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Contemporary Portrayal of Juvenile Social Maladjustment Comparative Analysis from the Years 2018–2022/2023

Abstract: This article deals with the issue of social maladjustment of minors who are pupils of youth educational centers. The research focuses on analyzing the manifestations of behavioral disorders as well as the specificity and dynamics of mental disorders and risky behaviors of minors. The results of the research conducted in this area in 2022/2023 were compared with those from 2018. On this basis, conclusions can be drawn in relation to certain changes and trends impacting the social maladjustment of contemporary youth.

Key words: social maladjustment of minors, behavioral disorders, mental disorders of children and adolescents.

Introduction

The ongoing socio-cultural-political transformations associated with the emergence of ever-new existential threats prompt constant exploration of the conditions and, consequently, understanding the evolution of the phenomenon of social maladjustment among contemporary youth. The phenomenon of juvenile social maladjustment, in the context of global humanitarian and military crises, or the pervasive worldwide inflation, economic crises, or even developmental disorders in

children and adolescents resulting from the pandemic (Bilicki 2020, p. 17), takes on a new dimension. Minors who commit various criminal acts and simultaneously struggle with numerous new problems in social adaptation characterized by additional mental disorders are directed to juvenile rehabilitation facilities (Kranc 2018). The environmental context of minors' families, viewed through the prism of various existential and axiological problems, economic issues, internal family crises, is not insignificant in shaping today's new image of social maladjustment in children and adolescents.

In the literature on the subject, a steadily growing problem is highlighted among juveniles, who are lost in the educational process, anxious, and even desperate students (Paluch 2020, p. 6). New wards directed to juvenile rehabilitation facilities are mostly treated pharmacologically and undergo psychiatric consultations (Paluch 2020, p. 9). The issue of juvenile psychiatric disorders further intensifies and complicates the rather specific image of contemporary juvenile social maladjustment.

Macro-social Context of Social Maladjustment of Modern Youth

Social maladjustment is defined in various ways, with some authors expanding or narrowing its scope. A common element in all definitions of social maladjustment is the indication of behaviors that contradict commonly accepted norms, values, and social expectations, causing negative consequences on both macro-social scales (disruptions in the functioning of the social system, such as social disorganization) and micro-social scales (threats to the physical and mental safety of individuals) (Pytka 2001, p. 90).

The literature on the subject is rich in numerous descriptions of the symptoms of social maladjustment in youth. Among these are negative and inadequate reactions to the demands and directives contained within the social roles assigned to the individual. Indicators of social maladjustment include behavioral disorders that undermine the functionality of the social system, causing its disorganization or directly threatening socially accepted values.

The typology of socially maladjusted children is one of the most controversial issues. Some researchers, such as C. E. Sullivan and M. Q. Grant (1957), refer to the concept of deviant or deviant behavior (Pytka 2001, pp. 93–94). They distinguish asociality (a tendency to instrumentally exploit others, responding with anger and antisocial aggression, impulsiveness, lack of control over one's own behaviors), conformity (excessive servility towards significant individuals, occurring as an instrumental function), and neuroticism (constant fear of failing to meet social expectations, feelings of helplessness and powerlessness, which lead to socially unacceptable behaviors). Other researchers, like T. M. Achenbach (Achenbach, Edelbrock 1978, as cited in Urban 2000, pp. 94–100), identify

behavioral disorders characterizing socially maladjusted individuals. These researchers describe two types of behavioral disorders: internalizing, related to projecting problems “inward,” with consequences mainly borne by the individual (excessive control, withdrawal, dysphoria and anxiety, passivity, or uncontrolled outbursts in extreme situations), and externalizing behaviors, related to projecting problems “outward,” with consequences mainly felt by the social environment (poor control, aggression, opposition, resistance to the environment, impulsiveness, destructiveness, antisocial personality traits).

The concepts of “social maladjustment” and “behavioral disorder” are closely related. The concept of behavioral disorders was introduced to Polish literature in the mid-1960s by Konopnicki (Konopnicki 1964, pp. 54–56). He defined it as “a deviation from the norm in a child’s behavior, where the norm is understood as moral principles, customs, and habits accepted in a given environment.” The degree of deviation from this norm indicates the severity or advancement of the disorder. However, as Konopnicki notes, in behavioral disorders, the changes occurring under environmental influence are emphasized, whereas in social maladjustment, the effects of these changes are highlighted. According to the author, the analysis of behavioral disorders can help discover the causes of maladjustment, and the more advanced the behavioral disorder, the more likely it is to indicate maladjustment.

Jan Konopnicki (1964, p. 38) believes that as the balance between the environment and the individual becomes disrupted, a behavioral disorder occurs, manifesting initially in mild forms (school failures, rebellion against authority, indiscipline, emotional instability), and then progressing to more severe forms, leading in particularly unfavorable conditions to asocial behaviors, punishable acts (in the case of juveniles), crimes, conflicts with the law, and neurosis (Konopnicki 1964, pp. 54–56). Thus, punishable acts committed by juveniles can be considered one manifestation of behavioral disorders (and more broadly social maladjustment), which are in their most advanced stage, indicating asocial activity (Czapow 1978; Konopnicki 1964, pp. 54–56).

As a result of a 2018 study conducted on residents of youth educational centers (Kranc 2018, p. 41), it should be noted that almost all wards of these centers exhibit behavior disorders (behavioral control disorders) and emotional disorders (96%). Moreover, the vast majority of the surveyed minors (60%) show tendencies towards addiction. These disorders are likely a natural consequence (as indicated by the results of studies on the families of minors) of upbringing in a pathological family environment characterized by violence and family members’ addictions. Among some researchers of social maladjustment issues, including Pytka (Pytka 1986, 2001) and Ostrowska (Ostrowska 1986), it can be observed that a “neurotic personality structure,” deficiencies in emotional control and behavior motives, and a lowered psychological mood can constitute criteria for social maladjustment (Sanocki 1978; Ostrowska 1986, pp. 82–84).

During the analysis of the personal documents of the wards, I noted additional disorders, which constitute a significant percentage of the surveyed population. These primarily include mental health disorders – substance dependence among wards, mood disorders including depression, sleep disorders, anxiety disorders, PTSD – post-traumatic stress disorder, impulse control disorders, personality disorders including borderline, behavioral addictions including cyber addiction (Paluch 2020, pp. 6–7). These disorders are not the causes of social maladjustment nor the direct reason for placing the surveyed minors in juvenile correctional facilities. However, they are worth noting as they represent an additional characteristic (difficulties in social functioning) of the surveyed minor population.

Over the course of several decades, the issue of youth social maladjustment has become an increasingly challenging phenomenon to interpret. In recent years, we have witnessed a significant accumulation of socially dangerous phenomena, humanitarian crises such as military conflicts, increased emigration of victims of war conflicts, global economic crises, worldwide inflation, or the destructive effects of social isolation on schoolchildren and adolescents due to the multi-year Covid-19 pandemic. Similar phenomena in our Central European region took place at the turn of the late 1940s in Poland. The challenge in understanding the current, highly complex phenomenon of social maladjustment among minors conditioned by various socially risky phenomena may stem from the accumulation of adverse factors of humanitarian crises, impacting on a macrosocial scale on axiological anomie, family crisis, existential values, social alienation, and loss of security.

Families experiencing isolation during the Covid-19 pandemic while simultaneously grappling with daily existential problems and low economic status have become excessively prone to dysfunctionality. The lack of proper support from social services, the isolation of dysfunctional families showing signs of dysfunctionality, the intensity of risk factors, and the lack of social contact and support from social work specialists have had significant consequences (Substance Abuse & Mental Health Services Administration 2020; The Alliance for Child Protection in Humanitarian Action 2020; WHO Global 2020). As a result of the cessation of assistance and social activities, particularly focusing on pedagogical therapy for victims of various neglect, school negativism, victims of domestic violence, and children in need of social support, the problem of social exclusion among children and adolescents at risk of maladjustment has escalated. Current research (Pyżalski 2021, p. 93) on the effects of social isolation indicates an increase in domestic violence, cybercrime mainly perpetrated by young people, and injuries and mental disorders in children. Mental disorders in children and adolescents result, among other things, from their temporary social disruptions combined with limited social contacts and the lack of opportunities for youth integration with peer groups during social isolation in the Covid-19 pandemic period.

The context of military conflict in Eastern Europe and the resulting immigration of Ukrainian population to Poland is noteworthy. In Polish educational institutions

and other major youth centers, we are witnessing the integration of children and adolescents from other cultural backgrounds who are victims of military conflicts. These are students who often use languages other than those used in the host country. Often, these minors, having been witnesses or victims of various existential problems in the past, carry a significant baggage of experiences marked by psychological traumas or frustrations. This personal situation, in correlation with new social expectations, ways of performing social roles, in the new reality surrounding them, may further intensify problems with social assimilation and acceptance, social adjustment. An interesting phenomenon discussed by A. Kopczak-Wirga and K. Kasperska-Kurzawa is the issue of parentification (Kopczak-Wirga 2022, s. 124) among Ukrainian children migrating with their parents to Poland. In situations of fleeing from war, support within the family system is a natural mechanism to protect individual members from the negative consequences of tragedy. In a so-called healthy family system, all individuals strive to ensure the continuity of the group, satisfy physical and emotional needs, and maintain boundaries of the roles they fulfill (Minuchin 1974; Rogala-Obłędowska 1996).

A family facing threats or crises naturally intensifies the need to care for each other. In these families, it happens that children begin to take on caregiver roles, take care of younger siblings, and even their parents. This can lead to a weakening of natural distance (Kaleta 2011, p. 143) in the family structure, and boundaries may become blurred (Minuchin 1974). One of the consequences of this intrafamilial change process is the phenomenon of parentification, or the reversal of roles within the family system, when children take on the roles of adult family members. Consequences of this among children may include low self-esteem, feelings of guilt, and problems in interpersonal relationships (Earley, Cushway 2002).

This image can be further complicated by the risk factor of social exclusion caused by potential lack of acceptance from the peer environment in the immigration country. The new environment, in an improper and highly dangerous way, may escalate new conflicts and feelings of rejection among immigrant children due to misunderstanding and lack of tolerance. Furthermore, this may lead to the stigmatization of these minors in their new peer environment, which undoubtedly, according to many researchers in the field of diagnosing social maladjustment in minors, intensifies the individual's sense of deprivation and alienation, ultimately leading to antagonistic-destructive attitudes and other social deviations.

Research Problem

The research constitutes a comparative analysis of manifestations of behavioral disorders among minors directed to juvenile rehabilitation centers. The comparison includes the results of studies from the year 2018 with identical studies conducted in the years 2022/2023.

For the purposes of this article, I conducted an analysis of documents of wards of juvenile residential facilities. The research covered the area of disorders of social functioning among minors, according to the diagnostic criteria of behavioral disorders (ICD-10), as well as the adverse correlates of maladjustment associated with the psychological and emotional disorders of minors. In 2018, I examined 104 wards, while in 2022/2023, the study included a group of 172 wards.

The aim of the analyses conducted was to identify the current symptoms of social maladjustment among juveniles referred to youth educational centers, with particular emphasis on the changes in the manifestations of behavioral disorders, as well as the symptoms of mental disorders and risky behaviors of juveniles in the years 2022/2023 compared to 2018.

Information regarding aspects of behavioral control disorder, according to individual diagnostic criteria, was sought by examining individual ward cards, individual educational-therapeutic plans, psychological-pedagogical-psychiatric diagnoses. This information was supplemented by analyzing court opinions, opinions of psychological-pedagogical counseling centers, content of rulings on the need for special education, as well as environmental interviews and probation interviews contained in the personal files of the surveyed minors. The subject of the research was the manifestations of behavioral disorders noted among wards of juvenile residential facilities, arising from the diagnostic criteria of the International Classification of Diseases and Related Health Problems (ICD-10).

I sought answers to the question: **What is the dynamics and structure of changes in behavioral control disorders and psychiatric disorders among minors directed to juvenile residential facilities over the years 2018–2022/2023?**

The research covered 172 wards of youth educational centers: YEC in Wielkie Drogi, YEC in Kraków-Witkowice, YEC in Mszana Dolna. The research was conducted in December 2022–January 2023. I compared the results of this research with identical ones from 2018, when I examined 104 minors in the same problem areas.

The theoretical-legal assumption is that the wards of juvenile residential facilities are socially maladjusted individuals exhibiting signs of demoralization. Placement in a residential facility is treated as a consequence of social maladjustment, determined by the court after exhausting all other educational interventions in the natural environment, when these measures have proven ineffective (Journal of Laws of 2022, item 1700).

The problems of the youth covered by this study are related to the violation of social, moral, and legal norms. Individuals showing antisocial tendencies share common characteristics such as emotional detachment, lack of respect for social norms, manipulation of people, fraud, etc. This results from their worldview, choice of life path, plans, goals, but also the values presented to them by their caregivers. This is precisely why one of the reasons for the inability to define social maladjustment is the fact that many factors influence a young person, which change their life path multiple times.

Social maladjustment of youth is one of the fundamental problems of contemporary education. In addition to environmental factors, significant roles in the upbringing of children and adolescents are played by biopsychic factors, whether inherited or innate in the process of individual development (Makowski 1994, p. 33).

Attempting to outline the profile of social maladjustment among residents of residential facilities, it should be noted that they are perpetrators of criminal acts, exhibit behavioral disorders, and engage in the use of addictive substances (Wysocka 2008, p. 261). The criminal acts they are responsible for constitute unlawful means of acquiring material goods for the purpose of appropriation (theft, burglary, robbery – accounting for 56% of all criminal acts). The second area comprises pathological forms of aggression discharge by minors directed against another person – assaults, extortion, threats of punishment, property damage – 37% of all criminal acts (Kranc 2014, p. 141).

Characterizing the research sample, it should be noted that the juveniles studied in both 2018 and 2022/2023 were aged 13–17. In both cases, they were boys. All the juveniles studied, referred to educational centers, were placed there by decision of the family and juvenile departments of district courts due to manifestations of social maladjustment. In 2018, 42% of respondents were aged 13–15, while 58% were aged 16–17. The length of stay of the juveniles included in the study at the educational center during the 2018 research period was as follows: 39% of the respondents had been there for less than 1 year, 51% had been there for 1–2 years, and the remaining 10% for more than 2 years. Most respondents in 2018 were primary school students (64%), while the remaining 36% attended vocational school.

In 2022/2023, 67% of the respondents were aged 13–15, while the remaining 33% were aged 16–17. The length of stay of the juveniles included in the study at the educational center during the 2022/2023 research period was as follows: 46% of the respondents had been there for less than 1 year, 35% had been there for 1–2 years, and the remaining 19% for more than 2 years. Most respondents in 2022/2023 were primary school students (71%), while the remaining 29% attended vocational school.

Reports from Research on Adaptive and Psychological Disorders among Residents of Juvenile Residential Facilities

Defining social maladjustment in minors directed to re-socialization facilities is quite difficult because it consists of many behaviors, conditions, or psychological mechanisms (Kranc 2018, p. 28). It is worth noting that to properly define and recognize social maladjustment, one must perceive the behaviors of the individual throughout their development (Wysocka 2008, p. 209).

The issue of behavioral disorders is presented in two most current classification sources: DSM-IV and ICD-10. The first, DSM-IV, is the Diagnostic and Statistical Manual of Mental Disorders developed by the American Psychiatric Association. The second (on which I will rely) is the International Statistical Classification of Diseases and Related Health Problems, ICD-10, currently in force in Poland.

Behavioral disorders according to ICD-10 involve a repetitive and enduring pattern of behavior characterized by a violation of basic rights of others or major societal norms and rules appropriate to the age, lasting for at least six months. The manifestations, twenty-three in total, have been classified for the purposes of this research into the following areas:

1. Emotional dysregulation: outbursts of anger, deliberately provoking anger in others, irritability and being easily annoyed by others, becoming angry or resentful, maliciousness and vindictiveness.
2. Antagonism and/or interpersonal aggression: initiating physical fights, displaying physical cruelty to others (e.g., tying up or setting fire to victims, committing confrontational crimes (thefts, extortions, robberies), coercing others into sexual activity, frequent intimidation of others (e.g., deliberately causing pain or injury combined with persistent intimidation, harassment, or molestation), using weapons that can cause serious bodily harm to others (e.g., a stick, brick, broken bottle, knife).
3. Antagonism and/or aggression towards animals: displaying physical cruelty to animals.
4. Manipulation of the social environment and/or pathological lying: blaming others for one's own mistakes or inappropriate behavior, lying or breaking promises to obtain goods or privileges or to avoid duties.
5. Destruction and/or appropriation of others' property: deliberate destruction of others' property, deliberate setting of fires with risk or intention of causing serious damage, theft of items of significant value without confrontation with the victim, both at home and elsewhere (e.g., shoplifting, burglaries, forgeries), breaking and entering into someone else's house, building, or vehicle.
6. School-related negativity: frequent truancy from school, starting before the age of 13.
7. Oppositionality and rebellion towards adults: arguments with adults, rejecting adult demands and not respecting rules established by them, staying out after dark against parents' orders (starting before the age of 13), at least two instances of running away from the parental or substitute home or one prolonged runaway night (does not include leaving home to avoid physical or sexual abuse).

Table 1. Manifestations of behavioral disorders of residents of youth educational centers

Manifestations of behavioral disorders	Comparative analysis of research results from 2018 and 2022/2023				Dynamics of change
	2018	2022/2023	2018	2022/2023	2018–2023
	quantitative result N = 104	quantitative result N = 172	Percentage result 104 = 100%	Percentage result 172 = 100%	Percentage differences
Emotional control disorders	54	88	52%	51%	-1
Antagonism and/or interpersonal aggression	88	158	85%	92%	+7
Antagonism and/or aggression towards animals	22	46	21%	27%	+6
Manipulation of the social environment and pathological lying	24	94	23%	55%	+32
Destruction or misappropriation of other people's property	90	162	87%	94%	+7
School negativism	102	146	98%	85%	-13
Oppositionality and rebelliousness towards adults	104	172	100%	100%	+0

Conclusions

1. An increase of a similar value – 7% – was observed in antagonistic and aggressive behavior towards the social environment, as well as destructive behavior towards others' property, including theft. The juveniles included in the study show a slight upward trend in these behaviors, which harm another person, violating someone's dignity and freedom, as well as involving criminal behaviors requiring confrontation with the victim (robbery, extortion, assault). Particularly unforgiving are behaviors involving physical cruelty and terrorizing victims, deliberately causing pain or injury combined with persistent intimidation, tormenting, and harassment. Similarly, there was a 6% increase in the manifestation of physical cruelty towards animals. This may indicate a slight, yet consistently high level of antagonistic-destructive and deviant behaviors among the studied youth.
2. A 13% decrease in school negativism is noticeable. School absenteeism, which was recorded in studies in 2022/2023, included data from the pandemic period and remote learning. It is highly probable that teachers considered

student attendance based on logged-in participants of educational activities. The phenomenon of absenteeism from classes, which occurred in 98% of cases in 2018, possibly had a lower percentage officially recorded at 85% in 2022/2023 for the same reason.

3. A significant increase of 32% in the phenomenon of manipulating the social environment and pathological lying by juveniles is worth noting. This behavior may indicate mechanisms of rationalizing deviant behaviors by juveniles, shifting responsibility to another person for their own unworthy behaviors. These actions may represent a learned way of using pathological defense mechanisms to justify one’s own criminal and immoral actions. Perhaps the cause of the escalation of this phenomenon is the widespread involvement of youth in virtual activities, where perpetrators of various abuses often become anonymous. In the virtual space, violence frequently becomes a common occurrence due to the mechanisms that conceal the identity of the perpetrators. This same mindset may be transferred to the social reality. As a result, youth may exhibit a tendency to shift responsibility for their own behavior onto others, engage in pathological lying, and attempt to avoid legal/disciplinary consequences for deviant and antisocial behaviors.

Finally, it is important to note the troubling phenomenon of the co-occurrence of mental disorders among the studied juveniles. While behavioral control disorders and oppositional defiant disorders are characteristic of antisocial behaviors and social maladjustment, mental health disorders may indicate deeper issues requiring psychiatric treatment in healthcare facilities.

Table 2. Manifestations of Mental Disorders and Risky Behaviors of Residents of Youth Educational Centers

Manifestations of Mental Disorders and Risky Behaviors among Juveniles	Comparative analysis of research results from 2018 and 2022/2023				Dynamics of change
	2018	2022/2023	2018	2022/2023	2018–2023
	quantitative result N = 104	quantitative result N = 172	Percentage result 104 = 100%	Percentage result 172 = 100%	Percentage differences
Suicidal behavior, self-harm	4	9	4%	5%	+1
Anxiety and mood disorders	3	14	2%	8%	+6
Mental problems and disorders associated with organic damage to the nervous system	8	3	8%	2%	-6
Adolescent depression, depressiveness	3	9	3%	5%	+2

Manifestations of Mental Disorders and Risky Behaviors among Juveniles	Comparative analysis of research results from 2018 and 2022/2023				Dynamics of change
	2018	2022/2023	2018	2022/2023	2018–2023
	quantitative result N = 104	quantitative result N = 172	Percentage result 104 = 100%	Percentage result 172 = 100%	Percentage differences
Borderline personality disorder	5	17	5%	10%	+5
Psychoactive substance use	63	111	60%	65%	+5

From the analyses conducted, it was found that in 2018, suicidal behaviors were exhibited by 4% of the entire juvenile population in the educational center, while 18% were undergoing psychiatric treatment. Among those, 3% were diagnosed with depression, 8% had organic damage to the nervous system, 2% exhibited anxiety and mood disorders, and 5% had Borderline Personality Disorder (BPD). If we sum the frequency of mental health disorders among juveniles treated psychiatrically, along with those showing suicidal tendencies, these juveniles constitute 22% of all juveniles showing any mental health disorders. This equates to an average of over two juveniles per educational group of 10–12 juveniles.

From the current year's identical studies, anxiety and mood disorders have increased by 6%, and Borderline Personality Disorder by 5%. Borderline Personality Disorder is characterized by emotional instability, instability in thoughts and behaviors, and interpersonal relationships. Individuals with BPD experience rapid shifts between extreme emotions, exhibit high impulsivity, and have an unstable self-image. Meanwhile, suicidal behaviors and adolescent depression have shown a slight upward trend of 1–2% over the past five years.

According to Kępiński, adolescent depression is divided into four subtypes. Apathetic-Abulic Depression: This type, a unipolar affective disorder, is characterized by passivity, lack of joy, feelings of emptiness, boredom, and a sense of meaninglessness in actions and life, along with occasional impulsive behavior. Another type is Rebellious Depression: This type manifests as an exaggerated version of typical adolescent rebellious and aggressive behaviors, feelings of inferiority, and a lack of faith in the future. Another third type of adolescent depression is called: Resignation Depression: This type is marked by a lack of self-confidence, the absence of life plans, a sense of inevitability, and a pessimistic outlook on one's own future. The last, fourth type: Labile Depression: This type is distinguished by mood variability and suicidal behaviors during periods of mood decline.

The use of psychoactive substances remains consistently high, with 65% of the surveyed juveniles reporting such behavior.

Based on the diagnosed needs and mental dysfunctions of the residents, the following demands for specialized therapeutic interventions in the process of social rehabilitation can be identified. Psychological Trauma and Negative Childhood Experiences: The leading needs arise from psychological trauma and negative experiences stemming from the destructive role of the family, such as family members' addictions and domestic violence. Eliminating Addiction Tendencies: There is a significant need to address the juveniles' tendencies towards addiction, which result from previous risky behaviors such as the use of alcohol, drugs, designer drugs, and cigarettes. Additionally, 53% of the juveniles had participated in therapy at psychological and educational counseling centers due to diagnosed ADHD and other emotional-cognitive disorders before being placed in the youth educational center. In this same group (53%), mental disorders resulting from domestic violence are diagnosed, including "night terrors" and incidents of "attempted suicide or self-harm by the residents."

Conclusions

Defining social maladjustment in minors directed to re-socialization facilities is quite difficult because it consists of many behaviors, conditions, or psychological mechanisms (Kranc 2018, p. 28). It is worth noting that to properly define and recognize social maladjustment, one must perceive the behaviors of the individual throughout their development (Wysocka 2008, p. 209).

Based on the conducted research, several speculations can be drawn. The combination of manipulative behavior along with the co-occurrence of antagonistic-destructive behaviors may indicate, in the course of persistent behavioral disorders and with age, the development of antisocial personality traits with psychopathic characteristics. According to Hare's classification, the diagnostic criteria for psychopathy include manipulation, lack of empathy, antisocial behavior, and extreme irresponsibility – an inability to foresee the consequences of one's actions (Hare 2010, p. 23). Contemporary researchers of psychopathy (Czajkowski, Pokornicki 2019, p. 47; Boduszek 2011, p. 604–615) modify these diagnostic criteria by excluding antisocial behaviors and extreme irresponsibility. They retain manipulation, egocentrism, and lack of affective empathy. In both classifications, a lack of empathy and manipulation of the social environment play an integral role in the development of psychopathic traits.

In the comparative analysis of juveniles in the above studies, there is a clear increase in manipulative behavior and pathological lying, combined with a high incidence of antagonistic behaviors. Among these behaviors are unrelenting acts of physical cruelty and deliberate infliction of pain or injury, accompanied by persistent intimidation, bullying, and harassment. This may indicate intentional actions aimed at specific outcomes, resulting in a lack of guilt, compassion, and

empathy. Juvenile offenders exhibiting a lack of self-critical reflection, combined with manipulation of their environment and rationalization of their deviant behaviors, may fit a significant portion of the diagnostic criteria indicative of personality disorders with psychopathic traits.

In my assessment, this represents a rather dangerous trend in the evolving overall picture of juvenile social maladjustment over the past few years. It is worth summarizing that the surveyed juveniles operate in a constantly changing social reality. Over the past few years, the dynamics of lifestyle, education, family structure, communication methods, and the classification of new risk factors for developmental disorders in children and adolescents have been in constant flux. The unpredictability of contemporary changes in lifestyle impacts the sense of security and the world of desires and aspirations of today's youth, who, during their growth period, require stability in norms and values, which they clearly do not receive in response to their natural developmental needs.

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- [29] Rozporządzenie MENiS z dnia 7 marca 2005 r. w sprawie rodzajów i szczegółowych zasad działania placówek publicznych, warunków pobytu dzieci i młodzieży w tych placówkach oraz wysokości i zasad odpłatności wnoszonej przez rodziców za pobyt ich dzieci w tych placówkach, art. 16, pkt. 3.
- [30] Ustawa o wspieraniu i resocjalizacji nieletnich, art. 5, art. 6, pkt 9, (Dz.U. z 2022 r., poz. 1700).