The emotional and psychological adjustment of pubertal children who live in social conflict situation, an approach on personal confrontation styles. The Navarra's case*

Ajuste psicológico emocional en la población infanto juvenil en situación de conflicto social, una aproximación a los estilos de afrontamiento personal. El caso de Navarra

O ajuste psicológico emocional na população infanto-juvenil em situação de conflito social, uma aproximação aos estilos de enfrentamento pessoal. O caso de Navarra

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Abstract

This paper focuses on analysis of children and adolescents who live in social conflict. Their identity has been formed in a severe and prolonged context of appalling neglect which does not cover their physical-biological, emotional and social needs. Therefore those human beings do not develop their skills to interact with their relatives and ensure the stability of the family unit. The extent of this phenomenon, as one of the many faces of social exclusion, is not so big in Navarra; however it must be taken into account that lack of protection, psychosocial impairment and permanent social conflict increases the risk that pubertal children suffer mental health problems.

Key words: Protection, Childhood, Risk, Adolescence crisis, Social exclusion, Mental health.

Resumen

La infancia y adolescencia en situación de riesgo/conflicto social configura una realidad que por sus características da lugar a una de las múltiples caras del espacio social de la exclusión. Constituye un colectivo que aunque en términos cuantitativos no sea en la actualidad y en el contexto navarro, muy grande, si que lo es su situación de desprotección, deterioro psicosocial y conflicto social permanente. En nuestro caso hablamos de un colectivo cuyas señas de identidad se han ido creando en contextos de desprotección severa y prolongada, sin una cobertura básica de sus necesidades físico-biológicas, emocionales y sociales, así como con un insuficiente grado de competencias y habilidades para la interacción socio-familiar. Todo lo cual, hace que este colectivo, esté cada vez más presente en el ámbito de actuación de la salud mental infanto-juvenil.

Palabras clave: Protección, Infancia, Riesgo, Adolescencia, Crisis, Exclusión social, Salud mental.

Resumo

A infância e a adolescência em situação de risco / conflito social configura uma realidade que por sua natureza leva a uma das muitas faces de espaço de exclusão social. É um coletivo que, embora quantitativamente não seja grande atualmente no contexto Navarro, a sua falta de proteção sim é grande, assim como a deterioração psicossocial e o conflito social permanente. No nosso caso, falamos de um grupo cuja identidade foi sendo criado no contexto de falta de proteção, sem uma cobertura básica de suas necessidades físicas, biológicas, emocionais e sociais, bem como um grau insuficiente de habilidades de competência para a interação social e familiar. Tudo isso faz com que este grupo esteja cada vez mais presente no âmbito da atuação da saúde mental infanto-juvenil.

Palavras-chave: Proteção, Infância, Risco, Crise da adolescência, Exclusão social, Saúde mental.

* This article is linked to the longitudinal research project developed in Navarra over the period 2007-2014: "Adolescents at social risk. A study of the situations of severe and prolonged social conflict in adolescence, addressed from the System of Protection to Children in Navarra" Gurbindo, M. (2014).

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"Emotional and psychological adjustment of children and young people living within a social conflict. An approach to personal confrontation styles. The case of Navarre ".

Introduction

Antisocial behavior and/or maladaptive behavior as the main exponent of situations of social conflict in adolescence does not have its genesis or rationale in a single factor or determinant fact. Adolescent social conflict and maladaptive behavior are rooted in a complex set of multidimensional, personal, family, school, health and/or social factors. Factors, all of them constructed from the continuous and bi-directional interaction of the individual with the environment systems. From this perspective and in coherence with the ecosystem model, we understand the developing individual (in our case the adolescent), as the result of a series of vital transitions and social transactions, through which they seek to adapt themselves in a context in permanent change.

The personal skills and competencies in the search for such adaptation, the vital opportunities with which it has been possible to count with, the demands established from the natural environment of coexistence, as well as the cognition that all of this is done, made an unavoidable part at the time to analyze the origin of the dysfunction in the interactions with the environment.

In this article, we will approach the situations of social conflict in the adolescence from the analysis of some of the personal and cognitive characteristics, as well as their effects on the mental health of children and adolescents. In this sense, we will focus the analysis on those aspects and psychosocial characteristics that end up determining in minors: a greater or lesser awareness of the problem, a certain attribution model (external or internal) to the established behavior pattern, as well as the own styles and strategies of personal coping in the face of adverse or stressful situations. That is, all those aspects, strategies and ways of acting that largely configure the identity signs of the personal, cognitive and mental health of children under the Child Protection System (CPS).

But what are we talking about when we refer to the concept of severe and prolonged social conflict in adolescence? From a first approximation and according to what was stated in the Regional Law 15/2005 on Promotion, Care and Protection of Children in Navarra: "those who, due to their situation of serious maladaptation, could be at risk of causing harm to themselves or others are considered minor in social conflict, within the protection system" (Government of Navarra, 2005 p.57).

Obviously, the daily reality of the situations that must be intervened in the context of the CPS far exceeds the path of this definition. However, we are aware of the difficulties of establishing a new approach to the concept

of severe and prolonged social conflict in adolescence, which goes beyond the reductionism of associating it only with behavioral manifestations. In spite of this, and according to the line of argument maintained in the theoretical framework that gives meaning to this article, we propose a new conceptual approach, whose identity signs are based on the complex and multidimensional character of the same. We say complex in that, in its own genesis and in its development, there is a diversity of variables, as well as interrelated elements, that break the routines and ordinary expectations of daily life. Multidimensional, to the extent it is mainstreamed by a continuous and bidirectional relationship between the individual and the different structures or systems of primary and secondary socialization. That is to say, we are faced with a typology of social conflict with own signs of identity and differentiated from other types of conflicts, while: 1. It is not a conflict exclusively with adults; 2. It is not directed (at least consciously) to social change or confrontation with the control system or institutions; 3. It is not expressed collectively, but individually; 4. It is not usually focused on a single area, but usually tends to the generalization of behavior towards the different contexts or systems of socialization through which the minor transits and interacts, and 5. It has, in its expression, a high component of emotional maladjustment, manifested through the search for self-destructive behavior.

We are talking about a type of conflict that has its roots in the personal, family ties and dysfunctional attachment relationships, in exposure to violence, in vital transitions and in social transactions, in the lack of protection for children, as well as in the maladaptation to the new social realities, marked by change and the new doctrine of flexibility. The situations to which we refer, constitute a form of social conflict, in short, from the group to the individual, which is expressed in the framework of personal, family, affective-sexual, formative-labor and judicial relations. All this, from a new behavioral pattern, sometimes marked by disruption and dissociation, violation of social norms, or behavioral disorders; others, by inhibition, reticence and lack of communication; and finally, others, by self-destructive research, expressed through uncontrolled risk practices, autolytic behaviors, or social disconnection.

It is about a sector of the adolescent and/or young population located in severe and prolonged social conflict, whose causality is sustained in a context of continuous and bidirectional interaction with its referential domains of socialization:

- Personal
- Family
- Social
- School
- Labor
- Judicial

Reference spheres, all of which, in most cases, favor and become in risk factors conducive to conviviality, processes, behaviors and dysfunctional learning, which, in turn and as a result, lead to pathological socialization processes, as they take place in contexts of highly dysfunctional family coexistence, highly deficient processes of formative integration - labor, as well as serious problems in the processes of primary and secondary socialization.

Given the scope and heterogeneity of the contexts in which the professional practice of Social Work in childhood and adolescence at risk moves today, we have delimited the space of analysis to all those children whose situation of severe and prolonged social conflict has made it impossible to maintain coexistence in their family unit of reference, being necessary the establishment of extreme measures of protection, as it is undoubtedly the management of custody by the Public Entity, that is, on a provisional or definitive way through administrative residential placement or in its judicial case.

For this purpose, we have taken as a source of documentation and basis for the analysis, the data obtained in longitudinal research[1] that we have carried out over the period 2007-2014,

that is, with 100% (857) of the children assisted in the CPS of Navarra as a result of their situation of severe and prolonged social conflict.

Study Object

The research that has given rise to this article is: *"analysis of the risk-protection factors involved in the psycho-emotional adjustment of children and adolescents in situations of severe and prolonged social conflict"*. This is within the social and territorial space of the Autonomous Community of Navarre and according to the framework of action established by the CPS.[2]

Methodology

The carried out research which serves as the basis for this article has a descriptive character. For this, when defining the method of investigation, we have taken into account: 1. the need to give it an exploratory character (given the poor development of the research object); 2. Giving the results a diagnostic character in order to extract significant generalizations that contribute to a better knowledge of the phenomenon under investigation; 3. allowing us a strategy of intensive investigation on multiple units of analysis (in our case, 858), on which we can establish a descriptive and correlational analysis that emphasizes the analysis of the

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1   "Adolescents at social risk. A study of the situations of severe and prolonged social conflict in adolescence addressed from the Child Protection System in Navarra ". Gurbindo, M. (2014).

2   The system of protection for children in Navarra constitutes a set of services, programs, resources and services aimed at detecting, reporting, investigating, assessing and, where appropriate, intervening in all contexts in which situations of lack of protection and/or social conflict in the levels of: risk of mild, moderate or severe deprotection and situations of helplessness (GN, 2002).

causes that promote the behavior of individuals and their circumstances; and 4. carrying it out from an inductive, processual and systematic perspective, as well as, with a temporal dimension of investigation with a longitudinal or diachronic character. All of which has made us consider the present investigation, taking as reference the method of "case study"[3]. Also, a methodology established from the double qualitative-quantitative paradigm carried out in two phases and differentiated strategies with a sequence of temporal application. Thus, in a first phase and through the use of qualitative methodology, the process of collecting and contrasting information has been established. That is, through the techniques of the in-depth interview with a semi-structured character, participant observation, and documentary analysis. The second phase, of a quantitative nature, has aimed to classify, codify, and operationalize variables and indicators scientifically validated using the test batteries collected in García Mediavilla (1989) and Millon (1999), as well as from the statistical analysis of the data obtained, whether primary or secondary. The treatment and analysis of the collected data have been carried out through the SPSS statistical package. V.20 for Windows.

Used Variables

The present study has been carried out using two different groups of variables: the first one with a socio-demographic or situational character includes gender, age, origin, and level of education. Secondly, we have studied a group of variables directly associated with the research object, such as self-esteem and self-confidence, the degree of competence in social skills, personal coping style, problem awareness and motivation for change, as well as the level of resilience.
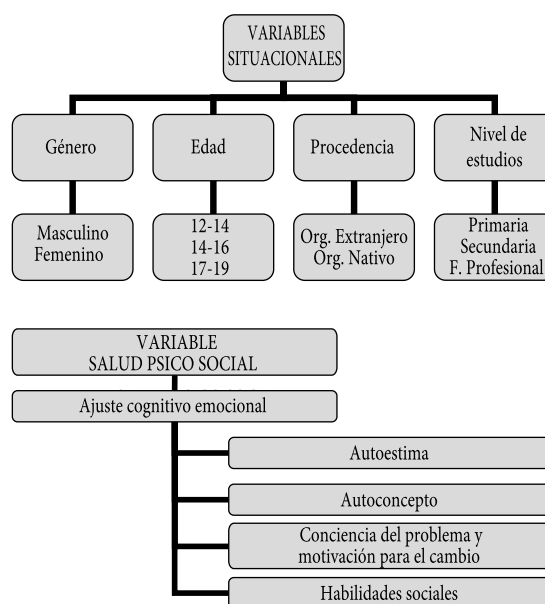
Universe of Study, Sample and Geographical Scope of Investigation

Formed by the group of children located in the section of age 12-19 years, attended by the CPS of Navarra for being immersed in a situation of severe and prolonged social conflict. Minors on which, in turn, an intervention is being carried out according to the protocols of detection, notification, and assessment estab-

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3   The case study is defined as the examination of a specific phenomenon, such as a program, event, person, process, institution or social group.

lished in the Manual of Intervention in Situations of Deprotection of the Government of Navarra (Navarra, 2002, pp.30-57)[4].

All of which makes quantitative terms and taking as a reference the population accumulated in the last eight years (period of investigation), we are talking about a universe 1200 smaller, with an average incorporation rate of 150 minors per year. As for the sample established for the development of this research, it consists of 857 cases or set of units of analysis, corresponding to 100% of the minors admitted to the Observation and Reception Center COA[5] over the last eight years (temporary space for research).

Thus, an average of 108 new units of analysis (100% of the children admitted to the ORC) have been taken each year as the subject of research. In this sense, we understand that the sample is sufficiently representative, while collecting in itself 100% of the users detected, notified and incorporated during the period 2007-2014 (both inclusive) because they are immersed in situations of severe and prolonged social conflict. The sample is equally significant, as all its members have participated in a protocolized intervention process (reception process, research-assessment process, an establishment of differential diagnosis, personalized intervention plan and post-intervention follow-up).

Lastly, the Foral Community of Navarre has had its geographical context and the period 2007-2014 (both inclusive) as a temporary space for research.

Results Obtained
Socio-demographic data

From the population of the object of attention, the lack of differences due to gender is significant, as 51% of them are male, compared to 49% female. All of which leads us to think that the misfit behavior as the first manifestation of the situation of social conflict in adolescence, responds to multiple causes of complex and multidimensional nature. Among others, the characteristics of the family, social and/or cultural context, vital transitions and interactions with the environment, affective deprivation, as well as multiple facts, situations or circumstances associated with social exclusion itineraries, and not so many differences derived from sex. In this sense, we have been able to see how in the last 10 years there has been a sustained increase over time in terms of female presence, mainly associated with conflicts aris-

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4   The Manual of Intervention in Situations of Deprotection of the Government of Navarra constitutes a working tool in which the protocols are established to carry out the different phases of intervention with minors in a situation of social irrigation.

5   Henceforth COA. Center of first reception for urgent situations in a regime of temporary institutionalization (between 2 and 3 months), where the processes of psychosocial assessment in depth are carried out, the establishment of the differential diagnosis and gravity gradient in terms of the conflict situation Social, guidance for the subsequent intervention process, as well as the establishment of other complementary measures of protection: precautionary measures.

ing from the area of family and socio-relational coexistence. These conflicts are manifested through highly adapted behavioral dynamics, expressed through running away from home, serious clashes with parental figures of reference, highly inappropriate and/or risky sexual relations, high consumption of toxic substances, membership in groups / bands of criminal nature, as well as petty thefts, in which there is usually no use of violence.

Contrary to what might be expected, the study of the source variable in relation to the minors attended, establishes a slight prevalence both in absolute terms as a percentage of the population of foreign origin compared to the native population: 447 children of foreign origin (52%) compared to 411 of native origin (48%). The analysis in absolute terms is barely significant since it only reflects a difference of 36 minors over a period of eight years. However, if we take as reference the relative values in terms of incidence or weight on their populations of origin, if there is cause for alarm, that is, given the high degree of overrepresentation among users of foreign origin, compared with their peer's native people. While native users constitute 0.5% resp (12-19 years), the users of foreign origin, with respect to their own, represent 4%, which represents a percentage eight times greater than that which should correspond to them.

As for the mean age of the minors attended

at the time of entry into the ORC, it is stablished at 15.61 years, with a low level of dispersion (standard deviation s1, 41), and with hardly any significant changes for reasons gender or provenance. It is worth noting how 85% of the population under study is grouped around the intervals of 14-15 years (41%) and 16-17 years (44%), a period defined by the WHO as the average adolescence, and temporal space in which they develop an important part of personal conflicts associated with the configuration of personal and group identity. Likewise, it is the time of much of the vital transitions of a normative nature, such as: the entry into the criminal age of minors, the end of compulsory academic education, the beginning of working life, the exercise of the right to health autonomy and access to emancipation. The mean age at the outbreak of RLS is at 17.75 years, which has given us as an average stay in the RLS, 2.13 years of age.

Regarding the typology and family structure, the first data to be highlighted from the data obtained is that 47% of the families that are the object of care correspond to models with absence of one of the parent reference figures (single-parent families), compared to 39% of the users coming from families with two adult figures with parenting functions (nuclear or traditional family + reconstituted family). In this context, single-parent families constitute, in the context of our research, the most prevalent family model, drawing attention to their

high overrepresentation; moreover, if we compare it with its degree of representation in the whole of the Navarre population, where the incidence rate was, for the year 2007, around 4% (almost nine times lower), or established at the level in which the single parenthood rate barely reaches 6% (Instituto Navarro de Estadística, 2007, p. 87).

The typology of a traditional family, nuclear or heterosexual, established in the first nuptials and in which the roles are clearly differentiated, in the population under study, ceases to be hegemonic, since, as we have seen, it has only a global incidence of 39%. The family with the reconstituted character has an incidence within the population under analysis, around 10%. Finally, with a 4% incidence, there is a group of children whose family structure has lost their two parental figures of reference, assuming that role, the extended families with functions of parenthood, which are configured based on processes of foster care. Within this group, there are situations in which family references of origin have been lost due to contexts of transnationality, helplessness and/or abandonment. These correspond to situations of institutionalization of the minor due to: 1. Family breakdown due to ill-treatment, imprisonment of parental figures, abandonment and/or failure of family fostering measures; and 2. Situations resulting from migration processes (mainly the population of North Africa), where some children move on their own without having a fam-

ily nucleus or host network. In these cases, the administration ends up fulfilling, in a subsidiary way and until the majority, the traditional functions of the family.

Psychological-Emotional Adjustment

The sense of this section is none other than to assess the degree of emotional psychological adjustment, or what is the same, the degree of self-esteem and self-confidence, the attachment experiences, as well as the personal coping strategies with the appearance of dynamics of social conflict in adolescence. In this sense we have been able to verify how the situations of social conflict in adolescence have, in their genesis and in the great majority of the observed cases, indicators of cognitive-emotional type associated: on the one hand, the own personality structure, and another, to the different events that have been shaping the life trajectory of the children under care. Events and situations that in many cases have been chronicled over time, until perceived as signs of identity of the family system. In Escudero's words (2013): "we would be talking about highly painful experiences, associated with the construction of attachment and intra-family bonding. Events in some cases that are difficult to protect and/or abusive" (pp.110-125). In other cases, to circumstances related to non-normative stress events occurring over time of adolescence.

All these facts, situations or vital circumstances and the cognition that all the children

have been doing, has given characteristics of communication styles, self-esteem levels or the perception of the "male/ female other". Likewise, it has evidently conditioned the styles of personal copying, the greater or lesser capacity for frustration tolerance, levels of impulsiveness, or the degree of competence acquired for the peaceful resolution of conflicts.

Attachment experiences

From data obtained in relation to attachment experiences, we can say that the relationship of attachment established between the child and his/her parents is an essential feature in order to understand the capacities and dispositions for change. In this sense and according to Escudero (2013), the link and the attachment relationship will enable the establishment of a socializing support appropriate to the age and evolutionary moment of the minor (pp.110-125). On the contrary, dysfunctional attachment models are the basis for the beginning of maladaptive behaviors of aggressiveness, avoidance, and conflict. Behaviors, all of them, associated with a lack of self-confidence, a lack of self-esteem and self-confidence. In short, a deficit of ability to properly recognize and manage one's emotions.

Minors lacking bond and secure attachment reproduce in their interactions with adults/ peers dysfunctional relational models copying and reproducing the behaviors learned from their parents. In this sense, we have also been able to verify how the greater or lesser consistency of the bond that has been built up during the upbringing between the parental figures and the minor ones, directly affects the greater or lesser psychological-emotional stability of the same. In the same way and derived from it, it influences a greater or lesser degree of self-esteem, self-confidence, resilience[6], as well as in the greater or lesser presence of a wide range of emotional problems, including anxious-depressive symptomatology and/or disorders the link, the behavior or the mood.

As we can see in Table 1, the attachment models most prevalent in the target population are insecure, disorganized and/or ambivalent. Also, note how 74% of the minors have had parenting histories carried out from dysfunctional attachment models (insecure/ambivalent attachment / avoidant/disorganized).

Table 1. Distribution of children according to origin and type of attachment

N = 858 Type of attachment	Population of native origin	Population of foreign origin	Total
Safe attachment	101	122	223
Ambivalent insecure attachment	310	325	635
TOTAL	411	447	858

Source: Own elaboration based on data collected in "Adolescence at social risk. A study of the situations of severe and prolonged social conflict in adolescence addressed from the System of Protection to Children in Navarre" Gurbindo, M. (2014).

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6   Resilience is defined as the ability to recover and maintain adaptive behavior after abandonment or initial disability at the onset of a stressful event Barudi (2005). When analyzing the relationship of attachment, we have taken as a reference the classification presented by Jorge Barudy in "good treatment of children" (Barudy, 2005).

The minors socialized in these environments, fundamentally respond to two contexts of differentiated parenting: 1. Those who come from highly unstructured families, with a history of neglect, carelessness, abandonment and/or long exposure to violence; and 2. Those coming from processes that have been extended over time in terms of affective deprivation and absence of their parental figures. This second group, mostly of foreign origin and coming from the Latin American area, is characterized by 1. A long period of separation of the maternal figure; 2. The presence of extended family with parenting functions; and 3. Children experience a double sense of abandonment, the first one in childhood, when the mother/father initiates the migration project, leaving them to the care of the father or the extended family; the second, and coinciding with the process of family reunification, having to separate from what had until then been his family reference. In this context, regrouped minors must rework their attachment relationship with the maternal figure. An unknown figure, idealized and absent. Absent during the years of separation, and absent again in the host country, because of the working conditions in which he is usually immersed. The data obtained in the research coincide with the investigations carried out by other authors: Barudy (2005) and Escudero (2013), in which a high correlation is established between insecure-disorganized attachment models[7] and the subsequent appearance of patterns behavioral disorders of a dissocial nature, as well as adaptive difficulties in their relational environments. Lastly, as for the model[8] of secure attachment present in the study population (26%), as shown in Table 2, of the 223 cases in which 56 families of ethnic minorities of native and foreign origin (gypsy families), 26 respond to foreign-born people known as Menas, 73 to families of Maghrebi and sub-Saharan origin, 44 to native-born and the European Community, and finally 26 of them comes from the Latin American area. In all cases, beyond the family model, the degree of lack of protection or the educational model, the degree of secure attachment detected, reveals a strong link between the different members of the family unit, as well as a level of resilience factors higher than the rest of the minors in which there is a clear absence of secure attachment.

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[7]   When analyzing the relationship of attachment, we have taken as a reference the classification presented by Jorge Barudy in "good treatment of children" (Barudy, 2005).

[8]   Secure attachment:
  1. It constitutes an enduring emotional relationship with a specific person.
  2. This relationship produces security, peace, comfort, pleasure and pleasure.
  3. The loss or threat of loss of the person evokes intense anxiety. It manifests itself in a type of relationship where the attached person feels a sense of security and confidence in the attachment figure, therefore, allows him to establish links with a person to whom he approaches. Unsafe-disorganized attachment: manifested in children whose behavior is very confusing, mother and father are experienced from the threat and unpredictability. It occurs in very dysfunctional family settings, where parental figures suffered child abuse. These are families in which children have experienced almost all kinds of abuse and conjugal violence.

Table 3. Distribution of children according to origin and characteristics derived from a low level of self-esteem and self-confidence

N=858 Presence of dysfunctional indicators	Population O. native	Population O. foreigner	Total	%	Average
Devaluation	312	335	647	75 %	
Feeling guilty	272	303	575	67 %	
Recollection / Distrust of the adult	343	364	707	82 %	77 %
Difficulty in establishing relational links	312	325	637	74 %	
Difficulty in social relations	348	364	712	83 %	
Low or very low level of social participation	327	370	697	81 %	

Source: Own elaboration based on data collected in "Adolescence at social risk. A study of the situations of severe and prolonged social conflict in adolescence, addressed from the System of Protection to Children in Navarra" Gurbindo, M. (2014).

Table 2. Distribution of minors according to origin and presence of secure attachment

Safe attachment	N=223
Ethnic minorities O. Native and Europe Com.	56
Unaccompanied minors	26
Sub-Saharan origins	73
Native origin	44
Latin origin	26
Total	223

Source: Own elaboration based on the data collected in "Adolescence at social risk. A study of the situations of severe and prolonged social conflict in adolescence addressed from the System of Protection to Children in Navarra" Gurbindo, M. (2014).

The experiences of insecure attachment in any of its forms, the stressful events of non-normative character lived in a carelessness context, abusive or unprotecting, are generating in the children who suffer, a deep feeling of guilt. Escudero (2013) speaks in this sense of a negative perception about themselves when the reality of their closest and necessary relationships tells them that they have failed to become the priority of their parents. The degree of anxiety and insecurity generated in these breeding contexts results in a continued deficit of self-esteem and self-confidence (p.117).

Self-esteem and self-confidence

Self-esteem and self-confidence are essential elements for the establishment of quality interpersonal relationships, as well as for the development of competencies, skills and management skills in emotional behavior.

Self-confidence generated in the parenting history, transfers to the minor positive emotional intelligence, or what comes to be the same: an ability to cope with emotional behaviors, an ability to feel competent for life. The state of fragility and confusion with which the adolescent is confronted in the adolescent stage with a cognition about himself/herself makes the self-esteem[9] and self-confidence[10] are fundamental elements in the development of emotional intelligence.

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9   "Self-esteem refers to the willingness to consider oneself competent to face the basic challenges of life and to feel worthy of happiness" (Fulquez Castro, 2010, p. 115).

10   Self-confidence is the part of the individual who evaluates the effectiveness of his or her abilities when faced with or performing any task or activity (Fulquez Castro, 2010, p.118).

Observed in the research carried out makes us coincide with Fulquez Castro (2010) when he says: "the fact of valuing and believing in one's abilities makes the person face situations because he believes that he has the capacity for success and conflict resolution" (p.124). On the contrary, the adolescent with low self-esteem is not able to feel competent for life, is not able to develop social skills for interaction, does not have self-confidence and is not able to face positively the negative experiences of life.

The population of our analysis, clearly responds to a dysfunctional profile in terms of levels and quality of self-esteem and self-confidence. They are minors, whose attachment experiences have been mostly dysfunctional, with absent, carelessness, negligent and, in many cases, abuse parents.

The reports collected in the interviews and the observation carried out in the COA, places us before a population (see Table 3), with a high internal discomfort, a poor self-image, a high degree of blame in terms of the treatment received by their parental figures, as well as great difficulty in changing the situation. It constitutes a population with serious problems to link with the adult figures and insecurity in the relations with equals. All of which creates significant shortcomings in the capacity for emotional regulation, and cannot avoid uncontrolled emotional responses in situations of insecurity, anger, provocation or fear. Thus, a pattern is configured, in some cases of hopelessness, inhibition, and defenselessness learned; in others, high impulsiveness, distrust and mistrust in relationships, as well as with a high degree of aggressiveness, both physically and verbally.

From the analysis carried out, it is worth

Graph 1. Distribution of minors according to age and impact cycle dysfunctional indicators Absolute data. N = 858
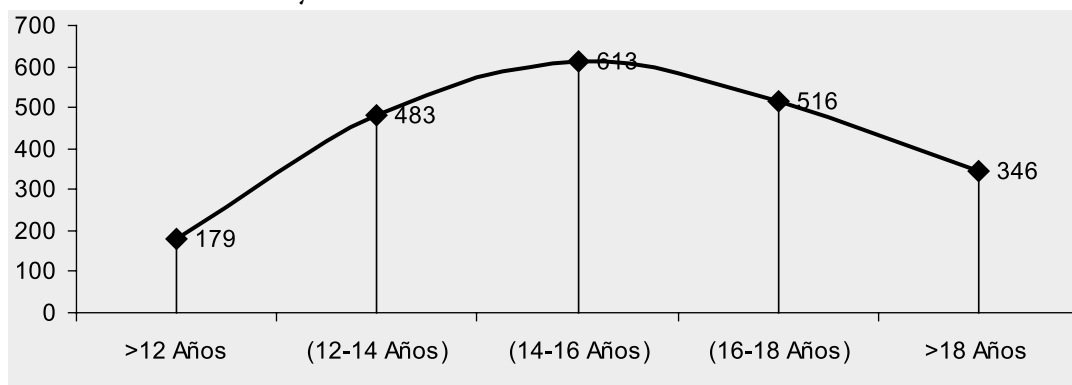
Source: Own elaboration based on data collected in "Adolescence at social risk. A study of the situations of severe and prolonged social conflict in adolescence addressed from the System of Protection to Children in Navarra" Gurbindo, M. (2014).

noting how 77% of the children are present (with different levels of intensity), the total of dysfunctional indicators. In this sense, distrust of the adult world, difficulties in establishing quality interpersonal relationships, and the link with their community context of reference appear as the most impacting symptoms, with a presence in 80% of the minors.

As for the perceived feeling of devaluation and guilt, as well as the difficulties to link, they also appear with a high degree of incidence, with a presence in 75% of the minors. As for the variability according to the origin, there are hardly any significant differences, appearing a slight outbreak by the population of foreign origin. Within this, the one of Latin origin is the one that more affectation presents, due, fundamentally, to the long periods of separation with respect to its progenitors. Finally, in relation to age (see Chart 1), there are significant data regarding the evolutionary cycle of each of the indicators analyzed. Thus, we can establish, beyond the differences of each of the categories, that all of them maintain the same sequence of impact in relation to the age group so that the lower levels of presence occur before the beginning of the adolescent period. The 12-14 year interval appears as a transitional space in which the vast majority of indicators increase progressively until reaching the maximum impact point in the 14-16 year span. Later and throughout the interval 16-18 years, another temporary period of transition takes place in

which the presence and intensity of the indicators decrease, until arriving at its minimum point of representation in the line of the majority of age.

Of the data obtained, we can intuit that the closeness of the majority of age ends up becoming a factor of protection. In this sense, and based on the evolution carried out by the minors throughout the period of investigation, we have been able to verify how with the beginning of the identity crisis the consequences of a bond and relationship of dysfunctional attachment emerge, appearing modes of relational behavior and a highly inappropriate handling of emotions. However, according to other studies, as well as an important part of the literature on the psychology of adolescence, as the age advances and the adolescent cycle ends (18-19 years), new signs of change appear that make us think that, together with a greater cognitive development, a better management and clarity of emotions is developed.

Personal coping styles

The degree of awareness of the problem and motivation for change is the basis for the best or worse a standardized and functional coping style for environmental systems. Thus, the capacity for introspection, the model of attribution and motivation (external, internal), the degree of assumption of responsibilities, the communication model, as well as the capacity to ask for help, are the indicators on which

**Tabl3 4. Distribution of children according to origin level of awareness
of the problem and motivation for change**

N=858 Consciousness of the problem and motivation for change	Minors of foreign origin		Minors of native origin		N	%
	N	%	N	%		
High number	0		0		0	
Medium	59	13 %	36	9 %	95	11 %
Low number	178	40 %	195	47 %	373	43 %
Very low	210	47 %	180	44 %	390	46 %
TOTAL	447	100 %	411	100 %	858	100 %

Source: Own elaboration based on data collected in "Adolescents at social risk. A study of the situations of severe and prolonged social conflict in adolescence, addressed from the System of Protection to Children in Navarra" Gurbindo, M. (2014).

**Graph 2. Distribution of minors according to age and degree of awareness
of the problem and motivation for change**
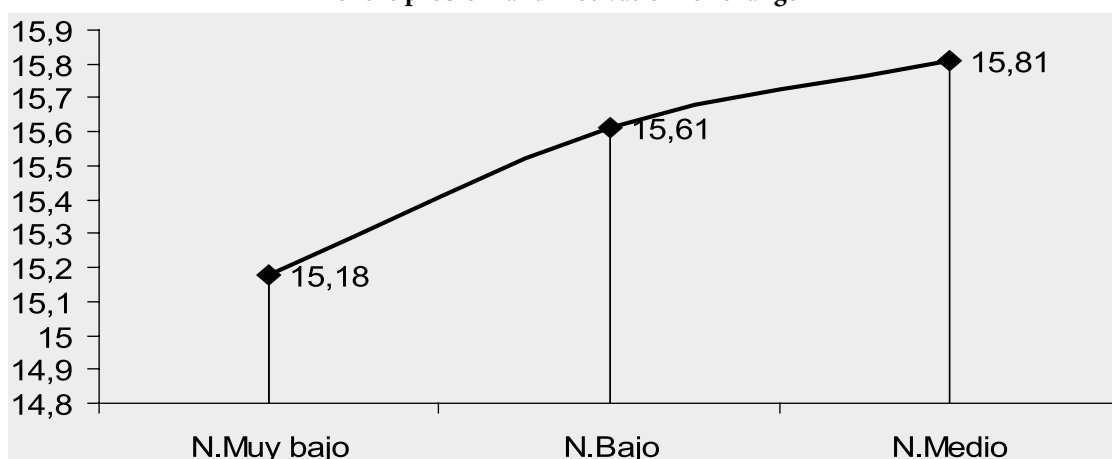
Source: Own elaboration based on data collected in "Adolescence at social risk. A study of the situations of severe and prolonged social conflict in adolescence addressed from the System of Protection to Children in Navarra" Gurbindo, M. (2014).

we have based our analysis. In this sense, and taking as reference the data collected in Table 4, we highlight, first, the lack of minors with a high level of awareness of the problem and motivation for change. Equally, 89% of all of them have a low or very low level of awareness of the problem and motivation for change. It is noteworthy how only 11% of the minors appear with a level appropriate for their age and condition of a minor. From the data obtained, the provenance does not establish significant differences that make us think of some association differentiated according to the origin.

In terms of gender, the female population presents better levels of awareness of the problem and motivation for change[11].

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11 High level: the child has introspection capacity, is able to recognize and identify their difficulties, the genesis and sequence in which they develop, as well as the weight and incidence in their character and behavioral response. It

Graph 3. Distribution of children according to the presence of dysfunctional coping indicators N = 858
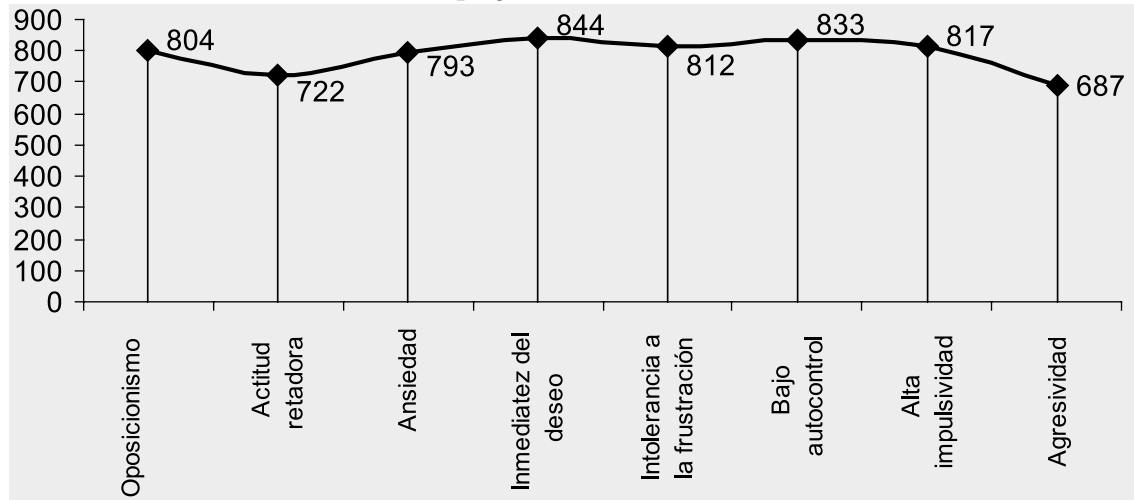
Source: Elaboration Own from the data collected in "Adolescence at social risk. A study of the situations of severe and prolonged social conflict in adolescence addressed from the System of Protection to Children in Navarra" Gurbindo, M. (2014).

establishes mechanisms of internal attribution and assumes both the responsibility of its actions and the consequences that may arise from them. He is able to verbalize his shortcomings and ask for help for the copying process. Accept and actively involved in the help processes that are offered, going to interviews and meetings, as well as participating in all those activities and/or programs that from the Protection System are raised. Medium level: the child has difficulty establishing internal reflection processes, recognizes the presence of difficulties but is not able to establish the sequence of its genesis and development, as well as the weight and incidence in its behavioral response. It tends to establish mechanisms of external attribution, not assuming entirely the responsibility of its acts nor the consequences that derive from them. It is difficult for him to admit his shortcomings, as well as to request professional help in coping with the difficulties. It accepts the aid processes offered to it but maintains a level of passive involvement, presenting many ups and downs in its level of participation in interviews, meetings or other programs, as well as activities that from the various instances of the Protection System could be to offer.

Low level: the child is not able to establish processes of introspection and/or reflection on their difficulties. He is not able to establish the sequence as to the genesis, development, and incidence of difficulties in his behavioral pattern. It establishes mechanisms of external attribution, although it assumes some responsibility for its actions, but not the consequences that could derive from them. It is shown with great ambivalence when requesting help, and inconsistent when facing and participating in the aid processes, producing many ups and downs, and it is necessary to end them, given the inoperability and impossibility of continuity of them.

In general, they have a better capacity for introspection, acquiring over time better skills, abilities and strategies to request help, as well as to develop better levels of internal motivation than minors with a masculine sign. Finally, it is worth highlighting the positive correlation between the increase in age and the acquisition of better levels of awareness of the problem. In this sense, Figure 2 reflects the curve established when we relate age to the degree of identification, knowledge, and management of emotions; in such a way, that a tendency of

Very low: the minor refuses to establish any process of internal reflection that involves a recognition of the problem situation. It expressly denies the existence of the same, and when it recognizes it, places it entirely in the space of third persons. It establishes in a continuous way mechanisms of external attribution, denying any personal responsibility in the genesis and development of the difficulties, as well as of the consequences that their actions could derive. As for coping with problems, it expressly opposes participating in any intervention program, and it is only possible to intervene by ex officio.

improvement in the quality of the interactions returns again as the average age increases. In our case, this trend would be partly justified by the increase in the age, by the processes of supervision, help, and accompaniment carried out with the child throughout the intervention process. The perception of being recognized and accepted from the unconditionally and affective closeness, likewise makes possible an increase of self-esteem and self-confidence; these elements are essential for the development of emotional intelligence.

A large majority of underage people develop a style of personal coping established in two phases differentiated in time. In a first phase, from models of external attribution, tending to minimize the difficulties, and in any case, to hold third parties (mainly the progenitor figures) of their acts. In this context, as we have seen previously, there is scarcely any awareness of the problem and, much less, an implication for the change. The child acts from external stimuli (money and objects of consumption, new experiences, consumption, recognition and identity signs of his peer group...). The behavioral response is mainstreamed by confrontation with the family structure and identification with the peer group. It also has a very low tolerance for frustration, a high impulsiveness, difficulties to empathize, as well as to assume the consequences of its acts.

Subsequently, as the adolescent time pro-

gresses, in our target population, a context of greater conflict is revealed, in which it becomes unfeasible to coexist in the family environment and begins to resent the bond with its group of same the first signs of hopelessness, anguish, and loss of self-confidence appear. At this time, the important thing is not the search for new sensations, to go against the norm, the school, the institutions of control or the own parental figures of reference. The important thing now is not to be wrong, to fight the state of anguish, disorientation, and uncertainty. In this time, in which emotional restraint becomes so necessary, the child is not aware of his/her low control over his/her emotions, about the different aspects of his/her life, especially those related to the family, personal, cognitive area and mental health. The children under these circumstances do not end up seeing themselves as active agents of change, reacting in a pessimistic way, with high concern and even self-punitive ideas.

In this sense, Figure 3 shows the most reactive and confrontational indicators prevalent in the study population. As can be seen, in addition to revealing a high degree of linearity and comorbidity, in terms of number and incidence in the population under analysis, most of the risk indicators that make up are represented (beyond their genesis), sequence traditional in terms of the evolution and development of maladaptive behavior. In this sense, it can be seen how 93% of the minors maintain as majority forms of common and shared expres-

sion: 1. A high degree of impatience; 2. Low or very low tolerance for frustration, aggressiveness as an immediate response; and 3. A high degree of individualism, as well as a high difficulty in establishing processes of empathy. We also detected a lack of internalization of the concept well-evil, as well as an absence of social skills for introspection. All of which makes us speak of a population with a high degree of need in terms of emotional containment and therapeutic accompaniment.

Conclusions

The analysis of risk factors and indicators, associated with the personality structure in terms of the psychological and emotional adjustment of the children under care, has constituted throughout the investigation one of the priority focuses on attention. This is so, to understand that beyond other factors of a socio-familial nature, the adolescent stage constitutes a time in which certain prototypical personality traits are revealed and consolidated. Likewise, new concerns, anguishes, and differentiated clinical syndromes appear. Together with the contribution of each child's particular life history (upbringing, bonding, attachment, vital transitions, non-normative stressful experiences ...), they help shape a certain way of interacting, managing oneself in the relationship with the systems of the environment, etc. In short, a way of perceiving oneself in the relationship with others. In this sense, we have also considered it necessary to establish the degree

of relationship between maladaptive behavior as the first expression of adolescent social conflict and the most prevalent personality traits in the population of our analysis. From the results obtained, the high degree of correlation between the presence of maladaptive behavioral manifestations in the adolescent period and a childhood without secure attachment, deficient levels of self-esteem and self-esteem, as well as a coping model dysfunctional in relation to crisis situations. The results obtained indicate in general the presence of a continuous feeling of personal discomfort, characterized by:

- Lack of bond with their parental figures or established from models of insecure disorganized attachment.
- Lack of awareness of the problem and motivation for change.
- Cognitive processes based on external attribution.
- Lack of internal motivation.
- Low levels of self-esteem and self-evaluation.
- Lack of skills in social interaction skills.
- Difficulty in controlling impulses and low tolerance for frustration.
- High levels of dependence on interpersonal relationships.
- Significant difficulties in capturing and expressing feelings and emotions.
- A pattern of adaptability to new or stressful situations, deficient or very deficient.
- Development of symptoms associated with mental health disorders.

From all this, we have been able to verify the presence of a personality profile with a presence of rebellious, rude and oppositional character traits, with a high histrionic component, high impulsiveness and low or very low tolerance to frustration. Aspects all of them, associated with a profile with a high tendency towards the social, making possible a greater predisposition to have conflicts in the family and school environments, as well as to unforeseen behaviors that can question the rights of others. Likewise, a high predisposition to impulsivity has been shown, which, if not managed properly, can lead to react with irritability and aggressiveness to frustration. Finally, it emphasizes the presence of a high degree of inhibition in the face of problems; Inhibition, in this case, associated with the high degree of external attribution present in a great majority of our users.

The presence of all these factors and risk indicators, as well as the lack of resources generated by the own minors, condition to a great extent (along with others of a social nature) the degree of cognitive, personal, psychological and emotional adjustment. As a result of all this, we have also been able to emphasize with different levels of intensity an established behavior pattern based on:

- Inhibition in social relations or exaggeration in the exercise of same.
- A process of generalization of maladaptive behavior towards other systems in the environment. • Low performance / absenteeism / dropout.
- Incommunication.
- High levels of aggressiveness.
- Self-destructive behaviors (high degree of consumption, suicidal behaviors, very inappropriate sexual behaviors and high risk).
- Strong confrontation with their referential contexts of socialization (family and school).
- Confrontation with the control institutions (police and judicial).

Likewise, and taking as reference the effect of the variables gender, origin and age, we have been able to reveal differentiating nuances. Thus, the origin (the origin of the minors attended), appears in all the approaches carried out as a clear risk factor. This is so, whereas, in the population of foreign origin, the indicators analyzed appear with greater intensity. The explanation lies in the consequences derived from the sequence of the migratory project, based on long periods of separation, an increase in the family conflict and marital destabilization, a greater upsurge of single parenthood, a conflict of cultural loyalties, and a greater concentration of indicators associated with the social space of exclusion. All of which has led to a weakening of the bonding and attachment relationship between the minors and their parents, a weakening of the parental and hierarchical subsystems, greater levels of paternal-filial disagreement, as well as a distancing among their members.

With respect to the gender variable, the female population stands out with some clarity in the concerns associated with the levels of self-esteem and self-confidence, personal self-image, the configuration of identity and negative self-evaluation towards one's own body. All of which points us towards behavioral dynamics as an expression of the high internal discomfort clearly differentiated. In this way, the female population appears in syndromes associated with behaviors with a greater internal composition: mood disorders and symptomatology associated with the link, as well as self-punitive behaviors. On the part of the masculine population, it appears with a greater prevalence in a range of syndromes associated to conducts with a high degree externalizing: substance abuse, high impulsivity, and tendency to behaviors of criminal character.

Finally and in relation to the age, it confirms the correspondence established between the final stage of adolescence and a decrease in the intensity, the degree of generalization and comorbidity of maladaptive behavior. In our case, and as we have seen, the section 16-19 years is a temporary scenario in which the degree of intensity of the dysfunctional factors and indicators in the psychological-emotional adjustment gradually decreases, improving in the development of the levels personal and family resilience, cognitive strategies for coping with stressful events or situations, as well as the ability to ask for help.

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