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Catherine Ferguson

Craig Harms
Edith Cowan University

Julie Ann Pooley
Edith Cowan University

Lynne Cohen
Edith Cowan University

Stuart Tomlinson

Crime Prevention: The Role of Individual Resilience within the Family

Dr Catherine Ferguson[1,3], Craig Harms[1], Dr Julie Ann Pooley[1], Associate Professor Lynne Cohen[1] and

Stuart Tomlinson[2]

[1] School of Psychology and Social Science, Edith Cowan University, JOONDALUP, Western Australia

[2] CLAN WA, 335 Pier St, East Perth, W. A.

[3] Author for communications:

Dr C. A. Ferguson

Tel: 8 630405728

Fax: 8 6304 5834

Email: c.ferguson@ecu.edu.au

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Background: Resilience is context dependent but for resilience to be present, two elements must co-occur: *adversity* (i.e., high-risk situation/ threat) and *successful adaptation/competence.* An understanding of resilience is important for professionals dealing with at risk families. This exploratory research investigated how individuals caring for a family member with a mental illness adapted to the role of carer or supporter.

Participants: Fifteen participants mostly aged 50 years or more.

Methodology: This paper links the themes elicited from semi structured interviews with theories of criminal behaviour. Content analysis was used to develop themes from the interview transcripts.

Results and Discussion: Seven themes were elicited from the data. Three of these fit with existing knowledge about challenges faced by offenders' families. The paper concludes that strengthening families and improving family communication is not only important for good individual mental health and family functioning but may also play a role in crime prevention/ reduction. Implications for those working in mental health settings are provided.

Introduction

A positive approach to psychology focuses on the strengths of individuals and families, rather than psychopathology. Resilience is a term applied to individuals, families, and communities. However, the deficit focus of definitions of resilience are context dependent but most theorists agree that for resilience to be present, two elements must co-occur: *adversity* (i.e., high-risk situation or threat) and *successful adaptation/competence.* Therefore an understanding of resilience is important for those who deal with families who are "at risk". The current exploratory research investigated how individuals caring for or supporting a family member with a diagnosed or undiagnosed mental illness used their strengths and adapted to the role of carer or supporter. This research was conducted by members of the Lifespan Resilience Research Group at Edith Cowan University, in conjunction with a community organisation that for the past 16 years has worked to strengthen family life using a strengths-based Approach. This paper considers the effectiveness of building resilience in family members to aid the wellbeing of the family and prevent the link to anti-social behaviour and/or criminal behaviour. A recent research project is used to demonstrate issues that are evident in the literature, thereby linking the literature to evidence-based practice. The paper is structured as follows. Firstly definitions of resilience are cited. Secondly, the links between poor mental health and crime are described. Thirdly, a description of the research conducted is presented; and how the results of this research fit with the literature on criminal behaviour. Three criminological theories, the Psychology of Criminal Conduct, the Good Lives Model, and Multisystemic Therapy are used to demonstrate the links. The paper concludes with suggestions to support resilience research and interventions in families of offenders and those suffering mental illness.

Defining Resilience and its use in Interventions

There is controversy in the literature as to whether resilience is a characteristic/personal quality, a process or an outcome (Ahern, Ark, & Byers, 2008). As a result, defining resilience has been a challenge and a variety of definitions exist. Nevertheless, theorists commonly agree that to determine if someone is displaying resilience two elements must co-occur: *adversity* (i.e., high-risk situation or threat) and *successful adaptation/competence* (Luthar, Cicchetti, & Becker, 2000; Masten, 2001; Schilling, 2008). Adversity is evaluated according to negative life circumstances (Schilling, 2008). Adaptation, on the other hand, is defined as successful performance on age-developmental tasks (Luthar & Zigler, 1991; Masten & Coatsworth, 1998). Resilience has often been portrayed by the image of a 'rubber ball' and 'bouncing back' is an expression that has been used in previous research and literature (see Smith, Dalen, Wiggins, Tooley, Christopher, & Bernard, 2008 who developed a Brief Resilience Scale assessing the ability to 'bounce back'). However resilience is argued to be much more than that and one of the latest definitions has been proposed by Ungar (2008). Ungar provides a new ecologically focused definition:

> In the context of exposure to significant adversity, whether psychological, environmental, or both, resilience is both the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being, and a condition of the

individual family, community and culture to provide these health resources and experiences in culturally meaningful ways (p.225).

There has been considerable noise in the psychological literature about the use of strength-based counseling and interventions, with several theorists intimating the need for helping professionals to adopt such a direction, moving away from the traditional more pathological approach (Kaczmarek, 2006; Smith, 2006; Wartel, 2003). Positive affect has effects for better health, fewer symptoms and less pain (Pressman & Cohen, 2005) increased life satisfaction and protection against negative emotion (Cohn, Fredrickson, Brown, Mikels & Conway, 2009). A bi-directional relationship between positive affect and success has been reported (Lyubomirsky, King & Diener, 2005). Although much of the research involving resilience has been undertaken with children and youth, there is recognition that resilience across the lifespan is an important construct for general well-being and that even in old age, facing death, resilience has a role to play (Neimeyer, 2005). Other aspects of resilience such as family resilience also play a role in well being (Walsh, 2003). Resilience can also be improved through non-directive person-centred therapy (Friere, Koller, Piason, & da Silva, 2005) and has been found to moderate pain treatment reducing the use of prescription drugs for chronic pain (Karoly & Ruehlman, 2006); applied in the understanding of trauma (Goodman & West-Olatunji, 2008). Therefore an understanding of resilience and its construction allows the development of appropriate interventions that are based on client strengths and may develop skills in clients with a mental illness or a propensity for criminal behaviour.

Resilience and its applicability to criminal justice system

A review of the literature on crime prevention indicates considerable reference to risk and protective factors and their implications for crime prevention across the lifespan, but more particularly for youth (Sampson & Laub, 2005). Crime prevention often is the by product of interventions that are designed to address other issues (National Crime Prevention, 1999 p. 37**)**. The Australian Pathways to Prevention Summary Report (National Crime Prevention, 1999) details a long list of risk and protective factors, under the headings of child factors, family factors, school context, life events, community and cultural factors (Table 1, p. 13). It is pertinent to note that the list of family risk factors is considerably longer than the list for any of the other categories. Therefore it can be assumed that a greater number of family factors play a part in antisocial and/or criminal behaviour.

Within criminal justice, adopting a positive and strengths based approach to offender treatment, and providing offenders with appropriate skills that increase their resilience and ability to navigate life in the world outside prison (is important, and is accounted for within the Good Lives Model (Ward & Brown, 2004). The development of a positive approach to the treatment of offenders has the potential to improve their ability not to reoffend (Ward & Brown, 2004).

Crime and mental illness link

About one in seven prisoners in western countries have psychotic illnesses or major depression and about one in two male prisoners and one in five female prisoners are diagnosed with or have symptoms consistent with antisocial personality disorders (Fazel & Danesh, 2002). Compared to the general

population prisoners have about two to four times the incidence of psychotic illness and major depression and about a ten-fold incidence of antisocial personality disorder (Fazel & Danesh, 2002). An Australian study reports that 43% of prisoners screened had at least one diagnosis of psychosis, anxiety disorder or affective disorder during the previous 12 months (Butler, Allnut, Cain, Owens, & Muller, 2005). Additionally, in this research, male offenders just arriving at the prison suffered from more mental illness that those already incarcerated serving a sentence (46% vs. 38%). Similar data from the general community indicated at mental illness within the community was 15% with large differences across all three dimensions (psychosis, anxiety disorder, affective disorder. Although a relationship between mental illness and crime is demonstrated in the literature, a causal pathway has not been determined and it is unclear whether having a mental illness leads the individual to crime. However research investigating criminological needs in both mentally disordered and non mentally disordered offenders has reported that criminal behaviour was similarly predicted in both groups by criminological needs (Bonta, Law & Hanson, 1998), suggesting that mental illness does not direct criminal behaviour. However there is evidence for a link between poor mental health and offending behaviour with around 25% of offenders having some mental health issue (Wallace, Mullen, Burgess, Palmer, Ruschena, & Browne, 1998). Family support positively impacts on both criminal behaviour (Farrington & Welsh, 1999) and mental health (Clark, 2001; Falloon, 2003) and, from the resilience literature, it is clear that family structures have a strong impact on the wellbeing of individuals (Howard & Johnson, 2000). There is some evidence that young offenders may have been subjected to trauma within their families resulting in PTSD symptoms (Burton, Foy, Bwanausi, Johnson & Moore, 1994). Given the co-morbidity of mental illness and offending behaviour, it is likely that families who care for members suffering a mental illness may also come into contact with the justice system and several of the participants in the research detailed below indicated that they had a family member who took part in criminal or antisocial behaviour. Therefore enhancing resilience within the families of those who suffer mental illness and who may be potential offenders might be an important mechanism for crime prevention.

Description of the research that supports this paper

As a concept, resilience would appear to have considerable academic and practical appeal for understanding and helping individuals who have had contact with the criminal justice system. A study recently conducted by ECU resilience researchers demonstrates possible links between resilience and crime prevention and is described below.

A local community organisation that delivers services to families in need partnered with a university to develop a greater understanding of the resilience of its clients. A project had been established that provided services to the families and carers of individuals who appeared to suffer from diagnosed or undiagnosed mental illness or severe behavioural difficulties. The research associated with the interventions provided by the community organisation was designed to examine several issues. First, how families adapted to living with an individual affected by mental illness was investigated through semi-structured interviews with carers who had attended one of the interventions provided by the

community group. Second, the research was designed to consider ways of developing enhanced resilience. Third, a definition of resilience was to be developed. This paper reports on the first issue only.

Fifteen mature carers (mostly female and aged over 50 years) participated in the interviews, the results of which indicated seven themes; a need for support for the carers, the positive and negative experiences including interactions with mental health professionals, the need for knowledge and understanding of mental illness, absent family members (both physical and emotional), communication strategies within the family, other stressors that impact on the family, the carer having to cease their own activities (including work). Generational and gender specific beliefs were evident. The coping strategies of the carers were mostly positive demonstrating resilience. The participants in general were parents coping with teenage and/or adult children and grandchildren, with a range of problems, mostly relationship and mental health issues and some with antisocial behaviour or established criminal behaviour. Additionally, from what many participants said during the interview they have fragmented family relationships, few close friends, and no one to really share their load. However, the participants indicated that they managed to achieve positive results (e.g., reasonably functional family) despite the difficulties and that the interventions provided by the community organisation helped them to better adapt to the demands of living with a family member who has a mental illness or severe behavioural difficulties. An important aspect raised by the mostly female participants was 'absent males'. Those in intimate relationships reported that often they were left to bear the burden of the care and that their male partners were absent, not always physically, but also emotionally.

Relating the findings of the research to criminal behaviour

In addressing this issue a psychological approach has been adopted and the themes elicited from the carers' interviews are considered in terms of three theories/models of criminal behaviour, the Psychology of Criminal Conduct, the Good Lives Model, and Multisystemic therapy. First, the Psychology of Criminal Conduct (PCC) (Andrews & Bonta, 1994) proposes that there are eight predictors for criminal involvement. These are (1) prior criminal or antisocial behaviour, (2) antisocial personality, (3) antisocial attitudes, (4) antisocial peers, (5) inappropriate use of leisure time, (6) substance abuse, (7) school and work problems, and (8) family conflict. The first of these predictors is static (unchangeable after the event), however the remaining seven are dynamic meaning that they are changeable with suitable intervention (Andrews, Bonta, & Wormith, 2006). Although the number of participants in the current research was small, all of the above predictors were mentioned in relation to the family member suffering a diagnosed or undiagnosed mental illness. Family issues were apparent in three of the seven themes (absent family members [both physical and emotional], communication strategies within the family, other stressors that impact on the family). Family conflict/ difficulty are recognised as direct predictors of offending behaviour within the PCC and are included in the Australian Pathways to Prevention Summary Report as an important issue.

Ward's Good Lives Model (GLM) of offender rehabilitation also includes family relationships as one of the important dimensions of the rehabilitation process (Ward, Mann, & Gannon, 2007). Offenders are human and have the same needs for love, feeling valued, to function competently, and to be part of the community (Ward & Brown, 2004, p. 244). Therefore a part of their rehabilitation should be to address

their personal issues that inhibit full participation in life. This moves the focus on rehabilitation to a positive rather than negative perspective and means the adoption of a strength based approach in accordance with the recent movement to positive psychology (that is, building resilience). By building resilience, the individual feels supported and develops skills that facilitate acquisition of resources required to meet the needs of the individual across a variety of domains. The GLM proposed that an extension beyond the PCC 'big four' (antisocial attitude, antisocial peers, antisocial personality, and previous criminal behaviour) is required to reduce recidivism and Ward and Brown (2004) suggest that a variety of secondary problems including intimacy deficits, deviant preferences, cognitive distortions, empathy deficits, drug and alcohol abuse, and difficulties in managing negative emotional states should all be addressed. Many of these secondary problems link to issues within the family.

Further evidence for the importance of good family structure for the reduction of criminal activity is demonstrated through Multi-Systemic Therapy (MST). MST is a short-term in home and community based intervention for families of youth with severe psychosocial and behaviour problems (Littell, 2005). MST is individualised to the needs of the young offender and his/her family and workers within the MST framework do "whatever it takes to engage the family in treatment and services" (Ogden & Halliday-Boykins, 2004, p. 82). MST workers operate within a team structure and have small caseloads; they are available to their clients 24 hours a day, 7 days a week (Littell, 2005). MST is often used (and has been successful) with recidivist youth offenders and this treatment involves strengthening family relationships, communication, and processes (Ogden & Halliday-Boykins, 2004). Strengthening family relationships is an important issue across a variety of social issues including mental health (Clark, 2001; Falloon, 2003); and the maltreatment of children (Sar, Antle, Beldsoe, Barbee & Can Zyl, 2010) which, if not treated, can lead to mental health issues and antisocial/ criminal behaviour (Bender, 2010). Maltreated youth often associate with delinquent peers (Bender, 2010), (a predictor of criminal behaviour within the PCC).

Conclusions

The research described in this paper was focused on the carers of family members who had a diagnosed or undiagnosed mental illness or problematic behaviour. Several carers indicated that there was criminal or antisocial behaviour undertaken by their family member who suffered mental illness and some already had contact with the justice system, or the carer was concerned that contact was imminent. This was especially true where the individual with mental illness was a younger member of the family. The indications from a review of the literature revealed that a considerable number of incarcerated offenders meet the clinical assessment for a variety of mental health issues. Therefore this paper has demonstrated the links between resilience within individuals and families and the potential relationship with crime prevention through the strengthening of family relationships and enhanced family communications.

Although only three of the themes elicited in this research can be directly transferred to the offending behaviour context, a further three themes may also be important for families of offenders (a need for support for the carers, the positive and negative experiences including interactions with mental health professionals (or criminal justice officials), the need for knowledge and understanding of mental illness

(or criminal behaviour and the link between them). There may also be issues about roles within the family with absent male partners (physically and emotionally) and last of the seven themes with the carer having to cease (or adjust) their own activities (including work). Further research investigating the resilience of families with an incarcerated member should be conducted to determine if the themes elicited in this research directly apply.

One of the desired outcomes of the community organisation's project was to strengthen family ties and improve communication within the family, using a framework that focused on enhancing the resilience of the carer of the individual with a diagnosed or undiagnosed mental illness. Such intervention was also expected to improve wellbeing of family members. It would appear that this strategy, when effective, is likely to also assist in crime prevention.

The respondents in the described research were mostly women over 50 years of age and this has to be a limitation for the research. However, these participants had extensive experience of life and some had been coping with family difficulties for up to 25 years. Of the seven themes that were elicited from the semi-structured interviews three revolved around difficulties within the family, a well recognised precursor to offending behaviour (Howard & Johnson, 2001; National Crime Prevention, 1999).

Implications for practitioners working with families in the mental health system

1. The use of a strengths-based approach such as focusing on enhancing the resilience of the individual and the family can improve the range of interventions available to address issues for both the client suffering mental health issues and their families.

2. The literature suggests that individuals with a mental health issue are more likely to come to the attention of the criminal justice system. Mental health professionals may have an opportunity to prevent or reduce this occurrence, thereby improving client outcomes by applying the concepts of resilience to both the individual and within the family environment.

3. An understanding of resilience within carers who support family members with a mental illness will provide opportunities to aid these carers who are a disadvantaged and often forgotten group.

4. Increasing resilience within the family may prevent or reduce both mental health issues and criminal or antisocial behaviour as improvements in family functioning can be supported through a variety of interventions that strengthen family relationships.

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