Article

SAGE Open
April-June 2016: 1–10

DOI: 10.1177/2158244016638391
sgo.sagepub.com
SAGE

Preventing Juvenile Delinquency: Compulsory Hospitalization as a Public Security Tool

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Abstract

This article aims to problematize discourses about protection and care that have surrounded compulsory hospitalization by evidencing its use as a control and punishment mechanism that increases the social vulnerability of young drug users. For such, we analyze lawsuits involving juveniles who were consigned to psychiatric institutions for drug addiction treatment as a protection measure in the state of Rio Grande do Sul, in Brazil. The analysis of the materials has evidenced discourses that have circumscribed young drug users and constructed this population as potentially dangerous subjects as well as a population category at risk. In this sense, we point out how compulsory hospitalization has emerged out of the lawsuits as a tool for prevention of juvenile delinquency.

Keywords

juvenile delinquency, drug use, psychiatric compulsory hospitalization, public security, risk

Introduction

This study considers the process of increasing judicialization of mental health care provided to young drug users. It aims to analyze how compulsory hospitalization of the youth has been used as a tool for public security and violence prevention. We attempt to problematize discourses about protection and care that have surrounded compulsory hospitalization by evidencing its use as a control and punishment mechanism that increases the social vulnerability of young drug users.

For such problematization, we have relied on theoretical and methodological tools of social psychology from a post-structuralist perspective, particularly related to Michel Foucault's thought. We have considered the author's analysis of discourses and the emergence of knowledges in articulation with mechanisms and technologies of power. We discuss the emergence of the "addicted youth" as a social problem that has invited psychology and law to produce a range of knowledges and strategies of intervention and management of this population. This affects both the conduction of public policies and the ways through which the juveniles are supposed to see and relate with themselves and the others.

The research has been based on the analysis of lawsuits involving juveniles who were consigned to psychiatric institutions for drug addiction treatment as a protection measure in the state of Rio Grande do Sul, in Brazil. Through the analysis of documents, we have attempted to identify the relationships established between fields of knowledge and mechanisms of power that contribute to the maintenance of certain truths about the "addicted youth" which have supported the legitimization and updating of the compulsory hospitalization strategy.

The analysis of the materials has evidenced discourses that have circumscribed young drug users and constructed this population as potentially dangerous subjects as well as a population category at risk. In this sense, we point out how compulsory hospitalization has emerged out of the lawsuits as a tool for prevention of juvenile delinquency, as most of the reasons for hospitalization are not linked to health issues, but rather to the field of public security.

The Construction of the *Addicted Youth* as a "New" Social Problem

> Ten years ago, there was no case in the State. We estimate that there are 50 to 60 thousand crack users nowadays.

This statement by the former Health Officer of the State of Rio Grande do Sul[1] is representative of the ways in which the relationship between youth and drug use has been presented as a

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new problem to be faced by different social actors. Ten years ago, crack was hardly found and sold in the State, and the population was significantly smaller; however, the even rarer mental health services intended to assist children and adolescents were already overcrowded with users of lolo[2] and other narcotics. Hence, neither the existence of a large number of drug users in the State, which has undoubtedly become even larger, nor the need for health services to assist such population can be seen as something new. Therefore, it is strange that youth drug use has emerged as a huge problem affecting society today and demanding action from the State government as well as answers from some fields of knowledge.

Silva, Hartmann, Scisleski, and Pires (2008), aiming to evidence changes in what has been defined as pathology in children and adolescents, analyzed records of São Pedro Psychiatric Hospital[3] patients from its foundation in 1884 to 1937. They also performed a comparative analysis addressing the present situation and concluded that drug addiction is now the main symptom found in hospitalization records, and poverty and referral by the Judiciary are prevailing characteristics of the hospitalization processes. Poverty and this judicial policing device have remained constant over the years and are still found in the hospitalization procedure, thus evidencing that the relation between juridical and psychiatric knowledges about childhood and youth has a long tradition. Hospitalization has appeared as a mechanism to guarantee the public order and ensure the organization and hygienization of poverty: There are records of children and adolescents hospitalized because of something known as "behavior disorders," rather than for mental health.

It is not by chance, then, that the emergence of this new problem is associated with the spread of the image of "drug addicted youth" linked to violence caused by lack of emotional control, drug abuse, or the need to obtain money or other things that may be used to buy more narcotics. Furthermore, this young population, marked by drug addiction, has been described as socially vulnerable and characterized as either victims or protagonists of such social problem. In addition, drug-related criminality became one of the most discussed topics on the last decade, comprehending both preventive and repressive actions, as well as costs and benefits implied in social protection.

Freitas (2009) has pointed out that increased juvenile violence and drug use often make us seek for their foundational cause. The effect of this is that experts and productions by fields of knowledge such as psychology, psychiatry, psychopedagogy, social service, and law, among others, by providing explanations, contribute to the very construction of the problem they attempt to elucidate. This perspective of knowledge production is based on the belief that there is a nature to be cured and recovered in those young individuals.

In an attempt to rehabilitate the subject regarded as deviant, psychology and law have ended up contributing to the construction of a way of being a drug user subject who is marked by an alleged "drug addicted/dependent/vicious/violent" identity. This is how young drug users have been characterized as a big social problem, and these are the strategies designed to solve it. As we stated before, although violence and youth drug use are nothing new, this problem now emerges as a novelty. Therefore, innovation is not in this issue itself, but rather in the relationships established with it. We emphasize that, even though the meanings attributed to "drug addicted youth" are historically marked, some fields of knowledge that have corroborated the construction of such meanings try to delete historicity by attributing an essentialist character to their statements as discoveries of a nature that has been the basis of a social and individual problem rather than a discourse that constructs the drug user subject (Reis, Guareschi, & Carvalho, 2014).

Method

Research Context

To discuss such issues, we considered a research that analyzed lawsuits filed in different cities in Rio Grande do Sul against juveniles who were consigned to psychiatric institutions for drug addiction treatment as a protection measure.

Instruments

Fourteen lawsuits involving 12- to 18-year-old female and male subjects were analyzed from March to July 2011 in two big cities in Rio Grande do Sul, Brazil, which have specialized courts focused on the protection of children and adolescents' rights; hence, cases addressing this specific issue would be more easily found. The cities were chosen due to the fact that they have special courts for lawsuits related to the protection of children and adolescents' rights, which facilitated the search for court cases that address this specific issue. The criterion used to establish the amount of lawsuits to be analyzed was data saturation (Bauer, 2002). This criterion emerged during the analysis of the lawsuits and has been regarded as an important analyzer on its own merit. Through the documents—written by professionals from health, social care, and education services—that compose the lawsuits, the lives of those young drug users have been translated into a technical language, which is characterized by writing standardization and repeated use of some explanatory models. Moreover, certain selectivity marks the episodes of the youths' lives in the documents, which both highlight actions regarded as drawbacks in their behavior and justify the need for other hospitalizations. As the cases under review were not bringing any new data to the research process, this situation was taken as data saturation.

Procedures

The analysis was conducted by the authors as part of a master's research in social and institutional psychology. The

lawsuits were consulted at Youth Courts in both cities. We selected lawsuits involving juveniles in the age group previously mentioned who had compulsory hospitalization determined and no formal record of misdemeanor. We attempted to focus on practices used in the name of care. Therefore, we tried to distantiate from those directly linked to punitive practices of the social-educational system. The documents were randomly selected from lawsuits with the described characteristics that were available in the Courts during the period under consideration.

The documents were examined and manually copied at the Courts, as neither the removal nor the reproduction of the materials was authorized. The excerpts from lawsuits presented in this study were modified to avoid their identification, preserve the subjects and their family's anonymity, and respect judicial secrecy. Likewise, the professionals' identity, and specificities of both the institutions involved and the cities in which the materials were collected have also been protected. This research was approved by the Research Ethics Committee.

Analysis of Materials

The analysis was conducted from a Foucauldian perspective, inspired by the analysis of discourse and the emergence of knowledge in its articulation with power mechanisms and technologies. We tried to identify relationships between fields of knowledge and mechanisms of power that affect the maintenance of certain truths about the so-called "drug addicted youth" that have supported the legitimization and updating of the compulsory hospitalization strategy. Particularly, we attempted to highlight the articulations established between the fields of health and justice that have provided the compulsory hospitalization practice with both foundation and acceptability.

To do that, we analyzed all the documents[4] that compose the lawsuits by considering the following questions: how and when did the drug use by adolescents start to be described as a social problem? Which professionals, fields of knowledge, and institutions have been called to speak about, guide, and solve the drug use problem? Which strategies, procedures, and techniques have been created to solve the so-called problem? How is it related to Brazilian political, economic, and cultural issues?

By looking more carefully at the contents of the lawsuits and the documents that compose them, we noticed the existence of a strategic relationship among the juridical, psychiatric, and pedagogical fields which contributes to the formation of a "protection network"[5] around different aspects of juveniles' lives. In this sense, by examining the documents, we sought to problematize this provision of protection and care by considering the contradictions that pervade the maintenance of discourses about protection in the research materials. This led us to ask additional questions such as "What do these lawsuits make us say about those juveniles?" and "What kinds of practices do they mobilize around such population?"

Presentation and Analysis of Results

The presentation of research findings includes a detailed description of the lawsuit structure and its contents, as well as excerpts of the lawsuits. We understand that the very structure of the lawsuit produces a certain way of talking about those youths and their families that highlights their difficulties and problems and exclude the healthy and positive relations they have established along their lives.

The Admission

The lawsuits under consideration, in general, are filed by either the Department of Public Defense or the Public Prosecutor's Office—Childhood and Youth Division. In the first case, the adolescent's family voluntarily requests assistance from the justice system along the hospitalization process. The family regards this as necessary when the adolescent refuses treatment or there is shortage of beds in mental hospitals and the family cannot find an adequate place for treatment in the city health network.

The admission to hospital occurs through the Department of Public Defense[6] if the family is unable to afford the cost of a lawyer; in this case, the family has to prove its eligibility by presenting a determination of indigence or an unemployment certification. The Public Prosecutor's Office, in turn, as the agency in charge of protecting children and adolescents, can also request public defense services. In general, the Child Protection Council or other services belonging to the health and social assistance network refer cases of violation of rights to the Public Prosecutor's Office. Besides that, although the lawsuit is filed by the Department of Public Defense, the intervention by the Public Prosecutor's Office is also required to ensure the lawsuit validity. Thus, the processes are initiated by the statement of financial failure of the family and their admitted inability to take care of the adolescent.

The Lawsuits

Pleadings

A lawsuit consists of different procedures and stages. First, the Department of Public Defense or the Public Prosecutor's Office writes a document, which is composed of three parts comprehending

a. Description of the basic facts of the case: it is the construction of the case, or maybe a characterization of the situations presented as a case. It is a summary of certain points of the narrative of the adolescent's and his or her family's lives in what makes them the

> object of Justice and State action. Reports of violation of rights in the subject's lives are highlighted. Therefore, when we wonder what those lawsuits say about the juveniles, it is possible to point out violence, neglect, abandonment, aggression, absence, failures, abuses, and misdemeanors that would justify the insertion of that family in the Justice System and even their insertion in multiple State protection institutions, which comprehend social assistance, health, and education, among others. In general, this first part of the lawsuit contains literal excerpts taken from appraisals and reports written by physicians, psychologists, advisors, and social assistants. These excerpts, which are displaced from their original contexts, stress how indispensable and urgent the intervention of the Judiciary in that subject and family is.

> The juvenile is drug addicted and uses crack, which potentializes his **aggressive behavior.** Besides that, he steals objects to sell and obtain drugs. He is **totally out of control**, thus risking **his life and his relatives**. The family life is **unbearable**. His guardian has to stay permanently at home to prevent him from selling her belongings. According to her, the juvenile **becomes aggressive** when he does not have money to buy drugs. While under the effect of the substance, he becomes **extremely violent and aggressive** to his family, both verbally and **physically**. The juvenile **does not accept to undergo voluntary treatment**, and says he is not a drug user. Although he does not acknowledge his state of **hopelessness** and extreme necessity, in an **extreme lack of control**, his life as well as his relatives are at risk. His **hospitalization is indispensable** and, after detoxification, he must be referred to a drug **rehabilitation** centre. (Excerpt from pleadings written by the prosecutor)

The picture shows violence, aggression, and lack of control, a desperate family that does not know what to do and ask for the State assistance. There is a warning of early misdemeanors, such as stealing family belongings. The word *already* often appears in the lawsuits to warn of the development of harmful behaviors from a premonitory perspective.

> It is noteworthy that the adolescents are subjects in development; that is why removing them from the environment in which they are becomes imperative e urgent. (Excerpt from Pleadings written by the prosecutor)

> The mother was visibly under the influence of psychoactive substances when she was admitted to hospital, and she has been involved in prostitution and drug abuse **since she was 8 years old.** She had already been hospitalized and should have gone to a therapeutical community where her son could stay with her, but she fled to avoid losing her boyfriend. **As a teenager, she had been using drugs and wandering on the street**. She was referred to shelter and medical treatment for drug addiction. Her younger brother, who is under the tutelage of their oldest brother, has **already** shown behavior problems. (Report addressing the custody of the baby of a young drug user—signed by a psychologist, a social worker, and the coordinator of the service)

> It has been three years since the teenagers quit school. They have refused health care. Their mother exerts no control over her children. One of them has **already** committed offenses against property. They remain on the streets and occasionally return home to eat and sleep. (Excerpt from pleadings written by the prosecutor)

The notion of risk is constructed not only in relation to the juvenile's life; this risk, which can still be limited to the family, may be potentially spread to the public sphere.

> The teenagers were in the shelter due to **parental neglect.** Since 2007, they had been living on the street, **begging** and compulsively using crack. At home, they were **attacked by their mother**, who was also a **drug addict**. They were hospitalized and returned to the streets, and the **outpatient treatment was discontinued.** The institutional attempts to **reinsert** the adolescents in their family *as a measure of protection* have been unsuccessful due their addiction, **which causes them to return to the streets**. The therapeutical plan has indicated the necessity of detoxification treatment in a **Therapeutical Community** for **a period of at least six months** and return to their grandparents' house. Both girls have already undergone outpatient treatment, which has proved to be insufficient. (Excerpt from pleadings written by the prosecutor)

The second case evidences a story of family failure, and the home environment appears as an unbearable space that causes the adolescents to go to the streets and use drugs. The family is shown as a driving element leading those juveniles to drug abuse. However, the family is not the focus of the intervention; in this story, it appears as a symptom, rather than a cause.

As Donzelot (1986) pointed out, interventions in those families have become a real fight between services and users. There is always the assumption that the family is trying to fool the professionals and they are always willing to show that they are not naive.

> The mother spoke the truth **under pressure**. She must be mentally impaired due to long-term drug abuse. (Statement taken by the social worker at the Justice System)

> The adolescent gave birth to a boy. She arrived visibly altered and was aggressive, in poor hygienic conditions, without identification documents, and **refused to give information**. She arrived with another woman, who **claimed** that she only knew that the girl was a crack user; she was responsible for the adolescent's hospitalization. The woman said that the girl had medical care during pregnancy but **had no proof** of it. The adolescent said that the woman was her sister and would take care of the child; **contradictorily,** the woman said she was just a friend. The child was born with congenital syphilis. (Report provided by the hospital in which a young drug user gave birth to her child—signed by the psychologist and the social worker)

The doctor said that **the boy wanted to be admitted to the Psychiatric Clinic just because it has a swimming pool**. He suggested that the boy should go to a shelter, saying it was not a case for admission. (Report from the Social Assistance Service, denouncing the attitude of a doctor who refused to hospitalize an adolescent—signed by a psychologist, a social educator and the coordinator of the Service)

b. Presentation of rights: it points out the rights that have been violated and need to be guaranteed. In this part, the right to health and some excerpts from both the Federal Constitution of Brazil and the Child and Adolescent Statute are presented to give legal support to the intervention.

Federal Constitution of Brazil—1988

Art. 227. It behooves the family, the society and the State to guarantee children, adolescents and youth, with total priority, the right to **life**, **health**, food, education, leisure, work, culture, dignity, **freedom** and **family and community life**, besides protecting them from all kinds of neglect, **discrimination**, exploitation, **violence**, cruelty and oppression. (Brasil. Presidência da República. Casa Civil, 1988). (Excerpt from pleadings written by the prosecutor)

Child and Adolescent Statute—1990

Art. 7 Children and adolescents have the right to protection, life and health by means of effectuation of public social policies that allow birth and development with health and harmony, with **dignified living conditions**. (Brasil. Presidência da República, 1990). (Excerpt from pleadings written by the prosecutor)

On one hand, Article 227 of the Federal Constitution is used to justify the right to health by means of compulsory hospitalization; on the other hand, this kind of health protection puts other rights at risk, such as the right to freedom and family and community living. This implies that, among those rights, there is a "greater good," which is to keep biological health, despite the forms of discrimination, violence, cruelty, and oppression that the compulsory hospitalization may generate. If the guarantee of constitutional rights were the only issue at stake, we should be discussing programs of compulsory housing, compulsory employment, compulsory nourishment, compulsory culture, and compulsory leisure, as mentioned by Dartiu Xavier (2011).[7] Health is a right, but compulsory hospitalization is not; rather, it is a duty for those juveniles.

c. Presentation of requests: it states the objective of the lawsuit. The Judiciary is required to authorize

compulsory hospitalization by means of **law enforcement, if necessary**. Afterwards, referral to a drug rehabilitation centre for a six-month stay, at least, with **law enforcement, if necessary**. The patient should stay under medical custody until his rehabilitation. (Excerpt from pleadings written by the prosecutor)

request for **search and seizure** to preserve the adolescent's physical and psychological integrity and assess his mental condition. If the need exists, hospitalization for substance abuse treatment should be immediately determined. **The officer may require assistance from the juvenile's mother or enforce the law**. (Excerpt from pleadings written by the prosecutor)

We should highlight that the possibility of using law enforcement is mentioned in the presentation of requests. This characterizes the adolescent as a potentially dangerous subject, but it is also evidence of authoritative restriction of freedom exerted on those subjects. Somehow, the adolescents are expected to react to the compulsory hospitalization, but the meaning attributed to this reaction implies the impossibility of objection beforehand. Such backlash just reaffirms their loss of control over drug use and non-acknowledgment of the need for treatment, thus preventing them from adhering to forms of care other than the compulsory hospitalization, besides emphasizing the characterization of their behavior as aggressive.

The production of those texts has been supported by *psy* experts and other social workers who together potentialize the moralizing effect of knowledges and institutions. By mentioning moralization, we draw attention to the non-neutrality of science productions and their ethical and political articulations with other social factors that have given more importance to some discourses rather than others. Ultimately, *psy* and social sciences provide the basis to support views of those subjects and their families as the ones who pose risk, and the Judiciary acts in accordance with this support. Hence, it is possible to understand that juvenile hospitalization is not performed by the Judiciary only; rather, there is a network of actors, and the more this network is articulated, the more legitimate it becomes.

Certifications of Veridicality

Appraisals by Experts

Following the analysis of lawsuits, we examined a range of documents that seek to evidence the alleged truth about the juveniles and their families' reality. In these documents, there is an attempt to certify the need for judicial intervention to fulfill the requirements presented in the pleadings. There are reports, appraisals, evaluations, and social studies carried out by the experts who were in contact with the families, mostly through public services. These materials have pointed out the failure of extra-judicially provided care. The materials include the following:

1. Monthly and biweekly reports of approach to the homeless,

2. Documents issued by the Child Protection Council,
3. Statements by *Councils* for the Defense *of the Rights of Children and Adolescents*, pointing out the need for hospitalization and State intervention in the adolescent's family,
4. Records of meetings held in the Public Prosecutor's Office with several services of the protection network,
5. Testimonies by professionals from the health, social assistance and public security network in the Public Prosecutor's Office,
6. Monthly follow-up records from shelters,
7. Enrollment certification,
8. School Reports,
9. School attendance notification,
10. Appraisals by psychiatric clinics,
11. Expert appraisals of psychiatric hospitals and clinics in which hospitalizations occur,
12. Communications of Involuntary Hospitalization in Psychiatric Clinics and Hospitals,
13. Medical appraisals of emergency care services pointing out the need for hospitalization,
14. Psychiatric appraisals,
15. Psychological appraisals,
16. Social assessment,
17. Psychosocial study carried out by teams from the shelters and the Judiciary,
18. Inter-professional report by the team from the Juvenile Court,
19. Reports by Health and Social Assistance Offices,
20. Reports by Centers for Children Psychosocial Attention,
21. Letters by Health and Social Assistance Officers and Coordinators,
22. Notifiable Diseases Information System,
23. National Form for adoption of children of young drug users,
24. Letters from hospitals and clinics informing family abandonment,
25. Institutional records of shelter stay due to family abandonment in psychiatric clinics and hospitals, and
26. Shelter statement of school dropout and return to the streets.

Police Reports and Requests for Information

We also found requests to the Public Security Office of Rio Grande do Sul for information about the juveniles. The requests may include the following information:

a. Abandonment of disabled people,
b. Lack of child support,
c. Abortion,
d. Threat,
e. Indecent assault/Lewd act,
f. Shelter dropout (several),
g. Body injury, and
h. Report by Special Police Stations for Children and Adolescents due to small thefts.

There are also requests for information directed to the Justice Court, including the following:

i. Body injury (offense),
j. Protection actions (sheltering, inclusion in programs of support, treatment, and guidance), and
k. Withdraw from parental control.

We were faced with records of violation of rights suffered and committed by juveniles in their inclusion in health, justice, public security, and social assistance network for the sake of protection, care, and safeguard of children's and adolescents' rights. On one hand, these documents do not reveal new information about the clinical reasons for hospitalization; on the other hand, they reinforce the image of those adolescents as both victims and perpetrators of violent acts.

Hearings

We also found reports of hearings with families, juveniles, or professionals from the health and social assistance network. The service network includes Councils for the Defense of the Rights of Children and Adolescents; Committees to Combat Child Labor; City Halls; Departments of Social Assistance and Education; Health Services, such as Centers for Children Psychosocial Attention, Psychiatric Clinics, and Hospitals; Social Assistance Offices; Approach and Sheltering Services; Child Protection Councils; Special Police Stations for Children and Adolescents; Department of Investigation of Drug Trafficking; Tourism, Industry, and Trade Offices (which are called when storekeepers complain of disturbance or in situations related to child labor exploitation).

The presence of the families and juveniles in the hearings should be highlighted, as the role they are supposed to play is very limited. The family, as Donzelot (1986) would stress, attends the hearings because it is required to do so, but certainly not to perform any role; after all, it is supposedly because of the family that the juvenile is found in that situation. The family authority has already been neutralized by the presence of the judge, and *psy* experts and other social technicians are expected to provide explanations; thus, the family is given the place of deference, supplication, confession, or waiver.

Some reports of family hearings are closed with the following sentence: "They are aware of what may happen." An unwary reader might wonder what may happen. For sure, the court records are not supposed to be read by unsuspected subjects, but rather by those who are aware of what may happen to families that do not subject themselves to legal and social norms expressed in that hearing device.

The adolescent subject to be protected, however, is treated as a "defendant" or "accused" in the hearings. For the juveniles,

the hearing provides an opportunity to test their character: They should accept everything that is said about them in the way it is stated; otherwise, they will be seen as unable to recognize their acts as wrong. Anyway, they will be objects of actions regarded as applicable by the protection network; in other words, they will be "aware of what may happen."

Judge's Decision

It is necessary to mention the judicial decision, which is supposedly the most anticipated moment of this whole process. We can say *supposedly* because the lawsuits addressed in this research are expected to be judicially judged as either requiring protective action through compulsory hospitalization for drug addiction treatment, or not. However, along the lawsuit, the juveniles usually end up being admitted to and discharged from several psychiatric institutions for drug addiction treatment through other paths, such as involuntary hospitalization (triggered by either the juveniles' families or some health or social assistance service—in these cases, the juveniles are hospitalized even against their will when they are regarded as an imminent risk to their own lives or their families); the juveniles are convinced by such services or their relatives to spontaneously go to psychiatric emergency services, and then they are referred to hospital; or, as it often occurs, they are taken to the psychiatric institutions by the police.

Despite the hospitalization, the juveniles usually return to drug use, and the Public Prosecutor's Office, the Department of Public Defense, or other professionals assisting them understand that the lawsuit must not be closed, as other hospitalizations may be required. In this sense, when the sentence is issued, it ends up being added to previous hospitalizations; in rare occasions when hospitalization requests are denied, this will be just one less hospitalization in a series, as this procedure may be performed through other paths.

Search and Seizure Warrant or Coercive Conduction for Treatment

Finally, concerning the documents in common with most of the lawsuits, there is the search and seizure warrant, with conduction to medical assessment and, if recommended by a physician, further referral to psychiatric hospitalization in a specialized clinic or hospital.

> Compulsory hospitalization is applied in cases of addiction to narcotics or intoxicants **when treatment is necessary or when it is convenient to the public order**. Measure of caution required while the symptoms last; medical assessment; **urgent coercive conduction warrant supported by law enforcement**; the medical appraisal must be presented to the judge. (Excerpt taken from a search and seizure warrant written by the judge)

Considering a "coercively" guaranteed right, we could think of the possibility of defense of those subjects by means of *Habeas Corpus* to ensure the compulsory condition of another right such as freedom. The acknowledgment of hospitalization as an actual punitive practice and a freedom restricting action would ironically provide those juveniles with more possibilities of defense. Thus, we consider that this may mean the suspension of those juveniles' rights for the sake of their protection.

Bailiff Report

After the search and seizure warrant, a bailiff writes a report informing the judge about the result of his or her action. In several reports, it becomes apparent that the lawsuits are detached from the juvenile's realities, even in terms of time. These situations show contradictions between the reports composing the lawsuits and the situation found by the bailiff when presenting the hospitalization warrant.

> On the date of warrant presentation, the boy was in another city **visiting his mother**. (Excerpt from a bailiff report)

> I certify that the adolescent was not on the street as it was previously informed, but living with his father, attending school, working as an apprentice at his father's business and did not require hospitalization. (Excerpt from a bailiff report)

> He was **peacefully** led to hospital. (Excerpt from a bailiff report)

> While I was searching for him on the streets, his brother told me that the juvenile **had already been taken to the hospital** by law enforcement officers. (Excerpt from a bailiff report)

> At the time of the warrant presentation at the shelter, **the teenager had already been admitted to the Psychiatric Hospital**. (Excerpt from a bailiff report)

It is interesting to highlight that in several lawsuits this cycle of documents is often repeated, thus resulting in several Search and Seizure Warrants and, consequently, several psychiatric hospitalizations, although none of them seems to be able to bring the lawsuits to an end. In the most severe case, the adolescent was hospitalized 15 times in a 15-month period and she was kept secluded for 21 to 30 days each time. This means that she stayed in hospital for practically 1 year and 3 months. Due to that, she missed 2 school years and did not want to go back to school anymore. This is strong evidence that drug use is not the object of intervention; rather, it is just an excuse to keep the teenagers regarded as an inconvenience to the public order away from the streets.

Discussion of Results

The Safeguard of Good Development and Prevention to Violence

The analysis of the lawsuits has enabled us to see that state interventions in those juveniles' lives take actions considered as aggressive, violent, or possible harbingers of acts of

delinquency as a focus of concern. At no time are clinical reasons for health care taken into consideration in the documents; rather, they address problems related to housing conditions, economic situation, school problems, and so on. The logic underlying the promotion of biopolitical strategies such as compulsory hospitalization is the risk and violence prevention. According to Lemos, Nascimento, and Scheinvar (2010), the concept of risk is a reference that underpins governmental public policies of conducts. The notion of risk, understood as a predictable and quantitative object, allows the construction of statistical measurements that end up shaping risk as a preventable fact. Debates about risk associated with a generalized feeling of insecurity that has guided ways of life in the contemporary society have increased the demand for security mechanisms.

Scientific knowledges, particularly those of medical and psychological sciences, would contribute to the identification of risk elements. The notion of *risk groups* is an effect of that, as the identification of certain subjects in the population mass has favored interventions with characteristics of social control and moral slant. Therefore, such control strategies act not only on individual bodies but also on population groups acknowledged as *risk groups*. This leads to the sophistication of techniques in the field of crime control (Azambuja, Reis, Guareschi, & Hüning, 2013).

Young (2002) has analyzed this displacement from criminality and drug use control in a distinct subject, with distinct causality, to the construction of tools to control the whole population. For the author, such tools involve the production of strategic measurements and estimates that assess the factors causing increased drug use and criminality, the priorities of governmental intervention, the different effects and meanings that penalties will have to each population group, the population displacements generated by a given intervention, and crime rates, among others.

Garland (2008) has stated that today the agents that control crime have to speak the economical language of cost/benefit. According to Garland, the costs of crime are usually estimated, and so are the costs of crime prevention, law enforcement, and prison regimes. This way of thinking has effects on the criminological field regarding the very way that the system views crime and criminals, by "fostering a conception of social harm which is based mainly on cost, and a conception of criminal that emphasizes rational choice and calculation" (p. 397), therefore, these conceptions can be predicted and estimated. The managerial approach to crime focuses on prevention rather than punishment, and on risk minimization rather than on justice safeguard.

Young (2002) has also emphasized that the blooming of increasingly sophisticated technologies for actuarial population management has broadened the comprehensiveness of social control actions. Within the prevention logic, such actions do not focus on risk populations; rather, they concentrate on the population as a whole. They operate as a "gentle machine" of social control spread all over the institutions, particularly in work places, by establishing the distribution of rewards together with thousands of small punitive damages. If credit is a central aspect of contemporary ways of life, the promotion of economic insecurity makes the subjects modify their behaviors to be able to keep themselves in the labor market and have access to a better financial situation. "The *demonization* of *others*, the *creation* of folk *devils* and *moral panics* is thus an *ever-present possibility*" (Young, 2002, p. 279, emphasis in original) that contributes to broaden the subjection to those control strategies: to differentiate themselves from subjects seen as regarded as delinquent, dangerous, deviant, the others bend to the market dynamics. Here, we can see political, economic, and social articulations with the identification of young drug users as a risk population.

All those control tools—those affecting individual subjects, those directed to risk groups, and those that act on the whole population—are not exclusive; on the contrary, they coexist and potentialize one another. It is necessary to consider that crime control estimates are not limited to money expenditure; they also involve moral economy and political values. The war on drugs, for instance, would be contrary to that logic, as it is excessively costly and its effectiveness is disputable. However, another factor is included in the estimates: the construction of the image of danger around the subjects that use drugs. For Garland (2008),

> The process of switching between these [allegedly] contradictory rationalities [the one that primarily takes into consideration the costs, and the one that does not tolerate criminality], of moving from one discursive register to another, is very much a political process. It is governed not by any criminological logic, but instead by the conflicting interests of political actors and by the exigencies, political calculations and short-term interests that provide their motivations. In its detailed configuration, with all its incoherence and contradictions, the field is thus a product of the decidedly aleatory history of political maneuvers and calculations. (p. 400)

In this sense, although psychological, psychiatric, and juridical sciences have emerged as knowledge carriers that speak in the name of youth protection, it is through this knowledge that it is possible to precociously recognize juveniles as carriers of certain levels of dangerousness. If the State and Law Operators mobilize interventions in this population, psychology and other social workers will provide the risk rates on which they should act. Furthermore, it is on the risk factors pointed by knowledge produced by psychological sciences that the prevention strategies proliferating in the social field will operate. This occurs because the categories constructed from the risk perspective are related to subjects regarded as deviants due to their non-normative ways of living, inhabiting, and using their sexuality. From this perspective, danger equals everything that is contrary to the norm. Health, social assistance, and justice services, for example, operate as risk managers, as prevention is the basis for

triggering biopolitical strategies to govern the population. In this sense, preventing is to pinpoint risks, and risk analysis is then performed in the name of life protection (Lemos et al., 2010).

Childhood and youth have become a priority in governmental policies. Investing in poor childhood means to minimize risks. Thus, it is necessary to surveil families for them to produce healthy, politically docile children (Donzelot, 1986). Concerning the discourses that have circumscribed the families, we can see that family life has been included in the risk order.

> Every child and family action regarded as deficient in relation to common social norms will be labeled as a risk factor by experts from different fields of knowledge that act on childhood. (Lemos et al., 2010, p. 99)

If, for the scientific knowledge, parents are the focus of the problem, as families cannot conveniently undertake educative tasks and thus progressively condition their children to perversity, the solution provided by science is to remove the juveniles from their families as soon as possible. The idea that childhood is a period of development legitimizes the urgency of interventions and their preventive character.

It could be stressed that this discourse about the prognosis of criminality has legitimized the need for intervention by the State and experts when children or adolescents are still developing, as it would be at this stage that the bases of delinquency would supposedly be shaped. It would behoove the experts to diagnose the existence of a pre-delinquency condition in such juveniles by means of a criterious examination (Ferla, 2009).

Reishoffer and de Bicalho (2009) have pointed out that the presence of this "nature" in juveniles justifies the adoption of extreme actions of social control and repression of subjects regarded as members of a "dangerous class." By following the biographies constructed by *psy* experts and other social technicians, it is possible to visualize that they are organized in a way to evidence how pathological behaviors manifest themselves in those subjects and the reasons why the juveniles should be repeatedly hospitalized and kept recluse as long as possible (Goffman, 1974).

Vera Malaguti Batista (2003), in her book *Difíceis Ganhos Fáceis*, stated that, although social technicians entered the Justice System to humanize it, their appraisals have moralistic, segregating, and racist contents. For the author, technicism disguises violence caused by the institutional mechanism. The notions of family, work, and housing seen through the lenses of danger would position poverty and social exclusion as the antithesis of family organization.

In accordance with this logic of juvenile pathologization and criminalization, we can see the early articulation of social protection actions which aim at controlling the individual's behavior. For the sake of life and its ascension to the highest potency, a set of mechanisms of prevention is enlarged. However, never so many have been killed or left to die in the name of life. At the same time that we see investments in juveniles, the final effect seems to be mostly directed to an effective deprotection and aggravation of living conditions, thus causing the juveniles to become involved with misdemeanors, homelessness, school dropout, and later with unemployment and even death (Reis & Guareschi, 2013).

Conclusion

By examining the lawsuits, it is possible to notice that repeated psychiatric hospitalizations are the primary responses to school dropout, homelessness, and drug use. Both the lack of other actions by the public power and the sequence of hospitalizations end up aggravating the juveniles' situation, as they drop out of the school, keep away from their families, and no longer accept to be approached by social assistance workers. The admission to and discharge from hospitals and clinics create an endless cycle of lawsuits. For a number of juveniles, the consequences are the aggravation of their life conditions and homelessness. All the lawsuits analyzed ended when the juveniles came of age, without evidencing any significant change either in the youth drug addiction or in their homeless situation. Some of them, after coming of age, when they are no longer the object of lawsuits issued in the name of protection and care, become objects of penal actions in the name of social reinsertion. Others meet an early death due to the situations to which they were exposed and still others wander aimlessly through life or develop their own different strategies to survive, despite the conditions they are provided by both this society and the State.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research and/or authorship of this article.

Notes

1. This statement was part of a speech given by Osmar Terra, Health Officer during the Yeda Crusius administration (2007-2010), in a talk show called *Fighting against Crack* produced by the multimedia company Rede Brasil Sul de Televisão - South Brazil Television Network (RBS) at Barra Shopping Sul in Porto Alegre on June 29, 2009, as one of the actions of an anti-crack campaign. This action was publicized by the media company and is available at http://www.clicrbs.com.br/especial/jsp/default.jspx?uf=2&local=1&espid=158&action=noticias&id=2563380.
2. In Brazil, lolo is the popular name given to a low-cost, clandestine narcotic prepared with chloroform and ether, used by the socially vulnerable population. Contemporarily, lolo has been replaced by crack as the most widely used drug by this

group, which is mostly composed of homeless juveniles.
3. This is the largest psychiatric hospital in the state of Rio Grande do Sul. It still remains active.
4. The complete list of analyzed documents is described in details in the results.
5. The use of quotation marks does not refer to any formally constituted network, but to the group of actors in the fields of health, social assistance, education, justice, public security, and others that gather around protection, care, and resocialization of children and adolescents.
6. The Department of Public Defense is supposed to provide free, integral judicial assistance to people unable to afford a lawyer, and indigent defense is its main function.
7. A São Paulo city councilman in a debate about the topic "Compulsory Hospitalization: A Solution or a Problem?" held in the City Council on August 15, 2011.

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