

Resilience of Women Under the Criminal Justice System

Mihaela TOMIȚĂ¹, Roxana UNGUREANU²

Abstract

In the last 25 years, the number of women caught in the criminal justice system has skyrocketed; many have been swept up in the "war on drugs" and subject to increasingly punitive sentencing policies for non-violent offenders. In this article, the authors discuss resilience defined as protective factors for women in criminal justice system (e.g., personality characteristics, biological characteristics, social and cultural factors, and community characteristics); as a process of adaptation (e.g., self-enhancement, positive cognitive appraisals, coping styles, and spirituality), including an iterative perspective on resilience as a cascade of protective processes; and as positive outcomes (e.g., lack of symptoms) following exposure to adverse events, in this case, women and girls caught in the criminal justice system. Many of these women struggle with substance abuse, mental illness, and histories of physical and sexual abuse. Few get the services they need. The toll on women, girls, and their families is devastating. Within each of these definitional frameworks, authors consider general conceptual issues pertaining to resilience.

Key words: resilience, women, criminal justice system.

Résumé

Au cours des 25 dernières années, le nombre de femmes dans le système de justice pénale a considérablement augmenté; la plupart d'entre eux ont été inclus dans la «guerre contre la drogue» et ont fait l'objet de politiques de punition de plus en plus punitives à l'encontre des délinquants non violents. Dans cet article, les auteurs traitent de la résilience du point de vue des facteurs de protection des femmes dans le système de justice pénale (par exemple, caractéristiques de la personnalité, caractéristiques biologiques, facteurs sociaux et culturels et caractéristiques de la communauté). La résilience peut également être définie comme un processus d'adaptation (développement personnel, appréciation cognitive positive, styles d'adaptation et spiritualité), les auteurs incluant également une perspective itérative sur la résilience en tant que cascade de processus de protection et de résultats

¹ Professor, PhD, Faculty of Sociology and Psychology, West University of Timisoara, B-dul Vasile Parvan nr 4, 300223, Timisoara, Romania, E-mail: mihaela.tomita@e-uvv.ro

² PhD candidate, Faculty of Sociology and Psychology, West University of Timisoara, B-dul Vasile Parvan nr 4, 300223, Timisoara, Romania, E-mail: roxana.ungureanu@e-uvv.ro

positifs. par exemple, absence de symptômes) à la suite d'une exposition à des événements indésirables, dans notre cas, les femmes et les filles dans le système de justice pénale. Beaucoup de ces femmes sont aux prises avec des problèmes de toxicomanie, de maladie mentale et d'abus physique et sexuel. Parmi eux, un petit nombre reçoit les services dont ils ont besoin. Les effets sur ces femmes, filles et leurs familles sont dévastateurs. Sur la base de chacune de ces définitions-cadres, les auteurs prennent en compte les aspects généraux du concept de résilience.

Mots-clés: résilience, femmes, système de justice pénale.

Rezumat

În ultimii 25 de ani, numărul femeilor din sistemul de justiție penală a crescut foarte mult; majoritatea dintre acestea au fost incluse în „războiul împotriva drogurilor” și au fost supuse unor politici cu pedepse punitive tot mai frecvente pentru infractorii non-violenți. În acest articol, autorii discută despre reziliența definită din perspectiva factorilor de protecție pentru femeile din sistemul de justiție penală (de exemplu, caracteristicile de personalitate, caracteristicile biologice, factorii sociali și culturali și caracteristicile comunității). Deasemenea, reziliența poate fi definită ca un proces de adaptare (de exemplu, auto-dezvoltare, aprecieri cognitive pozitive, stiluri de coping și spiritualitate), autorii realizând inclusiv o perspectivă iterativă asupra rezilienței ca o cascadă a proceselor de protecție și ca rezultate pozitive (de exemplu, lipsa simptomelor) ca urmare a expunerii la evenimente adverse, în cazul nostru, femeile și fetele din sistemul de justiție penală. Multe dintre aceste femei se luptă cu abuzul de substanțe, boli mintale și istoric de abuz fizic și sexual. Dintre acestea, un număr mic primește serviciile de care au nevoie. Efectele asupra acestor femei, fete și familiile lor sunt devastatoare. Bazându-se pe fiecare dintre aceste definiții cadru, autorii iau în considerare aspecte generale referitoare la conceptul de reziliență.

Cuvinte cheie: reziliență, femei, sistem de justiție penală.

1. Introduction

Due to the difficulties in defining and operationalizing resilience in the broad literature, it is not surprising that researchers within the field of criminal justice system also experience some complications (Luthar, Cicchetti, Becker, 2000; Kolar, 2011; Kaplan, 1999). The most commonly cited is the standard definition proposed by Luthar *et al.* (Luthar, Cicchetti, Becker, 2000) and Masten ‘resilience is positive adaptation in spite of adversity’ (Masten, Best, Garmezy, 1990; Masten 2001). Sometimes the level of adversity is qualified as ‘significant’, ‘severe’, or ‘extreme’ to underline the exceptionally difficult circumstances study participants had to deal with (e.g., physical/sexual abuse, family violence, prison sentences) (Jones, 2012; Shpiegel, 2015; Hills, Meyer-Weitz, Oppongo, 2016).

Another type of definition utilized in the criminal justice literature is process-based. For example resilience defined as: “the process of effectively negotiating, adapting to, or managing significant sources of trauma” (Bowland, 2015, p. 2). Or in another instance, resilience as “a developmental process wherein

the individual is able to utilize resources in and outside the self to negotiate current challenges adaptively and, by extension, to develop a foundation on which to rely when future challenges occur” (Yates, Grey, 2012, p. 472). However, the definition presented and the usages of the concept throughout the study do not always align. For instance, some authors provide a process-based definition, but rely on a trait or outcome-based operationalization with no dynamic elements. These studies put more emphasis on which factors foster resilience, rather than investigate the process of how or why they do (e.g., Chang, Bendel, Koopman, McGarvey, Canterbury, 2003; Davis, Spillman, 2011; Tomita, 2013; Burnett, Witzel, Allers, McBride, 2016; LaFromboise, Hoyt, Oliver, Whitbeck, 2006).

Although such limited definitions are clear, their restricted range can sometimes obscure evidence of hidden forms of resilience. Conversely, a more productive approach for defining resilience, especially for marginalized populations, has been to use open-ended definitions (e.g., Bowland, 2015; Brothers, 2016) which take into account the context and environmental constraints, allowing for more nuanced and hidden forms of adaptation to adversity to be considered as practices of resilience.

In this paper, the resilience is considered as positive adaptations of women under the criminal justice system. These are generally considered consequences of resilience for individuals facing adversity.

2. Theoretical background

Women in the criminal justice system have disproportionately higher estimates of posttraumatic stress disorder (PTSD) compared to community samples. International research shows that the low number of women in prison compared with men often leads to the prison administration and prisons in general being organized on the basis of the needs of male inmates. This is reflected in prison architecture, security, available activities and health services, among other things. In addition, an even higher percentage of women in prison come from disadvantaged backgrounds than men do. They have more often been victims of abuse in childhood, have untreated mental health problems and substance abuse problems (Fair, 2009). This is especially problematic, as experiencing potentially traumatic events (PTEs) has many devastating effects on one’s ability to function adaptively in the community, thereby increasing one’s vulnerability to recidivism. In addition to PTSD (Boals, Riggs, Kraha, 2013), PTEs are associated with other and have been associated with substance abuse, poor health outcomes (Schoedl *et al.*, 2010), domestic violence, and HIV risk behaviors. The incarceration in prison could be considered as PTE. Low self-esteem, another factor related to maladaptive outcomes, is also highly prevalent in women under criminal justice involvement. Self-esteem has been shown to mediate the relationship between childhood abuse and later maladaptive outcomes, such as depression and substance use. Furthermore, among those who have experienced childhood sexual abuse, self-

esteem has been shown to be predictive of suicidal ideation and attempts. Together, these findings highlight the fact that low levels of self-worth and self-esteem are strong predictors of maladaptive or risky behaviors. It is worth noting the construct of self-esteem encompasses a range of psychological functioning, is domain specific, and is often variable between settings (e.g., one might have high self-esteem in relationships and low self-esteem in the workplace) (Harter, 1999).

There is also evidence to suggest that an individual's self-esteem, self-concept, and self-worth are shaped by having experienced a trauma and/or having posttraumatic stress symptoms (Ekinci, Kandemir, 2015). Childhood maltreatment and family violence have been associated with lower self-esteem in adulthood, and Soler, Paretilla, Kirchner, and Forns (2012) found lower levels of self-liking in those who had experienced multiple victimizations compared to those with one victimization experience. Longitudinal findings have revealed that self-reported peer victimization is associated with lower self-esteem across 1-year time intervals. Thoughts about the self and PTSD symptoms also influence each other reciprocally.

3. Reflective analysis

Building resilience to support women in criminal justice system recovery from trauma rests upon relational resources. This means that the input from practitioners and "similar others", or peers, is fundamental for initial supportive engagement. Building resilience also rests upon the environments, or spaces, that provide a safe platform from which women offenders can start their recovery, feel empowered and have a clear sense of future.

Possibilities for physical activity are a particularly important condition for mental as well as physical health during sometimes long periods of imprisonment. The size and design of the exercise yards imposes stringent restrictions on physical activity outdoors. Good and meaningful activities, including school and work, can be crucial to counteracting unfortunate harmful effects of imprisonment and develop the resilience of women.

Though previous studies have examined self-esteem as a mediator between trauma and PTSD symptoms, or PTSD symptoms as a mediator between trauma and self-esteem, the relationship between trauma, self-esteem, and PTSD symptoms has yet to be examined in justice-involved women. Elucidating the relationship between self-esteem and PTSD symptoms in a population with particularly disproportionate rates of trauma and low self-esteem may help develop the resilience of women. Self-esteem is consistently supported in the literature as a crucial mechanism in fostering resilience in those with adverse experiences. However, enhancing self-esteem as a means of resiliency building necessitates an understanding of the complex associations and myriad pathways linking adverse life experiences, self-esteem, and resilience. Deriving a workable definition of resiliency is complex and alternates between an emphasis on internal

criteria (e.g., the absence of psychopathology) versus external criteria (e.g., occupational achievement) or both (Luthar, Cicchetti, Becker, 2000; Masten, 2007). Furthermore, recent empirically derived studies have demonstrated within-person variability in adaptation (e.g., the absence of internalizing/externalizing problems but deficits in socialization skills), suggesting the need for a more nuanced conceptualization of resilience across domains of functioning. Definitional considerations of resilience are not trivial, as resilience may be used to determine who is eligible to receive services (Masten, 2001) and helps identify specific protective processes to target in the design of prevention and intervention programs. The identification of self-esteem as a crucial component in the link between adverse experiences and psychopathology highlights a protective mechanism to promote adaptive functioning in justice system-involved populations.

Conclusions

There is a growing interest in understanding the factors that shape the involvement of women in offending. A range of specific risk factors which may predict women offending have been identified. These risk factors which have been retrospectively linked to offending by women cover a wide group of characteristics, and on the basis of these patterns seen in adult women's offending histories it is concluded that many women within criminal justice systems have also been exposed to high levels of abuse, violence and neglect. Furthermore, as a result of small numbers of offending women, there is a tendency to consider all women and their offending as the same.

The literature does identify some common characteristics of programmes which respond to women offending behavior and the way in which configurations of risk and protective factors operate for them. Adaptability and individualization of programmes is something that has been identified as particularly valuable for women under the criminal justice system.

The paper findings support Masten's notion that resilience is dynamic: the capacity for adaptation to adversity is distributed across systems and individual resilience depends on the resilience of other systems (Masten, Monn, 2015). The findings further resonate with Wathen *et al* (2016) who suggest that: understanding the role of different abuse experiences, risk and protective factors, and trajectories can assist in more accurate identification and appropriate care provision for women exposed to criminal justice system.

This paper identifies that offending women typically have a high level of complex and interacting problems, reflective of the risk factors they face in childhood and adolescence. Women rates of mental health and physical health problems, sexual and physical abuse, and risky sexual behaviour significantly exceed rates within the general population.

References

- Block, J., Kremen, M. (1996). IQ and ego-resiliency: conceptual and empirical connections in separateness. *Journal of Personality and Social Psychology*, nr. 70, pp. 349-361. doi: 10.1037/0022-3514.70.2.349.
- Boals, A., Riggs, S.A., Kraha, A. (2013). Coping with stressful or traumatic events: What aspects of trauma reactions are associated with health outcomes? *Stress and Health*. Vol. 29, Nr. 2, pp. 156-163. doi: 10.1002/smi.v29.2.
- Bowland, S. (2015). Aging in place or being warehoused? African American trauma survivors in mixed-age housing. *Traumatology* (Tallahass Fla), Nr. 21, p. 172-180. doi: 10.1037/trm0000033.
- Brothers, S. (2016). Merchants, samaritans, and public health workers: secondary syringe exchanger discursive practices. *International Journal of Drug Policy*. Nr 37, pp. 1-8. doi: 10.1016/j.drugpo.2016.06.004.
- Burnett, H.J., Witzel, K., Allers, K., McBride, D.C. (2016). Understanding the relationship of trauma, substance use, and resilience among religiously affiliated university students. *Journal of Research Christian Education*, nr. 25, pp. 317-334. doi: 10.1080/10656219.2016.1237906
- Chang, V.Y., Bendel, T.L., Koopman, C., McGarvey, E.L., Canterbury, R.J. (2003). Delinquents' safe sex attitudes. *Criminal Justice Behaviour*, nr. 30, pp. 210-229. doi: 10.1177/0093854802251005.
- Davis, S.J., Spillman, S. (2011). Reasons for drug abstinence: a study of drug use and resilience. *Journal of Psychoactive Drugs*, Nr. 43, pp. 14-19. doi: 10.1080/02791072.2011.566492.
- Ekinci, S., Kandemir, H. (2015). Childhood trauma in the lives of substance-dependent patients: The relationship between depression, anxiety and self-esteem. *Nordic Journal of Psychiatry*, Vol. 69, Nr. 4, pp. 249-253.
- Fair, H. (2009). International Review of Women's Prisons, *Prison Service Journal*, 184.
- Harter, S. (1999). *The construction of the self: A developmental perspective*. New York, NY: Guilford Press.
- Hills, F., Meyer-Weitz, A., Oponggo Asante, K. (2016). The lived experiences of street children in Durban, South Africa: violence, substance use, and resilience. *International Journal of Qualitative Studies on Health and Well-being*. Nr. 11, doi: 10.3402/qhw.v11.30302.
- Jacelon, C. (1997). The trait of resilience. *Journal of Advanced Nursing*, Nr. 25, pp. 123-129. doi: 10.1046/j.1365-2648.1997.1997025123.x.
- Jones, L. (2012). Measuring resiliency and its predictors in recently discharged foster youth. *Child Adolescent Social Work Journal*, Nr. 29, pp. 515-533. doi: 10.1007/s10560-012-0275-z.
- Kaplan, H. (1999). Toward an understanding of resilience: A critical review of definitions and models. In: Glantz M, Johnson J, editors. *Resilience and development: Positive life adaptations*. New York: Kluwer Academic/Plenum, pp. 17-84.
- Kolar, K. (2011). Resilience: revisiting the concept and its utility for social research. *International Journal on Mental Health Addiction*, Nr. 9, pp. 421-433. doi: 10.1007/s11469-011-9329-2.
- LaFromboise, T.D., Hoyt, D.R., Oliver, L., Whitbeck, L.B. (2006). Family, community, and school influences on resilience among American Indian adolescents in the upper Midwest. *Journal of Community Psychol*. Nr. 34, pp. 193-209. doi: 10.1002/jcop.20090.

- Luthar, S.S., Cicchetti, D., Becker, B. (2000). The construct of resilience: a critical evaluation and guidelines for future work. *Child Development*, Nr. 71, pp. 543-562. doi: 10.1111/1467-8624.00164.
- Masten, A.S., Best, K.M., Garmezy, N. (1990). Resilience and development: contributions from the study of children who overcome adversity. *Developmental Psychopathology*, Nr. 2, pp. 425-444. doi: 10.1017/S0954579400005812.
- Masten, A.S. (2001). Ordinary magic: resilience processes in development. *American Psychology*, Nr. 56, pp. 227-238. doi: 10.1037/0003-066X.56.3.227.
- Masten, A.S. (2007). Resilience in developing systems: Progress and promise as the fourth wave rises. *Development and Psychopathology*, Vol. 19, Nr. 3, pp. 921-930. doi: 10.1017/S0954579407000442.
- Masten, A.S., Monn, A.R. (2015). Child and family resilience: A call for integrated science, practice, and professional training', in *Family Relations*, 64, 1, pp. 5-21. doi: 10.1111/fare.12103
- Schoedl, A.F., Costa, M.P., Mari, J.J., Mello, M.F., Tyrka, A.R., Carpenter, L.L., Price, L.H. (2010). The clinical correlates of reported childhood sexual abuse: An association between age at trauma onset and severity of depression and PTSD in adults. *Journal of Child Sexual Abuse*, Vol. 19, Nr. 2, pp. 156-170. doi: 10.1080/10538711003615038.
- Shpiegel, S. (2015). Resilience among older adolescents in foster care: the impact of risk and protective factors. *International Journal on Mental Health Addiction*, Nr. 14, pp. 6-22. doi: 10.1007/s11469-015-9573-y.
- Soler, L., Paretilla, C., Kirchner, T., Forns, M. (2012). Effects of poly-victimization on self-esteem and post-traumatic stress symptoms in Spanish adolescents. *European Child & Adolescent Psychiatry*. Vol. 21, Nr. 11, pp. 645-653. doi: 10.1007/s00787-012-0301-x.
- Tomiță, M. (2013). The resilience of women drug users sentenced to the execution of a custodial sentence, *Revista de Asistență Socială*, nr. 4, pp. 95-106.
- Yates, T.M., Grey, I.K. (2012). Adapting to aging out: profiles of risk and resilience among emancipated foster youth. *Developmental Psychopathology*, Nr. 24, pp. 475-492. doi: 10.1017/S0954579412000107.
- Wathen, C.N., Tanaka, M., MacGregor, J.C.D., Ferro, M.A., McKee, C., Boyle, M., Ford-Gilboe, M., MacMillan, H.L. (2016). 'Trajectories for women who disclose intimate partner violence in health care settings: the key role of abuse severity', in *International Journal of Public Health*, 61, 8, pp. 873-882. doi: 10.1007/s00038-016-0852-6.