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## Social Rehabilitation of Minors in the United States of America

**Abstract:** The United States of America was one of the first countries in the world, which at the turn of the nineteenth and twentieth century took to building the justice and social rehabilitation system for minors. To date, many reforms have been made, initiated by a variety of circumstances, with their participation. Currently, due to the increase in juvenile criminality, the high costs and low efficiency, questions are posed about the future of the American social rehabilitation system. Next to the typical social rehabilitation trends, ideas of strict punishment of juveniles, on an equal footing with adults, are being implemented. In light of the above, this article is to show the historical and institutional conditions of actions undertaken towards minors, and an attempt to answer the question of what direction the American juvenile social rehabilitation system is heading.

**Key words:** justice system, institution, rule, social rehabilitation, history.

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The modern social rehabilitation system of minors in the United States is a result of measures begun at the turn of the 19th and 20th century, which aimed to secure the being of children and adolescents, and thereby prevention in their undertaking illegal behaviours (Del Carmen et al. 2006, p. 7). In the first period, these actions were unprofessional and non-institutional, being the reaction of the heart of the better situated part of society. Along with the establishment of the *House of Refuge* in 1824, and the first juvenile court in Chicago in 1899, the institutionalization of the American social rehabilitation system began (Hess et al. 2012, p. 39). This was accompanied by changes in the law, forced by the

subsequent rulings of the courts, as exemplified by the case of Gerard Gault, the consequence of which was to ensure procedural rights to minors. At the end of the 1960s the *President's Commission on Law Enforcement and Administration of Justice* began operating, which drafted a strategy for reducing juvenile social maladjustment and delinquency. It strongly emphasized the need to conduct social rehabilitation interactions, highlighting informal ways of reacting to criminal behaviour of children and adolescents, and reducing to a minimum the interference of the juvenile court (Stańdo-Kawecka 2007, p. 113–119). The introduction of changes in line with the recommendations of the Commission, even though they were generally accepted, was made difficult by the fact that the United States basically did not have one juvenile social rehabilitation system (Barczykowska 2013, p. 77–108). Its absence meant that the country had a very limited influence on how individual states treated minors in situations of threatened demoralization, accusations or the use of educational or penal measures. In order to overcome the unfavourable trends, in 1974, the US Congress passed the Juvenile Justice and Delinquency Prevention Act, which reorganized the most important issues associated with it. The act assumed cooperation between the federal and state levels to protect minors in first instance proceedings and obliged to effectively counteract maladjusted and criminal behaviours. It contained the cardinal principles setting out a framework for dealing with minors. One of them was the rule of decriminalization and deinstitutionalization of the so-called “status offenders”, related to exclusion from the jurisdiction of children and juvenile courts, who had not committed an offense under criminal law, but, for example, were disobedient to parents or guardians, ran away from home, dropped out from school, took psychoactive substances. Another rule committed state authorities to remove “status offenders” from penitentiary institutions for adults, and if minors had to be there, it imposed the obligation to isolate the two groups from one another. The act also imposed an obligation to protect minors in contact with the justice system by ensuring their safety and appropriate social rehabilitation and/or therapeutic measures (Stańdo-Kawecka 2007, p. 124–127; Schmidt et al. 2009, p. 17; Bartol C.R. Bartol A.M. 2005, p. 36–38). The act was undoubtedly one of the most important steps in building a national system of the social rehabilitation of minors. At the same time, Congress established *The Office of Juvenile Justice and Delinquency Prevention*, whose main task was to conduct and promote scientific research and implement new solutions for juvenile justice, which now forms part of the *evidence based practice*<sup>1</sup>. However, this strong social rehabilitation trend soon turned around. The 1980s was a period of dramatic growth of juvenile delinquency, mainly related to the activities of drug gangs (Hess et al. 2012, p. 57). This situation is reflected in the decline of the sense of .....

<sup>1</sup> The movement aimed to apply empirically proven solutions in practice is referred to as *evidence based practice* (Barczykowska, Dzierzhinsk-Breś 2013, p. 132–150; Barczykowska 2014, p. 454–467).

safety of citizens and started a discussion about the effectiveness of the relatively liberal approach to minors, who – it must be emphasized – have also become the subject of political bidding and the basis for building many careers<sup>2</sup>. Focus on children and adolescents, who committed minor offenses was primarily emphasized, at the simultaneous lack of interest and establishing procedures in relation to those who seriously violated the letter of the law. This began a retreat from that justice system, which in the scope and forms of interactions was at a certain point more like actions in the field of social work than social rehabilitation, in the direction of a system focused on punishing a minor (Figueira-McDonough 2007). The American society expected decisive steps to be taken in the form of strict and inevitable punishment of all offenders in accordance with the principle of the supremacy of law and order. The main demands included the introduction of the possibility of directing those minors to face the penal court, who committed serious crimes offenses, and stricter penalties applied by juvenile courts. Henceforth dealing with minors was to be based on the slogan “adult crime, adult time”<sup>3</sup>. This was an important turning point in comparison with the activities of the commission from the 1960s. The policy of restoring order by severe punishment lasted throughout the 80s and 90s, which was confirmed primarily in changes of the law. Individual states expanded the catalogue of offenses for which a juvenile could be tried by an adult court. Many of them reduced the age criteria of adulthood (Bartol C.R., Bartol A.M. 2005, p. 38). As a result, in some states, even 10-year-old children could be tried and convicted by courts for adults, even for the death penalty<sup>4</sup>. In addition, prosecutors were given the right to decide which

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<sup>2</sup> A good example could be the political career of former Mayor of New York City, Rudolph Giuliani.

<sup>3</sup> In literature, this period is referred to as punitive (Bishop, Decker 2006, p. 6).

<sup>4</sup> The biggest controversy aroused and still arouses the possibility of sentencing a minor, whose case was transferred to adult courts, to the death penalty. Alongside Somalia, the United States was a country which did not sign the International Convention on Children’s Rights in 1989. The main reason was article 37, especially its point (a), which reads as follows: “no child shall be subjected to torture or other cruel, inhumane or degrading treatment or punishment. Neither capital punishment nor life imprisonment without possibility of early release shall be imposed on a person under the age of eighteen for offenses committed by him [...]”. The establishment of the Convention coincided with the notorious case in the United States *Stanford vs. Kentucky*. The then juvenile Kevin Stanford was convicted for first-degree murder, robbery, theft and trespassing to 45 years imprisonment and the death penalty. This judgment sparked numerous protests and it was appealed to the Supreme Court, which issued an opinion on the matter. Not only did it consider the verdict valid, but it also ruled that the death penalty imposed on a person, who is at least 16 years of age at the moment when all the premises of the crime committed by him (degree of cruelty, type of offense, interactions previously applied to the minor, etc.) are an argument to judge that person as an adult in accordance with the law. In 2003, the governor of the state of Kentucky commuted Stanford’s sentence and overruled the death penalty. In view of the fact that US law in some states allowed until 2005 to perform the death penalty on children, the Supreme Court ruled that it can be judged in relation to offenders aged over 16, and performed after turning 18 years old. Also, age should always be treated a mitigating circumstance (Allen et al. 2007, p. 335).

of the factors (age, type of offense, “file”) will be sufficient to place a minor before a court for adults. These regulations accelerated the transfer of juveniles to adult courts and tightened the legal proceedings, which were until now considered “too soft”. Since that time, the main criterion for transferring a case to an adult court was not the age of the offender, but the crime he committed. During this period, rules were also established on how the transfer of a case from a juvenile court to an adult court was to proceed. The Supreme Court ruled that the cases which should go there are of those minors, who are too dangerous for interactions in the juvenile system against them, or past actions of that system did not bring any positive results in relation to them. In practice, transfer was mostly used in dealing with juvenile recidivists, in relation to whom the juvenile court had already exhausted all its options. In response to these restrictions, many state jurisdictions began using so-called *blended sentencing* – mixed penalties, otherwise known as the third justice system (Loeber, Farrington 2012, p. 192, 212–213). They adopted various forms and measures, which were usually associated with “criminalization” of the juvenile court, expressing the fact that instead of traditional support and care for minors, which was its original role, it became a typical penal institution. Blended penalties became the subject of widespread criticism. The most important issue is the lack of rational, cogent reasons to combine the juvenile and adult justice systems (Bishop 2006, p. 7). To conclude this period in the history of the American system of social rehabilitation, Barbara Stańdo-Kawecka notes that the reforms related primarily to perpetrators of violent crimes, with firearms and repeated offenders. In relation to minors committing milder categories of crimes, the trend of informal settlement of cases (*diversion*) continued to develop. Traditional sanctions in the form of imposing obligations, placement in an institution and probation were also often used. Stańdo-Kawecka also highlights the change of optics, expressed in the resignation of actions for the good of the child in favour of “balancing the needs of victims, offenders and society” (Stańdo-Kawecka 2007, p. 134). Many of these activities continue to this day, which may suggest that the American juvenile justice system in the coming years can still take on the features that are usually attributed to the jurisdiction of adults.

## **The institutional dimension of the social rehabilitation process in the United States of America**

The juvenile justice system is formed by a more or less integrated networked and collaborative authorities of public order protection (courts, police), public and private social rehabilitation agencies, non-governmental institutions and organizations dealing with children and adolescents at risk of social maladjustment or already being in conflict with the law. The aim of their activities is to maintain

the entities in optimal functioning condition, understood as entering the path of development and taking on age-appropriate social roles, lack of (repeated) conflict with the law, but also to compensate victims and ensure the safety of the public (Hess et al. 2012, p. 370).

The first institution at the head of public security and prosecution authorities, which a minor encounters, is the police. This is usually associated with arresting a minor in a situation of violation of the law, supervision conditions or, much less frequently, the minor voluntarily coming forward after committing an offense. The police also undertake actions as a result of reports made from the school, neighbours, family member of the minor or church, concerning the non-observance of the law by the minor. In each of these situations, it depends mainly on police officers and the probation officers and representatives of public institutions (social workers, therapists, psychologists) working with them to decide whether a juvenile case is referred to a juvenile court for consideration, or if it is completed in an informal manner, by granting a warning, referring the minor to a *diversion* programme, and/or assigning supervision and care of parents, school or probation officer, without starting a standard legal procedure (Del Carmen et al. 2006; Stańdo-Kawecka 2007, p. 135, 139–140; Gaś 1999, p. 44–51). Statistical data from 2009 on juvenile delinquency and the legal response to it indicate that of 1,504,100 court cases in which defendants were minors, 55% were referred for formal solutions within the framework of justice structures, and the remaining 45% (680,900 cases) were resolved within the framework of informal actions, like *diversion* programmes, therapy or probation (Puzzanchera 2012, p. 18). Among the *diversion* programmes in recent years, programmes of youth courts are developing the fastest (*teen courts*, *peer courts*). These types of courts were usually referred cases in which juveniles admitted to the offense they were accused of (mainly vandalism, shoplifting, possession of alcohol) and took responsibility for the consequences, and consented to complete tasks assigned to them by the court. Within the framework of this procedure, usually the juvenile is committed to social work for the local community, compensating the victim of the crime, writing a letter of apology to the victim or parents, or preparing an essay on justice and the dangers of crimes. The roles of lawyers, judge and jury in youth courts are most often, but not always, exercised by youth, also beneficiaries of the programme. The programme uses peer support and modelling, as in adolescence, peers have a stronger influence on each other than adults. *Diversion* programmes may also appear in formal proceedings, when the evaluation of standard effectiveness of the judicial interference is negative. Then, duties related, among others, with compensating for damages, further education and therapy, prohibition from entering certain places and maintaining contacts with certain individuals or groups are imposed on the minor. This solution is often referred to as “informal probation”. The basic premises for selecting an informal method of procedure are: low level of harmfulness of the offense, the

state of the victim, the juvenile's attitude expressing remorse, no previous run-ins with the justice system, and the ability of the local community to embrace the minor with informal control. By choosing an informal solution, the minor is given a chance to change his behaviour and conduct. In view of the fact that the basic working tool in such cases is a contract, striving to empower minors should be seen in informal proceedings. Mediations and family conferences perform a similar function (Stańdo-Kawecka 2007, p. 136–138).

The use of formal solutions towards a minor, who has committed a misdemeanour or a crime, is combined with keeping him in the care of the juvenile justice system or referring the case to a criminal court. In making its decision, the judge usually relies on a diagnostic report, prepared by the probation officer, who in addition to information on the current situation of the minor, also contains recommendations as to the most appropriate way of dealing with him (Barczykowska 2012, p. 301–312). If the matter remains in the jurisdiction of minors, after completing the necessary procedures, the minor can be released home under the care of the parents or guardians, or is placed in a closed institution until the preliminary hearing. When dealing with a juvenile suspected of committing a particularly heinous crime, in relation to which the existing remedies were ineffective, and he himself is dangerous, the judge may refer the case to a criminal court. The legislator has pointed out several offenses for which transfer to criminal court is, as it were, automatic. These include: serious crimes against life and health (murder, violent crime), drug offenses, crimes against property or road crimes (Stańdo-Kawecka 2007, p. 142–145).

If the minor's case is referred to juvenile court, the next step will be to interrogate him by a judge and a trial. It is worth noting that the judge has the right to place the juvenile in a closed institution until trial, if he is a threat to the local community, is involved in more than one case, or it is necessary to diagnose him. If the judge does not place the minor in an institution, he reports to the next hearings, which are much less formal than those in the case when an adult faces court. It usually takes place without a jury; however, in some cases, if the case is particularly complicated, at the request of the judge, it may be appointed. A hearing, as opposed to a traditional process, is set to diagnose the causes of juvenile crime, gain insight into the situation of his family and environment. The element of confirming guilt and punishment of the minor are definitely less important here. In many cases, the hearing and the process are just a formality, because the minor usually does not refute the charges he faces. Most often, in cases where juveniles plead guilty, the court applies alternative forms of proceeding, e.g.: completing a special programme (e.g. in the field of addiction therapy (*drug court*), social work (*unpaid work*, etc.) or supervision of a probation officer. Minors who do not plead guilty face an entire judicial process, from the preliminary hearing to the court's ruling. Recognizing a minor as "guilty" must be supported by irrefutable and concrete evidence against him. If his guilt

is confirmed, he officially becomes a *delinquent* and shall be judged. The court then issues an order, which corresponds to the judgment in the case of adults. The period between the preliminary hearing and the ruling is as long as necessary for the judge to be able to make the best decision, taking into account not only the welfare of the minor, but also of society. Extremely helpful in this is the report prepared by the probation officer, which includes information such as: the characteristics of the minor's family, the characteristics of the local community in which the minor resides, the result of psychological and psychiatric tests, as well as a description of previous violations of the law by the minor, if they occurred. Among the measures that a judge may rule are probation with a set of conditions (performing work for the local community, paying a fine, restitution, participation in addiction therapy, continuing education or vocational training, residing in a specific area, etc.), and placement in a social rehabilitation institution of diverse programmes and scale of security (Hess et al. 2012, s. 338, 343–344; Puzanchera et al. 2012, p. 18). Referring a minor to a closed social rehabilitation institution is the severest means remaining at the disposal of the judge.

American social rehabilitation institutions annually cover about 80,000 young people with their interactions, representing approximately 0.22% of the entire population (Puzanchera et al. 2012, p. 50). Minors go to institutions that differ in the level of security, discipline, the nature and extent of interaction, as well as the governing authority. Most of them offer its charges education and vocational training, which is extremely important, because here, in the vast majority of juveniles in institutions, decreased levels of schooling are observed. Only 3% of them have a high school diploma or its equivalent in the form of a GED<sup>5</sup>, which is not surprising given the fact that 48% of minors have several years of school delays. Statistics indicate that more than half of the residents of social rehabilitation institutions dropped out of school, which was probably contributed to by the inadequate parental care, deficiencies in the education system, as well as own limitations. One-third of them struggle with severe learning problems. Due to this, almost all persons admitted to juvenile institutions are enrolled to school (Sedlak et al. 2010, p. 7–8). An integral part of the operation of institutions are all kinds of trainings (e.g. aggression management, self-presentation), programmes and therapies, associated with the mental and

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<sup>5</sup> General Educational Development (GED) is an American test, widely regarded as an equivalent of a high school diploma. The beginnings of GED date back to the 1940s, when it became necessary to develop a tool, which made it possible to verify the state of knowledge of veterans, who obtained it in an informal way, and upon return wanted to continue their education at colleges. Today, they are taken by persons who, for various reasons, e.g.: serving in prison, cannot attend regular courses. The exam consists of five parts: writing, reading, social studies test, sciences test and math test. In some states, the exam may be payable. GED tests are available in English, French and Spanish (Lowman, Mamas 2009, p. 109–110).

emotional state of minors, which is a derivative of the conditions in which their social rehabilitation took place<sup>6</sup>. Some institutions conduct special programmes directed at sex offenders and gang members<sup>7</sup>.

In the United States, 2,458 social rehabilitation institutions operate for minors. The management bodies are state-owned (state, local), and private entities. Particular institutions differ in the scale of conducted interactions, characteristics of clients and the degree of isolation. Taking into account the above criteria and reservations, the following are distinguished:

- 1) daily prevention and therapy centres (*non-residential day treatment alternatives*),
- 2) open and semi-open social rehabilitation centres (*non-secure juvenile residential facilities*), focused on conducting social rehabilitation activities,
- 3) closed social rehabilitation centres (*secure juvenile residential facilities*), facilities with a high level of security, which in addition to the social rehabilitation function, also serve a protective function for society (Hess et al. 2012, p. 345–347).

An example of the first type of facilities are day treatment facilities and aftercare services. The second group includes detention centres, shelters, reception/diagnostic centres, group homes/halfway houses and residential treatment centres. In characterizing these types of facilities, Hess highlights that they are a compromise between social rehabilitation and punishment, as well as between isolation and work in the local environment. Their primary task is to increase control over juveniles, who have come into conflict with the law. It is also about normalizing relations with the local community, which enables to reduce social stigma skills and provides the possibility to continue education or find employment (Hess et al. 2012, p. 345). The third group of institutions have an isolating and penal character, although we also find in it specifically understood elements of social rehabilitation interactions. It consists of disciplinary camps (*boot camp, ranch, forestry, wilderness camp, marine program*) and correctional institutions (*training school/long-term secure facility*).

The following is a description of selected social rehabilitation institutions, operating for socially maladjusted children and adolescents. In presenting it, one

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<sup>6</sup> Juveniles in institutions are characterized by complicated family situations. Nearly half (42%) grow up in an incomplete family, while one in five have no contact with their own home. It is worth noting that during residency in an institution, the number of children and adolescents with whom parents do not maintain contact, doubles, which is not a good predictor when it comes to later readaptation. The instability of family life is probably one of the reasons for entering emotional relationships early, and as a result – early motherhood. Consequently, among juveniles residing in social rehabilitation institutions, 14% have their own children, and 20% are expecting to give birth (Sedlak, Bruce 2010, p. 7–8).

<sup>7</sup> Most of the juveniles in institutions reside there between 9 to 12 months. For particularly aggressive juveniles, dangerous and not showing remorse, this period is extended (Muskafa 2009; Muskafa 2012).

must keep in mind that precisely defining tasks of different institutions is an extremely difficult task, since they vary not only depending on the state, but also on the current needs of the juvenile justice system.

An example of a facility primarily focused on preventive measures are non-residential day treatment alternatives. The main task of these institutions is to embrace the minor with intensive supervision in order to ensure broadly understood support, to prevent criminal behaviour in the future. Therefore, classes are organized for them throughout the day and evening during the week, as well as on weekends. These include individual and group counselling, recreational activities, education, career counselling, social skills development trainings and addiction therapy (Hanser 2010, p. 394). In its daily operations, the centres focus on providing support and care not only to minors, but also to families. It is granted by counselling, focused on overcoming crises, mentoring, personal and vocational counselling, pedagogization, training skills related to running a household, trainings in time management and planning. Hess et al. point out that an important aspect of the activities of these institutions is conducting alternative education, aimed at children and adolescents, who due to their own indispositions and disorders, left or were “pushed” outside the education system in the scope of primary school (so-called K-12<sup>8</sup>) and high school, and did not obtain a GED certificate. In addition to the implementation of mandatory content, the programme is enhanced by elements that are essential for the minor, e.g.: building social skills, anger management. The flexibility of the programme permits working with a minor both in conditions of the local environment, as well as institutional, and classes do not require standard classrooms (Hess et al. 2012, p. 345–347).

Youth shelters are residential facilities combining security and crisis intervention functions, where minors aged between 10 and 18 years old are referred. The most common reason for placing a person in it is concern that a minor will not appear in court for questioning. Minors can be placed in a shelter also in connection with the family situation, when they experienced violence and negligence on the part of the parents, or if the latter, due to mental disorders or other diseases, are not able to properly fulfil parental responsibilities. In the first case, intense work is conducted with the family, lasting approximately 60 days, which may lead to overcoming the crisis and the child’s return home, in other cases, places outside the family are sought for the child. Adolescents, who, due to their problems cannot reside in the existing institution, and a new place has not yet been indicated, also come here. The shelter provides time for conducting short-term intervention before beginning the next stage of interactions already in the target  
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<sup>8</sup> K-12 is the abbreviation for the primary and compulsory level of education in the United States. It includes all children aged from six to sixteen years old and is financed by local, state and federal funds.

facility. During his stay in the facility, the minor is subject to observations, on the basis of which educators formulate recommendations for the juvenile court concerning further proceedings. In addition to caring and aiding interactions, there are also social rehabilitation interactions conducted in the shelter; however, due to the relatively short stay of the minor – up to 2 months – they are not pivotal. Adolescents are provided the opportunity to attend school, take advantage of counselling and therapy in the scope of addictions and co-dependency, there are also various programmes implemented which enrich the competences of minors (Hess 2012, p. 345).

In the American social rehabilitation system, the idea of a care and educational family system, which is over a hundred years old, has also found application. The precursor of such facilities was father Flanagan, who created *The Boys Town* in 1917. A derivative of such solutions are *group homes* – residential, open facilities, organized to imitate the *teaching family model*. Some employees fulfil the role of the “parents”, living with the adolescents round the clock, others work in rotation. Usually, from 5 to 15 minors reside in it. The basis for placement is the court’s ruling or intervention of social services. Some of these facilities have a therapeutic character; as a result, psychologists and therapists are employed, because many of the minors referred here suffer from severe mental disorders or psychological diseases. Therefore, it is suggested that be one of the links of interaction addressed at minors (Hanser 2010, p. 393). Juveniles placed in such institutions attend local schools, they participate in ongoing activities in the local community, because the primary function of *group homes* is reintegrating minors into society (Hess et al. 2012, p. 345). *Group homes* function in almost all states. Some of them operate under the auspices of private agencies cooperating with the juvenile court, and some are run by local probation departments. Some *group homes* are defined as *boarding homes*, which can be compared with protected flats. Three or four charges resides in them during the independent phase together with adult employees acting as parents, mentors and friends (Hess et al. 2012, p. 345).

Currently, there is no conclusive evidence for the effectiveness of this type of facilities (Wilson, Lipsey 2010).

Many similarities to the previously discussed institution can be seen in the activities foster homes, where these are facilities which definitely have a more caring than social rehabilitation function. Children between 7 and 12 years old are referred there, who have experienced neglect and abuse from their own parents and guardians, as well as those whose illness or disability prevents independent functioning, and their parents do not fulfil their responsibilities properly. Custody of the children is exercised by adequately trained families, not always possessing a formal education in the area of education or social work. Typically, there are from six to twelve children who reside in the facility, and one of the guardians does not work professionally and is available round the clock. The activities carried out by these institutions on the one hand lead to increase control over a minor, on the other hand, consist in implementing this group into pro-social

activities in the family and the local community. Foster families carry out their tasks through family counselling, extensive prophylactic, therapeutic and social interactions, they care for the comprehensive development of their charges<sup>9</sup>. Foster families may be spatially close to one another, creating larger settlements (*foster group home*) (Hess et al. 2012, p. 346). In states where there are no shelters for minors, these facilities can also perform securing function. Then, the control and isolation function is moved to the forefront.

In discussing the institutions conducting interactions in an open environment, other forms of controlling minors in the environment should also be mentioned. This mainly concerns home confinement and electronic monitoring (Moczydłowski 2006). Minors in home confinement are required to remain in their place of residence, except for time ruled by the court devoted to education, therapy or work (Hanser 2010, p. 392). Home confinement may be treated as a preventive measure during trial or constitute an indirect punishment (Barczykowska, Muskała 2012). Minors are controlled by the commitment to report themselves at specific intervals or using a GPS system, which is used in electronic monitoring. In the latter case, the minor wears a bracelet, which enables to locate him (Hess et al. 2012, p. 347–348).

Residential treatment centres are institutions, which on the one hand conduct typical anti-addiction therapy, and on the other psychiatric therapy of a highly structured character. Minors are referred here, whose problems could not be solved in outpatient therapy and social rehabilitation forms (*foster care service, day treatment program*), but who do not yet qualify for inpatient psychiatric treatment. The main reasons for placement in these institutions include: serious emotional disorders, the occurrence of a wide range of aggressive behaviours, addictions and school or family problems (Foltz 2004, p. 1–19). The activities carried out in institutions include various types of therapy, psycho-educational counselling, training, and individual and group counselling. In some institutions, parents are also included in interactions.

Trends to intensify the juvenile criminal policy have resulted in the establishment of closed institutions, which to some extent correspond to the functions performed by penitentiary institutions. These include institutions organized on the model of camps. Sometimes, they are also referred to as challenge programs. While wilderness camps, lasting from several weeks to several months, involve minors in physically demanding activities (mountain climbing, canoeing, survival), usually carried out in nature, where they learn by experience. These types of programmes focus on working on distinguishing in longitudinal studies three basic factors of juvenile delinquency: external locus of control, low self-esteem and poor social skills. During the trips, minors learn about shaping interpersonal relationships, .....

<sup>9</sup> A detailed description of the functioning of foster families is provided on the website of the Department of Children's Affairs of the State of Missouri, Internet address: <http://www.dss.mo.gov/cd/info/cwmanual/section6/ch3/sec6ch3attachg.htm>

develop responsibility, enhance their self-esteem. By working in groups, they build collaboration skills, acquire a number of other competencies that they will use after leaving the programme. One of the most well-known types of such programmes is *VisionQuest*. Participation in it is an alternative to classic imprisonment. Juveniles spend from 12 to 15 months in the programme, taking part not only in outdoor activities, but also therapy. Usually, participation in the programme begins with a three-month camp internship, where the minor learns the principles and objectives of the programme, as well as starts work on himself. The second stage, which lasts five months, is an *adventure programme*, during which the minor embarks on bike rides, a boat cruise or high-altitude expeditions. Upon returning, comes time for the therapy stage which lasts just as long. The programme also provides assistance in returning to the local environment. This part is called *HomeQuest* and is aimed at helping minors and their parents to shape family relationships after the child leaves the social rehabilitation facility. The programmes described experienced their peak in the 80s, but after a series of accidents, including fatalities, they have been significantly reduced and mitigated in their extremes (Hanser 2010, p. 392).

Analyses of effectiveness conducted by Wilson and Lipsey have shown that programmes of this type result in lowering the level of minors' repeated conflict with the law, however, their effectiveness increases when priority in interactions, instead of focusing on physical activity, is granted to therapy, counselling, work with the family, social security combined (Wilson, Lipsey 2000, p. 9). However, literature emphasizes the need to continue research on this type of interactions (Fuentes, Burns 2002).

The American system of institutions performing tasks in the area of prevention, therapy and social rehabilitation is relatively extensive, which is probably reflected in the possibility to choose a facility that is appropriate to the needs of the minor. However, as it is highlighted in literature, it is not free from pathologies common around the world, such as overflow and violence (Hess et al. 2012, p. 354).

## Summary

Today, the American social rehabilitation system is at a crossroads. On the one hand, the pursuit of professionalization and institutionalization of activities is visible, interventions carried out in terms of minors are verified, creating a set of effective social rehabilitation programmes based on the principles of *evidence-based practice*, eliminating those that do not meet the expectations (Barczykowska 2014, 454–467). For many years, investments have been made in the prevention and social support system in local communities, developing the network of institutions in communities threatened by social exclusion processes. On the other hand, in the United States, voices are increasingly present, even among politicians, calling for greater strictness in dealing with juveniles, including their punishment on an

equal footing with adults. The basis here is primarily the statistics of juvenile crime. The growing sense of danger, but also awareness of the costs, which the juvenile justice system generates, with its inefficiencies, cause, as K.M. Hess, Ch. Hess-Orthmann, J.P. Wright write, that the pendulum in the clock of the juvenile social rehabilitation system is clearly moving in the direction of punishment, realized similarly as in the case of adults. It remains to hope that the Americans will not squander the more than a century of achievements in the support and social rehabilitation of minors. As Wilson notes, the abandonment of the juvenile social rehabilitation strategy will cause young people to become clients of the adult justice system in the future (Wilson 2000, p. 101).

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