



Working together  
www.rcis.ro

**Revista de cercetare și intervenție socială**

ISSN: 1583-3410 (print), ISSN: 1584-5397 (electronic)

Selected by coverage in Social Sciences Citation Index, ISI databases

---

***DEVELOPING ALTERNATIVE UNDERSTANDINGS  
OF CONFLICTS THAT INVOLVE DELINQUENT CHILDREN  
THROUGH LIFE SPACE CRISES INTERVENTION***

*Mihaela TOMITA*

Revista de cercetare și intervenție socială, 2014, vol. 44, pp. 67-85

The online version of this article can be found at:

[www.rcis.ro](http://www.rcis.ro), [www.doaj.org](http://www.doaj.org) and [www.scopus.com](http://www.scopus.com)

---

Published by:

Expert Projects Publishing House



On behalf of:

„Alexandru Ioan Cuza” University,

Department of Sociology and Social Work

and

Holt Romania Foundation

REVISTA DE CERCETARE SI INTERVENTIE SOCIALA

is indexed by ISI Thomson Reuters - Social Sciences Citation Index

(Sociology and Social Work Domains)



# Developing Alternative Understandings of Conflicts That Involve Delinquent Children through Life Space Crises Intervention

Mihaela TOMITA<sup>1</sup>

## Abstract

This study is part of a broader research, conducted within the European project Promoting the Resilience of Delinquent Youth, financed by the European Commission and which has as target group delinquent children that are males, whom are residents in a reeducation center in Romania, being criminally sentenced by the court, with this educational measure. During the hospitalization in the reeducation center, these behaviors very often generate a series of conflicts, both between children and between them and the center's staff, supervisors, educators and other staff. Our study aims to demonstrate on the one hand the ability of these children to improve their behavior and to overcome conflict situations they face, situations assessed as being crisis situations through a specialized intervention called Life Space Crisis Intervention, shortly LSCI. During the research period, the resilience of these children was improved by default, this aspect being demonstrated in the same research and being directly linked to the intervention and activities developed with the children during their stay in the reeducation center. The purpose of all these interventions is the resocialization of these children through a complex recuperative treatment, in order to correct the undesirable behaviors and to form and develop the skills and attitudes that enable them to reintegrate into the community, directly related to individual, familial and societal available resources. On the other hand, our study will demonstrate that, beyond their criminal behavior, these children have a great capacity to change, which depends largely on the intervention of professionals and the use of methods of intervention, appropriate to the personality structure of each of them.

*Keywords:* delinquent minors; resilience; conflicts; reeducation; recuperative interventions.

---

<sup>1</sup> West University of Timisoara, Faculty of Sociology and Psychology, Timisoara, ROMANIA. E-mail: mihaela.tomita@socio.uvt.ro

## Introduction

Once entered in the field of the criminal justice system and admitted in a reeducation center, the delinquent child faces several other challenges specific to the custodial environment that requires a high capacity to adapt. This adaptation to the custodial environment and then again in the community, raises a number of questions about the child's resilience, from the perspective of adoption of a behavior according to the accepted rules of conduct, meaning the absence of delinquent behavior. The support from family, from educators and the community they return to, are the ingredients of success to strengthen protective factors and reduce the risk factors and implicitly assuming a non-delinquent behavior. Developing a coherent theoretical framework regarding the resilience of delinquent children, compels us to have knowledge of the child, his family and the community in which he has developed, lives in and will adapt to after the execution of the criminal sanction. To the need to bring together knowledge from the field of psychology, mental health, sociology, legal sciences, etc., the delinquent child's resilience claims for knowledge in the criminology field also. Can they be studied and interpreted separately when we see juvenile delinquency from the recuperative perspective? Obviously the answer is no, and is coming naturally from the need for complex and integrated knowledge of the phenomenon. Although the specialty literature is far from accepting a unitary definition of resilience, it is obvious that the ability to overcome any form of adversity is a challenge for the psychologists, psychiatrists, lawyers, sociologists, social workers, criminologists, economists, etc. Relationships, social life and the individual in his full complexity, generated a series of researches in various fields, which led to an "ecumenism" of knowledge obtained in each of these areas. It is difficult and a continuous challenge for researchers to identify and apply new concepts and methods of investigation without "reinventing the wheel to the cart". We are in an unprecedented dynamics, in which the researchers that explore the individual in the context of social, political and economic life try to integrate education, researches, theories and already existing knowledge, in order to come up with original and effective solutions for various vulnerable groups. Such a category is that of delinquent children, for whom there were done a variety of studies and researches, but that lead us to a series of other questions and unknowns centered on the need to identify useful and effective solutions to tackle anti-social behaviors. Juvenile delinquency perceived and accepted as an area of non-values, needs transformations through reactions and sometimes controversial interventions, starting from what is accepted or not, correct or not, ethical or not, moral or immoral, studied and proven or not. Models of best practice demonstrate us that what we consider to be new has a very old proven value. What we want to emphasize through our study is that the approach and intervention in the case of conflict and aggression of delinquent children, whom are residents in a custodial center, are

important to be resized in terms of the latest scientific researches, using the plethora of knowledge related to the development and behaviors of children in general. The resilience of delinquent children claims knowledge of risk and protective factors in order to find viable solutions in real time that change, influence and modify the socially undesirable behaviors. This is the essence and philosophy of sanctioning, resocialization and social reintegration of this category of children.

In working with delinquent children, all the recuperative interventions have as a philosophy the identification and elimination of irrational beliefs and learning new ways to respond in a critical situation and techniques to control negative emotions. Most of these irrational beliefs explain the consequences of maladaptive behaviors, such as aggressive and hostile tendencies, the tendency of permanent victimhood, etc. In addition to the criminal sanction, through the educational measure of internment in a reeducation center, a measure that isolates the child from the community for a certain period of time, the central objective of the correctional context is change. The assessment of the behavior of delinquent children requires, beyond their quality of subject of the offense, a deep concern towards knowledge and their reeducation, according to both their personality structure and the actual resources and possibilities of re-socialization and reintegration. The study of the juvenile delinquent personality is a necessary prerequisite in the reeducation work and is the basis of the optimization of educative actions and of the whole recuperative process.

## **Theoretical background**

### ***Resilient thinking to the delinquent child in the field of criminal justice***

By definition, adolescence is a time of important physical and psychological changes, but also one of rebellion and of struggling for acquiring an adult identity (Kerr & Stattin, 2000). Despite of, or perhaps precisely due to the impressive technological progress known by our society which has altered the very quality of social and even family relations, the likelihood for adolescents nowadays to partake in risky activities, thus increasing the possibility of negative consequences, is higher (The Carnegie Council for Adolescents' Development, 1995).

Adolescents are faced with challenges and difficult development tasks, also being exposed to extremely varied risk factors which, if protective factors are not sufficiently powerful, can lead to emotional and behavioral disorders, going as far as criminal behaviors. Research shows that the interval between 12 and 21 years of age is the most risky period with regards to victimization, delinquent behaviors and relapse (Bowen, El Komy, & Steer, 2008).

Jenson and Fraser (2006), in their list containing usual risk factors for adolescence and childhood problems according to levels of influence, present a number of risk factors that can be identified in the social and psychological profile of delinquent children. This is also applicable to the children comprised in this study, as almost all of those risk factors can also be identified in their personal history. These are: the lack of a stable emotional relationship with at least one of the parents or another person of reference for the child; the lack of an emotionally positive educational climate, one that confers structure; the absence of good behavioral models; the lack of social support coming from outside the family environment; the lack of a sense of responsibility within the family; temperament characteristics, such as flexibility, an outgoing nature; cognitive capacity, namely a below average intelligence level; a distorted self-image; the feeling of uselessness; a reactive or avoidance type reaction to stress, as opposed to an active one; unrealistic or inexistent planning for the future (Lösel & Bender, 2003).

Going beyond what these authors have mentioned, addressing at first the environmental factors these youth are faced with, difficult ones, here must be mentioned the unofficial norms and rules promoted in their neighborhoods and that are favorable to antisocial acts; the poverty and economical deprivation that characterize their socio-economic status, accompanied by a low level of education and little economic opportunities.

Referring now to the interpersonal and social risk factors these youth face, the family profiles show features often believed to be responsible for chronic antisocial behaviors (McEvoy & Welker, 2000). Their families of origin are often difficult ones, marked by weak communication, conflict and lack of organization, the link existing between parents and children being at best weak. Other characteristics of this family are inefficient parental discipline, parental criminality, drug and alcohol consumption in the family, abuse or neglect. The mentioned characteristics make it so that this type of family raise their children in an inappropriate manner, one that Farrington (1995) identified as being one of the most important independent predictors of juvenile delinquency (Farrington, 1995: 930).

Youngsters self perception regarding the decision taking process emphasized adults and stakeholders' low trust as one of the main obstacles in their low consultation and involvement in taking decision (Stoica, Vonica & Răduțiu, 2004: 248-250).

For the majority of these adolescents, their social situation also describes low school involvement, numerous social and scholastic failures, inconsistent administrative support, rejection from conformist peers and an association with antisocial ones, lack of consistency in abiding rules. Referring to resilience and individual risk factors for juvenile delinquency, Leone *et al.* believe that these often include hyperactivity, attention deficit, weak impulse control, the propensity

for risky actions, low social abilities, certain beliefs and attitudes linked to rage, instability, but the authors also mention a range of disabilities, such as learning disabilities, ADHD, emotional disorders, all being labeled in psychological specialty literature as risk factors for aggression and violent behaviors (Leone *et al.*, 2000).

According to the same authors, these children have often faced inadequate punitive responses in the community and in school, as a response to their own aggression or violent behavior, responses that include physical aggression, suspension, incarceration, these types of zero tolerance approaches in most cases proving their lack of effectiveness, leading actually to increased violence and aggression.

Thus, research conducted on this matter show that this type of approach should be replaced by a more proactive, integrative approach, one that aims at identifying the factors that contribute to enhancing protective factors, even in the presence of risk factors, it being well known that the two, protective and risk factors are present at the same time in the life of an individual, but in different ratios.

As can be seen from those presented above, the psychological and social profile of delinquent children demonstrates that the risk factors most often have a pattern of aggression and violence. Psychological immaturity and social deficit are structured in negative features that generate antisocial behaviors. They are influenced beyond the individual risk factors, by the multitude of interpersonal and social risk factors, dangerous friends and neighborhood, family with very low socioeconomic status, low level of education and at least, very low economic opportunity. This explains in large part the fact that most of the acts for which these children are sentenced are represented by thefts and burglaries. Based on their level of physical, mental and emotional development, many of these children have difficulties in adjusting to the carceral life, developing aggressive and self aggressive behaviors.

Based on the approach of resilience from the psychological perspective, in the last period, this concept is viewed as a panacea that can be explored in a multi and trans-disciplinary perspective, even printing a novel approach to the researches made in the field of criminal justice, in particular of the executional one. The efficacy of the executional criminal system depends on the success of social reintegration that became the interface for complex research approaches that uses both tools and methods of investigation specific for the human, social and legal sciences. Delinquent children need a special criminal treatment based on the knowledge in the complex field of social and human sciences, in an integrated manner. Thus, the approach of the delinquent child's resilience is increasingly becoming one of trans-disciplinary nature, requirement resulted from the impossibility of a separate application of knowledge and research results in the field of psychology, criminology, sociology, social work and even economy. The

influence of economic, political and social crisis has an important role in assessing the societal resilience in relation with the social reintegration of delinquent children. The resilience of delinquent children is a complex capacity to overcome difficulties and adversities through which they pass, in a continuous process of positive development based on protective factors, with the purpose of a proper reintegration into the society.

The vast majority of researches show that resilience is a result of the processes that protect the individual from the outstanding influence of risk factors and the individuals interactions with the environment (Zautra, Hall & Murray, 2010). The mentioned processes, that increase the change of the individual becoming resilient or increasing his resiliency level can be facilitated by social policies communities, schools, families (Leadbeater, Dodgen & Solarz, 2005).

Resilience requires that the individual make use of the interactions existing between these two categories of factors, as mentioned before, the total annihilation of risk factors not being possible through the activation of protective factors, the two categories coexisting, in different measures. Resilience can evolve or decrease in time, it can vary, be visible in different degrees in different situations, thus it is not a general and immovable state (Cyrułnik, Pourtois, 2007: 48).

Thus, resilience factors are those that lead to the diminishing of the potential of individuals to become involved in certain behaviors, those that create a buffer against risk factors and against become involved in delinquent behaviors. Clearly, the resilience of delinquent children is closely related to the community one, societal resilience.

In the studies conducted by Moffitt and his team there are highlighted the features that are appreciated as those of a resilient person and those different from them (Moffitt *et al.*, 2002: 179-207). Risk and protective, individual, family, or environmental (societal) factors, in the case of delinquent children, have been studied by many researchers that have shown that the process that leads to delinquency involves the balance, the equilibrium between risk factors which favors the appearance of anti-social behaviors (Palermo, 2009: 247-248; Mowder *et al.*, 2010: 326-337; Fougere & Daffern, 2011: 244-253). The accumulation of protective factors at the expense of risk factors favors the process leading to resilience, implicitly to the health and physical, moral, spiritual integrity and more.

Unfortunately, due to the specific of the institution in which the minors comprised in the study are incarcerated, characteristics that will also be presented in this paper, some of the factors mentioned previously cannot be addressed, these being the environmental factors or those closely related to their home environment, such as family climate, their neighborhood etc. We come thus to the understanding that during the interventions aimed at increasing these children resilience, efforts must be focused on those factors that can be addressed, mo-

dified. To this sense, within each category of risk and protective factors mentioned by the afore mentioned authors, there are highlighted those that have or may have an important share and that beyond knowing them can be “positively affected” within the recuperative interventions.

The level of autonomy, social abilities, problem solving abilities, independence, empathy, task orientation, curiosity, relations with peers and a sense of purpose and of future are such factors that can be acted upon through intervention programs in such institutions with the purpose of increasing the resilience of adolescents. Social skills translate into the ability of children to identify different solutions to social problems and include the ability to assess the consequences of one’s actions, to behave socially correspondingly, to efficiently solve interpersonal issues, to appropriately answer to social hints (Rutter, 1987). Also, according to Werner and Smith (1989), a vital factor for the resilience of children consists of the responsibilities and tasks awarded to these children in both communities and schools, this being tightly related to their sense of self worth and utility (Rutter, 1984: 76).

The final measure of the delinquent child’s resilience in terms of the criminal justice system is given by the success in not relapsing in the delinquent behavior.

### ***Reeducation Centre – an educational and therapeutic universe for the delinquent child***

The reeducation center is a specialized recovery institution of the child / juvenile delinquent. At the basis of its organization and operation are the existing national legislative documents and the UN Convention provisions, regarding the rights of the child, aiming to : ensure an adequate standard of living, normal physical and psychosocial development, protection against any form of abuse or maltreatment, personalized education, spiritual, religious and free speech freedom, privacy of individuals , preservation and development of relationships with the family. The reeducation center is a semi-open institution whose structure allows interned children to engage activities in both semi-open (within the institution) and open (in the community) environment, along with youth of the same age, thus enabling a gradual reintegration into the community. An important feature of the reeducation center is the weight change of actions in holding safety, education and psychosocial support. This feature is highlighted by the effective occupation of the time of interned children through their involvement in educational programs developed in the center or in the community.

Based on analyzing the special needs of minors who have committed crimes and who are undergoing educational measures, there are promoted the following principles underlying the organization of the reeducation center activity: (1) a) respecting, promoting and ensuring the rights that relate to: adequate standard of



living, adequate physical and psychosocial development, protection against any form of abuse or maltreatment, personalized care and education, spiritual and religious freedom and freedom of expression, privacy of individuals and not least maintaining / developing relations with their families and social and family reintegration; (2) non-discrimination based on race, color, sex, language, religion, nationality, ethnicity and social appurtenance, wealth, disability , birth or his situation or of the parent or guardian; (3) recovery of the juvenile in the reeducation center by ensuring conditions as close to normal life; (4) carrying out recuperative activities in accordance with the individualized intervention plan based on the assessment of the specific situation and needs of each minor.

The child's personality development envisages the personalized intervention, promoting the right to identity and personal history, parental-type relationships between educators and children, the child's active participation in their own process of change, promoting good relations between the children in the center. The individual integration plan involves the transformation of the child in the protagonist of his own integration process. For his family and social reintegration, considering the family as a partner in the education, the family, social and professional integration of the child is a priority. Parents are encouraged to visit their children at intervals of time as small as possible, and on the occasion of events or holidays, in order to perform different activities together. Children who do not follow the rules and their duties and in relation to the seriousness of the offense and the characteristics of the behavior of each child, after a previous research, they are applied one of the measures: rebuke in front of the group of children or in front of the teachers board, separation from the other children in a specially designed room for one to ten days, disciplinary removal to another reeducation center and in the worst case, the execution of the custodial educational in departments with restrictive regime. The disciplinary measures shall be determined by the disciplinary commission as a result of the disciplinary proceedings browsing.

Moreover, for the misbehaviors of a lesser severity, there may be applied the following alternative sanctions with educational role, designed to motivate the child to behave appropriately: suspension from sports activities, the phone received from the family, community activities, viewing TV programs, participation in cultural activities, etc. In the scenery of the profile institutions, the Reeducation Center is, by its organization, not just a custodial institution, but a true educational community that emphasizes not the isolation of the child, but his protection and rehabilitation in a safe environment, with educational and therapeutic values. The purpose of the center is to provide education and assistance to the children for their social reintegration. Given the fact that the deprivation of liberty leads to social isolation, with negative influences on personality development, the philosophy of the center is to direct its educational interventions to new models and relational networks that support interned children to gain a sense of social utility,

with positive effects on their self-image structure. The recovery/recuperative activity of the delinquent children is an individualized one, starting from the assessment of their needs of development (taking into account the age, health status, family origin, personality and behavioral characteristics, individual capabilities, educational level, causes and motivation that caused the offense).

***LSCI: A process for talking with children in crisis***

Life Space Crisis Intervention (LSCI) is a therapeutic, verbal strategy for intervention with students in crisis, conducted at the time the crisis occurs or as soon after as possible. Its roots go back to the early 1900s, being traced to August Aichorn, educator and psychoanalyst who directed a school for delinquent boys and in whose treatment he translated psychoanalytic concepts into operating principles (Redl, Wineman, 1952). His work was continued and improved upon by one of his students, Fritz Redl, who was trained as a psychoanalyst by Anna Freud and who devoted his work to treating juvenile delinquents, by attempting to understand why children's controls break down, how some of them defend themselves so successfully against the adults in their lives, and what can be done to prevent and treat such childhood disorganization<sup>3</sup> (Redl, Wineman, 1957: 13). This in itself is testimony of the effectiveness of the intervention in the case of juvenile delinquents, as it is for this category of children that it was first developed.

The process of LSCI uses children's reactions to stressful events related to: behavior change, enhance of self-esteem, reduction of anxiety, and expanding understanding and insight into their own (and others') behavior and feelings. LSCI can be used with children and youth in situations where reaction to stress is a concern, and with students who are unable to control or manage their own behavior appropriately. LSCI focuses on crisis that occurs when an incident escalates into conflict between a student and others. Because such crisis involves a student's immediate life experience (the "life space"), it is an optimal time for learning. Children are intensely involved in situations that hold personal significance or have disrupted their sense of well-being. Adults who work with students in crisis need to understand the conflict from the student's point of view, while also promoting the child's active choice and personal responsibility for his own behavior. One of the most important steps in helping troubled children to become more realistic and responsible for their behavior is to help them understand the feelings that drive their behavior.

It is helpful for children to see the connections between their feelings and their behavior. As LSCI begins, there is an exploration of the child's understanding of the event. LSCI then expands to feelings that evoked the behaviors and the reactions of others to those behaviors. As the incident is clarified and expanded, the *central issue* is formed. During the process, the focus often shifts from the incident to a deeper, more serious, underlying concern not easily or directly

expressed by the child. At this point, the process takes a turn toward problem solving and away from problem exploration. Together, adult and child explore ways to ameliorate both the immediate incident and associated long-term problems. Behavioral alternatives are selected to resolve the present crisis and to achieve better outcomes when stress occurs again in the future (Long, Wood & Fecser, 2001).

### **Research methodology**

At the basis of this study is an initial research carried out in one reeducation centre, in which there were used the Achenbach System of Empirically Based Assessment (ASEBA) questionnaires and in which it was aimed to obtain standardized data on certain skills, adaptive behaviors and problems of juvenile offenders, residents in the reeducation center. Starting from the profile of children in this type of custodial institutions, by using these tools, it was aimed to obtain individualized descriptions, which are oriented towards both negative aspects about their behavior, but also to the strengths that can be harnessed by the intervention conducted within the direct activities with children.

The assessment of adaptive functioning of children in the center, interests not only in terms of conduct disorders, but also in terms of affective, somatic, anxiety disorders, etc.. The most important categories of problems followed in basic researches were directed towards: anxiety- depression, social relations problems, behavioral violations of rules, aggressive behavior. Following the results obtained from the evaluation of these children, there were organized a series of activities performed consistently with them. Also the therapeutic LSCI interventions were performed in all cases of conflict occurred during the 12 months. For this purpose there was followed the behavior of a group of 110 children, but for the accuracy of the research, we have considered only 56 children who could be followed integrally over the 12 months. The difference represents the inputs and outputs from the system or the transfer to other units in the prison system. All subjects are males and are aged between 14 and 20 years old.

*Our main research question was:* What are the effects of the implementation of LSCI on the disruptive behavior of the delinquent children? For our exploratory and quasi-experimental study, the data were collected in the reeducation centre over a 12 month period. In order to register the conflicts there was used a registration form. The monitored conflicts were those between children, between children and centre staff and those between the children and the project team. Thus, out of the 56 children, 38 were involved in one or more conflicts, and the immediate consequence was that of the intervention with the LSCI method, regardless whether there were major or minor conflicts.

## Results

The data processing was done through the programs Statistics for Windows, State Software, Inc. 1995 and Excel. There were calculated: the Pearson coefficient, mean, standard deviation and index variation. Age variable has a uniform distribution with a coefficient of variation of 6.6 and the skewness and kurtosis coefficients show a normal distribution (marked correlations are significant at  $p < .05000$ ). The variable number of aggressions noticed in the last 12 months has a low homogeneity (coefficient of variation of 82.46) without tendencies of flattening or opacity.

Table 1. *Pearson coefficient and index variation*

Places of incidents	Pearson	p
The target of aggression	0,658266	0,00000
The type of aggression	0,373689	0,00455
Consequences	0,59915	0,00000
Motivations	0,524019	0,00003
Number of aggressions	-0,60418	0,00000
The target of aggression	Pearson	p
The type of aggression	0,794067	0,00000
Consequences	0,872139	0,00000
Motivations	0,523569	0,00003
Number of aggressions	-0,84416	0,00000
Consequences	0,792861	0,00000
The type of aggression	Pearson	p
Motivations	0,467265	0,00028
Number of aggressions	-0,6914	0,00000
Consequences	Pearson	p
Motivations	0,724624	0,00000
Number of aggressions	-0,83462	0,00000
Motivations	Pearson	p
Number of aggressions	-0,49863	0,00009
Age	Pearson	p
Educational level	0,376478	0,00424
Places of incidents	-0,37689	0,00419
The target of aggression	-0,43483	0,00081
The type of aggression	-0,38979	0,00298
Consequences	-0,45983	0,00036
Motivations	-0,39012	0,00296
Number of aggressions	0,393764	0,00268

The following graphics indicate the area where we have the distribution of values, median, minimum, maximum and we observe that for the age, the normal distribution of values and a particular distribution of values for the number of aggressions is confirmed.

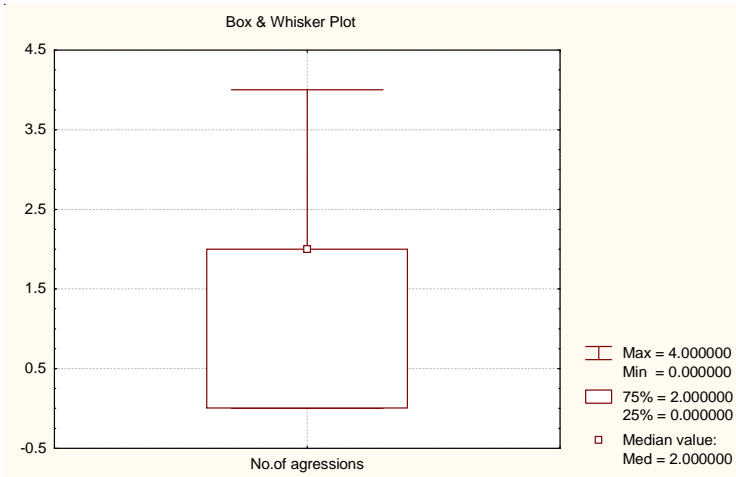


Figure 1. Distribution of values for the criterion number of aggressions

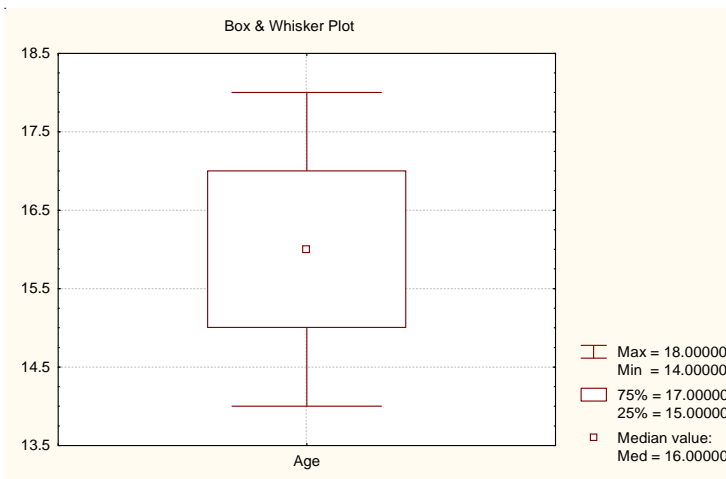


Figure 2. Distribution of values for the criterion age of subjects

The number of aggressions according to the age of children is shown in the graphic bellow:

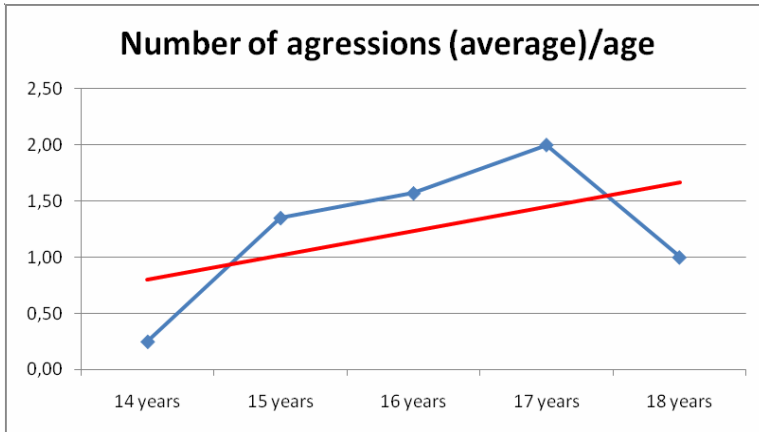


Figure 3. Number of aggressions according to age of children

Processing the data obtained, as a result of registering significant elements related to the conflict, allowed us to realize profiles for the age variable, place of incidents (conflict), motivation and type and target of aggression. The profile for age variable shows us that it is essential in relation with the place and the target of aggression. Thus, 87.50% of the children have registered self-aggressions and their place is in the room where they sleep without being able to clarify its motivation. Only 12.50% think that in this way they have took revenge on others.

In the figure below, the frequency calculations show us that the largest number of conflicts/aggressions occur during educational activities, during recreational activities and during meals in the canteen.

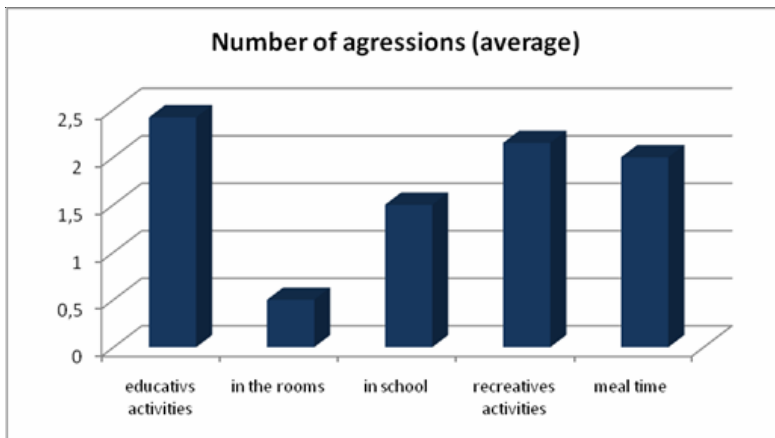


Figure 4. Number of aggressions during each considered activity type

In terms of motivation, there are not significant differences by age, but we observe that 85.71% of the children claim the excuse of challenge from others (when the aggression is directed toward other children or staff), while only 12,50% consider that breaks are too short or revenge lead them to become aggressive. The profile of the type of aggression shows that physical aggression is present in the largest share, 44.44% during educational activities, 33.33% in the room, 22.22% during recreational activities and it is missing during school, meals, which shows that the supervision specific to this custodial institution is a priority and an effective means of control. Verbal aggression is also a majority, 76% against other children, especially during recreational and educational activities, and threats are predominantly oriented towards other children and objects. From our research these results a very high percentage of threats seen as attempts of physical self-aggression, 81.82%, which can be correlated with a number of features related to the psychological profile of the child in this environment. In order to illustrate our results, we have chosen to present in *Table 2*, the profile for target of aggression that we appreciate as very interesting because in outlines on the one hand, the role of educational level, the place where conflicts occur, the type of aggression or self aggression and motivation of children in direct connection with this.

The last conclusion of the present study shows that, although the family has an important role in improving the resilience of the delinquent child, resident in a reeducation center, the number of conflicts appear not to be influenced by the fact that they are visited or not, which shows that the major influence is exerted by the environment.

Considering the relevant view of educators from the reeducation center where the study was conducted, we present below, some of them.

*„Conflicts of this kind are nothing special in this environment. It happens almost every day, but it is obvious that applying the LSCI specialized interventions, significantly decreased the number of severe aggressions. It is a totally different atmosphere in the center.”*

*„LSCI is a realistic response to the aggressive behaviors of children. We did not know until now what to do when the child enters the classroom angry because something happened. Surely we want to calm him down, but can we? First we have to keep our calm. Now we know we can do something and most of those who have benefited from this intervention thanked us and have become wiser.”*

*„This intervention is really therapeutic and it works. This gives us satisfaction and makes us feel useful and particularly professional. Now, when we talk about an incident, conflict, and use the language and terms of LSCI, almost instantly we know what to do.”*

Table 2 Profile for target of aggression

Items		self aggression	others children	staff	objects
Age (average)		16,07	15,30	17,00	16,00
Ethnicity	Romanian	45,00	44,83	20,00	100,00
	Rroma	55,00	55,17	80,00	0,00
Level of education	elementary	15,00	6,90	0,00	0,00
	gymnasium	85,00	93,10	100,00	50,00
	high school	0,00	0,00	0,00	50,00
U/R areas	urban	25,00	37,93	40,00	50,00
	rural	75,00	62,07	60,00	50,00
Family visits	no visits	70,00	72,41	60,00	50,00
	visits	30,00	27,59	40,00	50,00
Places of aggression	educational activities	0,00	34,48	80,00	0,00
	recreational activities	0,00	41,38	20,00	0,00
	school	0,00	3,45	0,00	50,00
	meal time	0,00	3,45	0,00	0,00
	room	100,00	17,24	0,00	50,00
Type of aggression	physical	10,00	24,14	0,00	50,00
	verbal	0,00	65,52	100,00	0,00
	threat	90,00	10,34	0,00	50,00
Consequences	LSCI interventions	0,00	100,00	100,00	100,00
	no interventions	100,00	0,00	0,00	0,00
Motivations	no causes	0,00	10,34	0,00	50,00
	provocation	0,00	41,38	0,00	50,00
	too short break	100,00	10,34	60,00	0,00
	revenge	0,00	37,93	40,00	0,00
No. of aggressions (average)		0,15	2,03	3	1,5
No. subjects		20	29	5	2



## Discussion and study limitations

The need for a supportive and consistent methodology to cope with the high amount of conflicts and crisis situations is a common experience for staff members working in re-education centers for delinquent children with emotional and behavioral disorders. Based on identified problem areas in the Reeducation Centre, we wanted to evaluate all the conflicts between children and all the conflicts between children and adults. In other words, did the implementation of LSCI result in a decrease of conflicts? The baseline was 12 months prior to the implementation of LSCI, in which the center management has highlighted a number of conflicts in which children were involved. In the next 12 months, subject of our study, all conflicts were recorded and then we intervened with LSCI. The registration form we designed was based on the model offered by our Belgian partners OOB, which we adapted to the population profile of the reeducation center. This gave us detailed information regarding the conflict such as place, day and involved child/children and staff member(s). We described conflicts as the most escalated kind of disturbed relationships. A conflict implies a collision and a struggle of different needs and causes harm and/or injury to all parties. During the pre-test, 196 conflicts were registered. After 12 months of implementation, only 137 conflicts were registered. This shows a significant decrease of conflicts reported by staff members. Of course, we are aware that there are a number of conflicts that remain unidentified.

One of the permanent problem areas in reeducation centers is the aggressive behavior of the children and the lack of skills of staff members to deal with this behavior. Although the target group did not remain stable, but for those who have benefited from the LSCI, it proved to be effective in dealing with conflicts in the centre. Not only the number of conflicts decreased, but in the interviews at the end of the project, several staff members reported that they felt better able to cope with these problems. Clear expectations of children's behavior permits the teacher, educator or counselor to intervene effectively. Our findings suggest a significant change in the perception of coping with problem children, from one of control and punishment to one of cooperation, responsibility and proactive discipline. D'Oosterlinck, Broekaert and Denoo (2006) performed a qualitative research study about youth experience in LSCI. The most important conclusion of their study is that the LSCI strategy of talking with children and youths in a crisis helps to reduce their destructive and painful thoughts and feelings. It also allows for a more positive look to emerge regarding their role in the conflict.

Finally, we can underline that as research shows, ignoring or negatively approaching conflicts leads to distrust, anger, aggression, anxiety and difficult learning situations (Deutsch & Coleman, 2000). Conflicts that are dealt with in a positive manner increase productivity in the classroom and lead to desirable outcomes (Deutsch & Coleman, 2000). From the perspective of scientific validation of the

results of our study, we consider that the relatively small number of children and the short period of time in which the research was conducted (12 months) are the main limitations of our study. The fact that after the intervention, some of these children have been released or transferred to other custodial units limited the possibility of monitoring them and maintaining them in the established program both in terms of personal development and the actual change of behavior. Moreover, this barrier explains in part, the high rate of relapse of these children, demonstrated in most of the specialty studies. For broadening the research area and getting relevant results, it is also necessary to take into consideration a control group.

On the other hand, the final limitation is the fact that there were only boys involved in the research; this means that the conclusion cannot be generalized to girls. In conclusion, we can show that our study introduces several new understandings regarding the management of aggressive behavior of children being in a reeducation center and although as we have shown, there are a number of limitations, it opens the possibility to continue these researches and supplement them with other significant elements.

## **Conclusion**

Working with delinquent children is a continuous challenge. On their journey, from childhood to adulthood, young people need to test limits, discover boundaries, explore the unknown and search for meaning and direction in their lives. What matters is the level of risk. For some children the risk can be life-threatening to themselves, to others and to people in their community. Caught up in dangerous and destructive behavior, these children have become used to a sense of power that is rooted in violence and aggression. (Broadwood & Fine, 2011)

The individualization of the recuperative intervention of delinquent children sentenced to the educational measure of internment in a reeducation center is the main prerequisite for improving their resilience. Although the institutionalized environment of the reeducation center has a number of rigid features, the involvement of specialized staff by providing emotional and affective support can play the role of a true guardian of resilience.

Using LSCI has become a constant and an important need for the intervention in conflict situations, in situations of crisis faced by children in this environment, but improving the resilience of this category of children is tributary to the low intellectual level, which remain the main barrier.

As a measure of efficacy for the application of the LSCI method in this type of custodial institution for juvenile delinquents, there was observed a significant decrease in the number of conflicts, namely severe aggressions that were

highlighted in their evolution at each month of the 12 monitored months. If a year ago there were registered 196 incidents / conflicts / aggressions, requiring intervention from the security agents, their number decreased with 31% during the studied period (No=137).

Also, the center's staff mentioned a number of major changes in the children's behavior after the LSCI interventions.

The conclusion is that the LSCI method applied for child offender residents in correctional institutions opens a number of opportunities of supportive and recuperative intervention and has proven its effectiveness even in the context of the limitations of this study.

## References

- Bowen, E., El Komy, M. & Steer, C., (2008), *Characteristics associated with resilience in children at high risk of involvement in anti-social and other problem behavior*, Findings 283. London, Home Office
- Broadwood, J. & Fine, N., (2011), *From Violence to resilience. Positive transformative programmes to grow young leaders*, Jessica Kingsley Publishers, London and Philadelphia, 14-15
- Cyrulnik, B., Pourtois, J., (2007), *Ecole et resilience*, Odile Jacob, Paris
- Deutch, M. & Coleman, P.T. (2000). *The handbook of conflict resolution. Theory and Practice*. San Francisco, Jossey-Bass Publishers.
- D'Oosterlinck, F., Broekaert, E., & Denoo, I. (2006). *Conversations with Youth in Conflict*. *Reclaiming Children and Youth*, 15(1): 45-51.
- D'Oosterlinck, F., Soenen, B., Goethals, I., Vandeveld, S. & Broekaert, E. (2009). *Perceptions of staff members on the implementation of conflict management strategies in educational and therapeutic environments for children and youth with emotional and behavioural disorders*. *Therapeutic Communities*, xx-xxx.
- Farrington, D., P. (1995), The development of offending and antisocial behavior from childhood: Key findings from the Cambridge Study in *Delinquent Development*. *Journal of Child Psychology and Psychiatry*, 36, 929-964
- Fougere, A. & Daffern, M., (2011), *Resilience in young offenders*, *Int.J.Forensic Mental Health*, 10
- Grskovic, J.A. & Goetze, H. (2005). *An evaluation of the Effects of Life Space Crisis Intervention on the Challenging Behavior of Individual Students*. *Reclaiming Children and Youth*, 13(4), 231-235.
- Ionescu, S., (2011). *Traite de resilience assistee*, Paris: Presses Universitaires de France.
- Jenson, J.M. & Fraser, M.W. (2006). A Risk and Resilience Framework for Child, Youth, and Family Policy. In: Jenson, J.M., Fraser, M.W., eds. *Social Policy for children and families: a risk and resilience perspective*. Belmont, California: Sage Publications.
- Kerr, M. & Stattin, H. (2000). What parents know, how they know it, and several forms of adolescent adjustment: Further support for a reinterpretation of monitoring. *Developmental Psychology*, 36(3), 366-380.

- Leadbeater, B., Dodgen, D. & Solarz, A. (2005). The resilience revolution: A paradigm shift for research and policy? In R.D. Pters, B. Leadbeater, R.J. McMahon (Eds.). *Resilience in children, families and communities: Linking context to practice and policy* (47-61). New York: Kluwer Academic/Plenum.
- Leone, P.E., Mayer, M. J., Malmgren, K. & Misel, S.M. (2000). School violence and disruption: Rhetoric, reality, and reasonable balance. *Focus on Exceptional Children*, 33, 1-20.
- Long, N.J. & Fecser, F.A. (2000). *Managing troubled and troubling students in crisis: The skill of connecting and reclaiming children and youth involved in self-defeating patterns of behaviour*. Hagerstown, MD: Life Space Crisis Intervention Institute.
- Long, N.J., Wood, M. & Fecser, F.A. (2001). *Life Space Crisis Intervention. Talking with students in conflict*. Austin, Tex: Pro-ed, 4-6.
- Losel, F, Bender, D., (2003), Protective factors and resilience. In D.P. Farrington and J.W. Coid (eds.) *Early Prevention of Adult Antisocial Behavior*. Cambridge: Cambridge University Press.
- McEvoy, A. & Welker, R. (2000), Antisocial behavior, academic failure and school climate: A critical review. *Journal of Emotional and Behavioral disorders*, 8, 130-140
- Moffitt, T.E., Caspi, A., Harrington, H. & Milne, B.J. (2002), Males on the life-course-persistent and adolescence limited antisocial pathways: Follow-up at age 26 years, *Developmental Psychopathology*, 14(1), 179-207.
- Mowder, M.H., Cummings, J.A. & McKinney, R. (2010), *Resiliency scales for children and adolescents: Profiles of juvenile offenders*, *Journal of Psychoeducational Assessment* , 28(4), 326-337.
- Palermo, G.B. (2009). *Delinquency. Risks and protective factors*, *International Journal of Offender Therapy and Comparative Criminology*, 53(3), 247-248.
- Redl, F., & Wineman, D. (1952). *Controls from within*. Glencoe, IL: The Free Press
- Redl, F., & Wineman, D. (1957). *The aggressive child*. Glencoe, IL: The Free Press
- Rutter, M. (1987). Psychosocial resilience and protective mechanisms. *American Journal of Orthopsychiatry*, 57, 316-331.
- Stipek, D. & Miles, S. (2008). Effects of aggression on achievement: Does conflict with the teacher make it worse? *Child Development*, 6(79), 1721–1735.
- Stoica, L. & Vonica Răduțiu, S. (2004). Autopercepția tinerilor privind accesul la decizie în România, *Revista de Calitatea Vieții*, XV(3-4), 233-254.
- Tomita, M. (ed.) (2012), *A positive and supportive approach for aggressive adolescents. Promoting the resilience of youth delinquent*, Bucuresti: Pro Universitaria.
- VanderVen, K. (2009). Why Focusing on Control Backfires: A Systems Perspective. *Reclaiming Children and Youth*, 17(4), 8-12.
- Werner, E.E. & Smith, R.S. (1989). *Vulnerable but invincible: A longitudinal study on resilient children and youth*. New York: Adams, Bannister, Cox
- Zautra, A.J., Hall, J.S. & Murray, K.E. (2010). Resilience: A new definition of health in people and communities. In J.W. Reich, A.J. Hautra and J.S. Hall (Eds.), *Handbook of adult resilience* (3-29). New York, NY: Guilford Press