Lidia Wawryk
ORCID: 0000-0002-8837-4052
University of Zielona Góra

The Importance of Diagnoses From Advisory Teams of Court Experts in Cases of Minors Addicted to the Internet and Computer Games and Showing Signs of Social Maladjustment

ABSTRACT

The article analyzes the significance of diagnoses from advisory teams of court experts (ATCEs) against minors addicted to the internet and computer games and showing signs of social maladjustment. The purpose of the article is to assess the importance of ATCE diagnoses in cases of minors revealing such symptoms. The research was based on the method of individual cases; two reports were selected for analysis from among the few available. The technique of document analysis was used on the ATCE reports. The main problem was to identify the role of the ATCEs in diagnosing and designing interventions for minors with signs of maladjustment, delinquency, and concurrent addiction to the internet and computer games. The analysis revealed the causes of abnormal behavior in minors and the mechanisms of these disorders and made it possible to select adequate measures against them.

KEYWORDS
social maladjustment, delinquency, internet addiction, computer game addiction, system of resocialization of minors, advisory teams of court experts, diagnosis of minors

SPI Vol. 26, 2023/2
e-ISSN 2450-5366

DOI: 10.12775/SPI.2023.2.002en
Submitted: 16.02.2023
Accepted: 17.04.2023

Introduction

The purpose of the article is to assess the importance of diagnoses delivered by advisory teams of court experts (ATCEs) in cases of minors revealing symptoms of internet and computer game addiction and symptoms of social maladjustment. Discussing the role of ATCEs in the diagnosis of minors first requires theoretical grounding: outlining the problem of internet and computer game addiction, presenting the essence of social maladjustment and its signs, and describing the way of dealing with minors. The author outlines and analyzes the diagnoses of minors with symptoms of internet and computer game addiction and with signs of social maladjustment who are under the court's supervision.

Selected types of addiction to the internet and computer games

Internet and computer game addiction are classified as behavioral addictions. The term *behavioral addiction* is used to describe compulsive activities which are repeated although they are harmful to daily functioning in various aspects of one's life and which are characterized by a strong desire or internal compulsion to engage in them (so-called hunger) with increasing frequency (increasing tolerance) and increasing difficulty in controlling the associated behaviors (Grzegorzewska, Cierpiałkowska 2018: 23). A review of the literature on behavioral addictions points to complex causes: biological (genetic/neurological), psychological (individual), and social (macro- and micro-social) causes which result in the "new addictions."

In this article, I introduce the phenomenon of addiction to the internet and computer games. This problem has been explored in scientific research in Poland for more than a decade (Kaliszewska 2005, 2007; Izdebska 2008; Bednarek, Andrzejewska 2009; Majchrzak, Ogińska-Bulik 2010; Pyżalski 2012; Jędrzejko, Rosik, Kowalski 2015; Rowicka 2015; Grzegorzewska, Cierpiałkowska 2018). Internet addiction disorder is also called internet addiction syndrome, WWW-holism, netoholism, netaddiction, pathological internet use, cyberaddiction, internet abuse, internet dependence, net-dependence, or cyber-dependence (Bębas 2012: 332; Klimczak 2012: 62, Pyżalski 2012: 93). Research on young people's internet use, carried

out in 2021 by CBOS (Center for Public Opinion Research), showed an increase in internet abuse as compared to the data from 2018. According to the research, more than a quarter of the respondents (26%) were teenagers at moderate risk of internet abuse, while one in 20 respondents (5%) showed more severe symptoms of addiction (Felisiak, Omyła-Rudzka 2022: 203).

Kimberly S. Young distinguishes the following subtypes of computer-related addiction: (1) *cyber sexual addiction*, e.g., viewing pornographic videos and pictures or participating in sex-oriented chatrooms, (2) *cyber-relationship addiction*, i.e., addiction to online social contact such as chatrooms and discussion groups or compulsive e-mailing, (3) *net compulsions*, (4) *online gambling addiction*, (5) *information overload*, i.e., searching for new information or browsing through databases, and (6) *computer addiction* (Woronowicz 2009: 477–478; Ogińska-Bulik 2010: 55; Grzegorzewska, Cierpiałkowska 2018: 212). Computer game addiction refers to playing single-player games (e.g., simulation, strategy, or role-playing games [RPGs]) or multiplayer games: massively multiplayer online games (MMOs), massively multiplayer online role-playing games (MMORPGs), massively multiplayer online first-person shooter games (MMOFPSs), massively multiplayer online real-time strategy games (MMORTSs), and others (e.g., e-sports or role-playing games) (Taper 2010: 169–173; Taper, Klimczak 2010: 83–86, Grzegorzewska, Cierpiałkowska 2018: 188).

The study of compulsive internet was pioneered by Kimberly S. Young and Mark Griffiths. Young formulated the criteria for internet addiction: a preoccupation with the internet, the need to spend more time online, attempts to limit the amount of time spent online, withdrawal symptoms when computers are unavailable, time management difficulties, difficulties in social functioning, underestimation of the amount of time spent online, and modification of mood through internet use (Young 1998; cf. Griffiths 1998; Griffiths 2004: 11–12; quoted in: Rowicka 2015: 7–8). Tao et al. (2007) presented a cyclical neuropsychological chain model of internet addiction which includes primary drive, euphoric experience, tolerance, abstinence, passive coping, and the avalanche effect (quoted in: Young et al. 2017: 25).

The criteria for internet addiction according to the DSM-5 are excessive involvement in online activities (associated with losing track of time and neglecting one's basic needs); withdrawal symptoms, such as feelings of anger, tension, and/or depressive states when not online; change in tolerance (increasing involvement in the internet); the need for better computer equipment (hardware and software) and more time online; and negative effects of excessive internet use, such as conflicts, arguments, poor performance at school or work, social isolation, and fatigue.

The criteria for gaming addiction in the DSM-5 are preoccupation with gaming; withdrawal symptoms when gaming is impossible; tolerance (a need for increasing time spent gaming); unsuccessful attempts to control gaming; loss of interest in previous pleasures and activities as a consequence of excessive gaming; continued engagement in gaming despite the consequences; deceiving family, therapists, and others about the time spent gaming; lying or hiding; using gaming as an escape from problems or as a way to regulate mood; and a risk of losing or compromising interpersonal relationships at work or school or jeopardizing career development due to excessive gaming (Grzegorzewska, Cierpiałkowska 2018: 190, 213).

To sum up, the addict suffers a number of consequences from addiction: (1) social consequences—disturbed social relationships, increasing social isolation/loneliness, neglect of school duties, neglect of social activities, and financial problems; (2) social and psychological consequences—emotional dysregulation and loss of behavioral control, disturbed sense of identity, irritability and nervousness, increased social tension and anxiety, disturbed sexual needs, cognitive disorder (e.g., obsessive thinking about the internet), narrowing of interests, and changes in communication skills; and (3) physical consequences—sleep problems, photogenic epilepsy, auditory hallucinations, skin, joint and muscle problems, or repetitive strain injuries (Kaliszewska 2007: 38–39; Grzegorzewska, Cierpiałkowska 2018: 198–199).

Sometimes the symptoms and effects of internet and computer game addiction are intertwined with other unfavorable symptoms, known as symptoms of social maladjustment, the essence of which are outlined below. I treat them separately in the article and I do

not link the symptoms of addiction with the symptoms of social maladjustment.

The essence of social maladjustment

Social maladjustment in young people has remained the subject of theoretical and practical analysis for years. In Poland, this subject has been taken up by many authors (e.g., Grzegorzewska 1959; Konopnicki 1971; Ostrihańska 1997; Pospiszyl, Żabczyńska 1985; Makowski 1994; Pytka, Zacharuk 1998, 2014; Urban 2000, 2001, 2008; Pytka 2000; Konopczyński 2006, 2014; Siemionow 2011; Opora 2016; Opora, Piechowicz, Jezierska 2017). A characteristic feature of maladaptive behaviors is that they are acquired throughout life, but they occur more often in some periods (e.g., during adolescence) and may form a single, unified system of negative behaviors, as a result of which the individual may tend to malfunction and behave in a dysfunctional manner (Jessor 2014: 241). Typical symptoms of social maladjustment in the family include running away from home, frequent conflicts, inadequate relationships with family members, rebellion, and failure to perform household duties. Social maladjustment at school presents as laziness, educational failure, violation of school rules, conflicts with teachers and peers, truancy, and failure to do homework, while maladjustment in one's peer group includes spending time in the company of troubled youths, belonging to subcultures, showing aggression toward peers, fighting, and being isolated and rejected by peers. Maladjustment may also be directed toward oneself, when it takes the form of self-harm, alcoholism, smoking, prostitution, promiscuity, drug addiction, substance abuse, etc. (Konaszewski, Kwadrans 2018: 59–60).

Lesław Pytka stresses the complexity of social maladjustment, which can be described from various perspectives as a variant of the child's social development that results in negative consequences for the child and their social environment; a type of behavioral disorder resulting from negative environmental conditions and imbalanced processes in the central nervous system; children's and adolescents' insusceptibility to typical upbringing methods, which prompts parents and educational institutions to look for special medical, psychological, and child-rearing interventions; personality disorders which

cause great difficulties for children and adolescents in adapting to the prevailing social norms and fulfilling life tasks; emotional disorders which disrupt coexistence with other people; and repetitive, fixed behaviors of non-compliance with basic rules of conduct that are considered valid for adolescents of a given age (Pytka 2000, quoted in: Rode et al. 2020: 102).

Students displaying symptoms of social maladjustment or addiction to the internet and computer games are handled by school staff, who have a variety of methods to prevent and reduce such symptoms. Sometimes these measures are insufficient, with young people showing advanced signs of addiction which lead to further socially maladaptive behavior. At this stage, it is advisable to initiate court-led interventions described in the legislation applicable to juveniles, in order to make an accurate diagnosis and to individualize interventions, as described below.

Legal regulations on minors—the role of advisory teams of court experts in the system of social rehabilitation of minors

For almost 40 years, the Act on Proceedings in Cases of Minors has been in force in Poland. Taking up the issue of legal regulations, I refer to the changes in the legislation on minors which took effect in June 2022 due to the new Act of 9 June 2022 on Supporting and Providing Social Rehabilitation to Minors. The law uses the term "deviance" to refer to attitudes and behaviors of minors that bear the hallmarks of social maladjustment. It is usually defined, for example, as a permanent tendency to behave in a certain way: to violate socially accepted norms, but also to engage in repeated behaviors that deviate from the accepted moral rules (Eichstaedt 2008: 37).

Article 2 of the Act of 9 June 2022 on Supporting and Providing Social Rehabilitation to Minors stipulates that action be taken against a minor in cases where they show signs of deviance or have committed a crime. In turn, Articles 3.1 and 3.2 state that a juvenile's case should be guided primarily by their welfare, with favorable changes in personality and behavior and, if possible, the proper fulfilment of parents' or guardians' obligations toward the minor and the interests of society in mind. The proceedings should take into

account the personal characteristics of the minor, in particular their age, state of health, level of mental and physical development, character traits, family situation, upbringing conditions and social environment, as well as the causes and degree of delinquent behavior and the nature of the offence and the manner and circumstances in which it was committed (Act of 9 June 2022 on Supporting and Providing Social Rehabilitation to Minors). The legislature emphasizes the need to take care of the juvenile's welfare and to individualize actions by collecting information about the minor and their environment, as well as indicates the need to act in accordance with this principle (Włodarczyk-Madejska 2018b). This principle involves the selection of appropriate means of dealing with the minor which will fulfill educational objectives and exert a good influence on them (Klaus 2009: 77).

The Act says that anyone who discovers circumstances indicating that a minor has engaged in deviant behavior has a social duty to counteract it and, above all, to notify the minor's parents or guardians, the school, the family court, the police, or another competent authority. The signs of depravation are described in Article 4§1: committing a prohibited act; violating the rules of social conduct; evading the obligation to attend school or study; using alcohol, drugs, psychotropic substances, their precursors, substitute drugs, or new psychoactive substances—hereinafter referred to as "psychoactive substances"; and practicing prostitution. Arts. 6 and 7 of the Act also detail the measures that can be applied to minors (Act of 9 June 2022 on Supporting and Providing Social Rehabilitation to Minors).

In selecting appropriate measures for dealing with minors, the court may cooperate with auxiliary institutions. One such institution is the advisory team of court experts (ATCE), which plays an important role in diagnosing minors who show traits of social maladjustment and depravation, profiling interventions with respect to juveniles, and other tasks. The history of the ATCE began in 1967 (formerly "diagnostic and selection institutions"; the name has been changed several times). Even before 1976, there was a tradition in Poland of psychological and educational centers carrying out research. However, not until the creation of diagnostic and selection institutions did it become possible to comprehensively describe such people (Sokołowska 1977: 29). In 1978, a decree of the Minister of Justice

brought about another change. Not only did the name of the institutions change, but so did the scope of their tasks, their subordination, and the rules of their operation. From that time on, the institutions were called "family diagnostic and consultation centers" (FDCC), and they became specialized institutions providing diagnoses, specialized care, and counselling in care and criminal cases involving minors and family matters (Ostrowska 2008: 232–233). Their diagnoses were linked to the principle of individualization, which involved conducting the relevant personal/cognitive tests. The premise of individualization encompassed criteria related to (1) the minor's personality, (2) the type of acts they have committed, and (3) their family background and living situation, which the court was obliged to take into account at every stage of the proceedings—especially when adjudicating measures against minors (Grześkowiak et al. 1984: 20–21). Many authors also analyzed the thoroughness and reliability of the diagnostic process, including Krystyna Ostrowska and Ewa Milewska (1986) and Stanisław Nieuciński (1985). In accordance with the Regulation of the Minister of Justice of May 13, 1983, these FDCCs were subordinated to the court where they were located. They conducted psychological, pedagogical, medical, and social examinations, issued reports on minors and their parents and guardians, and provided family counselling and specialized care for minors, as well as assistance to youth detention centers and juvenile shelters (Stańdo-Kawecka 2000: 252; Witucki 2022: 36–37).

According to Paweł Ostaszewski (2010: 10), one of the main objectives of juvenile proceedings was to design the best way to influence a given minor. The chosen measures also resulted from the Act on Proceedings in the Cases of Minors, which was in force at that time, primarily from Article 25 of this Act, which stipulated that the family court could request a report from, for example, an FDCC if it needed a comprehensive diagnosis of the juvenile's personality, requiring pedagogical, psychological, or medical knowledge or to determine an appropriate way to influence the juvenile. These reports were obligatorily issued before the court's decision to place the minor in a proper institution, which resulted from Art. 25§2 (Bojarski, Skrętowicz 2011). Research indicates that more than 80% of family court decisions followed the suggestions of those centers (Bojarski, Skrętowicz 2011: 117).

Since 2015, the legal basis for the functioning of FDCCs (Regulation of the Minister of Justice of August 3, 2001 on the organization and scope of family diagnostic and consultation centers), according to the Decision of the Constitutional Tribunal of October 28, 2015 (U 6/13), was considered to be incompliant with Art. 84§3 of the Act of October 26, 1982 on the Proceedings in the Cases of Minors and with Art. 92 Para. 1 of the Constitution. That is why, on the basis of the Act of August 5, 2015 on advisory teams of court experts, those centers were changed into ATCEs on January 1, 2016 (Włodarczyk-Madejska 2018b: 242). Thus, the valid act which regulates the functioning of ATCEs is the Act of August 5, 2015 on advisory teams of court experts (Journal of Laws 2015, item 1418). According to Article 1.1, (1) ATCEs operate in district courts and their task is to prepare—upon the order of the court or the public prosecutor—reports in family and guardianship cases and in juvenile cases, on the basis of psychological, pedagogical, or medical examinations. (2) The teams, upon the order of the court, also mediate, conduct interviews in juvenile matters, and provide specialist counselling for minors and their families. (3) The teams may cooperate with facilities that implement court decisions. Article 2.1 defines the composition of the team, which includes specialists in psychology, pedagogy, pediatrics, family medicine, internal medicine, psychiatry, and child and adolescent psychiatry. Article 3.1 specifies that the team prepares reports for courts and prosecutors in the jurisdiction of the proper district court in which the team works; in particularly justified cases, the team may issue a report for courts and prosecutors from outside the team's region (Act of August 5, 2015 on advisory teams of court experts). Another important aspect was standardizing the methodology for issuing reports, provided in the Regulation of the Minister of Justice of February 1, 2016 on the standards of methodology of preparing reports in advisory teams of court experts (Journal of Laws 2016, item 76, as amended). Each time, the scope of the report must be determined by the evidence; in juvenile cases, it should also determine the minor's degree of delinquency and should issue recommendations for further actions related to them (Rode et al. 2020: 44).

Justyna Włodarczyk-Madejska's research from 2015–2016 shows that, when issuing judgments, the courts had a diagnostic report (pursuant to Article 25§2 of the Act) in 99% of cases of minors

against whom they applied the strictest measures under Article 6 of the valid Act on Proceedings in the Cases of Minors. Reports were also issued in other situations when, for example, the minor showed mental disorders or caused certain educational problems that indicate a disorder, or there was a need for a detailed diagnosis of the juvenile's problems (Włodarczyk-Madejska 2017; 2018b: 171, 180). The research conducted among judges shows that they considered the diagnostic report to be the most helpful evidence in the decision-making process (87.7%). Other studies showed that 80% of the judgments converged with the suggestions of the diagnostic team (Włodarczyk-Madejska 2018b: 214; 2019: 192). As the literature on the subject shows, studies have also shown some use of diagnostic report in court decisions regarding minors (cf. Strzembosz 1984; Kołakowska-Przełomiec 1990; Woźniakowska-Fajst 2010). Nevertheless, Włodarczyk-Madejska emphasizes the need for diagnostic teams for the entire system of justice, and the importance of these tests and the reports based on them for the adjudication process and for taking action with regard to minors and their upbringing environment (Włodarczyk-Madejska 2017: 71).

Therefore, ATCEs diagnose the functioning of teenagers who show the symptoms of social maladjustment. It also happens that, apart from maladaptive symptoms, minors have other problems, for example, various types of disorders, including addiction to psychoactive substances, but also, more and more frequently, behavioral addictions, such as addiction to the internet or computer games. An individual diagnosis of the various areas of the juvenile's functioning makes it possible to determine the proper approach in their case.

Examples of minors diagnosed by an ATCE who reveal symptoms of social maladjustment/depravation and/or internet/computer game addiction

Presented below are some examples of diagnoses of socially maladjusted minors showing signs of internet/computer game addiction. The descriptions were made available for the purpose of this article by the head of the advisory team of court experts in Zielona Góra. I did not have my own diagnoses of minors from 2022, as such adolescents

are hardly ever diagnosed. These diagnoses were made before June 2022, and thus according to the requirements of the Act of October 26, 1982 on Proceedings in the Cases of Minors. They were the few diagnoses concerning juveniles addicted to the internet/computer games. They were selected deliberately and the data was anonymized (fictitious names were used in the analyses). Mainly, the pedagogical part was used, supplemented with some excerpts from the psychological part, from which conclusions were drawn. In making the diagnoses, an analysis of the files, interviews with the parents and minors, and observations and pedagogical/psychological diagnostic tests were used.

The diagnoses referred to the court's thesis of establishing the degree of delinquent behavior of minors and the reasons for their improper functioning, as well as indicating the type of educational measure that should be applied in a given case. The analysis of selected cases made it possible to learn about various aspects of minors' functioning (including in family and school), to identify the causes and symptoms of social maladjustment—in these cases, evasion/improper fulfillment of school obligations (which turned out to be the result of internet addiction)—and to determine the need for therapeutic interventions, and not only educational measures. The research was based on the method of individual cases, using the technique of document analysis. The main objective was to identify the role of ATCEs in making the diagnoses and designing the interventions for minors showing signs of deviance and concurrent internet/computer game addiction. The aim of this article was to assess the importance of the ATCE in diagnosing symptoms of social maladjustment and internet/computer game addiction, primarily in order to identify the causes and mechanisms of juvenile functioning and the trajectory of addiction development, and to indicate guidelines for working with these minors.

Characteristics of individual cases

Case 1: Bartosz, aged 17

Family situation: The minor's parents had an informal relationship that lasted several years. Their relationship was unstable and ended when the boy was about two years old. The father abused

alcohol. He was only part of his son's life from time to time; in recent years the boy had no contact with him. The minor's mother became involved with new partners several times. She married her first partner and gave birth to the minor's stepbrother, with whom the minor has a disturbed relationship. The stepfather was close to him, but the mother's relationship ended in divorce. Another of his mother's partners did not accept him and used psychological violence against him. Currently, the boy's mother is living with another partner. The stepbrother has a good relationship with this man, but the minor is in conflict with him. The mother does not emotionally accept her son; she remains distanced from him and has no upbringing influence on him.

School functioning, symptoms of maladjustment, and actions taken: The minor started elementary school a year earlier and completed it without delays. He then started to attend a vocational technical school. Initially he was fulfilling his school obligations, but later he started to skip lessons and avoid studying. In the following school year, he was not involved in the pandemic-related distance learning, which was why he was not promoted to the next year. He formally resumed his classes in Year 2, but he received many failing marks in the winter term. He underwent an examination at the psychological/educational counselling center, with a view to changing schools. This did not occur as a result of his mother's negligence. The court initiated an investigation due to the fact that the minor did not submit to his mother's parental authority and he was not fulfilling his obligation to attend school. At the end of the year, he was placed under the supervision of a probation officer for the duration of the proceedings.

Symptoms of addiction: During the period of distant learning, he stopped logging on to lessons and spent his time on the internet playing games. He was aggressive toward his mother when she tried to restrict his access to the computer. He neglected his hygiene and completely disrupted his sleep schedule. He increasingly withdrew from social activities, limited his contact with others, and for about a year spent most of his days in bed, playing on the computer, reacting with aggression to attempts to limit this activity. He benefited from meetings with a therapist at a prevention and therapy center, but he discontinued the therapy. He saw a psychiatrist and was recommended pharmacotherapy, which he also eventually discontinued.

He received inpatient psychiatric treatment in the hospital with a diagnosis of "other disorders of habits and drives (impulses)—gaming addiction" (F 63.8). After leaving the hospital, he briefly followed medical recommendations (to continue his psychiatric treatment, pharmacotherapy, and psychotherapy). He was not monitored by his mother in this respect. The boy conceals information about his internet addiction. He does not smoke cigarettes; he does not consume alcohol or use drugs. He has not made any suicide attempts.

Styles of functioning: When it comes to education, he is intellectually lazy, disorganized, and lacking cognitive interest. He is introverted, passive in terms of functioning style, and reluctant to establish and maintain relationships. In relations with his peers, he treats them with superiority and arrogance for fear of rejection. He lacks empathy and therefore has difficulty establishing and maintaining relationships with others. In the home environment with his reconstructed family, he is on the sidelines; he isolates himself and escapes into the virtual world. He tends to experience states of depressed mood and can be aggressive in situations of heightened negative emotions. In the process of socialization, he has learned to control life situations, to establish relationships based on fear, offence, and humiliation, to defend his needs and rights, and to avoid fulfilling his duties and complying with the expectations of adults whom he does not hold in authority.

Conclusions: The minor reveals an average level of depravation, with no symptoms of antisocial functioning. The abnormal functioning is related to his limited development in terms of stimulation, inappropriate socialization in childhood, emotional and upbringing negligence, as well as low cognitive, school, and social competences. An important cause of his functioning is his family, which he perceives as an environment full of tension and conflict. These tense relationships were undoubtedly shaped by his childhood, the absence of his biological father, and his mother's unstable relationships with men to whose expectations he, as a child, had to adjust. His mother's partners had left, which negatively affected his emotional development in forming proper emotional bonds with others. In adolescence, his defective habits and dysfunctional cognitive and personality characteristics came to the fore, which, to some extent, contributed to his inadequate school and social functioning.

Interventions with the juvenile should be aimed at organizing his daily activities and lifestyle, including periodic breaks from internet access, and should encourage other activities. He requires constant control of his behavior and activity and some changes in lifestyle, with possible outpatient psychiatric treatment and psychological support. The optimum corrective measure in the minor's current situation would be to consider placing him in a Youth Rehabilitation Center. He also requires urgent treatment and specialist help for behavioral addiction.

Case 2: Adam, aged 15

Family situation: The minor is an only child, coming from a marriage that ended in divorce. After his parents separated, the boy lived with his mother and periodically met with his father. He eventually moved to his father's home, i.e., to the apartment where the parents had lived before the family dissolved. The parents established alternate custody of the boy. Both parents have a university degree and a job. They do not reveal abnormalities in their behavior; they satisfactorily secure their living conditions. They have no parental influence on the social and school functioning of the minor, who has escaped their parental control and, in many aspects of his social life, decides for himself. He has problems at school and in social functioning.

School functioning, symptoms of maladjustment, and actions taken: In elementary school, he functioned normally in terms of education and peer group. Problems in school functioning began to emerge during the period of remote learning in Year 8, which coincided with the break-up of his family. The boy was skipping school; he was not logging on to online lessons, working in class, or doing homework. This resulted in him being held back for the year and failing to graduate from elementary school. It also prompted an investigation following a letter from the boy's school to the court. In addition to his learning problems and disregard for his school obligations, the minor displayed negative behavior toward his mother, teachers, and school staff. The parents were helpless in the face of their son's behavior. He was placed under the supervision of a probation officer for the duration of the case. He continued to fail in his

compulsory education obligations and was again at risk of not being promoted and not graduating from elementary school. At the request of the probation officer, his parents sent him for examination at the psychological/educational counselling center, with a view to being declared in need of special education and being placed in a youth sociotherapy center, which eventually took place and allowed the boy to finish elementary school.

Symptoms of addiction: The boy does not participate in any extracurricular activities or activities outside the virtual world. He spends most of his time on the internet: he makes friends online and can play for up to 7 hours a day. He reacts impulsively and defensively to attempts to stop him from using the computer. He has given up all other activities. His rhythm of everyday life is disrupted: he sleeps until midday and only meets friends in the city. He denies and downplays his problems. He reacts defensively and does not feel responsible for the consequences of his behavior. He reveals mood changes ranging from apathy to irritability and aggressiveness. He admits that he has a history of experimenting with alcohol and cigarettes. He has not harmed himself and has no criminal record.

Styles of functioning: At school, he does not make use of his potential intellectual abilities and resources; he is not motivated to learn or achieve success at school. He disregards the norms and rules of social conduct. The boy shows signs of behavioral and emotional disorders, as well as internal conflicts typical of adolescence. He suppresses negative emotions and rebels against adults. Adam has fears of abandonment and the future, so he "escapes" from reality into the virtual world. His family situation is very important to his functioning: he is growing up in a broken family and he stays with each parent in turn. Relations between the minor and his mother are disturbed and emotionally tense; he disrespects her and resents his father. The boy strives for independence and the ability to decide for himself. He does not recognize any authorities: he adopts an antagonistic, judgmental attitude and is verbally and physically aggressive toward his mother. The break-up of the parents' marriage, the disturbed relationship between them, and the lack of consistency in his upbringing have all undoubtedly strained the minor's already emotionally fragile psyche.

Conclusions: The boy's inadequate functioning results from emotional and social factors (family situation), repressed negative emotions of anger and irritation, and lifestyle changes and disorders in everyday functioning stemming from the uncontrolled, compulsive computer use and withdrawal from other forms of activity typical of his age.

An appropriate solution would be to continue the probation officer's supervision of the minor and to oblige him to attend classes at the youth center, supervised by the probation officer, and to participate in voluntary work. It is also advisable for him to undertake therapy for internet/computer game addiction.

General conclusions

When analyzing the diagnostic reports of minors with signs of deviance and symptoms of addiction to the internet and computer games, it should be stated that they are prepared according to the principle of the good of the minor and the principle of individualization. The information presented above shows that in Bartosz's case, despite educational and upbringing support from educators at school and supervision by a probation officer, his functioning did not improve. He did not have any strategy for solving his school problems. He spent many hours on the internet playing computer games. He had symptoms of behavioral addiction (to the internet) as well as motivational, volitional, and socioemotional disorders. Attempts at psychiatric treatment and therapy were unsuccessful. The teenager did not respect authority figures. He remained alone in the family; he had no loved ones and he closed himself off in his own world. Adam is a teenager with good intellectual aptitude, which he did not use in the process of education and personal development due to behavioral disorders and problems in emotional, motivational, and volitional functioning. He showed features of behavioral computer addiction, resulting in withdrawal from other activities and social functioning. He was subject to a process of deviance because his behavior deviated from the norms and rules of emotional and social functioning for a person at his age.

The analyses show that the symptoms of addiction are interrelated and should be considered causes of social maladjustment. In

addition, a holistic analysis of the juveniles' functioning revealed the causes of their functioning. In both cases, this referred to the original source of the disorder resulting from, among other things, personal predispositions and a malfunctioning family environment. This link and dependency is indicated by the research of Helena Kołakowska-Przełomiec (1978: 319–343), who notes that it is mainly the inappropriate atmosphere of family life (antagonisms and conflicts in the family, family breakdown, cohabitation, alcoholism, and inappropriate or even hostile attitudes toward children) that contributes to the child's maladjustment. Other factors include a lack of sufficient care and control, a lack of interest in the child's affairs, and a lack of appropriate role models. In addition, inappropriate attitudes of parents (e.g., inconsistency and strictness toward children) create a sense of anxiety, harm, and frustration in the children. The final link may be providing poor role models to the child (corrupted moral standards in the family or criminal behavior). Both diagnoses have shown the development of social maladjustment in the minors, which, according to Lesław Pytka (1993), is shaped by different factors: negative reactions to inappropriate influences from the social environment and the failure to satisfy the child's developmental needs (reactive behavior), the consolidation of negative reactions to the social environment because of this failure (disorders), and the autonomization, identification, and formation of a negative, antagonistic/destructive identity (maladjustment) (Wysocka 2008: 28; cf. Pytka 1993).

Conclusion

Adolescents today face many challenges growing up in a world of radical changes. The key task for this period of life, i.e., the formation of a mature, independent identity, is based on models drawn largely from the internet, where the modern adolescent has transferred most of their affairs. The years 2020 and 2021 (COVID-19 pandemic) showed that education, too, can function—to some extent—online. Active, time-consuming, often excessive participation in the virtual world, with its social networks and engaging online games, should be considered a sign of the times and a natural consequence of growing up in the postmodern culture shaped by the incredible development of communication technologies (Siemionow 2022: 23). Such

functioning may aggravate various problems faced by adolescents, which was certainly more noticeable during the pandemic. The cases of minors presented herein exemplify different signs of depravation, which resulted in problems at school, family conflicts, disrespect of authorities, and some features of addiction: over-involvement in online activities (noticeable loss of a sense of time and neglect of basic needs), withdrawal symptoms (anger, tension, and/or depressive states when not online), increasing online involvement (change in tolerance), increasing time spent online, and consequences of excessive internet use, including conflicts, quarrels, poor school performance, social isolation, and fatigue. These problems are also the source of the youths' deviance because, in both analyzed cases, the primary problem was the family environment. As Aneta Paszkiewicz points out, the consequences of living in a malfunctioning family are usually borne by the minor. Unable to cope with various difficulties, without sufficient support from loved ones, they fall into various conflicts and addictions, which sometimes resemble symptoms of delinquency. In effect, it becomes necessary to take steps toward the social rehabilitation of the minor. Juveniles often act under the influence of momentary impulses which—due to their not yet fully formed personality—they are unable to control. If we add to this the family's parenting negligence, it can be seen that juvenile offenders are often the victims of the conditions in which they live (Paszkiewicz 2015: 13). According to Joanna Jezierska and Justyna Siemionow, minors with behavior disorders are the "product of pathologies in family systems," which indicates a problem in the family (and its dysfunction as a system). The goal of young people's deviant behavior is often getting the attention of their parents. Unfortunately, when it comes to socially maladjusted young people, this call for help—for care, love, and involvement from their parents—is often ignored. This intensifies the dysfunctional behavior and increases the suffering experienced by the juvenile (Jezierska, Siemionow 2020: 66–67). Taking legal action, particularly a thorough diagnosis carried out by an ATCE, makes it clear how important it is to specify the reasons, degree of delinquent behavior, and suggestions for a proper medical, upbringing, or corrective measure—a measure that "would exert the best influence on the minor's social rehabilitation" (Andrzejewski 2022: 145). Social maladjustment is a complex category, which is why there is a need

to analyze the features and sensitivity of a socially maladjusted person and their social environment. This requires adopting different theoretical perspectives—psychological, pedagogical, and sociological—which, taken together, make it possible to better understand and explain the faults in socialization or upbringing, which is characteristic of a complementary (interdisciplinary) approach (Wysocka 2008: 308). New directions of research also indicate the need to include risk factors and protective factors in the model of diagnosing juvenile depravation. Such factors should refer to the theory of resilience or vulnerability, which not only helps explain behaviors with features of deviance, but can also suggest ways of reinforcing protective factors (e.g., individual or family-related ones) by emphasizing them. They also make it possible to determine the possibilities (or limitations) of the juvenile's development, thus taking into account their future behavior. Suggestions for therapeutic, educational, or rehabilitation interventions are a strength of the juvenile diagnosis model (Rode et al. 2020: 172).

Bibliography

Act of 26 October 1982 on proceedings in cases of minors (Journal of Laws 2010, issue 33, item 178), https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU19820350228/U/D19820228Lj.pdf, [access: 2.02.2023].

Act of 5 August 2015 on advisory teams of court experts (Journal of Laws 2015, item 1418), https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20150001418 [access: 2.02.2023].

Act of 9 June 2022 on supporting and providing social rehabilitation to minors (Journal of Laws 2022, item 1700), https://isap.sejm.gov.pl/isap.nsf/download.xsp/WDU20220001700/U/D20221700Lj.pdf [access: 2.02.2023].

Andrzejewski M. (2022). "Rola OZSS w sprawach nieletnich," *Dziecko Krzywdzone. Teoria, Badania, Praktyka*, vol. 21, no. 2, pp. 135–157.

Bednarek J., Andrzejewska A. (ed.) (2009). *Cyberświat – możliwości i zagrożenia*, Warszawa: Wydawnictwo Akademickie "Żak".

Bębas S. (2012). "Patologie i zagrożenia w sieci," [in:] S. Bębas, J. Plis, J. Bednarek (eds.), *Patologie w cyberświecie*, Radom: Wydawnictwo WSH, pp. 329–345.

Bojarski T., Skrętowicz E. (2011). *Ustawa o postępowaniu w sprawach nieletnich. Komentarz.* Warszawa: Lexis Nexis.

Eichstaedt K. (2008). *Postępowanie przed sądem w sprawach nieletnich*, Warszawa: Difin.

Felisiak M., Omyła-Rudzka M. (2022). "Zainteresowania i aktywności," [in:] M. Grabowska, M. Gwiazda (eds.), *Młodzież 2021. Opinie i diagnozy*, no. 49, Warszawa: CBOS, pp. 175–207.

Griffiths M. (1998). "Internet Addiction: Does It Really Exist?" [in:] J. Gackenbach (ed.), *Psychology and the Internet: Intrapersonal, Interpersonal and Transpersonal Applications*, New York: Academic Press, pp. 61–75.

Griffiths M. (2004). *Gry i hazard. Uzależnienia w okresie dorastania*, trans. A. Sawicka-Chrapkowicz, Gdańsk: Gdańskie Wydawnictwo Psychologiczne.

Grzegorzewska M. (1959). *Pedagogika specjalna*, Warszawa: Państwowy Instytut Pedagogiki Specjalnej.

Grzegorzewska I., Cierpiałkowska L. (2018). *Uzależnienia behawioralne*, Warszawa: Wydawnictwo Naukowe PWN.

Grześkowiak K., Krukowski A., Patulski W., Warzocha E. (1984). *Ustawa o postępowaniu w sprawach nieletnich. Komentarz*, Warszawa: Wolters Kluwer.

Izdebska J. (2008). *Media elektroniczne – kreujące obraz rodziny i dziecka*, Białystok: Trans Humana.

Jessor R. (2014). "Problem Behavior Theory: A Half-Century of Research on Adolescent Behavior and Development," [in:] R.M. Lerner, A.C. Petersen, R.K. Silbereisen, J. Brooks-Gunn (eds.), *The Developmental Science of Adolescence: History Through Autobiography*, New York–London: Psychology Press, pp. 239–256.

Jezierska J., Siemionow J. (2020). *Teoretyczne i praktyczne wymiary procesu resocjalizacji nieletnich*, Gdańsk: Wydawnictwo Uniwersytetu Gdańskiego.

Jędrzejko M.Z., Rosik B.P., Kowalski M. (2015). "Dlaczego i jak ludzie się uzależniają i co z tym dalej będzie," [in:] M.Z. Jędrzejko, M. Kowalski, B.P. Rosik (eds.), *Uzależnienia behawioralne. Wybrane aspekty*, Pułtusk–Warszawa: Akademia Humanistyczna im. Aleksandra Gieysztora, Oficyna Wydawnicza Aspra-JR, pp. 313–337.

Judgement of the Constitutional Tribunal of 28 October 2015, (U 6/13), https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20150001784 [access: 22.05.2023].

Kaliszewska K. (2005). "Psychologiczna charakterystyka zjawiska nadmiernego używania internetu," *Edukacja. Badania. Studia. Innowacje*, no. 4(92), pp. 115–125.

Kaliszewska K. (2007). *Nadmierne używanie internetu. Charakterystyka psychologiczna*, Poznań: Wydawnictwo Naukowe Uniwersytetu im. Adama Mickiewicza.

Klaus W. (2009). *Dziecko przed sądem. Wymiar sprawiedliwości wobec przestępczości młodszych nieletnich*, Warszawa: Wydawnictwa Akademickie i Profesjonalne.

Klimczak M. (2012). *Uzależnienie młodzieży od internetu jako problem wychowawczy i moralny*, Olsztyn: Studio Poligrafii Komputerowej "SQL".

Kołakowska-Przełomiec H. (1978). "*Środowisko rodzinne w świetle badań kryminologicznych*," [in:] J. Jasiński (ed.), *Zagadnienia nieprzystosowania społecznego i przestępczości w Polsce*, Wrocław: Zakład Narodowy im. Ossolińskich, Wydawnictwo Polskiej Akademii Nauk, pp. 319–343.

Kołakowska-Przełomiec H. (1990). *Nieletni sprawcy zbrodni (początki kariery przestępczej)*, Warszawa: Instytut Profilaktyki Społecznej i Resocjalizacji Uniwersytetu Warszawskiego.

Konaszewski K., Kwadrans Ł. (2018). *Zasoby osobiste młodzieży nieprzystosowanej społecznie. Uwarunkowania środowiskowe*, Kraków: Oficyna Wydawnicza "Impuls".

Konopczyński M. (2006). *Metody twórczej resocjalizacji*. Warszawa: Wydawnictwo Naukowe PWN.

Konopczyński M. (2014). *Pedagogika resocjalizacyjna. W stronę działań kreujących*, Kraków: Oficyna Wydawnicza "Impuls".

Konopnicki J. (1971). *Niedostosowanie społeczne*, Warszawa: Państwowe Wydawnictwo Naukowe.

Makowski A. (1994). *Niedostosowanie społeczne młodzieży i jej resocjalizacja*, Warszawa: Wydawnictwo Naukowe PWN.

Majchrzak P., Ogińska-Bulik N. (2010). *Uzależnienie od Internetu*, Łódź: Wydawnictwo Akademii Humanistyczno-Ekonomicznej.

Nieuciński S. (1985). "Psychologiczna diagnoza a ekspertyza psychologiczna dla potrzeb sądu. Analiza makrostrukturalna," [in:] *Diagnoza psychologiczna rozpoznawana przez sądy rodzinne. Materiały na sympozjum*, Kraków: Instytut Badania Prawa Sądowego, Instytut Psychologii Uniwersytetu Jagiellońskiego, Sąd Wojewódzki w Krakowie, pp. 128–152.

Ogińska-Bulik N. (2010). *Uzależnienie od czynności. Mit czy rzeczywistość?*, Warszawa: Difin.

Opora R. (2016). *Ewolucja niedostosowania społecznego jako rezultat zmian w zakresie odporności psychicznej i zniekształceń poznawczych*, Gdańsk: Gdańskie Wydawnictwo Psychologiczne.

Opora R., Piechowicz M., Jezierska J. (2017). *Współczesne modele i strategie resocjalizacji*, Warszawa: Difin.

Ostaszewski P. (2010).*Opinie diagnostyczne w sprawach nieletnich*, https://iws.gov.pl/wp-content/uploads/2018/08/IWS_Ostaszewski-P._145_Nieletni-opinie-diagnostyczne.pdf [dostęp: 11.04.2023].

Ostrihańska Z. (1997). *Losy uczniów nieprzystosowanych społecznie*, Lublin: Redakcja Wydawnictw KUL.

Ostrowska K. (2008). *Pedagogika resocjalizacyjna. W kierunku nowej specjalności psychologii*, Warszawa: Wydawnictwo Edukacyjne "Fraszka".

Ostrowska K., Milewska E. (1986). *Diagnozowanie psychologiczne w kryminologii. Przewodnik metodyczny*, Warszawa: Akademia Teologii Katolickiej.

Paszkiewicz A. (2015). *Warunki skutecznej pracy wychowawczej z dziećmi i młodzieżą niedostosowanymi społecznie*, Warszawa: Difin.

Pospiszyl K., Żabczyńska E. (1985). *Psychologia dziecka niedostosowanego społecznie*, Warszawa: Państwowe Wydawnictwo Naukowe.

Pytka L. (1993). "Nieprzystosowanie społeczne i jego odmiany," [in:] W. Pomykało (ed.), *Encyklopedia pedagogiczna*, Warszawa: Fundacja Innowacja, pp. 453–457.

Pytka L. (2000). *Pedagogika resocjalizacyjna. Wybrane zagadnienia teoretyczne, diagnostyczne i metodyczne*, Warszawa: Wydawnictwo Akademii Pedagogiki Specjalnej im. Marii Grzegorzewskiej.

Pytka L., Zacharuk T. (1998). *Zaburzenia przystosowania społecznego dzieci i młodzieży. Aspekty diagnostyczne i terapeutyczne*, Siedlce: Wydawnictwa Uczelniane Wyższej Szkoły Rolniczo-Pedagogicznej.

Pytka L., Zacharuk T. (2014). *Zaburzenia przystosowania społecznego Elementy pedagogiki reintegracyjnej i edukacji inkluzyjnej*, Siedlce: Wydawnictwo Uniwersytetu Przyrodniczo-Humanistycznego.

Pyżalski J. (2012). *Agresja elektroniczna i cyberbullying jako nowe ryzykowne zachowania młodzieży*, Kraków: Oficyna Wydawnicza "Impuls".

Rode D., Dukała K., Kabzińska J., Zalewska-Łunkiewicz K. (2020). *Kliniczna psychologia sądowa*, Warszawa: Wydawnictwo Naukowe PWN.

Rowicka M. (2015). *Uzależnienia behawioralne. Terapia i profilaktyka*, Warszawa: Fundacja Praesterno.

Regulation of the Minister of Justice of 1 February 2016 concerning the standards of methodology of providing opinions in advisory teams of court experts (Journal of Laws 2016, item 76 as amended), https://www.infor.pl/akt-prawny/U06.2016.013.0000076,metryka,zarzadzenie-ministra-sprawiedliwosci-w-sprawie-ustalenia-standardow-metodologii-opiniowania-w-opiniodawczych-zespolach-sadowych-specjalistow.html [access: 2.02.2023].

Regulation of the Minister of Justice of 3 August 2001 concerning the organization and scope of action in family diagnostics and counseling institutions (Journal of Laws 2001, issue 97, item 1063), https://isap.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20010971063 [access: 22.05.2023].

Siemionow J. (2011). *Niedostosowanie społeczne nieletnich. Działania, zmiana, efektywność*, Warszawa: Difin.

Siemionow J. (2022). *Resocjalizacja młodzieży niedostosowanej społecznie jako proces wspierania rozwoju psychospołecznego oraz kształtowania potencjałów*, Warszawa: Difin.

Sokołowska A. (1977). *Psychologiczna ekspertyza sądowa w sprawach dzieci i młodzieży*, Warszawa: Państwowe Wydawnictwo Naukowe.

Stańdo-Kawecka B. (2000). *Prawne podstawy resocjalizacji*, Kraków: Kantor Wydawniczy "Zakamycze".

Strzembosz A. (1984). *Postępowanie w sprawach nieletnich w prawie polskim*, Lublin: Redakcja Wydawnictw KUL.

Tao R., Ying L., Yue XD., Hao X. (2007). *Internet Addiction: Exploration and Intervention*, Shanghai: Shanghai People's Press.

Taper A. (2010). "Gry komputerowe – nowe źródło patologii zaburzeń wśród dzieci i młodzieży," [in:] M. Jędrzejko, D. Sarzała (eds.), *Człowiek i uzależnienia*, Pułtusk–Warszawa: Akademia Humanistyczna im. Aleksandra Gieysztora, Oficyna Wydawnicza ASPRA-JR, pp. 167–193.

Taper A., Klimczak J. (2010). "*Świat gier komputerowych i sieciowych*," [in:] J. Klimczak, M. Jędrzejko (eds.), *Człowiek w wielkiej sieci (nowe multimedia – źródło zaburzeń wychowawczych i uzależnień)*, Warszawa: Oficyna Wydawnicza ASPRA-JR, Fundacja Pedagogium, pp. 81–117.

Urban B. (2000). *Zachowania dewiacyjne młodzieży*, Kraków: Wydawnictwo Uniwersytetu Jagiellońskiego.

Urban B. (2001). "Pedagogika osób niedostosowanych społecznie," [in:] W. Dykcik (ed.), *Pedagogika specjalna*, Poznań: Wydawnictwo Naukowe UAM, pp. 301–310.

Urban B. (2008), "Zaburzenia w zachowaniu i niedostosowanie społeczne w świetle współczesnych wyników badań," [in:] B. Urban, J.M. Stanik (eds.), *Resocjalizacja*, vol. 1, Warszawa: Wydawnictwo Naukowe PWN, pp. 136–167.

Witucki B. (2022). "Funkcja ochronna i prewencyjna opinii OZSS w wypadku zagrożenia dobra dziecka," *Dziecko Krzywdzone. Teoria, Badania, Praktyka*, vol. 21, no. 2, pp. 35–56.

Woźniakowska-Fajst D. (2010). *Nieletnie. Niebezpieczne, niegrzeczne, niegroźne?*, Warszawa: Wydawnictwa Akademickie i Profesjonalne.

Włodarczyk-Madejska J. (2017). *Efektywność opiniodawczych zespołów sądowych specjalistów*, Warszawa: Instytut Wymiaru Sprawiedliwości, https://iws.gov.pl/wp-content/uploads/2021/11/2017_Analizy-416-JWlodarczyk-Madejska-Efektywnosc-OZSS.pdf [access: 22.05.2023].

Włodarczyk-Madejska J. (2018a). "Efektywność opiniodawczych zespołów sądowych specjalistów," *Prawo w Działaniu*, vol. 33, pp. 242–296.

Włodarczyk-Madejska J. (2018b). "Współpraca sądu dla nieletnich z instytucjami pomocniczymi w procesie orzekania," *Archiwum Kryminologii*, vol. 40, pp. 153–219.

Włodarczyk-Madejska J. (2019). "Zbieranie danych o nieletnim w praktyce polskich sądów," *Nowa Kodyfikacja Prawa Karnego*, vol. 53, pp. 183–198.

Young K. (1998). *Caught in the Net*, New York: John Wiley & Sons.

Young K.S., Yue X.D., Ying L. (2017). "Oszacowanie występowania i etiologiczne modele uzależnienia od Internetu," [in:] K.S. Young, C. Nabucco de Abreau (eds.), *Uzależnienie od internetu. Profilaktyka, diagnoza, terapia. Poradnik dla terapeutów i lekarzy*, trans. M. Jastrzębski, Zamość: Fundacja Dolce Vita, pp. 17–34.

Woronowicz B.T. (2009). *Uzależnienia. Geneza, terapia, powrót do zdrowia*, Poznań: Wydawnictwo Media Rodzina.

Wysocka E. (2008). *Diagnoza w resocjalizacji. Obszary problemowe i modele rozwiązań w ujęciu psychopedagogicznym*, Warszawa: Wydawnictwo Naukowe PWN.

ADDRESS FOR CORRESPONDENCE:

Lidia Wawryk
University of Zielona Góra
Institute of Pedagogy
e-mail: lwawryk@uz.zgora.pl