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Ana MUNTEAN, Stefan COJOCARU

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Resilience of Children Behind Bars

Ana MUNTEAN¹, Stefan COJOCARU²

Abstract

This study focuses on the resilience of delinquent children, youth and children who are serving a sentence of imprisonment in an educational center. In Romania, according to official statistics in June 2014, there are a number of 218 children of both sexes, aged between 14-18 years, in this situation. By 2009, when the Committee on the Rights of the Child (CRC) draws attention to the Romanian state on the rights of children deprived of liberty, these children were silenced, and the child protection system in Romania did not assume responsibilities on them. According to longitudinal internal statistics, approximately 75-80% of the children and youth serving a custodial sentence are found, years later, in adult prisons. These statistics are consistent with the percentage of resilience found internationally on populations of vulnerable children. Since the first research on resilience, in the 70s, it was noted a rate of 20-25% of resilient children, despite the vicissitudes that they faced during childhood, were able to overcome them. The percentage of natural resilience of children was later confirmed in other research aimed to highlight the resilience, and in recent years this proportion of resilience was confirmed on children adopted in England from institutions in Romania. Using three questionnaires specific for investigating the level of resilience of youth, data were collected on a total of 70 adolescents, 61 boys and 9 girls, aged between 14-18, from an educational center for children. Only 53 questionnaires were valid and entered into our database. The questionnaires aimed to highlight the risk and protection factors to which they were exposed, respectively, which the children benefited from in their existence and prior to their admission in the educational center. The third questionnaire identifies the elements of resilience of children. Data collection was conducted in November 2014. The results of the investigation can serve to a universal preventive strategy based on evidence (evidence-based) and to an 'Assistance' of the resilience of delinquent children in these centers. More than in the case of adults, in children and youngsters, the major concern in establishing educational measures running an offense should aim building their resilience. Society cannot close its eyes to these destinies loss or the increase of crime through the 75-80% of children and youth in educational centers who become adult criminals.

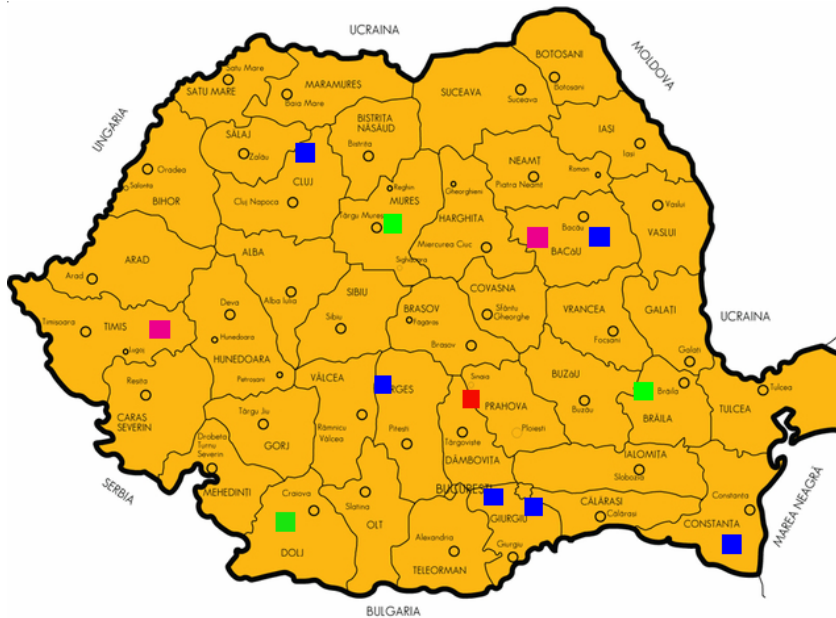
Keywords: youth, delinquency, resilience, risk factors, protective factors.

¹ West University Timisoara, ROMANIA. E-mail: ana.muntean@e-uvt.ro

² Alexandru Ioan Cuza University from Iasi, Department of Sociology and Social Work, Iasi, ROMANIA. E-mail: contact@stefancojocaru.ro

Introduction

The facts that contradict the laws governing the good order and relations between people and between people and institutions are considered crimes and categorized and penalized according to their severity, the condition of the person who commits the offense and the circumstances given. When such acts are committed by children, they enter into what is called juvenile delinquency and their penalty relies on the severity of the act, the child's age and certain criteria relevant to the development of the child, taken into account in determining the degree of responsibility at the time of the offense. In Romania, juvenile delinquency is incriminated by the Criminal Code and the Criminal Procedure Code, complemented with legal regulations specific to child protection. Sanctions imposed by the courts to children are exclusively educational measures (under the new Criminal Code and Procedure Code in force since February 2014). Children can be criminally sanctioned under the special regime of criminal responsibility applied to them, with educational measures with or without deprivation of liberty. Non-custodial educational measures are: civic training stage, supervision, recording on weekends and daily assistance, and the deprivation of liberty ones are: internment in an educational center and internment in a detention center. So, since February 2014, children and young offenders in Romania, with court rulings ordering custodial educational measures, are in five special units of the NAP, two educational centers (Buzias for girls and boys, Târgu Ocna for boys) and three detention centers for children and youth (Craiova, Targu Mures and Tichilești).



EDUCATIONAL CENTERS	DETENTION CENTERS FOR CHILDREN AND YOUTH	PENITENCIARY HOSPITAL	WOMEN/MOTHERS PENITENCIARY
BUZIAS/TIMIS	TG. MURES/MURES	COLIBASI/ARGES	TARGSOR/PRAHOVA
TG. OCNA/BACAU	CRAIOVA/DOLJ	JILAVA/ILFOV	
	TICHILESTI/BRAILA	RAHOVA/ILFOV	
		DEJ/CLUJ	
		TG. OCNA/BACAU	
		POARTA ALBA/ CONSTANTA	

A few years ago, Romanian TV showed several images with the re-education center for children and youth in Craiova. The interview taken to representatives of the child protection system in the area revealed ignoring these young people, by the protection system. The situation likely found an administrative explanation by the affiliation of the re-education center in the Ministry of Justice and not that of Labour and Social Protection. Children seemed disregarded in terms of childhood, but their delinquent behavior and seemed forgotten by the society. On the other hand, child protection law (Law 272/2004) and its foundation: Child Rights Convention stipulates equal rights of all children and youth in Romania. Despite this legal framework, children deprived of liberty appeared as if they had been deprived of childhood and childhood specific rights. This situation was and is all the more serious because children's rights as human rights in general, are nothing but child needs for healthy development. In the intention to promote a healthy society, the law requires respecting such needs, no matter where the child is. In addition, the global concept of the "best interest of the child" requires special attention and placing the child needs for a healthy development ahead of other considerations or interests of the parties involved in a given situation.

Stressing the need for individualization of the concept of 'interest of the child', this has different meanings from one child to another, Sempek & Woody (2010: 434) Indicate that "The psychological needs of the child and other needs" prevail in the decisions to be taken concerning the child. In the light of the best interests of the child, "legal decisions will try to provide the children an environment of growing with a good potential for optimal development in light of the needs and circumstances of the child." (Roesch, Zapf, & Hart, 2010: 76).

In 2009, for the first time, The Committee on the Rights of the Child (CRC), Fifty-first session consideration of reports submitted by states parties under Article 44 of the Convention, Concluding observations of the Committee on the Rights of the Child: România, mentions the situation of these children in the general recommendations as well as specific in the recommendation section for Romania,

as such: “The Committee reiterates that law enforcement officers continue to apply ill-treatment, including threats and physical abuse towards children, particularly in the investigation phase of the case. The Committee notes that there are no available mechanisms for children deprived of liberty, in any field, including psychiatric institutions, through which they can file a complaint about the way they are treated and that the authorities are informed of such things and be able to collect data. The Committee reiterates its previous recommendations and urges the states parties to: (a) Investigate all allegations of torture or other cruel, inhuman or degrading treatment or punishment applied to children and to strive for full cooperation with the Special Rapporteur on Torture; (b) Ensure the rejection of evidence obtained by torture; (c) Ensure that there are mechanisms by which children deprived of liberty, in different areas, including psychiatric institutions may submit complaints of torture or other cruel or inhuman treatment; (d) Take measures for the implementation of recommendations made by the Human Rights Committee (CCPR / C / 79 / Add.111, 12); (e) Take immediate measures for stopping violence against children; (f) Ensure the implementation of legislation against any form of torture or other cruel, inhuman or degrading treatment or punishment and provide care, healing and reintegration and victim compensation” (p.10).

Concerning the Administration of Juvenile Justice in Romania, in 2009, the Committee makes the following recommendations (pp.24-25): (a) Missing a uniform national policy on prevention; (b) Children’s rights are procedurally violated in the investigation stage, including access to a lawyer, and coercion is used to extract confessions; (c) Although there are trained judges for the cases of children, not always this is taken into account in the distribution of cases; (d) Often, children deprived of liberty are being held in adult facilities where even if they are separated from adult prisoners, they do not benefit from special programs; (e) There are too few rehabilitation centers and prisons for children in conflict with the law and no action is taken and no institutions are responsible for assisting children to reintegrate into the society; (f) Children deprived of liberty have seldom access to appropriate education services and there is no education for children in detention during investigations; (g) The law that regulates the re-education centers activity (Decree No. 545/1972) was considered by the Ombudsman as outdated and inadequate to serve the interests of the child or his physical, psychological, medical and educational development.

The Committee recommends that States parties to continue efforts to improve the juvenile justice system in accordance with the Convention, especially Articles 37, 39, and 40, and with other United Nations standards in the area of juvenile justice, including the Regulations on the Minima Standards of the United Nations for the Juvenile Justice Administration (Beijing rules), the United Nations Guidelines for the Prevention of Delinquency (The Riyadh Guidelines), the United Nations rules for the Protection of children and Youth in Custody and the Action

Guide for children in the criminal justice system. It is also recommended that: (a) To take preventive measures to support the role of family and community in order to help eliminate the social conditions that lead to confrontation of children with the criminal justice system, and every measure to avoid stigmatization; (b) The right to a fair process to be respected in all procedural steps, including during investigations; (c) Children in conflict with the law must always be tried in the juvenile justice system and never appear with adults in ordinary courts; (d) The institution of specialized judges for children to be introduced in all regions and these specialized judges to receive appropriate education and training and stability; (e) Imprisonment be applied as a measure of last resort and for the shortest periods possible and to be reviewed regularly in order to its termination; (f) Until the juvenile Courts settlement, there must be taken all measures to ensure the trial of criminal cases with children, in full respect of children's right to privacy and by judges and legal advisers and psychologists adequately trained; (g) Children deprived of liberty to have access to education, including during detention for investigation; (h) A review of legislation regulating the activity of re-education centers is needed (Decree No 545 of 30.12.72 on the execution of the educational measure of internment of juvenile offenders in a re-education center). This measure was made with the entry into force of the new Codes, the Criminal Code and the Criminal Procedure Code and the Law 254/2013 on the execution of sentences and custodial measures ordered by the court during the trial.

Children behind bars in Romania

According to the National Penitentiary Administration (NPA), in May 31, 2014, the group of minors (14-18 years) and youth dynamics (18-21 years) deprived of liberty was: (1) In the two educational centers: 125 minors and 123 youth; (2) In the three detention centers: 193 minors and 1324 youth. In total, 1765 (1716 boys + 49 girls) of juvenile offenders in Romania, are in educational and detention centers under a sentence of deprivation of liberty.

The framework of the research

Although the problem of these children was still little raised, we should mention a few reports on their situation, made in the nongovernmental area by well-known organizations in child protection, such as: Save the Children (2013, with reference to children in adult prisons); UNICEF, 2005; the Legal Resources Centre, 2013; APADOR-CH, 2014; Avocatul Poporului, 2013). In a Daphne project, initiated by Defence de L'Enfance organization, the Belgian subsidiary, entitled "Children's Rights Behind Bars. Human Rights of Children Deprived of

Liberty: Improving Monitoring Mechanisms”, (2014-2016), the research center for child-parent interaction team (CICOP) of the West University of Timisoara analyzed during May-July 2014, the situation of children deprived of liberty in Romania. There was visited an educational center (Buziaş) and two detention centers (Targu Mures and Craiova). Visits incurred to achieve focus groups with children in these centers and staff and center administration. The interest of the project is the implementation of children’s right to complain and monitoring of such institutions, with their effects on residents. The report made by the Romanian researchers’ team can be found at: <http://www.childrensrightsbehindbars.eu/outputs/national-reports>. These visits were followed by the present study, conducted from the perspective of resilience of children behind bars and done with the intention to deeper reveal the situation of these children, create extra understanding needed by law enforcement and suggest ways of intervention to assist their resilience.

Resilience

The meetings with the centers administration informed the research team, repeatedly, that a proportion of 75-80% of children being in these centers, are found later in adult prisons. These considerations shared with the research team are based on the internal statistics of NPA. This percentage is much higher comparing with those found by different surveys on the world (Loeber *et al.*, 2012). But the percentage referred to requires taking into consideration the resilience of this category of vulnerable children and young people. Resilience, described as the ability to deal with the debilitating stress, maybe traumatic, and to continue a healthy development, came to the attention of researchers for the first time in the 70s, with the research conducted under the leadership of Rutter, on children of the Isle of Wight and London, and the project “Competence”, coordinated by Garnezy (1991) and following the resilience of children raised in disadvantaged environments. “Resilience is a phenomenon shown by young people evolving favourably, although they lived a form of stress that on the general population is known to cause a serious risk of adverse consequences” (Rutter, 1993). Many researches, made from various theoretical perspectives systematize the constitutive factors of child resilience (Johnson & Wiechelt, 2004; Masten, 1994; Ionescu, 2013) as follows: (1) having parents with good parenting skills, effective as parents; (2) having good connections with other competent adults; (3) being interesting as a person for other people, especially adults who are ready to pay attention to you; (4) having good intellectual skills; (5) having inclination or talent in certain areas, values which you have learned alone and with others; (6) having a sense of efficiency, worth, confidence and hope; (7) having religious belief or affiliation and rallying relationships; (8) being secure in socio-economic

terms; (9) benefiting from a good school and other community facilities; (10) being lucky

Therefore, resilience elements of a child can be savoir: in the person / child, in the interaction with competent and available adults and / or in the child's existence environment (Li & Wong, 2015). The saving configuration items are always unique and unrepeatable. This uniqueness of resilience can be observed even in the case of one and the same child, for resilience is not a permanent feature, immutable to one person, but circumstantial (Islam *et al.*, 2015). A child may be resilient to a certain type of stress but can be brought down in another time, by another situation involving stress. Another common element for the resilience of any child is the presence of a trustworthy person in his life (Manciaux, 2001). Rutter (1993) insists on the existence of genetic factors associated with the resilience of one person.

Most researchers noted a percentage of 20-25% of resilient children, able to continue their healthy development despite the many stressors faced during childhood. Rutter & Sonuga-Barke (2010) recently found and highlights this percentage of 20% of resilience elements among children adopted into families from England and coming from the worst institutional conditions in Romania. Hence, the empirical observation, based on internal statistics, made by the NPA representatives has forced us to examine the situation of children deprived of liberty in terms of resilience.

Research description

The research was conducted in one of the two educational centers in Romania, where the team of three researchers went and together with teachers applied the assessment tools on the 70 children (61 boys and 9 girls) interned at that time in the center. The omissions from the questionnaires subsequently forced us to take into consideration only 53 questionnaires during data processing.

The assessment tools were three questionnaires formed based on compilations of existing tools in the area, by Serban Ionescu and Colette Jourdan-Ionescu (Hamelin & Jourdan-Ionescu, 2011). The internal consistency of the three instruments, given by Cronbach alpha is:

Questionnaire on resilience: Cronbach alpha = .837;

Questionnaire on risk factors: Cronbach alpha = .872;

Questionnaire on protective factors: Cronbach α = .814

Taken together, the three questionnaires have an internal consistency of: Cronbach α = .797

These values of internal consistency place our tools in the range of those showing good fidelity, ensuring good reflection of the target reality.

Our questions for this study are:

1. To what extent were these children exposed to risk factors in their lives?
2. To what extent are there present, in the given population, resilience elements?
3. To what extent do children benefit from protective factors?
4. What are the key elements in their resilience?

Results

Demographic data describing the investigated group are: 53 teenagers, 44 boys (83%) and 9 girls (17%), aged between 15 and 22 years old ($M = 17.3$; $SD = 1.3$; mode = 17); school level between 1 to 12 classes ($M = 5.8$; $SD = 2.43$; mode = 5) Ethnicity: 48 Romanian (90.6%), two Hungarians (3.8%), 3 Roma (5.6%).

Overall, the results show as follows:

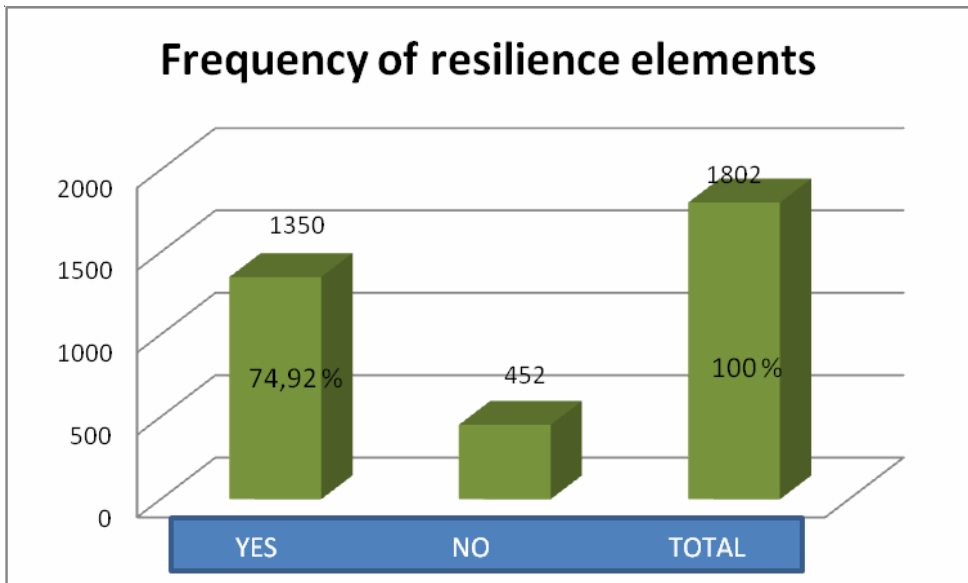


Figure 1. Resilience, frequency of resilience elements amounts to 74.92% (1,350 positive items) on the population of 53 valid cases. Negative responses, revealing lack of resilience raise up to 25.08% (452 items).

Out of the 1802 resiliency's elements listed by the questionnaire 1,350 items (representing 74,2%) were displayed within the teens group investigated here. The average of resilience elements on the subject, in the researched group is 25.47.

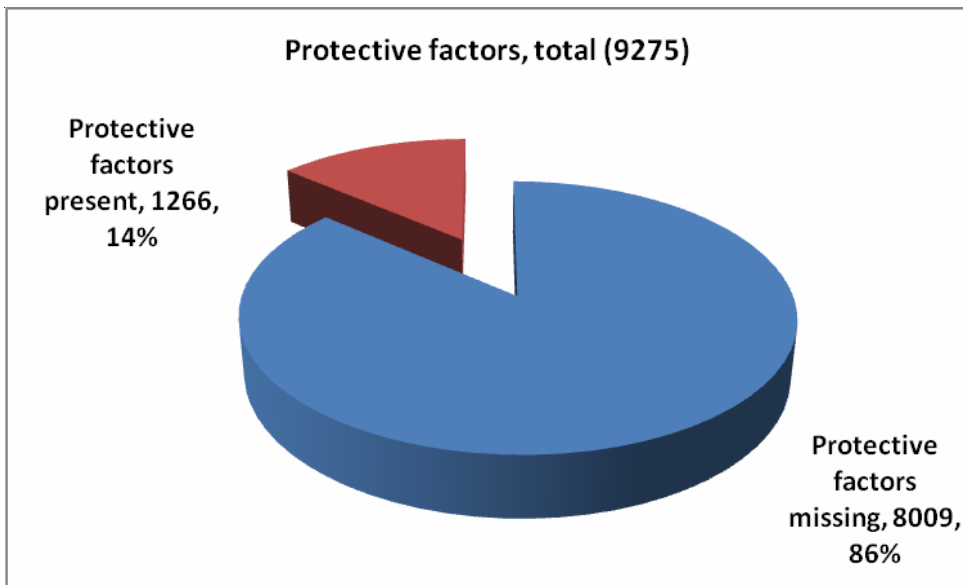


Figure 2. Protective factors present in the population of the 53 child offenders

Concerning the protective factors the incidence among teens' group is very low (out of 8,009 protective factors listed in the questionnaire only 1,266, representing 14% were found in the population). The work on the data shows that out of the 625 possible correlations ($p < .05$) just the following eighth (see Table 1) have better values.

The best correlation ($r=0.493$; $p=0.000$) is found between the good health condition and the calm facing the life's events. The next good correlation ($r=0.439$; $p=0.001$) is between the humour used to relativized the reality and „I always find something that makes me laugh”. Considering that the two items are almost similar, the correlation proving the mutual accompaniment between the items is very low. The last correlation with a value above .400 is between the health of the parents as protective factors and the commitment of the respondent ($r=0.427$; $p=0.001$). Healthy parents and the good social network (8) is the scaffold which support the commitment of the respondent.

Table 1. The most significant Pearson's R correlations between protection factors and resilience

	Protective factor	Resiliency's element	Value	Asymp. Std. Error ^a	Approx. T ^b	Approx. Sig.
1.	The first years of my life went smoothly	I am interested in different things	.340	.143	2.583	.013 ^c
2.	I have good health (physical health, without a disability, mental health)	I am a determined person	.331	.176	2.508	.015 ^c
3.	I have good health (physical health, without a disability, mental health)	I take things as they come	.493	.101	4.052	.000 ^c
4.	I often use humor to relativize things	I always find something that makes me laugh	.439	.116	3.492	.001 ^c
5.	When I need help, I know how to find it	My life has sense	.371	.150	2.855	.006 ^c
6.	My parents expectations towards me, made me surpass myself	I know how to surpass myself	.305	.132	2.288	.026 ^c
7.	My parents are healthy (physical health, mental health, without disability)	I am a committed person	.427	.134	3.374	.001 ^c
8.	I have a good social network (friends, colleagues, members of the extended family, etc., people who I am attached to and that can listen to me and support me)	I am an committed person	.368	.148	2.825	.007 ^c

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

c. Based on normal approximation.

The risk factors collected with the specific questionnaire show an important incidence of risk factors among the teenagers in the research. Out of 1802 risk factors which can be find according with the list in the questionnaire, 964 representing 53.50%, were found on the investigated population.

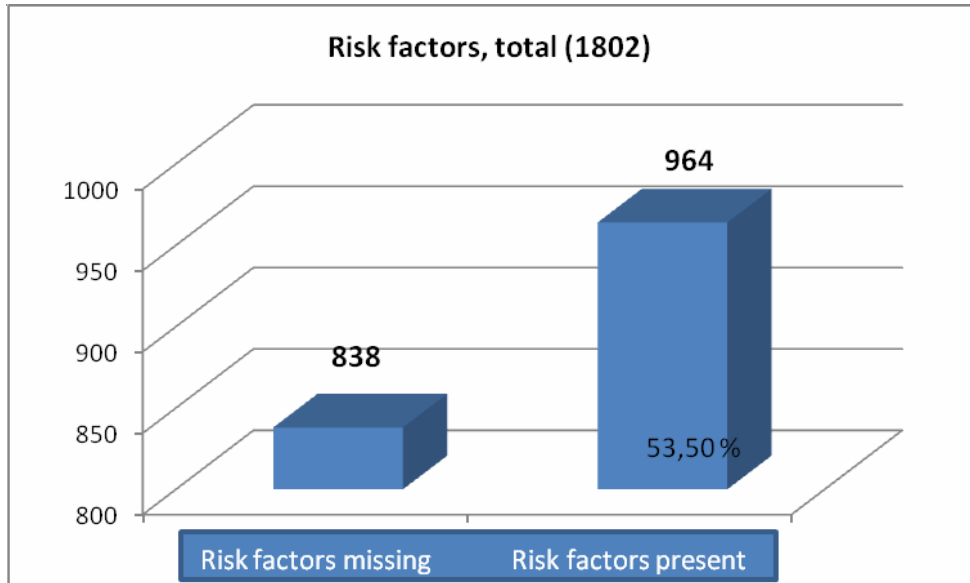


Figure 3. Presence of risk factors in the population of the 53 child offenders

The work on the data found that out of the 850 possible Pearson's R correlations, between risk factors and resilience ($p < 0.05$), three are noticed as having better values. The most significant correlations are below (table 2).

Table 2. The most significant Pearson's R correlations between resilience and risk factors

	Resiliency's element	Risk factors	Value	Asymp. Std. Error ^a	Approx. T ^b	Approx. Sig.
1.	I have an average or high intelligence	Loss of employment (or unemployment) of parents	-.366	.149	-2.810	.007 ^c
2.	I take the responsibility for my successes and my failures	Mental illness (personal)	-.371	.134	-2.851	.006 ^c
3.	I make myself useful to my cultural community (eg., by voluntary activity)	Physical Illness in the family	-.294	.142	-2.193	.033 ^c

The physical illness of family's members and the parents' unemployment are going together with low self perception of being intelligent and interest for participation to community's life. The result confirms previous extended researches in the field of self-esteem (Donnellan *et al.*, 2005). There are complex and significant relations between the mental illness and the weak capacity for assuming the causes for successes and failures..

Discussions

We believe that our data have no ecological validity and thus do not reflect the real life and portraits of these children. As evidence bellow they are listed some proves: (1) The extent of protective factors and the low prevalence of risk factors. If the data would reflect reality, none of these children would be deprived of liberty; (2) Certain anomalous correlations like the negative correlation bellow: (1) Low correlation between two very similar factors (humour, $r = 0.439$; $p = 0.001$); (2) Elements of resilience present are very numerous (74.92%) while the protective factors are registered in proportion of only 14%. Often the researchers take the protective factors as very close and similar with resiliency (Resnick, 2000; Luthar *et al.*, 2000; Rutter, 2007). (3) The multiplicity of invalid correlations.

I have good health (physical health, without a disability, mental health) * Usually, I can easily adapt		Value	Asymp. Std. Error ^a	Approx. T ^b	Approx. Sig.
Interval by Interval	Pearson's R	-.348	.243	-2.648	.011 ^c
Ordinal by Ordinal	Spearman Correlation	-.073	.191	-.524	.602 ^c
N of Valid Cases		53			
a. Not assuming the null hypothesis.					
b. Using the asymptotic standard error assuming the null hypothesis.					
c. Based on normal approximation.					

What could be the causes of these results with low validity (despite good internal consistency of the instruments): (1) In relation to family questions, the answers are positive exhibiting an intense process of idealization of the parents signaling the insecurity of the child (Kriss, Steele & Steele, 2012); (2) Most responses are given in the absence of reflections on the content of the question (sometimes in the answer spaces the respondents created cross stitch patterns without reading the questions). The low reflective capacity is tightly connected with the insecure attachment and lack of capacity for self-organization (Fonagy *et al.*, 1991); (3) Given the low level of education (mode: 5 classes), reading and comprehension items was difficult to achieve. The team of researchers with the classroom teachers have met this situation, and tried to ensure solution to this problem and to help individuals; (4) Mental retardation or mental illness or disability. The last aspect is highly ignored but frequent found among the youth detainees within the detention system. No statistics available. However, we should pay attention to the high values of correlations between elements of resilience and protective factors, in the case of: *frustration tolerance, humour and health of parents*. These elements seem to point out as milestones in what we call resilience of children in this center. Frustration tolerance (I take things as they come) is accompanied by good health and the health of parents of the determining attitude of the child (I am a committed person).

Conclusions

It is time for the child protection system to pay attention and to take care of the vulnerable children living within units deprived of liberty. "A critical question that emerges is what can society do to comply with to the greatest the best interest of the child" (Sempek & Woody, 2010: 437). Before being imprisoned, these children were members of families and communities where violence, poverty and various dysfunctions were usually a daily routine in which they lived (Weijters *et al.*, 2007). Where was the child protection system when these children suffered and were victimized by their families? On the other hand, some of these children were raised in the care system that incriminates even more the system that can be accused not only of neglect (omission of the state of these children) but also of abuse (perpetration of violence against children). As shown in the literature, delinquency often is accompanied by the presence of psychiatric disorders (Teplin *et al.*, 2002; WHO, 2002; Barrett *et al.*, 2014). However, in these centers there is not formally employed a psychiatrist. There are social workers and psychologists who face more or less effective, the violent and self mutilation behavior (self-harm behaviors and suicide attempts) of these children. The common explanation that of mental retardation is much too simplistic and does not legitimate the neglect of these children by the system. The education system is the viable solution (Loeber *et al.*, 2003) to overcome the existential morass which seem predestined by belonging to families with social failure and own school dropout and inclusion in gangs of young people with deviant behaviour. Neither the family nor they value school, and society, the protection system with its specialists, still little support school attendance by these children.

Reflective inability is likely largely responsible for delinquent behaviour and self-organization (Fonagy & Target, 1997). Training on reflection's skills occurs as an acute need among these young people. Participation in various evaluations (questionnaires, interviews, etc.) is a good exercise that would require more frequent use. When making interventions (prevention, probation) there is no focus on the specificity of adolescence and there is not considered the advantage of constructing identity and autonomy that the young person has. Instead, the supportive work for them is focused on the integration of the young person in the family.

Similar to other researches in the field (Barrett *et al.*, 2014) the resilience of the sample here seems related to: personal health (Pearson = 0, 493; $p = 0.00$), humour (Pearson = 0.439; $p = 0.001$), parental health (Pearson = 0.427; $p = 0.001$), availability of support at need (Pearson = 0.371; $p = 0.006$), available social network (attachments and affiliations) (Pearson = 0.368; $p = 0.007$), early years of life spent without problems (Pearson = 0.340; $p = 0.013$), parental positive expectations regarding child development (Pearson = 0.305; $p = 0.026$). The most significant risk factors that hinder the resilient development of children are: mental illness of the child / young adult (Pearson = -0, 0.371; $p = 0.006$); unemployment

of parents (Pearson = 0.366; $p = 0.007$); physical illness in the family (Pearson = 0.294; $p = 0.033$).

Despite the significant number of youth in detention in Romania, the system still does not pay attention to the specificity of adolescence behind bars. The training available for staff working with delinquent adolescents is insufficient with more legal than social aspects being covered (FRA Report, 2015: 105). Our research draws attention to the possibilities of resilient evolution of these young people and the need for programs to assist their resilience based on protective factors and age advantages.

References

- APADOR-CH (2014). Report on the visit at the Educational Center Buzias, June 2014, <http://www.apador.org/monitorizarea-conditiilor-de-detentie-aresturi/>
- Avocatul Poporului (2013). Raport de activitate. <http://www.avp.ro/rapoarte-anuale/raport-2013-avocatul-poporului.pdf>.
- Barrett, D.E., Katsiyannis, A., Zhang, D., & Zhang, D. (2014). Delinquency and Recidivism: A Multicohort, Matched-Control Study of the Role of Early Adverse Experiences, Mental Health Problems, and Disabilities. *Journal of Emotional and Behavioural Disorders*, 22(1), 3-15
- Centrul de Resurse Juridice (2013). Raport privind justiția prietenoasă pentru copii. <http://www.crj.ro/Publicatii—1174/>
- Development and Psychopathology*, 9, 670-700.
- Donnellan, M.B, Trzesniewski, K.H., Robins, R.W., Moffitt, T.E., & Caspi, A. (2005). Low Self-Esteem is Related to Aggression, Antisocial Behavior and Delinquency. *Psychological Science*, 16 (4), 328-335.
- Fonagy, P., & Target, M. (1997). Attachment and reflective function: Their role in self-organization.
- Fonagy, P., Steele, M., Steele, H., Moran, G.S., & Higgitt, A.C. (1991). The Capacity for Understanding Mental States: The Reflective Self in Parent and Child and Its Significance for Security of Attachment. *Infant Mental Health Journal*, 12(3), 201-218.
- FRA Report (2015). *Child-friendly justice. Perspectives and Experiences of professionals on children's participation in civil and criminal judicial proceedings in 10 EU member States*. European Union Agency for Fundamental Rights. Luxembourg.
- Garnezy, N. (1991). Resilience in children's adaptation to negative life events and stressed environments. *Pediatrics*, 20, 459-466.
- Hamelin, A., & Jourdan-Ionescu, C. (2011). Les instruments d'évaluation du processus de resilience. *Journal of Human Development, Disability and Social Change*, 19(1), 75-84.
- Ionescu, S. (2013). *Tratat de reziliență asistată*, București: Trei.
- Islam, M.R., Nath, B., Cojocar, S. & Islam, M.R. (2015). Child Rights Practice among the Indigenous Communities in Bangladesh. *Asian Social Work and Policy Review*, 9(3), 195-209 .

- Johnson, J.L., & Wiechelt, S.A. (2004). Introduction to the Special Issue on Resilience. *Substance Use & Misuse*, 39(5), 657-670.
- Kriss, A., Steele, H., & Steele, M. (2012). Measuring Attachment & Reflective Functioning in Early Adolescence: An Introduction to the Friends and Family Interview. *Research in Psychotherapy: Psychopathology, Process and Outcome*, 15(2), 87-95.
- Legal Resources Centre (2013). *Report on child-friendly justice*, 2013. Bucuresti.
- Li, T.M.H., & Wong, P.W.C. (2015) Youth social withdrawal behavior (hikikomori): A systematic review of qualitative and quantitative studies. *Australian and New Zealand Journal of Psychiatry*, 49(7), 595-609.
- Loeber, R., Farrington, D.P., & Petechuk, D. (2003). Child Delinquency: Early Intervention and Prevention. *Child delinquency. Bulletin Series*. US Department of Justice.
- Loeber, R., Menting, B., Lynam, D.R., Moffitt, T.E., Stouthamer-Loeber, M., Stallings, R., Farrington, D.P., & Pardini, D. (2012). Findings from the Pittsburgh Youth Study: cognitive impulsivity and Intelligence as predictors of the age-crime curve. *Journal of the American Academy of Child & Adolescent Psychiatry*, 51(11), 1136-1149.
- Luthar, S.S., Cicchetti, D., & Becker, B. (2000). The construct of Resilience: A Critical Evaluation and Guidelines for Future Work. *Child Development*, 71(3), 543-562.
- Manciaux, M. (2001). *La resilience: resister et se construire*, Medecine et Hygiene.
- Masten, A.S. (1994). Resilience in individual development: Successful adaptation despite risk and adversity. In: M.C. Wang, E.W. Gordon, (eds). *Educational resilience in inner-city America: Challenges and prospects*. Erlbaum; Hillsdale, NJ, pp. 3-25.
- Resnick, M.D. (2000). Protective factors, resiliency and healthy youth development. *Adolescent Medicine: State of the Art Reviews*, 11(1), 157-165.
- Roesch, R., Zapf, P.A., & Hart, S.D. (2010). *Forensic Psychology and Law*, Hoboken, NJ: John Willey.
- Rutter, M. & Sonuga-Barke, E.J. (2010). X. Conclusions: overview of findings from the era study, inferences, and research implications. *Monographs of the Society for Research in Child Development*, 75, 212-229.
- Rutter, M. (1993). Resilience: Some conceptual considerations. *Journal of Adolescent Health*, 14, 626-631.
- Rutter, M. (2007). Commentary: Resilience, competence and coping. *Child Abuse & Neglect*, 31, 205-209.
- Save the Children. (2013). *Raport cu referire la copiii aflați în închisori pentru adulți*, Bucuresti.
- Sempek, A.N., & Woody, R.H. (2010). Family Permanence versus the Best Interest of the Child. *The American Journal of Family Therapy*, 38, 433-439.
- Teplin, L.A., Abram, K.A., McClelland, G.M., Dulcan, M.K. & Mericle, A. (2002). Psychiatric Disorders in Youth in Juvenile Detention. *Archives of General Psychiatry*, 59(12), 1133-1143.
- UNICEF (2005). *Practici și norme privind sistemul de justiție juvenilă din România*. Bucuresti: Vanemonde.

Weijters, G., Scheepers, P., & Gerris, J. (2007). City and/or Neighbourhood Determinants? Studying Contextual Effects on Youth Delinquency. *European Journal of Criminology*, 4(1), 87-108.

WHO (2002). *World report on violence and health: summary*, Geneva.