

## **Institutional Support Provided to Minors Before Placement in a Minor Shelter or Correctional Facility**

### **Abstract**

Before a young person is placed in a correctional facility, a series of interventions are undertaken towards him or her, which have the potential to stop criminogenic behaviour and break the causal chain leading to crime. In this paper, a qualitative analysis of the biographies of 60 minor offenders was carried out using the case study method while they were in rehabilitation facilities (correctional institutions or minor shelters). The personal documents collected by the rehabilitation institutions contain a large quantity of information (interviews, diagnoses, and expert opinions) about minors against whom several systemic interventions were previously applied in the course of their lives. The results show the large number and variety of interventions made towards minors, which ultimately did not prevent their placement in rehabilitation facilities because they were usually made too late.

*Keywords: minors, antisocial behaviour, social intervention*

### **Introduction**

Crime, including status offences (Polish demoralisation) among children and young people, is a major social problem that is nowadays considered to be as important as the problem of environmental pollution (ecology), refuge, or the problem of the increasing number of mental disorders (depression, bipolar affective disorder, or autism). It is because crime is a widespread phenomenon that strongly reduces the sense of security in the community where the social order is breached. It turns out that in the population of a medium-sized city, there is

a prevalence of criminal initiation among young people. As many as 70.4 % of the surveyed population of young people between the ages of 12 and 16 declared having committed at least one crime in their lives (self-reported crimes). These were, in order of prevalence, assault, shoplifting, and vandalism. These three crimes accounted for almost  $\frac{3}{4}$  of all crimes committed by the young people surveyed (a longitudinal study that included a randomised research sample of 716 young people living in Peterborough in 2002; 30% of the general population of the city) (Wikström et al., 2013, p. 53). Only a small number of these offences received a response from formal social control systems. In the same research sample, only 7.8% of young people experienced warnings, reprimands, and prosecution by the police (Wikström et al., 2013, pp. 113–114). The rest of the criminal acts remained invisible – at least to the official formal control systems.

Individuals who entered the path of crime very early (before the age of 12) are responsible for the vast majority of crimes committed by young people between the ages of 12 and 16 (Wikström et al., 2013, p. 124), confirming the well-known thesis in criminology that the antecedent (early nature) of crime is one of the strongest predictors of later recidivism (82.7% of all crimes in this age category are committed by minors who entered the path of crime before the age of 12). With age, the number of offences committed by minors increases, but their prevalence decreases, meaning that fewer and fewer minors are committing offences, and a small group of very frequent, persistent, and versatile offenders is responsible for the increase in offences. This group is dominated by those with an early age of onset of crime.

These issues are of interest not only to a large number of specialists (criminologists, educators, psychologists, or social workers) but are at the centre of attention of the general public, who not only experience or perceive them but also demand decisive state intervention in this area. Hence, it seems very important to know the intervention measures. Thus, the system for dealing with problems affecting children and adolescents, including those who commit crimes. And although minor delinquency has been decreasing in recent decades both in Poland and in the USA (this trend does not apply to girls' delinquency and status offences which are increasing) (Agnew & Brezina, 2018, p. 56), the question of how to increase the effectiveness of the prevention and rehabilitation system is still relevant. Indeed, it turns out that the effectiveness of prevention, measured by the number of cases in which antisocial behaviour has been interrupted at an early stage of development (Wikström et al., 2013, p. 32), and the effectiveness of rehabilitation, measured by the level of re-offending, are still low.

## **Research Methodology**

The research aimed to determine what interventions children and youth encountered during their criminal careers from the judiciary and the social welfare system. The subject of the research was minors' age and law enforcement's ways. Therefore, a question was asked about the past of juveniles placed in correctional facilities in the context of the number of interventions used, which could not ultimately prevent juveniles from being placed in detention centres.

In this research, the case study method was used, in which the unit of analysis was the course of life of people placed in rehabilitation institutions and social intervention to their violation of legal and moral norms. The case study method may involve more than one case. It may involve a collection of case studies that are then summarised with common conclusions. These conclusions take the form of a cross-case synthesis, i.e., a compilation of data from multiple case studies, which involves examining the results for each case separately and then observing common patterns (Yin, 2014).

The research procedure used a research technique in the form of an analysis of official reports (J. W. Creswell & J. D. Creswell, 2009), i.e., court and facility files concerning the cases under study (minors staying in rehabilitation institutions as a result of a court sentence). The minors' reports were searched for annotations of remedial actions taken (social intervention) by various entities providing the minors and their parents with assistance and support. The research area covered selected correctional institutions and shelters for minors operating in Poland – two for girls (i.e., in Koronowo and Zawiercie) and two for boys (i.e., in Pszczyna and Racibórz).

## **Results and Interpretations**

Sixty files of minors were analysed, including 26 boys and 34 girls.

**Table 1.** Age of the pupils surveyed (N=60; 100%)

Age	Sex of the pupils surveyed		Total N=60
	Girls (n=34)	Boys (n=26)	
14-15	2	7	9
16-17	17	10	27
18-19	11	8	19
20-21	4	1	5

Source: own research

The pupils surveyed were between 14 and 21 years, with 16-17 -year-olds being the most represented in the research population. In the first place, in the analyses, attention was paid to the age of the surveyed pupils residing in the correctional institutions and minor shelters when the first interventions were taken towards them.

**Table 2.** Age of pupils surveyed at the time of the intervention towards them (N=60; 100%)

Age	Sex of the pupils surveyed		Total N=60
	Girls (n=34)	Boys (n=26)	
0 – 1.	1	2	3
1	1	-	1
2	1	-	1
4	1	-	1
5	3	2	5
6	1	-	1
7	4	-	4
8	3	1	4
9	1	2	3
10	4	2	6
11	2	5	7
12	3	1	4
13	1	4	5
14	4	2	6
15	2	1	3
16	1	1	2
No data available	1	3	4

Source: own research

An in-depth analysis of the collected material showed that the age at which the first interventions or responses were most often taken was 11 years old (7 pupils surveyed). When collating the above data into the four age ranges of 0-4 years, 5-8 years, 9-12 years, and 13-16 years, it appears that the most frequent age for taking the first countermeasures was in the group of 9-12-year-olds (this was the case in 20 cases). The analysis shows that the first intervention occurred too late. However,

the period up to the age of five is the most important for human development, as it is during this period that the most enduring cognitive-emotional predispositions, according to behavioural and psychodynamic theory, are formed (Vernooij & Wittrock, 2004).

It is possible to argue that the intervention came so late because nothing troubling had happened in the families of minors before. However, such a thesis is not supported in the research population analysed, which is characterised by being brought up from the beginning in a multi-problem family. The following excerpt from the minor's reports reflects this point:

*Until the age of 9, the boy was in the care of his biological parents, who did not fulfil their roles as guardians. They neglected the children's needs and did not provide them with proper social and living conditions. This family was characterised by a high level of pathology in the form of parental alcohol abuse, conflict, domestic violence, and the father's criminal record. This period undoubtedly had a significant impact on the formation of the boy's personality. (Minor 1R).*

The late response often signifies seriousness and results from the minor's progressive impunity over many years. Another case reaffirms this point:

*(...) from the available information material, it appears that the first symptoms indicating a disruption in the minor's normal functioning appeared when she was in the 6<sup>th</sup> grade of primary school. They occurred in the form of decreasing school motivation, worse grades, and unpreparedness for classes. When she entered junior high school, she continued to fail to prepare systematically for lessons and, in addition, began to skip classes on her own. (...) She stayed home during truancy. The social interview contained in the case file shows that in the opinion of peers in the place of residence, the minor was in contact with demoralised persons, spent time until late at night outside the house, drank alcohol, participated in fights on several occasions and had sexual relations with various persons. The statements of the minor, her parents, and the opinions contained in the case file including those from the school show that she spent her free time mostly surrounded by young people from the same village. They organised bonfires and discos. The parents always knew where the minor was staying and with whom and accepted the collegiate environment. There were two occasions when she did not return home for the night. According to the minor's account, there were times when she drank alcohol in the form of beer during parties organised together. On one occasion she got drunk. At the beginning of 2006, her relationship with her previous circle of friends broke down. The immediate cause was a conflict that ended in a fight with a friend, during which two colleagues beat up the minor, which was reported to the police by her father. On (...), the minor committed a criminal act depriving another*

*minor of her life, whom she had beaten earlier, whom she treated as a rival, an obstacle to maintaining close emotional relations with the boy” (Minor 27K).*

The referred case demonstrates that an important element in preventing anti-social behaviour among children and adolescents is to take immediate action to prevent unlawful behaviour. The cited passages show the inertia of informal and formal systems of social control. It is a form of procrastination in intervening until antisocial behaviour is revealed in its most acute form, i.e., the commission of a criminal act.

It was subsequently decided to detail the ‘first’ responses to the studied pupils.

**Table 3.** The types of “first” actions taken towards pupils surveyed (N=60; 100%)

Type of action	Sex of pupils surveyed		Total N=60
	Girls (n=34)	Boys (n=26)	
Placement in residential care of the socialisation and intervention type	4	8	12
Establishment of probation supervision	10	1	11
Establishment of probation supervision of the family in connection with the restriction of the exercise of parental authority	6	3	9
Application of hospital treatment	3	4	7
Placement with a foster family	4	2	6
Outpatient and inpatient psychiatric treatment	4	2	6
Referral to the psychological-educational counselling centre	1	2	3
Placement in a minor shelter	1	1	2
Admonition from the family court (educational measure)	1	-	1
Attending a day-care centre	1	-	1
Assistance from the Municipal Social Assistance Centre	1	-	1
Conducting drug tests	-	1	1

Source: own research

The research showed that the most frequent intervention to the pupils surveyed was the family court’s decision to place them in a socialisation-type care institution (children’s home, small children’s home) and intervention-type institution (emergency care centre) or a foster family (altogether 18 out of 60 pupils surveyed). It

was followed by probation supervision, a parenting measure imposed on 11 pupils. Restricting parental authority through establishing probation supervision took place in 9 cases. A slightly smaller group (7 persons) comprised minors subjected to hospital treatment. The most frequent reasons for hospital treatment of the surveyed minors were: past injuries due to traffic accidents, congenital defects (e.g., of the heart), and illnesses acquired in early childhood (thrombosis, thyroid problems, mycobacterium tuberculosis infection, etc.). The results show the extreme inefficiency of the family environment, from which almost one-third of the pupils surveyed had to be taken away at least once in their lives to safeguard the child's welfare.

**Table 4.** Age of the first occurrence of antisocial behaviour among pupils surveyed (N=60; 100%)

Age	Sex of pupils surveyed		Total N=60
	Girls (n=34)	Boys (n=26)	
7	5	6	11
8	4	3	7
9	4	1	5
10	2	2	4
11	7	1	8
12	5	1	6
13	4	1	5
14	1	3	4
15	1	-	1
16	-	1	1
No data available	1	7	8

Source: own research

The study showed that the age of 7 is the most common age for the appearance of the first symptoms of demoralisation among the pupils surveyed. It was the case in the records of 11 of the studied pupils. The following is an example:

*The educational difficulties with the minor were signalled from the beginning of his primary school education and concerned with insubordination during lessons and behaviour that threatened the safety of other children, e.g.: pushing classmates on the stairs, and frequently getting into conflicts. In the following years, the minor's functioning as a pupil deteriorated. He walked around the classroom during lessons making it impossible, accosted, threatened, blackmailed other pupils, disre-*

*garded teaching duties, was vulgar and arrogant towards superiors, and truanted.* (Minor 15R)

Also, in the research presented here, more than two-thirds of the minors (41 persons) who were found to have their first antisocial behaviour were under the age of 13. A significant part of this group (27 persons) were pupils who had already manifested offending status during the period falling in the first years of primary school. The lowering of the age of minors is the result of many factors, including the lack of adequate care, parental negligence, and, above all, the lack of timely and adequate countermeasures (intervention) to the phenomena analysed here by the employees of public institutions established for this purpose.

**Table 5.** Types of action taken after the first signs of demoralisation (N=60; 100%)

Type of action	Sex of pupils surveyed		Total N=60
	Girls (n=34)	Boys (n=26)	
Establishment of probation supervision	16	3	19
Placement in a youth education centre	3	3	6
Referral to a psychological-educational counselling centre	3	2	5
Referral to a mental health clinic	2	3	5
Placing in a sobering-up centre	1	3	4
Placing in a minor' shelter	2	2	4
Placing in an educational institution of the intervention type	1	2	3
Placing in a psychiatric hospital	1	2	3
Psychiatric consultation	1	2	3
Placing in a children's home	2	-	2
Placing in an addiction treatment centre	-	1	1
Placing in an educational institution	1	1	2
Admonition from the family court (educational measure)	1	-	1
Placing in a voluntary work centre	-	1	1
Conducting drug tests	-	1	1

Source: own research

As the presented research results show, in the case of almost 1/3 of the pupils surveyed (19 persons), the most frequent response in the situation of the first symptoms of antisocial behaviour revealed by them was supervision by a pro-



bation officer. The second response (in terms of frequency of use) was taken by another educational measure in the form of placement in a youth education centre. The third response (5 pupils surveyed each) was taken by providing assistance from the psychological-educational and mental health counselling centres. Four minors were placed in a sobering-up centre or a minors' shelter.

**Table 6.** Time between the first signs of demoralisation and the intervention taken (N=60; 100%)

Age	Sex of pupils surveyed		Total N=60	Rank/status
	Girls (n=34)	Boys (n=26)		
same year	5	4	9	1
over 1 year	6	3	9	1
2	6	-	6	4
3	4	1	5	5
4	3	4	7	3
5	4	1	5	5
6	2	3	5	5
7	2	2	4	6
8	1	-	1	7
9	-	1	1	7
No data available	1	7	8	2

Source: own research

The data analysis regarding the time that elapsed between the occurrence of the first symptoms of demoralisation in the pupils surveyed and the intervention taken towards them showed that the intervention was most often taken immediately, i.e., in the same year as the event or a year later. However, the positive tone of these data is weakened by the subsequent positions in the table, as a high – 3rd – position was occupied by a 4-year time distance, while 5, 6, or even 7-year intervals between the occurrence of the first symptoms of demoralisation and the undertaken intervention were not incidental cases. The data contained in the documents of the minors studied showed that this time distance was even 8 and 9 years. The quantitative data relating to late social responses to antisocial behaviour are also confirmed by the following extract from the minors' files:

*Despite the long-term traumatic experience, the minor continued to remain in a pathological family environment. Institutions such as the probation officer, the school, the police, or the community did not show her due interest, support, and*

*intervention. They opined that from the beginning of her school education, she had difficulties in acquiring school knowledge. She studied poorly. Under pressure from her father, from the age of 8, she smoked cigarettes, consumed alcohol, and participated in libations together with him. The family situation harmed her attitude towards school duties and educational results. The minor had a sense of alienation in her peer group and felt inferior to her classmates. She was ashamed of the bruises caused by her father's aggression, was tired, sleep-deprived, hygienically neglected, malnourished, and often under the influence of alcohol. Teaching failures discouraged her from studying, and her arrears accumulated. She began truanting, hanging out with older people displaying antisocial behaviour, breaking school rules, disregarding her duties, smoking cigarettes on school premises, and displaying verbal aggression towards peers and teachers. Despite her absences, she did not repeat any class. Her educational problems intensified in middle school. She continued to interact in a demoralised environment, got drunk with alcohol, experimented with drugs, manifested physical aggression towards those around her, and committed theft. (...) She was taken to the sobering-up centre on several occasions. In situations where reality overwhelmed her, she took out her aggression on herself and self-harmed. In (...) the court decided to place her in a youth education centre. This measure was not implemented. (...) the minor, while in an intoxicated state of 2.6 per mile, using a kitchen knife, stabbed her father in the chest. Consequently, she was placed in a minor shelter by order". (Minor 2Z).*

The future of young people at risk of becoming delinquents depends on early preventive measures. If the responsible institutions do not take action in time, this usually leads to the first symptoms of antisocial behaviour worsening and developing into "life-course-persistent offenders" (cf. Moffitt, 2015).

**Table 7.** The number of interventions that have been taken towards pupils surveyed (N=60; 100%)

Number of interventions taken – age brackets	Sex of pupils surveyed		Number of minors
	Girls (n=34)	Boys (n=26)	
to 5	5	4	9
6 – 10	15	14	29
11 – 15	7	4	11
16 – 20	5	3	8
over 21	2	1	3
<b>Total</b>	<b>34</b>	<b>26</b>	<b>60</b>

Source: own research

When grouping the above data (the number of interventions undertaken) into ranges, it can be concluded that the largest group – almost half of the surveyed wards of correctional institutions and youth shelters (29 persons) – were minors against whom 6 to 10 responses were undertaken. In the case of almost every 5<sup>th</sup> surveyed outcaste, 11 to 15 responses were undertaken. In 3 cases, more than 21 responses were counted. The calculation of the arithmetic means for the interventions undertaken shows that, on average, more than 10 interventions were undertaken towards one respondent before his or her placement in the facility for minor offenders where the research was carried out. Even though so many responses were undertaken, one can point out the ineffectiveness of these interventions since juveniles ultimately ended up in correctional facilities.

## **Conclusions**

The data analysis shows that placement in a correctional institution or a minors' shelter, which is the most serious of the measures (not counting a prison) that courts can order against a certain category of minors in Poland, is often preceded by the application of several educational measures, starting from the establishment of a probation officer's supervision over the minor (which in total was recorded in as many as 30 cases), through placement in an educational-care centre of the socialisation and intervention type (15 times) to placement in a youth educational centre (6 cases). One more social intervention in the form of an educational measure was recorded in the reports, namely the issuance of a warning by the family court (it appeared only 2 times in the presented analyses).

The presented results of the research on the measures taken to prevent and reduce status offences and delinquency lead to a conclusion that justice and social services missed the moment when juveniles needed help. It came too late. Referring to this opinion and the collected data, it can be concluded that the institutions established for this purpose should pay more attention to how parents care for their children displaying antisocial behaviour. The time and manner in which state institutions react – including the family court – should also be reviewed. Indeed, the helplessness of the system in the face of the inefficiency of the family environment, incapable of exercising adequate social control and performing proper custody of the child (direct and indirect parental control) is striking (Agnew & Brezina, 2018, pp. 152–153). An analysis of the time between the occurrence of the first antisocial symptoms and the intervention taken revealed that only in 9 cases (out of 60) did the institutional state apparatus intervene within the first

year of their occurrence. In 6 cases, the number of interventions applied over the life course of the minors studied was 20 or more, which showed, on the one hand, the functioning of a system capable of triggering a wide variety of interventions to antisocial behaviour, but, on the other hand, exposed the low effectiveness of these interventions. Indeed, each successive intervention could not reverse the inexorable escalation of criminal behaviour among minors, which ultimately led them to be placed in a correctional institution or minor's shelter.

Therefore, it is necessary to improve the system of early and appropriate interventions on the part of parents, guardians, teachers, psychologists, educators, neighbours, and bystanders at the time of revealing the first disturbing behaviours, such as: truancy, conflicts with peers, aggression towards teachers, drinking alcohol, using legal highs or drugs, early sexual initiation, or running away from the family home.

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