Youth Who Victimise Their Parents

Eddie Gallagher

This is the second of two articles on the victimisation of parents by their children. The first article discussed the phenomenon itself, and then focused on interventions directed to the *parents* of victimising children. This article focuses more on working with *young people* who are exhibiting this form of behaviour. Some issues discussed are: viewing them as victims or victimisers; instrumental or expressive violence; causes of this behaviour; temperament; labels; attitudes engaging violent and defiant kids; challenging unacceptable behaviours; attitudes and exposure to DV; responsibility vs. entitlement; solution-focused questions.

> 'How sharper than a serpent's tooth it is to have a thankless child!' (Shakespeare, *King Lear,* Act 1, Scene IV).

My first article on the victimisation of parents by their children (Gallagher, 2004) surveyed previous research and my own clinical sample of over 60 families. I identified two family patterns: sole mothers being victimised by sons (and some daughters) in the wake of adult domestic violence; and two parent families, often educated middle-class families, where over-entitled youth bully parents. I focused on ways of working with the parents. In this second article I shall concentrate on ways of intervening with the young people themselves.

Having a Smashing Time

Vanda was close to despair. A successful professional in her early 50s, she was a single parent with one son, who had just had another destructive tantrum. Paul had done more than $10,000 damage over a number of years. She had been told that his behaviour was due to obsessive traits, and lack of social insight caused by his Asperger's syndrome (a form of mild autism without an intellectual disability). Paul had had residential treatment and medication, but the tantrums had persisted. Vanda had agreed to try counselling with little hope of success. By the end of our first session I too was feeling rather hopeless. She did not see a pattern to Paul's behaviour or believe that he could control it; he just

smashed things up when the frustration of being a poor communicator got too much for him.

I next met with Paul on his own. He was a tall, wellbuilt, good-looking young man of seventeen. He was polite but did not make eye contact, showed a limited range of emotions, was slow to respond and volunteered nothing. He admitted to 'smashing up stuff' but, apart from feeling angry, didn't know why he did it. He said he smashed anything, his or his Mum's, cheap or valuable.

Most people are quite selective about what they break: some only break other people's belongings, some only their own, some only break expensive things, others only cheap things. Most only smash things with an audience but Paul only broke things when alone.

I still didn't feel I was getting anywhere. My third session was with Paul and Vanda together. A joint session was possible, as it was clear that Paul would not intimidate or abuse his mother in the session and was not into rehearsing his excuses. He only had one excuse but it was a beauty: he said he had been told by a psychiatrist that he 'could not help it'. I told him bluntly that I did not believe this! I believe that people with autism have brains that work differently in some ways (Grandin, 1995) but it is not at all likely that complex behaviours can be hard-wired into human brains.

When I talked to Paul and his mother together, a clear pattern to his behaviour emerged: he smashed anything that would make a good noise on the tiled floor. He did this when angry at his mother and when she was due home.

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I asked if they were serious enough about this problem to try something quite different and both said that they were. I asked if they were willing to try something a bit weird. They tentatively said they would try anything. I sent them off to the local opshop to buy four or five cheap plates or vases, which Paul had to number clearly with a marker. Next time he felt really angry he had to break these in order before breaking anything else. They looked at me as if I was quite mad.

He was of course in a double-bind. If he broke the plates in order, he showed he was in control of his behaviour. If he refused to break those plates and instead broke his mother's things he was still showing that he was in control. Paul's obsessive traits and his general desire to comply with authority probably helped. I suppose random behaviour would show that he was truly out of control but it is very difficult to behave randomly. For the next eighteen months (till I moved and lost contact with them) I continued to see him occasionally for counselling and gave some support to his mother. There was no repetition of the smashing sprees.

I have chosen to start with this case because it vividly illustrates the dubious nature of the idea that young people are 'unable to control' violent behaviour. However, Paul is not at all typical of the violent children and young people I have worked with and his 'disability' makes it particularly easy to see him as more victim than victimiser.

Victims or Victimisers

It is a very common tendency to view people as *either* victims or victimisers. Some circles tend to excuse male violence by treating abusive men as victims (of childhood abuse, of low self-esteem, depression, stress, etc.). For a number of reasons it is even more common to regard children who are being violent to their parents as 'victims'.

- Children's behaviour is generally seen as being *directly caused* by the parenting they have received (Ambert, 1992), hence parents are seen as responsible
- *Some* of these children have been abused (currently or in the past) and *many* have witnessed the abuse of their mothers (a form of emotional abuse)
- As children who have been abused are more likely to be violent, the illogical assumption is often made that all violent children must have been abused. Abuse can then be defined so widely that it can be found in virtually any family (but is no longer a useful explanation of anything)
- Many have experienced parental separation or other traumas
- Some have a disability like Asperger's, a learning disorder or a diagnosed condition such as ADHD (probably about 20% of the children in my clinical sample)

- The medical model is applied to problem behaviour *much* more readily for children than for adults; thus a child who is unusually aggressive may be labeled 'Conduct Disordered' or as having 'Oppositional Defiant Disorder'
- Even well-meaning, non-abusive parents at times retaliate or defend themselves against attack, confirming the view that they are the real aggressors
- Protective services are organised on the assumption that children are victims and allied services may adopt this stance even when a mother has called them in for her own (or other children's) protection from a violent child
- Youth work agencies may be individual rather than family centred in their approach (Green, 1993) which can result in the voice of the parent-victim not being heard. Naive interpretations of 'befriending', 'support' or 'unconditional positive regard' can sometimes result in a victimiser being treated purely as a victim. Some youth workers even claim that they *always* believe what their clients tell them! With teenagers??

A number of negative consequences follow from seeing victimising young people *purely* as *victims:*

- They are not encouraged to take responsibility for their actions
- They may feel justified in their actions
- Parents are further disempowered and their guilt reinforced
- Parents may be excluded from the helping process
- Young people often do not respect the workers *('I've got her wrapped round my little finger').*

The result may be that abusive behaviour gets worse.

On the other hand, viewing the young person solely as an *abuser* can be just as unhelpful:

- It may lead to attempts by the worker to get the young person out of the house or to protect the parents by legal means. Though sometimes appropriate, this may be socially and psychologically almost impossible for some mothers
- This approach may make parents feel *more* of a failure and they may not cooperate (their 'resistance' is then interpreted as pathological)

- The young person may become more convinced that they are 'like their Dad' or that they are always going to be violent or have serious problems
- Some agencies do not work with 'abusers', which may mean that the family cannot get the help they need
- It is unjust and unhelpful for those young people who *are* being abused by parents
- It is unjust for the very small number whose behaviour is influenced by early psychosis.

Some parents find their child treated as *both* 'victim' *and* 'victimiser' by friends and professionals. Anna, whose story featured in my companion article *(ANZJFT,* 25, 1: 1–12), was told by the same magistrate that her son was clearly in need of psychiatric help *and* that he should be charged with assault and locked up.

Yet we cannot simply dismiss out of hand ideas of 'blame' and concepts such as 'victim' and 'victimiser'. We *all* think in such terms to some extent. We need to be able to switch lenses rapidly: it is not a matter of whether an individual is 'really' a 'victim' or an 'abuser' but a question of which focus is most helpful at that point in time.

When an individual is both an abuser and a past victim of abuse, *their abusive behaviour should be dealt with first* (with very few exceptions). This goes against the commonsense notion that we must get to the 'real' or historical 'cause' of the problem, and 'work through' the child's own abuse before his behaviour will improve. However, while a therapist is engaged in this lengthy or interminable task, family relationships continue to deteriorate and violent or abusive behaviours become habitual. Such an approach also creates the expectation that no short-term solution is possible. Young people stress themselves greatly by their out-of-control behaviour and are often much happier once their parents regain control. They are then in a *much* better position to work on other issues.

Instrumental vs. Expressive Violence

Another important, but seldom articulated, distinction is whether violence is viewed as primarily *expressive,* 'letting off steam', or as *instrumental* and purposive (Campbell, 1993). 'Anger management' approaches to men's violence and psychiatry (Gondolf, 1990: 243) have emphasised the emotional, expressive aspects of violent behaviour. Pro-feminist approaches see violence as instrumental; these approaches emphasise choice, lack of responsibility and control of other people. Anger is seen as a symptom of unhelpful attitudes, not as a cause of behaviour: individuals may

work themselves into a rage when violence is advantageous to them. Two recent books by Bancroft (Bancroft, 2002; Bancroft & Silverman, 2002) express this view particularly well.

Just as children are more likely to be regarded as victims rather than victimisers, so their behaviour is more likely to be conceptualised as expressive than instrumental. This is especially so for children seen as traumatised, or as suffering from a disability or a psychiatric condition. However, just because a young person may have good reasons to be angry and upset, or have poor impulse control, does not mean that he is *not* trying to control others or get his own way through his aggressive behaviour.

Allowing children free rein to 'express' their anger through aggressive actions (as apparently advised by many professionals) is likely to make them less secure, less happy and more angry. On the other hand 'letting off steam' in terms of burning off *energy* (not anger, anger is non-flammable) can be a way to relax or a useful distraction. Of course *communicating* anger is usually helpful, provided this is done in a way that does not damage relationships.

Explanations, even good ones, are not excuses! The fact that a child has been abused and had a terrible life does *not* give him or her the right to abuse others any more than the fact of past abuse gives an *adult* the right to abuse others. Sympathy is positive when it stops them over-reacting or taking things too personally — *provided* they can still remain assertive. For parents to get angry (within limits) when faced with abusive behaviour is understandable, and probably better than being too passive, but the ideal is definitely a calm, assertive response. William Doherty argues that the attempt to have anger-free parenting actually helps produce the historically new *'combination of an autocratic child and timid parents'* (Doherty, 2003: 2).

Of course the very young and those with psychiatric illnesses or some disabilities may find it *more difficult* to control their behaviour but it is illogical and dehumanising to assume that they are *incapable* of self-control. When we look for evidence of self-control we invariably find it and sometimes demonstrating this can have dramatic results, as it did with Paul.

> … children who suffer from psychopathology are no less in need of rules and values than are 'normal' children. The opposite actually may be true, for the more chaotic the child's inner world, the greater is the need for an orderly, stabilising framework. Hazy or non-existent boundaries can only aggravate the confusion. Second, moral considerations never cease being crucial in the raising of children. A child who is mentally ill

must be taught, no less than a healthy one, to distinguish between good and evil (Omer, 2000: 82).

'Causes'

Behaviour is *always* multi-determined and to believe that we can identify one *root cause* of an individual's behaviour is either naive or grandiose (or both). We seldom worry about the 'causes' of socially sanctioned behaviour (such as reading this paper) but often assume an underlying pathology for behaviour we don't approve of! Other than being male, having witnessed violence towards their mother may well be the biggest single risk factor for children's violence towards parents. However, since less than 50% of such boys (probably *much* less than 50%), and far fewer girls, go on to abuse their mothers, it is clearly an influence, not a cause.

Age, Puberty and Testosterone

Most studies of child-to-parent violence have looked at adolescence only, and are inconclusive as to whether it increases or decreases over this period. I have arbitrarily limited my clinical sample to children of eight upwards and referral age is pretty evenly spread from ten to seventeen, with onset of the violence typically occurring a year or more before referral for the younger children and two or three years before referral for the older ones.

At the lower ages, the behaviour shades into toddler tantrums. I encourage parents to take violence towards themselves seriously no matter how young the child is. On several occasions I have seen toddlers hit their mother without the latter even noticing! In some cases such behaviour escalates very slowly over many years. Parents can ignore a small child's violence but are liable to undergo an attitude change when the child is eight to twelve and the behaviour becomes more threatening and disturbing. A recent study by (Nock & Kazdin, 2002) found an even spread in parent directed violence between ages four and fourteen, while others have found more parent directed violence at younger ages (Ulman & Straus, 2003).

I don't see any particular significance in puberty in the development of this behaviour apart from the important fact that children become larger and stronger. Over the past 25 years, behaviour and attitudes once thought to be clearly associated with puberty and the teenage years have become the norm for nine and ten year olds. Physically, puberty may be a few months earlier, but socially it is three or four years earlier. What we call adolescence is behaviorally

far more a social than a biological phenomenon and I have yet to see any evidence that normal hormonal changes play a significant part in behaviour problems. Even when correlations are found between hormone levels and behaviour, we are a long way from under-standing what this means and should not assume a one-way causal connection.

Some studies have suggested that testosterone levels are higher in aggressive male adolescents (Olweus, Mattsson et al., 1988) but others have found that they are *lower* (Susman, Worrall et al., 1996). 'Raging hormones' and 'testosterone spurts' are about as much use as explanations in terms of vague brain dysfunction or 'chemical imbalances'.

Traditional theories of adolescent development are also not very helpful as they tend to overemphasise conflict with, and separation from, parents (Coleman & Hendry, 1990). Some writers see a primal urge for boys to separate from their mothers around adolescence. For example: '… the son knows deep down he must break free from her. Driven by this pressure, he may act ugly, be lazy, rude, even menacing to her' (Biddulph, 1995: 121). The media also feeds us images of adolescence as a period of disturbance and those of us who continually deal with those adolescents who *do* have serious problems can easily begin to imagine that rebellion, open defiance and serious substance abuse problems are the norm — they are not!

There is no upper age limit to abuse of parents. The physical threat may steadily grow as the child gets bigger, and the relationship can become more and more like an abusive inter-adult one. Some young people become less violent when they start work, leave home, or get a girlfriend (either because she is a good influence, or, less fortunately, because she becomes the target!). Thankfully some children do appear to 'grow out of it', as they become more aware of consequences, less egocentric or more responsible. I don't encourage parents to count on this happening but we should not always assume the worst either!

Personality/Temperament

Children's temperaments are extremely important in the development of aggressive behaviour. In many families, only one child victimises parents, and traits such as stubbornness, impulsivity and irritability are often obvious influences. It is always possible that this child has been scapegoated or treated differently, but to *assume* this is unfair and unhelpful (not to mention un-systemic). It is inevitable that 'difficult' children will be punished more than 'easy' children (Rutter, 1978). No child is born 'bad' but many are born

'difficult' (10% according to the 1977 classic study by Thomas & Chess). Over-emphasising children's temperament can be fatalistic, limiting and hope-destroying; however, ignoring this important element *greatly* intensifies parent blaming. Some parents of particularly difficult children are being *more* consistent and more patient than the norm, yet they are blamed for their child's behaviour problems because temperament is not factored in.

Violence is not itself part of temperament: it is clearly learned. However, there are traits, such as being active, being irritable, being highly expressive and being strong-willed (not to mention being male) which *greatly* increase the probability that someone will learn to be violent. Mothers are often worried that a tendency to violence has been inherited. Such beliefs should be acknowledged and discussed in such a way that blame is reduced without inducing fatalism.

Labels

Labels such as 'Conduct Disorder', 'Oppositional Defiant Disorder' and 'ADHD' (when overused) often mislead parents (and professionals) into believing that there is an underlying pathology *causing* the behaviour. Such labels are pseudo-medical ways of *describing,* certainly not explaining, anti-social behaviour. Those with less power (in this case children and youth) are far more vulnerable to having their behaviour pathologised and labelled (Gallagher, 2004). Such labelling often gives some relief to parents but there are better ways of reducing their guilt, and the hope of understanding and cure that such labelling engenders is a dangerous illusion.

> This tendency to diagnose disorders and mental
> illness in children has a way of locking in everyone's
> understanding of a child's behaviour. The children come
> to understand themselves as damaged people
> who aren't in control of themselves (Price, 1996: 40).

Certain behaviours (such as violence) are more likely for boys than for girls and are more common in children with a particular diagnosis. However, the idea that any behaviour is inevitable, uncontrollable or excusable by gender, diagnosis or past experience is simplistic, discriminatory and unhelpful.

Working with both Child and Parent

Whenever possible I work with *both* the victimising young person *and* their parent or parents. Although in the majority of cases the work with the parent is probably more important (at least in the short term), even

slight shifts in two people at once can sometimes result in dramatic changes in interactional patterns.

Including the victimised parent in therapy is essential, as few youths will be honest about their abusive

behaviour when seen alone. Even the more open and cooperative (generally younger) children often do not tell me about new incidents of violence unless prompted by parents. Ironically, the better the relationship I have with them, the more embarrassed they may become by their behaviour.

In couple work where there is spouse abuse, it is widely acknowledged that it is usually *in*appropriate to initially see both victim and victimiser together. With teenage violence there has not generally been the parallel recognition that seeing victimiser and victimised together can be problematic (remember that the 'victimised' may be siblings as well as a parents). The dangers are:

- Teenagers may use family sessions to put down their parents
- The teenager may walk out, withdraw in a sulk, or disrupt the session
- Teenagers may also emphasise their position of power if they can 'take or leave' the family and may have workers to support them if they choose to move out
- In an attempt to engage the whole family, workers and family often collude in playing down the violence and abuse
- The entire family may join ranks against officialdom, particularly if therapy has been a requirement of statutory bodies such as protective services
- The rest of the family may close ranks against the violent member. (This is often seen as scapegoating but is sometimes simply defensive.)

Where conflict is high between teens and their parents, even without actual violence or victimisation, it is often preferable to initially see them separately. They can be seen together once you have made a connection with both and can weigh up the risks and advantages of a joint session.

Since constructively engaging the abusive teen will almost always be harder than engaging the parent, my preference is to start by meeting with the teen (usually having spoken to the parent on the phone). Other workers start with the parents as an acknowledgement of their status (Sells, 2001). Omer goes further and warns against routinely involving young people in therapy at all. They may

> … monopolize the sessions or utilize the sessions as a
> source of information concerning the parents' plans

so as to neutralize them … a good way to prevent these detrimental outcomes might be to keep the child away from the sessions (Omer, 2000: 115).

Work with the Victimising Young Person

The main thrust of my direct work with victimising children and young people is motivating them not to be violent. Simple really!

With teenagers the first session may be your only chance to influence them. They may refuse to return if challenged at all. On the other hand they may well refuse to return if *not* challenged, as they will say the session was a waste of time! Waiting till you build a good relationship before broaching delicate subjects is usually a mistake: they either get bored and withdraw or stop taking you seriously if you don't get down to business. Also, if they see you purely as a friend and confidante they feel betrayed when you eventually do get round to raising the topic of abusive behaviour.

However, when working with children and teens I am not so focused on the abusive behaviour as I am with adults and I try harder to avoid direct confrontation. I may spend *most* of the first session with a child discussing another issue of concern to them (such as their being teased at school or problems with access visits) but I will try, at the very least, to get agreement to talk about their own violence next time. It is a difficult balance, rather like fishing with a very fine line! Tackling the major issues *too* quickly, without building some trust and connection, can result in the client rehearsing their excuses. Almost anyone who has been abusive will minimise their abusive behaviour and once they have told you the sanitised story it may be difficult for them to be more honest in the future.

I usually warn young people that I will be talking to their parents and probably encouraging the latter to be firmer or tougher. Surprisingly, young people rarely object to this; they occasionally welcome more clarity or make comments like, 'Yeah, she's really soft!' or 'You won't get anywhere, they're pathetic'. Confidentiality prevents me telling these parents what their children say in individual sessions but I tell parents what other children in similar situations have said. For example, I've told many parents about the sweet little eight-year-old girl who, when I asked what it meant when her mother burst into tears, thought hard then said seriously with an angelic smile, 'It means I've won!'

Motivation

If therapy is an ongoing process of negotiation, then any treatment rejected by the client is by definition the wrong treatment! Motivation is not a static quantity

that can be measured: it depends on the dynamic interaction we have with the client(s) and on how we co- create a workable intervention. Almost anyone with a problem will be ambivalent about change to some extent and the interventions necessary to get families out of deep ruts may be difficult and quite scary. The concept of 'resistance' is thus not a useful one (in fact, as the Daleks used to say on *Doctor Who,* 'Resistance is futile!')

Creating motivation is an especially large part of our role in working with violent youth (or adults). Our individual levels of skill, knowledge and energy, along with our personality and our own motivation will interact with multiple complex characteristics of the young person and their family to determine how far we get.

Limiting Confidentiality

When working with an adult on physical, sexual or emotional abuse, it is my usual practice to make clear from the first session that I need permission to check with victims, non-abusive parents or statutory workers as appropriate. If a man refuses this I will not work with him on abuse issues. If he wants to see me for other reasons, e.g. depression or anxiety, I will do so only if it is absolutely clear to others involved that we are not working on abuse.

I try to apply this principle, though with greater flexibility, to young people who are victimising others. Ethical principles cannot be set in concrete when we are dealing with such complex and ill-defined behaviours and with multifaceted family situations. My general position in working with all children (under sixteen) is that what *they say* is confidential (barring reportable abuse, suicide, etc.) *but* I will give parents my opinions, some feedback on the general progress of counselling and, with agreement from the young person, report what issues we have worked on.

The Amazing Devilishly-Handsome Daredevil

Rick, a bright, likeable boy of twelve, was diagnosed as having ADHD and fitted the criteria fairly well. Like Paul he occasionally smashed things and

when I first met him he had just smashed all the windows in the family home. He had also been physically violent to his sole-parent mother, Marie, and often swore at her. He had been given the clear impression (if not actually told outright) by a psychiatrist he had been seeing for several years that his behaviour was out of his control and

caused by his ADHD.

'That makes you sound like a robot' I said. 'Isn't that a bit scary? You don't seem much like a robot to me.' I made it quite clear that I didn't believe he couldn't control his behaviour. Neither he nor Marie would buy this until the next time Rick got mad at her. Instead of smashing anything he quietly spray-painted some craft work that Marie had put a lot of time and effort into. This was enough to convince her that he was not 'out of control' but was actually trying to control *her*.

This was a turning point. In counselling Marie I discovered that Rick's father had been violent towards her and was still, many years after their separation, often verbally abusive. She said that no one had ever seen his father's behaviour as significant in the many years that Rick had been having therapy. I encouraged her to put a stop to the verbal abuse from her ex, as Rick was losing respect for her. I warned her that becoming more assertive with Rick could make his behaviour worse before it got better. In this case it did not; his behaviour improved rapidly.

Like many children. Rick had little understanding of what ADHD meant, past reciting 'Attention-Deficit-Hyperactivity-Disorder'. He was teased at school for having this label. We decided it stood for 'Amazing Devilishly-Handsome Daredevil' and this retort made the teasing much easier to deal with ('Alien Dude, Highly Dangerous' is a popular alternative).

I saw both Rick and his mother regularly for the next six months then began weaning them off counselling, as Rick's behaviour was the best it had ever been. Unfortunately, about a year after I first met Rick, he had a major outburst and things went rapidly downhill. It was interesting that an argument with his father was the immediate cause. I lost touch with the family but a few years later was saddened to hear that Rick was in out-of-home care.

Although Rick's ADHD characteristics increased the probability of behaviour problems, the idea that his behaviour could be completely explained by this factor had led to both him and his mother accepting that they were powerless to control his aggressive outbursts. Giving medication (even placebos and alternate medicines) for such behaviour may sometimes be necessary, but it reinforces the idea that it is not controllable and not the responsibility of the child (Nylund, 2000).

Engaging Violent and Defiant Kids

Children who are being violent towards their parents are usually ashamed of it and would prefer to talk about almost anything else. I can't think of a single young person who initiated counselling for this issue!

Most parents can physically bring pre-teens for counselling although the first session may be hard work as they grunt, 'Dunno', 'I don't care' or 'Whatever!' Past age thirteen or fourteen, it becomes much harder. A survey of workers in Germany noted that 'the aggressive children *usually* refused to attend the clinic or return for further treatment' (Du Bois, 1998: 125, emphasis added). A certain amount of pressure on parents to get the child to come is justified, but I have no sympathy for agencies or workers who say they will *only* work with families where all members will attend. This penalises the most victimised parents and siblings.

I admit I don't always have the time or energy to try as hard as I might to make contact with victimising children. There are a number of possibilities if parents can't get the young person to come for counselling:

- Phone the teenager and ask if s/he will talk to you. Then suggest that they meet you once 'just to put your side of the story'
- Make a home visit when the child is at home (mind you, I've had kids hide behind a newspaper, refuse to leave their bedroom, or escape out of a window)
- Arrange to see the teenager at school
- Write, e-mail or text them (even more technical options are becoming available)
- Work with the parent(s) to create meaningful consequences that will strongly encourage the young person to come in
- Wait for the young people to change their mind and attend, because their parent has become more assertive or because they are concerned about their parent's changed behaviour.

When meeting a reluctant or difficult teen, I believe it is a mistake to over-emphasise the relationship between counsellor and child. Obviously if you don't form some kind of working relationship you cannot even begin, but the emphasis should be on 'working' rather than 'relationship'.

Workers *desperate* to form a relationship with a reluctant teen may do some or all of the following, none of which are recommended:

- keep the conversation light
- avoid challenging inappropriate behaviour
- avoid taking moral positions on anything
- avoid backing up the parents in any way
- avoid talking to parents
- emphasise complete confidentiality
- take the teen on fun outings.

Such techniques give you a chance of relating to most (but not all) difficult teens. Unfortunately if you do more than one of the above, the chance of doing any constructive work with them will be close to zero and you may well be doing more harm than good; undermining parents, reinforcing excuses, giving tacit approval to unacceptable behaviour and perhaps making it difficult for anyone else to do constructive counselling in the near future. Being nice is nowhere near enough!

I admit that some of the most effective techniques to make contact with difficult kids do involve playfully blurring boundaries and the use of humour, self-disclosure and surprise. I once greeted a particularly angry teenage boy (the bright red face and clenched fists were a bit of a give-away) with the cheerful introduction, 'I bet you think I'm a wanker like all social workers'. He laughed and visibly relaxed. If you are not really 'cool', exaggerating just how *uncool* you are can be far more effective than a pretence that the teen will see right through. Knowing a little about youth music, fashion or the latest electronic games can be helpful but so can approaching youth culture as an ignorant but interested alien.

Challenging Unacceptable Behaviour

A few youth workers appear to have taken the idea of 'unconditional positive regard' to mean that they make no value judgments whatsoever. If you don't believe that violence is wrong then why are you doing this kind of work? It is ridiculous to think that we can, or should, fully inform our clients of *all* our values, but to pretend that we are neutral about issues we feel strongly about is unproductive and unethical. If a teen mentions pushing his mother over and we make no comment, we are guilty of giving him implicit support for such behaviour. Some research from the fields of corrections and drug and alcohol suggests that taking a 'pro-social' approach (clearly defining socially desirable values and reinforcing these) leads to better outcomes (Trotter, 1999).

Naming 'Abuse' and Violence

'Abuse', 'violence', 'assault', 'bashing', 'verbal abuse', 'tantrums', 'losing it' and 'chucking a wobbly', all carry various implications. I am quite flexible about what words I use with young people, and not always politically correct. Despite the implication that it may not take violence seriously, 'tantrum' is a useful term to use because of its suggestion of childishness. If my clients agree on the word 'tantrums' I quickly expand

this to '*childish* temper tantrums' and ask when they think they will 'grow out of them'.

Although owning up to and examining one's abusive behaviour is an important part of change, I emphasise it much less than I would with adults. There are some young people who can admit that they have 'abused' their mothers but with others such a step would be virtually impossible. With adults I would consider counselling a failure if we did not get to the stage where a meaningful apology was at least possible (though not always ethical or practical) but some children have stopped their violence without really acknowledging that they were violent and certainly without apologising to anyone!

Attitudes and Exposure to Abuse

> Rick had heard his mother being verbally abused by his father for as long as he could remember. Marie had felt guilty about the separation and confused about the diagnosis of ADHD and hence had been less consistent and firm in her discipline than was helpful for a boy of Rick's temperament (though not necessarily less firm and consistent than average). Rick lost more respect for her every time he felt he had got away with acting abusively towards her.

In well over half of the families I have dealt with, and almost 75% of the sole parent families, children have witnessed some form of violence towards their mother. Straightforward copying of behaviour is *not* always what happens. Hearing their mother put down by their father seems to be almost as significant as having directly observed her being hit. Verbal abuse of mothers by partners frequently continues long after separation, whereas the physical violence has usually been in the past for the families I have dealt with.

On average, boys exposed to DV are more stereotyped in their views of gender roles within the family and more accepting of family violence (GrahamBerman & Brescoll, 2000) However, we should be clear that not all boys from violent families condone violence, absorb chauvinist attitudes, or perpetrate violence. An Australian survey concluded that

> exposure to domestic violence may make a young person *more accepting* of domestic violence … or *highly intolerant* of such violence, having experienced its damaging effects (Attorney-General's Dept., 2001: 86).

Most of the abusive fathers continued to have an influence on their children. Sadly, irresponsible

parents can have a disproportionately large influence by creating insecurity and loyalty conflicts as well as influencing attitudes. In a few cases access fathers
actively encouraged their sons to defy or even abuse their mothers. One man told his ex-wife, *'If it's the last thing I do I'll make our son hate you!'* Most are more subtle than this but may still encourage disrespect in many ways over many years.

Entitlement and Responsibility

> A young person can graduate from high school at 18 never having held a baby in his/her arms for more than a minute, never having cared for someone who is old or ill, never having had to comfort the lonely. The result is a generation of helpless misfits who do not know how to live with other human beings (Bronfenbrenner, 1970: 35).

While I would not agree with the idea of 'a generation of helpless misfits' (especially since that was *my* generation that Bronfenbrenner was talking about!) there certainly

FIGURE I

Entitlement vs responsibility.

are societal processes at work that must have such effects

FIGURE 2
Entitlement vs responsibility.

on children. The barrage of advertising aimed at them is unlikely to be without psychological implications! One result may be an increase in children with high feelings of entitlement and/or less responsibility.

As explained in my earlier article (Gallagher, 2004), many parents today take responsibility for their children's education, entertainment and social life in a way that was rare even a generation ago.

> The expectation of mother-involvement with a child's life has reached a point of absurdity. And I don't believe it is good for either parent or child (Jeffers, 1999: 133).

The insular nuclear family is still a relatively new and little understood phenomenon: 'The parents and children huddled together in their loneliness take too much out of each other. The parents fight: the children rebel' (Leach, 1967).

The emphasis (admirable, and well intentioned) in recent decades has been on less authoritarian parenting. A typical example: 'Sharing power promotes trust and caring' (www.cyh.sa.gov.au). Unfortunately, most consumers of this advice are not the authoritarian or abusive parents we want to change but those postSpock guilt-ridden parents who are already trying too hard to be democratic. Thus the overall push in the last two decades has been to lower parental authority.

The trends are not all bad: children overall are more confident and better able to communicate with adults than in the past, but with certain temperaments and/or certain life experiences there appears to be an increased risk of *some* children acting abusively towards their parents.

Some sole mothers have created high levels of entitlement in their children by trying to make up for past abuse and for 'depriving' their children of their fathers. In some cases a pattern of passivity and permissiveness was established during the period following the marital separation. It is important that such parents are not made to feel even more guilty about their contribution to their child's behaviour. We may be tempted to use terms like 'over-protective' and 'over-indulgent' but must bear in mind that the parent's behaviour is not necessarily in any way abnormal, and may be only one among many influences (Harris, 1998). And, children do have free will!

Alan Jenkins (1990) drew my attention to the concept of entitlement and to the idea that we find abuse when Entitlement outweighs Responsibility. Respect or Caring occurs when Responsibility outweighs Entitlement. I have found, as have many
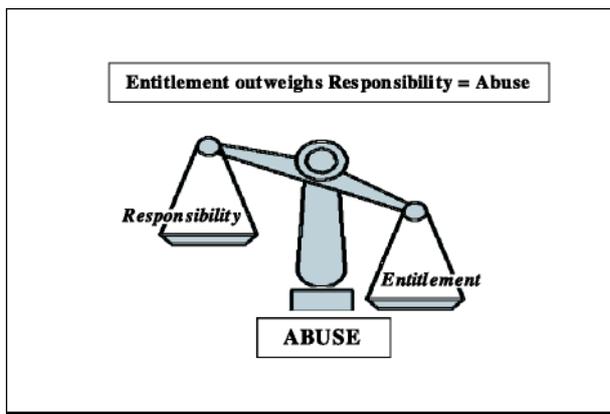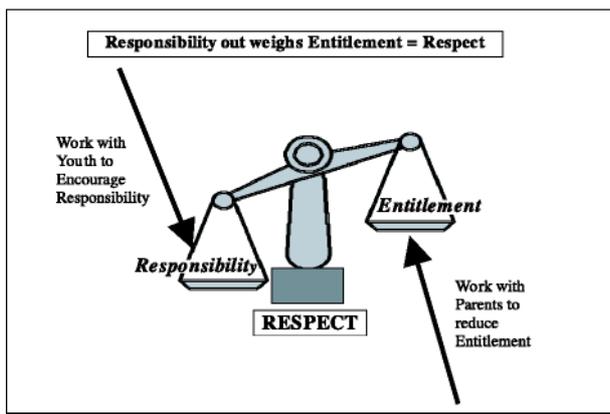
parents I have spoken to, that this simple equation makes a lot of sense when applied to children abusing parents. Some children nowadays appear to have very high levels of entitlement (at least towards one or both parents) and low responsibility. Parents often relate strongly to these ideas and will say things like: 'He does act like I'm his slave!', 'Yes, she always expects to get her own way', or 'He thinks the world owes him.' Nock and Kazdin (2002) identified 'demandingness' as one of the characteristics of those children in their large clinic sample who were physically violent towards parents.

Ambivalence

It is a safe assumption that most young people will feel ambivalent about being violent or abusive towards others. The behaviour has immediate pay-offs in terms of getting their own way, feeling powerful, feeling macho, etc. On the other hand violent behaviour has major costs in the longer term: social and material consequences, guilt and shame, lack of closeness with parents and lack of support and nurturing. The behaviour is usually in conflict with other beliefs about behaviour, roles and self. Thus a violent teen may honestly believe that it is wrong to hit women, may condemn his father's abusive behaviour, may believe that being cool and in control is admirable, may believe that he is basically a good person.

Irresistible Invitations are not Always so Irresistible!

I once went with an eleven-year-old boy through the pros and cons of being violent in the playground. He produced a *slightly* longer list in favour of non-violence but came to the conclusion that being violent was a better choice for him! (One of the positives of being violent was being seen as a 'bully'!) This shocked his mother and she declared there was no point in bringing him back to counselling. He was quite serious at the time about the attractions of being seen as a bully but about a month later he changed his mind and made dramatic improvements (possibly because his mother stopped feeling guilty and confused about his behaviour).

The culture of teenage and pre-teen boys can be so different from ours that we have to be careful to check what they consider desirable. I avoid using the term 'good' to describe their behaviour as many boys have mixed feelings about being a 'good boy'. Being successful at school may mean being a 'square' or a 'nerd'. Popular culture glorifies the anti-hero and the rebel (with or without a cause) and it is not 'cool' to be good or clever. Remember that 'sick', 'wicked', 'baaaad' and 'mad' are all really good!

Though appeals to being 'good' can be counter-productive, appeals to being 'cool', 'strong', 'in control', 'mature', 'grown-up', 'manly' will seldom go wrong. There is a moral dilemma for some in using terms invoking masculine strength or protectiveness, but if we don't start

from where our clients are, in some respects at least, there will be little or no chance of motivating them to change attitudes. I consciously use contradictions in clients' values to move them in a particular direction. Though not confrontational, in the usual sense of the word, this is certainly *not* a non-directive or morally neutral approach.

Externalising Anger

Externalising violence and abuse is dangerous and not recommended (Jenkins, 1990). Abusive individuals are usually keen to distance themselves from their behaviour and will interpret an externalisation as lessening responsibility. However, externalising anger (the feeling, as distinct from the behaviour) is very useful. With preteens and the occasional teen I often ask them to draw their anger. With older children I am wary of treating them in a 'childish' way. Even if they enjoy the session (and many teenagers love the chance to play again) they may later feel that counselling is too *uncool*.

I ask many questions that emphasise young people's control over their anger. Though I use 'anger management' techniques with teens far more than with adults I see this as secondary to encouraging responsible behaviour and shaping positive attitudes. The central problem with all 'anger management' techniques is that most people when very angry *do not want* to calm down!

Discussing the Advantages of Anti-social Behaviour

Part of *not* taking on a directly confrontational role is being willing to talk about the *advantages* of deviant or violent behaviour. Most adults that children have talked to will have taken the approach that there is no rational justification for violence, stealing, etc. Being honest and up-front about the positives as well as negatives achieves several things: it gets their attention; they may reveal important parts of the picture; it makes it clear that the behaviour is a choice; we can work on the restraints on positive behaviour. Of course, this should never be done in any way that appears to justify or trivialise violence. It usually emerges that the positive consequences of deviant behaviour are immediate or short term while the negatives, though often much more significant, are long term.

Solution-focused Questions

A variety of counselling techniques can be useful to encourage anti-violence and discourage pro-violence
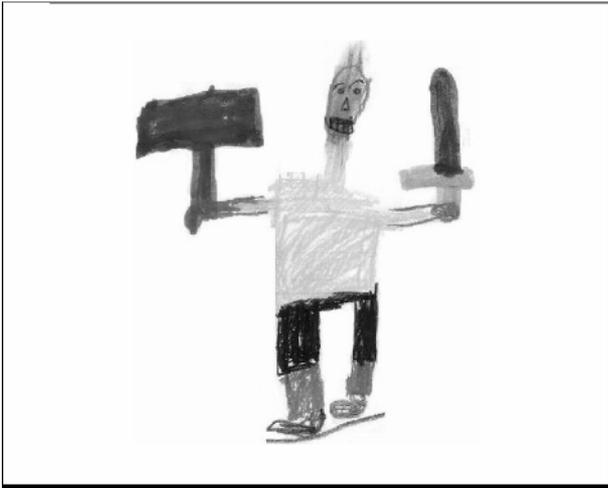
FIGURE 3
A 10-year-old's drawing of his 'temper'. Though portrayed as
ugly, it is also a tough warrior — typical ambivalence.

attitudes. The most powerful technique I have found is
to use solution-focused questions (and statements), but
CBT, anger management, direct educational input,
group work, skills training (which usually affects
attitudes) and even insight-oriented counselling may
occasionally work.

The biggest *single* influence on my work with
violent children and adults has undoubtedly been Alan
Jenkins and I strongly recommend his book *Invitations
to Responsibility* (Jenkins, 1990) to anyone working with
victimisers of any age. The following sample questions are
largely derived from Alan Jenkins' approach.

Categories of Useful Questions
Finding Evidence of Self-control and Choice
'So you've never attacked a teacher. They must get you
mad sometimes. How do you control yourself
so well at school?'
'Would you stop hitting your Mum if the cops walked in
the door? … But I thought you said you were out of
control?'
'So you really can't control yourself ... that must be
really scary ... do you worry that you might kill
someone or completely destroy your house?' 'What do
you say to yourself to work up such a rage?'

Defining the Behaviour as Childish
'Sounds like you never really gave up having tantrums
from when you were a toddler. How have the tantrums
changed as you've got bigger?'
'Are you more grown up when you're raving or when
you're cool?'

Implying that They are Growing Out of it
'So you calmed down after only fifteen minutes this
time. Do you think it's because you're now ten that you
have the maturity to do this?'
'Do you think you'll still be having these childish

temper tantrums when you are eighteen?'

Externalising Anger (Not Violence)
'Who's in control, your temper or you?'

*Associating Strength, Competence and Coolness
with Self-Control*
'Sounds like even when you've worked yourself up into
a rage there is still part of the sensible, mature, kind
Billy stopping you getting completely out of control.
Can you make that part stronger?'

Focusing on Progress and Exceptions
'Was it hard calming yourself?'
[If yes] 'It's impressive that you were willing to try so
hard.'
[If no] 'So your temper isn't so strong really, is it?'

*Reinforcing Perceived Rewards of Improvement
and Self-control*
'How will people treat you when the sensible you has
conquered the raging temper?'

Implying Strength of Non-abusive Parent
'What is it about you that makes your Mum love you so
much she is willing to put up with your violence? After
all, she could call the cops or send you off to your Dad's.'

Implying Weakness in Abusers
'Who do you admire most, guys who can keep their
cool or guys who lose it?'

Challenging Myths about Labels or Disability
'I bet some people think that just because you go to a
special school that you can't control yourself. Pretty
stupid idea, don't you think?'
'So who told you that your epilepsy [diabetes or ADD
or learning difficulty or disability] was the cause of your
tantrums? I thought anyone could tantrum?'

Challenging Macho Myths
'Some boys seem to think that having a bad temper is
manly and macho — pretty funny idea when toddlers
have the worst tempers — what do you think?'

'Some young boys think that doing well in school means that you're a square or something, what do you think of that idea?'

Encouraging Facing-up to own Abusive Behaviour

'If your friends knew that you had temper tantrums and hit your Mum, what would they think? Would they think it was strong or weak?'

Pointing out the Effects on Others (Victim Empathy)

'How do you think your Mum felt when you were holding her down?'

Conclusion

We currently know little about the phenomenon of children's violence towards parents. We have no reliable information about how frequent this form of family violence is, and don't know if it is increasing or not. It is certainly coming to the attention of workers far more often and is causing a great deal of distress in a significant number of families. It should be taken seriously both because of its immediate effects, and to prevent future family violence.

Although I have given some ideas on how to conceptualise and work with such young people, I have no reliable evidence on the efficacy of the methods suggested. I have ignored a number of major areas, like substance abuse, differences in working with girls who are violent, and working with families where an abusive father or step-father is still at home. Our knowledge is in its infancy. I hope to look back on this paper in twenty years time and find it at least a little naive and embarrassing!

'The children now love luxury: they show disrespect for elders and love chatter in place of exercise. Children are tyrants …' (Socrates, 470–399 BC).

'Our children will hate us too, y'know' (John Lennon, 1940–1980).

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