Refugee Women's Experiences of Violence and Resilience: Early Explorations

Mariastella Pulvirenti and Gail Mason[1]

Abstract

Refugee experiences of violence are well known and may include violence in the country of origin, in refugee camps, countries of detention and, especially for women and children, in their own families before and after resettlement. The resilience of former refugees to violence has been noted in recent times by a range of agencies. Across Australia, a number of initiatives are in place to deal with experiences of violence in these communities, including policing programs, settlement support services, community support groups and torture and trauma survival services. This paper will report on the preliminary findings of a qualitative project investigating the relationship between refugee women, violence and resilience in the context of resettlement. Focusing on interviews with service providers, the paper will explore how resilience is understood within, and may impact on, service provision.

Introduction

This paper reports on the preliminary findings of a collaborative project on refugee women, violence and resilience. This project brings together two quite different disciplines: public health and criminology. There are several reasons why criminology and public health provide useful disciplinary lens through which to examine violence and resilience in the lives of refugee women.[2] First, violence is both a public health and criminological concern. Second, resilience is seen as a determinant of health and law-abiding behaviour. Third, there is increasing interest in resilience on the part of government and directly in relation to refugee communities, particularly women. Our project begins to look at how these elements come together in the delivery of services to refugee women in parts of Australia.

Understanding the Concept of Resilience

There has been a shift in the social and human sciences away from studying individual and institutional problems and negative outcomes towards analysing the positive sides of human functioning and the factors that assist people to overcome adversity (Chan 2006; Mohaupt 2008). Instead of focusing on problems, risks and failures, there is a new interest in identifying strengths, or what Luthar and Zelazo (2003) refer to as an asset-focused model. Much of this work is being conducted through the concept of resilience. Thus, according to Mohaupt, there has been a 'real paradigm change from risk research to resilience research' since the 1980s (Mohaupt 2008:64).

Like the concept of risk, resilience is employed by a wide range of disciplines, from health to crime to disaster studies, as well as multiple professional and practice environments (Mohaupt 2008). The notion of resilience has been particularly explored within psychology and psychiatry where there

---

[1] Mariastella Pulvirenti is a Lecturer in the Discipline of Public Health, Flinders University of South Australia. Gail Mason is an Associate Professor and the Director of the Institute of Criminology in the Faculty of Law, University of Sydney.

[2] In this paper we use the term 'refugee' to refer to women and men who have resettled in Australia through the humanitarian program. We recognise that many of these people are now Australian citizens and thus technically former refugees. However, this is not the case for everyone and we use the term refugee as this is the term used by most service providers in this area.

has been a heavy emphasis on childhood resilience and the protective factors and processes, both external and internal, that assist children to 'bounce back' from adverse experiences: research has found that extreme adversity in childhood does not necessarily produce negative outcomes (Mohaupt 2008; Chan 2006).

Given its diverse disciplinary origins and applications, it is not surprising there is little consensus about the definition of resilience. The concept is used differently according to the disciplinary context in question. For Sossou et al, resilience is 'a class of phenomena characterized by the ability to bounce back and cope effectively in spite of serious threats to adaptation or development' (Sossou et al 2008:367). More succinctly, Bottrell defines resilience as a 'positive adaptation despite adversity' (Bottrell 2009:600), whereas Luthar, Cicchetti and Becker see it as 'a dynamic process encompassing positive adaptation within the context of significant adversity' (Luthar et al 2000:543). Chan offers another way of looking at resilience by characterising it as a particularly successful or unpredicted adaption to trauma, stress, risk and other negative life experiences (Chan 2006). Despite the lack of consensus, there is some agreement that resilience is a 'protective factor that can shield vulnerable people against risk factors' (Chan 2006:203). In other words, resilience is often said to be about bending, not breaking, when facing stress, trauma and adversity.

The thrust of much resilience research across different fields of adversity has been 'a systematic search for protective factors' (Luthar et al 2000:544) that differentiate the coping capacities of individuals and communities. This research is vulnerable to over-emphasising the importance of internal or individual attributes to the detriment of wider structural, institutional and discursive influences. In their review of the literature on resilience and trauma in the lives of Bosnian refugees, Witmer and Culver (2001) found that much research focused on pathology and individual assessment, with a heavy cultural bias that may not be generalisable (for example in the diagnoses of posttraumatic stress disorders or depressive disorders). As Mohaupt puts it, this can 'de-politicise efforts such as poverty reduction and emphasise self-help in line with a neo-conservative agenda instead of stimulating state responsibility' (Mohaupt 2008:67). She goes on to say that 'this individual-focused perspective can also lead to blaming the victim, especially when resilience is mistaken as a personal trait rather than a process' (Mohaupt 2008:67).

There is thus a strong need for research to move away from an individualised and singular model of resilience towards one that recognises the interaction of multiple external factors, including policies and institutions. In Bottrell's view, an emphasis on the 'ongoing and dynamic processes of adaptation' is important to avoid fixed and dichotomous notions of resilient and non-resilient people (Bottrell 2009:600). This is especially important when considering resilience in the context of marginalised groups, such as refugees.

Former Refugees and Resilience

There is a solid body of evidence to indicate that many refugees have experienced significant trauma, violence (sometimes torture), grief, deprivation and loss (Hodes et al 2008; Spitzer 2007; Sossou et al 2008; Witmer and Culver 2001). Psychological and psychiatric research suggests that this places refugees at greater risk of mental health problems, with a direct relationship between the amount of trauma experienced and consequent psychological stress and disturbance (Hodes et al 2008; Schweitzer, Greenslade and Kagee 2007). According to a national survey conducted by the former Department of Immigration and Multicultural and Indigenous Affairs, people entering Australia under the humanitarian program experience higher levels of stress and social difficulties than other migrant groups (Schweitzer, Greenslade and Kagee 2007). This extends into the post-settlement period when financial, family and visa status are associated with depression, anxiety and post-traumatic stress (Schweitzer, Greenslade and Kagee 2007). A UK study looking at risk and resilience amongst adolescent asylum seekers found that while unaccompanied adolescents had higher levels of posttraumatic stress symptoms than accompanied adolescents, these symptoms were higher among females in both groups

(Hodes et al 2008:729). Depressive symptoms were also higher amongst females (Hodes et al 2008:729). Due to the small sample size of females in the study, the authors state that they were unable to adequately explore the risk factors for this, apart from suggesting that the higher rate of female depressive symptoms may be related to the greater propensity for depression that occurs in adolescent females in general.[3]

Yet there is significant optimism about the capacity of refugees for resilience to trauma and dislocation (Schweitzer et al 2007; Fielding and Anderson 2008). The resilience described in the research, however, is very much a collective form of resilience that cannot be built by refugee communities on their own. It requires support from the wider society, particularly:

- 'Contribution from community members;

- People from the same country of origin or people who share values;

- Respect for each other;

- Empathy and support of local people; and

- Community members talking, negotiating, discussing and balancing their needs and views'. (Fielding and Anderson 2008:19)

Thus, collective resilience provides a way of understanding how former refugees can be assisted to build individual and community strategies for coping with deep adversity and trauma. Without diminishing the value of this collective approach to resilience, it is important to consider the extent to which resilience is a helpful and appropriate concept for different forms of adversity and trauma faced by refugees, especially violence against women in the context of resettlement.

Violence and Refugee Women

Refugee experiences of violence are well known: '[t]he refugee experience is one of violence. Refugee women, men and children endure and survive extremes of physical and emotional violence' (Pittaway 2004:4).[4] This includes violence that is experienced in: the country of origin; when seeking to cross borders (Pickering 2011); in refugee camps (Pittaway and Pittaway 2004, Pittaway and Rees 2006); in the process of detention for asylum seekers (Brennan 2003); and during resettlement, which may include violence motivated by prejudice or group hatred (Poynting 2008). As Pickering (2011) reminds us, women who engage in unauthorised mobility in the flight from persecution are particularly at risk of sexual exploitation and violence. Indeed, the United Nations has identified refugee women and children as one of the most vulnerable groups in the world, with sexual violence being pervasive during armed conflict, the experience of flight from one's home country and in refugee camps (Pittaway 2004:7). In 1995 the United Nations High Commissioner for Refugees estimated that 80 per cent of all refugee women are 'routinely raped and sexually abused' by opposing forces, border guards and peace-keeping forces (Pittaway 2004:19). In Australia, the 'Woman at Risk' refugee visa category (visa subclass 204), which provides a faster application process for women identified as being at extreme risk of violence, is indicative of concern about the vulnerability of refugee women to violence.

Our Project

The study we discuss in this paper seeks to examine the value of understanding refugee women's experiences of violence within a resilience-specific framework. In particular, a framework that:

---

[3] There is also research to suggest that life-threatening experiences may actually produce improvements in emotional well-being and relationships with others (Schweitzer, Greenslade and Kagee 2007).

[4] The World Health Organisation defines violence as '[t]he intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in injury, death, psychological harm, maldevelopment or deprivation' (2002:3). Adopting this definition, the present study includes both 'threatened' and 'actual' uses of force or power within its scope.

- Goes beyond a focus on the individual to a genuine consideration of structural factors and external forces;
- Conceptualises resilience as a process not an individual trait; and
- Resists a simplistic, dichotomous resilient or non-resilient frame of reference.

In other words, our study asks: what does the concept of resilience mean to government and non-government agencies involved in addressing refugee women's experiences of violence; how is the concept of resilience put into practice and built through service delivery; and what are the potential implications of government interest in resilience for these communities?

There are two methods of data collection in this project: interviews and document analysis. We aim to conduct ten to twenty interviews with government and non-government providers of services to refugee communities. Interviews will be conducted in both Adelaide and Melbourne to potentially capture any differences between the states. At this early stage we have completed four interviews in Adelaide and we report on the results of these interviews in this paper. Three respondents work in health, one in clinical service delivery, two in psychology/ social support service delivery roles and a fourth respondent in settlement services in executive management.

Preliminary Results

Respondents in our study saw resilience as a process. It is more than 'bouncing back', more than a 'deflection' of traumatic experiences. As one respondent put it, resilience is not a 'cloak' that can be wrapped around someone (R1P5L27)[5]. At the same time that respondents understood refugees to *be* resilient, they also saw resilience as something that refugees simply *are*. This is partially linked to the 'survival' of traumatic experiences by refugees. As one respondent said:

> I don't know whether it's the surviving that then leads to resilience or whether it's the resilience that enables you to survive. I think the two are sort of closely linked … it's horrible things happening to ordinary people and often those people aren't particularly remarkable in any dramatic way, it's just that somehow they survived and with that survival comes this sort of edge or this ability then to build and grow. (R1P14L31)

The 'edge' and the 'ability to grow' describe resilience. In fact, resilience was also described as transformative–'it's an individual's ability to go through a horrible, horrific experience that's like nothing else in life and to survive it but to also grow and be transformed by that.' (R1P5L16) For these respondents, resilience is seen as a pathway, a process of learning, both leading to, or linked with personal growth.

These understandings of resilience were also reflected in descriptions of what can be called 'indicators' of resilience, the factors that respondents referred to when asked how they 'knew' a woman they had described as resilient, actually *was* resilient. Here they talked about witnessing 'moving on' and 'progress'. Echoing the point about resilience as personal growth and transformation, one respondent explained that the fact the women had 'escaped' from their original country was, in and of itself, an indication that they were resilient.

We were interested to see how these respondents understood the capacity to build resilience. Here individual expectations were seen to be important. If a woman had high expectations, it was reasoned that she would find it harder to be resilient. Resilience was also seen as being built through learning of specific skills that might not be specifically 'resilience skills'; rather, life skills build confidence and in this way, resilience. Empowerment, though not discussed at length, emerged as another concept linked to resilience. Overall, resilience was understood to originate from experience and to expand through support rather than being taught: 'Resilience is something you have to

---

[5] Quotes are identified by the code number given to the respondent (R1 for example), the page number of the transcript (P6 for example) and the first line of the quote on the page (L6 for example).

support people with but it's not about teaching them … It's not about teaching people empowerment. It's about supporting–opening doors for people' (R3P13L2).

In the interviews we pointed out that we had noticed recent government interest in resilience and asked whether respondents were aware of this. Growing interest in the concept was described by one respondent who was concerned about what this might mean:

> I think the fascination with resilience in the health system and education and everything else is interesting. It strikes me a bit as another one of these sort of blame-shifting things … it puts the onus back on the individual where 'you just have to learn how to be more resilient' or 'you need to teach your kids how to be more resilient' and 'these are the 10 steps'… and it assumes that we all have the same ability to make positive, constructive choices or avail ourselves of particular opportunities that are there when we don't … there is no level playing field. It sort of abrogates responsibility from the host community in actually assisting in providing better enablers. (R1P6L21)

Here the respondent suggests that the notion of resilience is mobilised in ways that blame the individual for their needs, whatever they may be, thereby exonerating the state from providing assistance and support. In addition, she claims that responsibility for building resilience is thus placed squarely on the individual. So not only is the state exempt from providing support but also from building the resilience that, according to this reasoning, makes support unnecessary. The outcome then is positive for the state:

> [The word resilience] comes up in the corporate world and it comes up in education, in mental health and it's like people have cottoned on to this sort of thing that if we can build it then it's going to minimise costs and risks elsewhere. You know, it's good in the corporate world if you're a more resilient player and in schools, kids are going to be better learners and we're going to have a higher achieving … you know, all that kind of thing, so it's if you can work out what it is, work out a way of isolating the gene and feeding it and building it, it sort of– you know? It reduces the costs to those institutions. (R1P7L14)

It is interesting to note the above respondent's tone regarding the idea of a 'resilience gene'. Resilience, she implies, is seen as a positive attribute, one that could be, if 'isolated' and allocated to all, a solution to so-called burdens on the state. Behind this, we suspect, is a belief that resilience is something rare that is not easily found or built.

Another respondent explained that '…often government policies would talk about…this resilient kind of population that is experiencing poverty' and that 'even though the talking seems very good, it's really to justify the reduction of resources' as opposed to saying 'we are going to build up the resilience of this community' (R2P10L35). While, in her opinion, 'it's very good to think about the experience of people and how they contribute to their communities in terms of resilience', 'in practical terms', she explained, 'it's used to justify less resources allocated for particular communities' (R2P10L35).

Service providers in our study were concerned about the way resilience is used. This concern is exacerbated in the context of violence against refugee women which, as one respondent described it, is all too often 'normalised'. This respondent suggested that there is a 'tick the box' approach to refugee women's experiences of violence, which largely involves little more than noting such trauma in the records. She explained, 'I think we run the risk of just treating it [violence] as if it's just another condition and they'll get over it and it's just part of the course of being a refugee or having experienced those things, that's what I mean by normalising it …' (R1P4L14).

Not surprisingly, these respondents were clear that more resources are required to deal with refugee women's experiences of violence, a point that sheds light on their concern that resilience is currently being, or potentially will be, used to reduce resources. This relates back to the point made by Mohaupt (2008) that when resilience is seen as an individual trait it can lead more easily to blaming the individual. This danger is intensified within a framework that does not take account of structural or other factors.

While respondents in our study recognised the value of current programs and services, a number of specific areas of need were identified, including:

- Greater support for women entering on 204 visas ('Woman at Risk' visa);

- Specialist programs to prevent post-migration violence through the provision of structures and supports to families and communities;

- The implementation of models of service provision that work with communities as a whole rather than individuals;

- More programs that specifically target men, women and young people as separate subgroups; and

- Programs to educate mainstream service providers about the experiences and needs of refugee communities.

Conclusion

These early interviews in our study have revealed the importance of acknowledging the resilient potential of refugee communities. At the same time however, we need to take a cautious approach to characterising the ways in which refugee women cope with violence as a form of 'resilience'. Refugee women deal with the histories of violence that characterise many of their lives in a multitude of practical, physical and emotional ways but this does not mean that they simply *have* resilience. Rather, resilience–especially the process of collective resilience–needs to be built through the provision of support and appropriate service provision to individuals, families and communities.

Acknowledgements

References

Bottrell D (2009) 'Resistance, Resilience and Social Identities: Reframing "Youth Problem" and the Problem of Schooling', *Journal of Youth Studies*, vol 10 no 5, 597-616

Brennan F (2003) *Tampering With Asylum: A Universal Humanitarian Problem*, University of Queensland Press, Brisbane

Chan YC (2006) 'Factors Affecting Family Resiliency: Implications for Social Service Responses to Families in Hong Kong', *The Indian Journal of Social Work*, vol 67 no 3, 201-14

Fielding A and Anderson J (2008) *Working with Refugee Communities to Build Collective Resilience*, Association for Services to Torture and Trauma Survivors Occasional Paper, Perth

Hodes M, Jagdev D, Chandra N and Cunniff A (2008) 'Risk and Resilience for Psychological Distress Amongst Unaccompanied Asylum Seeking Adolescents', *Journal of Child Psychology and Psychiatry*, vol 49 no 7, 723-32

Luthar S, Cicchetti D and Becker B (2000) 'The Construct of Resilience: A Critical Evaluation and Guidelines for Future Work', *Child Development*, vol 71 no 3, 543-62

Luthar S and Zelazo LB (2003) 'Research on Resilience: An Integrative Review', in Luthar S, *Resilience and Vulnerability: Adaptation in the Context of Childhood Adversities*, Cambridge University Press Cambridge/New York, 510-49

Mohaupt S (2008) 'Review Article: Resilience and Social Exclusion' *Social Policy and Society*, vol 8 no 1, 63-71

Pickering S (2011) *Women, Borders and Violence*, Springer, New York

Pittaway E (2004) *The Ultimate Betrayal: An Examination of the Experience of Domestic and Family Violence in Refugee Communities*, The Centre for Refugee Research, University of New South Wales, Sydney

Pittaway E and Pittaway E (2004) '"Refugee Women": a Dangerous Label', *Australian Journal of Human Rights*, vol 20, 1-12

Pittaway E and Rees S (2006) 'Multiple Jeopardy: Domestic Violence and the Notion of Cumulative Risk for Women in Refugee Camps', *Women Against Violence: An Australian Feminist Journal*, no 18, 18-25

Poynting S (2008) 'Ethnic Minority Immigrants, Crime and the State', in Anthony T and Cunneen C (eds) *The Critical Criminology Companion*, Hawkins Press, Sydney, 118-28

Schweitzer R, Greenslade J and Kagee A (2007) 'Coping and Resilience in Refugees from the Sudan: A Narrative Account', *Australian and New Zealand Journal of Psychiatry*, vol 41 no 3, 282-88

Sossou M, Craig C D, Ogren H and Schnak M (2008) 'A Qualitative Study of Resilience Factors of Bosnian Refugee Women Resettled in the Southern United States', *Journal of Ethnic and Cultural Diversity in Social Work*, vol 17 no 4, 365-85

Spitzer D (2007) 'Immigrant and Refugee Women: Recreating Meaning in Transnational Context', *Anthropology in Action*, vol 14 no 1, 52-62

World Health Organisation (2002) *World Report on Violence and Health*, Geneva

Witmer TAP and Culver SM (2001) 'Trauma and Resilience among Bosnian Refugee Families: A Critical Review of Literature', *Journal of Social Work Research*, vol 2 no 2, 173-87