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Measuring resilience in prisoners

Abstract

The reintegration process is not a simple one. There are many papers about the difficulties of re-entry into society and the possible reasons of the success or the failure of reintegration. In this article, I am going to write about the role of resilience in prisoners' reintegration process. In a brief presentation of the concept of resilience, I will introduce the models of resilience and the role of protective factors. From the several instruments that can be used to measure resilience I will highlight the most common and most empirically based scales that can be a great help to identify protective factors of incarcerated people, to make the reintegration processes more successful.

Keywords: reintegration, resilience, protective factors, risk factors, resilience scales

Introduction

We often hear people say that someone is resilient, because he/she could overcome a tragic event. Most of the time we assume this about children, because they are living in risks, dealing with danger constantly or casually, or facing a bad family or social background daily are very sensitive cases in every society. It is probably because a big part of the history of resilience was about the researches on children's mental disorders. However, during the last few decades, scientists started to study resilience more frequently with adults who had adverse childhood experiences, experienced some terror, survived an accident, lived riskily or worked in danger, such as firemen or policemen. In spite of the fact, that multidisciplinary study of resilience is expending rapidly (Herrman et al., 2011, 259.), most of the resilience studies still focus on children, but there are growing numbers of studies worldwide that focus on adults. In this paper I only focus on prisoners, a special group of people, and on the importance of resilience in their life and in their successful reintegration.

The importance of measuring resilience in prison or jail

Suffering traumatic events, disaster or psychological distress are parts of our lives. Although, having these experiences makes us react with negative emotions, it takes a great part in our development and builds resilience. Resilience is what we need to get over the effects of adversity or risk and it does not only help us bounce back, but sometimes we can take advantage of difficult situations. Spending time in prison or jail can be a really hard time for every incarcerated men and women. Most people who spend short or longer periods in prison or jail will be released one day. Unfortunately, a large number of these incarcerated people return to life of crime and usually go back to prison. There is a growing number of studies about the difficulties of re-entry into society and many of them are highlighting the importance of social networks and social capital for these people's successful reentry. (Clear (2007), Farrall (2004), as cited in Taylor, 2013,122.) According to Visher, the successful reintegration into society depends on the individual's characteristics and family context, the community to which he or she is returning, and the larger socio-legal environment governed by existing policies and regulations (Visher, 2015, 61.). Many times, when an inmate is released from prison, crime returns into his or her life because of the negative influence of the family, neighborhood or friends. We can say that the factors we usually count on as great help in successful reintegration, may have counterproductive effects. However, if these negative effects can be eliminated by a well-functioning reintegration program, then, in my opinion, the chances of returning to prison may be also reduced. The process of reintegration, the outcome always depends on individuals and their living conditions, is best understood for the whole life process. In this connection, Visher and Travis identified four stages of reintegration. The first stage consists of pre-prison status, the second is the experience of the prison world, while the third stage consists of direct experiences after release. The fourth part is the reintegration process after release (Visher et al., 2003, 94.). The fourth phase corresponds to a long-term alignment, the output also depends largely on prison reintegration programs. So, the four parts as an interactive and complementary element constitute the entire reintegration process. According to this, if a person is sent to prison from a family or living conditions that can be considered to have a particularly negative effect, they can receive support during their stay, which can not only make the post-release period easier, but also helps longer-term resocialization. According to my observation, different programs to promote reintegration are also typical in Hungarian prisons, but they do not have the same effect on the condemned, even if they have the same background and could almost draw parallels between their careers. Finding, accepting and suc-

cessful use of the right help does not seem to be a viable option for all prisoners. According to Ann Jacobs, the success of the ex-convicts' re-entry into society can be determined through how adequately they can meet six basic life needs: livelihood, residence, family, health, criminal justice compliance and social relationships. Those needs occur differently, depending on the phase at which the inmate is in when they are released. (URL1) In the *'Success in the Community'* diagram Jacobs breaks these phases down into three categories: survival, stabilization and self-sufficiency (Table 1).

PHASES	BASIC LIFE AREAS					
	Livelihood	Residence	Family	Health and sobriety	Criminal justice compliance	Social/civic connections
Survival	- Gate money - Public assistance - Soup kitchens, pantries - Personal care kits	- Shelter - Family or friend - Street	- Find children - Make contact	- Continuity of medication - Relapse prevention	-Report to supervising authority (court, probation, parole, etc.) -Comply with requirements	- Receive peer support
Stabilization	- Public assistance/ workfare - Employment or education training - Clothes for interviews	- Transitional residence - Family or friend	- Supervised visitation - Get refamiliarized - Trial discharge	- Drug treatment and treatment of urgent health and mental issues - Counseling	- Earn reduced supervision	- Join support group or nurturing community - Volunteer work
Self sufficiency	- Job that pays a living wage and provides benefits	- One's own apartment with public subsidy, if necessary	- Reunify - Participate in family counseling - Contribute to others	- Regular health visits paid by health insurance - Outgoing support, 12 step, therapy, community activities	-Satisfy conditions of supervision	- Help others - Contribute to community life
GOAL	- Adequate money for food, clothing, transportation, and personal and family expenses	- Safe, clean, affordable home that accomodates household comfortably	- Reunification with children - Reconciliation with family members	- Physically and mentally healthy, or receiving affordable quality care, including prescriptions	- Abide by laws - Live without community supervision	- Healthy friendships and network of supportive adults - Opportunities to give back, civic participation (voting, etc.)

Table 1.: *'Success in the Community'* matrix (Jacobs, 2015).

The matrix created by Jacobs does not address the past of individuals and the social status or material situation they came from. It is to be concluded that the really important is not that who brings what from his or her past, but how, after his or her release, he or she can process the unexpected events that have occurred against him or her. Based on the author's idea, we can say that people who are released in different states are re-entering society with completely different expectations. If the inmate leaves the prison behind with a self-sufficiency level in the matrix, he or she is very close to talking about the full success of reintegration. If, on the other hand, he or she is more capable of surviving only, he or she needs constant help and cannot get rid of the everyday negative influences and disappointments he or she is suffering during the reintegration period (Pászti, 2020). Bahr said that inmates leaving prison can be divided into three groups. In the first one are those who have already decided not to return, and they have the strength, the potential and the support they need to do so. In the second one there are people who are most likely to be condemned again because they are unwilling or unable to give up the lifestyle they like. Many of them suffer from drug addiction, have mental problems or simply do not believe in the success of reintegration. The third group includes ex-prisoners who cannot be fitted into the previous two, meaning they would like and would be able to change, but the outcome is uncertain (Bahr, 2015, 3.). In my opinion, the target group of a resilience study should consist of prisoners from the first and third groups mentioned above, who voluntarily apply for long-term training in prison. People in both groups will most likely be determined enough to complete the training, but those in the third group will be more likely to have a certain percentage of drop-out. In the course of research, it would be worthwhile to establish what protective factors are present for prisoners applying for a long-term course, that make them turn to programs helping them reintegrate, despite the harms of prison and the negative effects of the pre-prison period. I believe that if these resilience factors can be identified and grouped, with particular emphasis on them, serious results can be achieved in the design and implementation of reintegration programs.

Resilience, concept, models and scales

Ordinary magic

In the 1960s and 1970s, a new approach, the so-called science of resilience emerged from the same confluence of forces (Masten, 2007, 921.). As Luthar

highlights it, Norman Garmezy noticed that some of the children at high risk for psychopathology had surprisingly healthy patterns (Luthar, 2006, 740.). This observation brought the attention of scientists to the phenomenon of resilience and started to study children who developed well despite risks or adversities. They wanted to know why and how some children can stay and recover well, when others do not, and began to identify risk factors then categorized them. These researchers, included Michael Rutter, Norman Garmezy and Emmy Werner, believed, the serious problems that caused children to be at risk are perinatal hazards (e.g., premature birth), biological heritage (e.g., a parent with mental problem) and the effects of risky environments (e.g., poverty).(Cutuli et al., 2018, 2.) Garmezy and colleagues also began to identify the factors associated with the unusually well–being of these children (Luthar, 2006, 740.). In their early publications these scientists have not mentioned these children as resilient, instead, they called them invulnerable, stress-resistant or invincible. In the 1980s among several publications there were two, which strongly influenced the study of resilience. Garmezy, Masten and Tellegen conceptualized the major constructs, methods, and data analytic strategies of the phenomenon in 1984, and in the second paper in 1987, Rutter clarified the main concepts in the study of resilience (Luthar, 2006, 740.). As central to the development of resilience, three sets of factors became commonly used: *'attributes of the children themselves, aspects of their families, and characteristics of their wider social environments'*. (Luthar et al., 2014, 126.) Although, in the 80s investigators started to use the term resilience instead of invulnerable or invincible more frequently to talk about children in risk, the image of a resilient child still remained as a super kid or special child. By the end of the century, scientists realized that some of the original assumptions about resilience were wrong or misleading. However, the greatest surprise of resilience research was the ordinariness of the phenomena (Masten, 2001, 227.). Evidence shows that resilience is common and arise from the operation of basic human adaptation system. Of course, there are some extraordinary talents who can overcome heavy odds, but usually average children can make it, using their protective factors and ordinary human researches (Masten, 2014).

Definition of resilience

In the 1620s, the word resilience was first used with the meaning act of rebound (URL2), but they only started using it figuratively in the middle of the 19th century for people or groups (URL3). There are many different ways researchers

tried to define resilience since the early start of the 20ᵗʰ century. Although, the phenomenon has been studied by scientists from diverse disciplines, they could not come up with a final definition yet. The most commonly used approaches are probably that the resilience refers to *'the capacity of dynamic system to adapt successfully to disturbances that threaten its ability to function and continue developing'* (Masten, 2014), as cited in Cutuli et al., 2018, 3.) or *'a class of phenomena characterized by good outcomes in spite of serious threats to adaptation or development'* (Masten, 2014). Both definitions can be used regarding children and adults, and they also show the two basic criteria for resilience. One is about the threat side of the inference, there must be a significant risk or adversity in the person's life. The other one is about the person's success in development or the quality of adaptation (Masten, 2001, 228.). The researchers have to define the method and criteria for identifying developmental and successful adaptation, and the risks and strong, negative effects that could disturb positive adaptation and development (Cutuli et al., 2018, 3.). If there is no evidence of good outcome or development, or if there is no sign of great threat in the person's life, we cannot talk about resilience at the time of the investigation. Positive adaptation has been judged by the positive behavior desired by society for people of this age and the absence of undesirable behavior such as emotional distress, mental illness or criminal behavior. Good outcomes are usually defined as a success in meeting the given society's developmental tasks (Cutuli et al., 2018, 3.). In the developmental sciences, many well-documented risks for general or more specific problems have been collected during the last few decades. Risk factors can be divided into different groups. They can be the source of local or remote, specific, or common problems. Community or domestic violence, divorce, low birth weight, neglectful parenting, parents' low income and education, poverty are parts of the major risks in the context with family and neighborhood. War, terrorism, natural disasters are also major negative factors, but they cannot be connected directly to family. Most of the well-known childhood risks predict multiple problems of growth, health and behavior (Masten, 2014). According to Rutter, when the discrete risks mentioned above coexist and the effects of this multiple risk add up, the individual's outcome is usually far poorer, than when any of these risks exists in isolation (Rutter, 1979 as cited in Luthar, 2006, 742.).

Promotive and protective factors

Researchers of resilience always wanted to know what makes a difference between children, why can some develop well even in high risk and others cannot.

I think, to find the answer the individuals' qualities and also their environments must be examined. Resilience researchers have to identify not only the vulnerability, but the promotive and protective factors and related processes as well, to do a proper investigation (Table 1). Vulnerability contains those indices that increase the negative effects of the risk condition (Masten, 2014). The promotive factors, such as human-, social-, and material capital, the often-mentioned resources that a human being needs for adaptive success, predict a good outcome or a positive adaptation across levels of risk. However, the role of the protective factors rises when adversity is high. Some of them act when there is a particular threat, others have a generally positive influence on development and also help in the context of significant threat (Cutuli, 2018, 7.). These protective factors are usually classified into three major categories, personal factors (e.g. self-efficacy, self-esteem, optimism or personal traits), biological factors (e.g. physical changes in the brain), environmental factors (e.g. social support) (Herrman et al., 260.). Despite the fact, that most of the time the content remains almost the same, investigators use varied names of these categories.

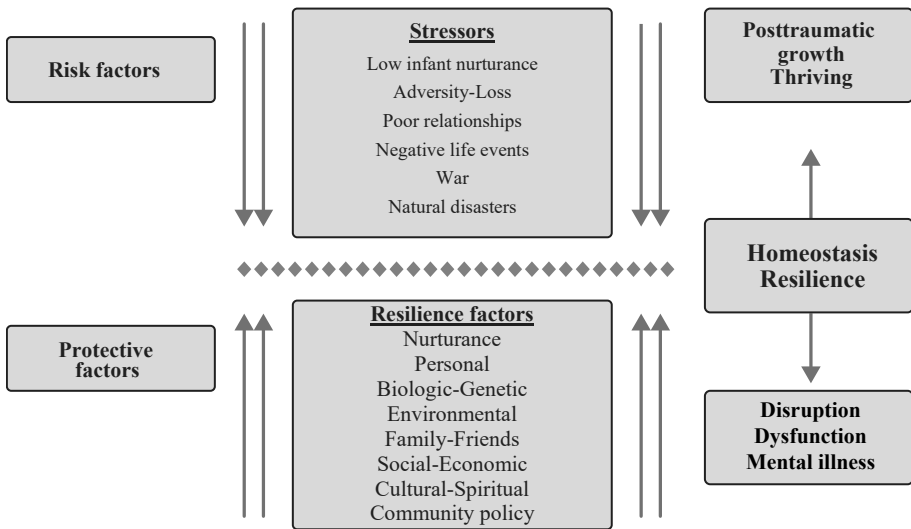| Risk factors | **Stressors**
Low infant nurturance
Adversity-Loss
Poor relationships
Negative life events
War
Natural disasters | | **Posttraumatic growth Thriving** |
| Protective factors | **Resilience factors**
Nurturance
Personal
Biologic-Genetic
Environmental
Family-Friends
Social-Economic
Cultural-Spiritual
Community policy | | **Homeostasis Resilience**

Disruption Dysfunction Mental illness |

Table 1. Factors that enhance or reduce homeostasis or resilience (Herrman, et al., 2011, 261.).

Although, there are some controversies and confusions in the history of resilience research, scientists have made a short list of widely reported factors associated with resilience (Table 2) (Masten, 2014). The short list that has not changed much in more than 20 years, contains the factors that are connected to

good outcomes and the adaptive systems that play an essential role in this phenomenon. These important protective factors help overcome adversities (Masten, 2001, 2007 as cited in Masten, 2014).

Resilience factors	Adaptive systems
Effective caregiving and parenting quality	Attachment; family
Close relationships with other capable adults	Attachment; social networks
Close friends and romantic partners	Attachment; peer and family system
Intelligence and problem-solving skills	Learning and thinking systems of the CNS (Central Nervous System)
Self-control; emotion regulation; playfulness	Self-regulation system of the CNS
Motivation to succeed	Mastery motivation and related reward systems
Self-efficacy	Mastery motivation
Faith, hope, belief life has meanings	Spiritual and cultural belief systems
Effective schools	Education systems
Effective neighborhoods; collective efficacy	Communities

Table 2. The Short List of Widely Reported Factors Associated with Resilience in Young People and Implicated Adaptive Systems (Masten, 2014).

Models of resilience

The theory that determinants of resilience are worth to be studied in process and at a systemic level is now widely accepted by researchers. In the research of resilience, the spread of the investigation of complex systems has led to a widespread proliferation of interpretation of resilience on protective and vulnerability factors (Rutter, 1979, 1989, 2000, as cited in Szokolszky et al., 2015). There are two major approaches to identifying protective and vulnerability factors in the resilience literature (Luthar, 2006, 744.). Variable-based approaches usually examine patterns and the statistical connections among measures of individuals' environments, characteristics and experiences to find out what explains the good outcomes in high risk. Person-focused approaches identify resilient people and try to find their researches and protective processes that help them doing well in the face of adversity (Cutuli, 2018, 7-8.; Masten, 2014).

There are some characteristics and promoting factors that are often related to resilient people: optimism, altruism, moral compass, faith and spirituality, humor, having a role model, social support, facing fear, meaning or purpose in life, training. These components help to understand the nature of resilience and most of them are easy to spot and measure. Also, there are many different ways to measure resilience. In the next part, I will introduce several resilience scales that were mentioned as *'most popular and most empirically based'* on a psychology website. These represent different theories and are made of different parts and for different populations. (URL4) Choosing and using the appropriate scale could give us enough information about the strength of the resilience of a prisoner who applied for education. With this information it is possible to plan education much more precisely, and, by making training more personal, reintegration after release can become more obtainable as a goal.

Resilience scales

Although, there are many resilience scales in use nowadays, in this article I focus on the collection of eight scales that, according to Ackermann, are used more often than others. I added another scale that I missed from the list, because it is easy to used and can be used in almost any circumstances.

1, Connor-Davidson Resilience Scale (CD-RISC)
This scale was originally developed by Kathryn M. Connor and Jonathan R. T. Davidson in 2003. It is a self-report measure of resilience within the Post Traumatic Stress Disorder (PTDS) clinical community. The first CD-RISC, consisting of 25 items, contained dimensions that were highly likely to provide information on the degree of resilient behavior*,* such as *'I can adapt to change', 'I can see the human side of things', 'Even if the situation seems hopeless, I will not give up'*. (Kiss et al., 2015, 96.)
  The first CD-RISC was used in five groups:
• primary care outpatients
• general psychiatric outpatients
• community sample
• clinical trial of generalized anxiety disorder
• two clinical trials of PTSD (Kiss et al., 2015, 96.)
The original scale consists of 25 items designed to measure successful stress. Now it has 2, 10 or 25 items versions too. They all measure resilience as function of these interrelated elements:

- Personal Competence
- Acceptance of Change and Secure Relationships
- Trust/Tolerance/Strengthening Effects of Stress
- Control
- Spiritual Influences (URL4)

2, Resilience Scale for Adults (RSA)

The RSA is a self-report scale which was created by Friborg et al. in 2003, and it is recommended for use in clinical and non-clinical population. This is an instrument for assessing the six protection dimensions of adult resilience:
- Perception of the Self
- Planned Future
- Social Competence
- Family Cohesion
- Social Resources
- Structured Style (Morote et al., 2017, 5.)

RSA is very useful in determining protective factors that inhibit or protect against psychological disorders.

3, Brief Resilience Scale (BRS)

BRS was developed by Smith et al. in 2008. The task of this self-assessment questionnaire is to measure the ability to exit the stress effect. It is used in non-clinical population. It has six items that relate to the person's ability to bounce back from stress.

4, Resilience Scale (RS)

'The original 25-item Resilience Scale (RS) is likely the most popular scale in the world to measure resilience.' (URL5)

RS was developed by Wagnild and Young in 1993. It can be used to measure resilience based on five basic characteristics:
- Meaningful Life (or Purpose)
- Perseverance
- Self – Reliance
- Equanimity
- Existential Aloneness (URL4)

There are the original 25-item version which consists of the 17-item Personal Competence and the 8-item Acceptance of Self and Life subscales, and the shortened 14-item version of the scale.

5, Scale of Protective Factors (SPF)

The Scale of Protective Factors was developed by Ponce - Garcia, Madwell and Kennison in 2015. This 24-item scale is used to measure specific social and cognitive protective factors that affect the resilience of people experienced assault. The four subscales of resilience protection factors are:
- social support
- social skills
- planning and prioritizing behavior
- goal efficacy

6, Predictive 6-Factor Resilience Scale (PR6)

The Predictive 6-Factor Resilience Scale was developed by Rossouw & Rossouw in 2016. It was developed based on neurobiological foundations of resilience and the theorized relationship with health hygiene factors. PR6 consists of 16 items and it is used to test the assumption that health hygiene factors correlate with six psychological resilience domains: (Rossouw et al., 2016, 31.)
- Vision
- Composure
- Tenacity
- Reasoning
- Collaboration
- Health

7, Ego-Resilience Scale

The Ego-Resilience Scale was developed by Block & Kremen in 1996. It is used in non-psychiatric contexts to measure the construct of ego-resiliency, which refers to the individual's dynamic ability to adjust the characteristic level of ego control in both directions depending on the demand characteristics of the environment, in order to preserve or improve the balance of the system. It consists of 14 items rated on a 4 point-scale where '1' means 'does not apply' and '4' is 'applies very strongly'. The scores on the scale can be associated with intelligence linked to the ability to adapt, helping to measure an individual's ability to bounce back from failure or disappointment (URL4).

8, Academic Resilience Scale (ARS-30)

The 30 item Academic Resilience Scale is a recently developed, multi-dimensional construct which focuses on adaptive and non-adaptive cognitive-affective and behavioral responses to academic difficulties (Cassidy, 2016, 3.). The items in the scale fall into one of the following three factors:

- Perseverance
- Reflecting and Adaptive Help-Seeking
- Negative Affect and Emotional Response

The ARS-30 is highly internally reliable, but it is most appropriate in academic contexts.

8+1, Resilience Research Centre - Child and Youth Resilience Measure & Adult Resilience Measure (RRC-CYRM-R, RRC-ARM-R)

The Resilience Research Centre-Adult Resilience Measure is an adapted version of the Child and Youth Resilience Measure. The original version was developed at the Resilience Research Centre by Ungar et al. (2002). The CYRM was created to be used with youth from 9 to 23 years old and the RRC-ARM is used with people aged 23 and older. All versions have a 28-item and a reduced 12-item version. All the versions offer a three-point and a five-point response scale.

The 28-item RRC-CYRM has three sub-scales:
- Individual capacities/resources
- Relationships with primary caregivers
- Contextual factors that facilitate a sense of belonging

For adults, the developer of the scale advises to change the name of the second sub-scale to *'Personal relationships with key individuals'*. RRC-ARM was validated in a 3-year old research project that took place in prisons, on the basics of RRC-CYRM.

Summary

Overcoming negative impacts is important for our development. The protective factors play a major role in a person's life in risky situations. The strength of these factors shows how resilient someone is. Being in prison or jail is one of the really tough situations, when an individual has to be strong physically and mentally, in order to be able to reintegrate into society after release. Not all these resilient factors are present in everyone, but all of them can be strengthened in order to make the person to be able to develop or adopt well. In my opinion, if an incarcerated person shows a little interest in school at prison, it means that the prisoner's one or more resilience factors serve him/her well. There are several popular and empirically based resilience scales that are being used to measure people's resilience. I think, those working in reintegration should find those factors by measuring resilience strength and increase them. If we learn the source of persons' strength, then, by incorporating this into their personal development, we can probably make their reintegration more successful.

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