arrogant, not being able to talk to the mother about any other option more to her liking, namely being with her boyfriend. She told the mother, yelling, that she would not go home, and the mother also said she would not be able to come. The mother verbalized that they were available to listen to what Maria had to say about what she liked to do, but they would not accept her to impose her will.

The father considered, as the mother, that Maria could not start the discussion by yelling and imposing her will

Maria accused her mother of yelling too and denied having any responsibility in relation to her attitudes, placing the focus on the others, showing great difficulty in accepting that the parents would have the last word concerning decisions at home.

The weekend issue was analyzed in a circular manner. Maria conditioned it to her being with the boyfriend. Her parents, even if initially liable to concede this point, ended up thinking that there were no conditions for Maria to go home, due to her rigidity, imposition and arrogance.

Maria ended up not verbalizing that she wanted to go whether she would or would not be with her boyfriend, and did not spend the weekend with the family (the attempt to impose the power she was losing and maintain the relationship as it was before).

8th Session - parents and Maria

The way the parents and Maria were managing their relationship was validated, illustrating it with weekend episodes, redefined family routines, reestablished communication and trust and gains for all the elements in this redefinition of limits, hierarchy and power.

9th Session - both parents and Maria

Summer vacations were arranged for in harmony with the parents' plans.

Maria said that "I am already capable of waiting," exemplifying with the vacations, in which she had accepted without protests the organization proposed by the parents.

The mother said that "she is already able to wait without outbursts." She valued the fact that Maria had cleaned the room right after she (the mother) had asked: "I asked her and she did (...) I asked her to go pick up the clothes that were by the tank and she went."

The father verbalized that "everything is different, but there is still a long way to go." Again we punctuated where change was needed: all the elements of the system.²⁴

In relation to communication:

The mother mentions that "I am much calmer and my decisions are firmer (...) I try to speak more calmly and respectfully (...) I feel good being in this place (...) she respects me and I respect her."

The father states that "I did not change the way I talk, but I talk more and feel closer to them, we all belong together."

Maria highlights that "I cannot explain (...) we talk much more and do things together."

10th Session - both parents and Maria

The parents were apprehensive with the possibility of Maria staying 3 weeks with them. The communication and relation between them and the daughter had improved significantly, but they worried about not being able to assume their power during such a large period. This question was pondered about, as well as the importance of parents reestablishing family hierarchy, searching to teach and maintain the previously inexistent limits with the child in a consistent manner.²⁷

The parents spoke about the daughter's lack of involvement in any activity, assuming everything as "a drought," staying the whole morning in bed, and the father verbalized that they would still give her new tennis shoes, cell phones and clothes, even the cell phone being a problem for the family, since Maria spent long periods talking in it. The importance of them assuming their role and power in the relationship was reaffirmed, these patterns being complied with would only provide continuance to the daughter's unwanted behaviors.

After vacation, Maria started to pay weekly visits to her parents.

11th Session (Follow-up 1) - both parents and Maria

The point was the situation of Maria's visits to her home, her relationship with family dynamics, communication, routines and trust. The communication within the family was pointed as very positive, with the girl respecting the parents and participating in the dynamics, enjoying affective proximity, and the parents assuming and taking possession of their parts and power in the relationship.

12th Session (Follow up 2) - both parents and Maria

Some attempts to disrupt the reorganization of the family were made by Maria in crossing limits and regaining her undue power, but the parents were able to define the limits with clarity, counting on the relation of proximity and the positive communication of the parental dyad.²⁴

Synthesis and Conceptualization of the Case

We faced a family system wherein child-to-parent challenging and violent behaviors were symptoms of a pathological relationship between the various elements. On the one hand, a dismissive father and, on the other, a fusion relationship between mother and daughter, triangulating in opposition to the father. With Maria entering the phase of adolescence and the hierarchy of the system subverted, without an adult with force to assume the power, Maria started to reveal a set of behaviors which pointed to the lack of relational limits, characterizing relational pathology.

Family violence emerges as a result from the interaction of the different elements in the family. Thus, intervention should be familial and centered on the dynamics that generate and maintain violence.¹³

This family presented three dysfunctional areas that potentiated child-to-parents challenging and violent behaviors²⁷:

1) Hierarchy

- a) The parents relinquished their role, the father having distanced himself from the parental relationship and the mother having established a fusion and symmetric relationship;
- b) Both parents attributed this relinquishment to the girl's rebel personality and her companions;
- c) They presented difficulty to perceive that the power of establishing rules and ensuring they would be followed should be theirs;
- d) The girl showed an aggressive behavior as a strategy to "control" and to impose her power on the family dynamics.

2) Protection of family harmony

- a) The family initially denied the seriousness of Maria's aggressive behaviors;
- b) They sought to preserve the myth of family harmony and peace;
- c) They developed rules leading to keeping the secret;
- d) The parents tolerated high levels of aggressiveness before taking due measures;
- e) Both the parents and Maria refused to confront each other or openly discuss the evident behavior, the aggressive behavior, evidencing resistance to address these issues in a family therapy, focusing on external behaviors, such as escapes and absenteeism;
- f) The parents refused to punish their daughter or respond to her in a consistent manner, showing oscillations and limits, whether excessively flexible or too rigid (e.g., the father damaged a cell phone on purpose one day and went out with Maria the next day to buy a new one; another example was constant shopping of unnecessary goods).

3) Separation and Fusion

a) The lack of parental authority "pushed" the daughter into assuming early independent roles, a form of pseudo-independency (emotional dependency);

b) The violent episode is a primitive mechanism of forceful distance, once the dependency/fusion relationship starts to be a source of pressure and disables the establishment of other relationships,

which are seen as treasons to the loyalty to the child-parent relationship, mainly in what concerns the relationship with the mother.

In the session with the parents, we reflected about the fact of their daughter's behavior arising in response to the impaired relationship of the parental dyad. Maria gradually established an alliance with the mother, placing herself as her equal and occupying a power position within the family system, enabled by the father's distance.

Involved in the couple's dynamics, Maria clearly distanced herself from the father and symmetrically approached the mother, triangulating with her in opposition to the father, secretly assuming a "power" that was not hers. She saw and imposed herself as capable of managing her own life and accordingly assumed all the risk behaviors referred, without assuming an adult person as effective and authority reference.

Accordingly, this violence from the daughter triggered an increasingly bigger distancing and disinvestment from the father and a "mild reaction" by the mother reinforced her submission in a complementary scale.²⁴

Therapeutic Strategies

The problem was readdressed to the family, as well as the solution. Thus, the parents could deal with their own responsibility, roles and tasks.

Despite the initial focus of the parents on the risk behavior, which hampered a more holistic view of the issues, since the main stress was placed on the family relationship, we jointly thought about how this pattern could be altered.

A meaning was sought for her aggressive and challenging behaviors, from act to speech. The behavior was contextualized by working the following issues²⁷:

- a) Thinking about the triggering process of violence and its meaning;
- b) Reflecting about gains of each of the elements with homeostasis of family system, based on Maria's aggressive and challenging behaviors;
- c) Introducing new understandable readings of aggressive behaviors;
- d) Rendering Maia's behavior understandable within the functioning of the family system, without legitimizing it;
- e) Looking for functionality in alternative strategies of coping with conflictive situations;

- f) Thinking about the benefits a different way of functioning could have for Maria and for her family system;
- g) Changing history;
- h) Valuing the importance of assertive communication within the family;
- i) Considering the clear definition of the consequences of these behaviors.

The contacts between parents and daughter were developed, providing Maria with greater autonomy, mainly in relation to the mother. In relation to her father, the relationship was potentiated, enhancing the contacts and leisure time together, redefining his role in the system.

After the family therapy work, we discussed the need of Maria spending some weekends with her parents to develop their relationship. Despite the parents' initial resistance, afraid the girl would run away and again be involved in risk situations, these visits progressed as they were worked within the family therapy. Maria never ran away, and her aggressiveness was restrained, being replaced by positive communication among the elements of the system.

The "parents-goods" utilitarian association Maria made was subverted by the "parents-parental functions" association and, then, the parents could establish the necessary limits. The family therapy process had achieved its goals.

Maria started to regularly visit her parents at the weekends and even longer periods, showing more stability in the observation of rules. This resulted in the reorganization of hierarchical roles between parents and children.

The second follow-up session occurred two months after family reunification with the objective of punctuating the process of family reorganization and aiming to provide support and safety to the family in maintaining the changes arrived at in family dynamics.

Psychological Intervention

Maria had been followed up since her integration in the CAT with the psychologist associated to the team, also a family therapist.

In the first phase, psychotherapeutic follow up was focused on the following questions:

1. Co-construction of therapeutic relationship;
2. Construction of her life story;
3. Elaboration of family relationships and dynamics;

4. Self-organization in relation to the moment she was received;
5. Alternative strategies to cope with the affective void evidenced by institutional care and according breakage with usual routine;

Maria adhered to the therapy in a proper and collaborative manner. She proved capable of insight, reflection about the way she perceived the surrounding facts, herself and family relationships, but usually avoided assuming the responsibility for her acts, blaming surrounding elements, employing *alliance and seduction* strategies in order to achieve her goals. She saw her relationship with her parents in a utilitarian way, showing some difficulty in thinking about them in an affective manner, as *others* beyond her, persons with feelings and anguishes. Accordingly, she showed difficulty in perceiving relationships that did not function for the satisfaction of her needs and interests.

In a further phase, the psychotherapeutic follow up was focused on reorganizing her, taking into consideration all the changes occurred in the family dynamics. We tried to work within an individual perspective with the questions addressed in Family Therapy context, reorganizing the relationship pattern found in the family and in the way Maria perceived herself as an element of this family core, repositioning herself as daughter.

In the third phase, the follow up was continued with the following questions:

1. Identification of the dependence-relationship patterns with beloved objects (parents, boyfriend);
2. Alternatives for more adequate and satisfactory relationships;
3. Alternative strategies to cope with latent aggressiveness, when she was countered;
4. Organizing herself in relation to her life project;
5. Definition of short and middle term life objectives.

Maria showed a love-hate pattern with all the persons who proved significant in her life, which resulted in aggressive episodes whenever she felt prone to losing control or power in the relationship. This relationship pattern was significantly inverted in her relationship with the parents, which contributed with her emotional stability as well as reorganization and autonomy, allowing her to progressively focus on her interests and objectives (e.g., dedicating herself to her schooling, cultural and sportive activities, developing initiatives in proposing activities, participating in voluntary actions).

CONCLUSION

In the pursuit of family law that ensures fundamental rights to the development of children and adolescents, working with families is to be prioritized, as often as possible, in order to increase competences, reframe the family problem which originated the institutionalization and find options to function within the system so as to potentialize the young person's return to the family.

In the case used as illustration, the therapeutic intervention within the family, the focus of the problem was removed from individual elements in the system, as Maria (risky and violent behavior, absenteeism), the father (distance), or the mother (permissiveness) and placed in the family dynamics created and established with the contribution of all the members. Thus, it was through metacommunication that change could be proposed and brought about.

Within the context of applying residential care, the triangulation of the parents-daughter relationship with the institution was possible, enabling the necessary distance for ecosystemic intervention and progressive family reordering.

With the family therapy process, the family relationship was recovered by helping the parents to gradually take possession of their own parental force with support from the institution, which acted as external regulator for the family relationship.

Individual intervention and social-educational process with Maria enabled minimizing the dangers of institutionalization and reinforcing competences, decreasing relapses in risk behavior and helping her to redefine her position within the familial organization.

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