

Resilience and Survival: Refugee Women and Violence

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Abstract

Resilience has been said to be a particular quality of former-refugee women, many of whom have experienced torture, violence and intimidation in their countries of origin, during flight across borders, in refugee camps or detention and during resettlement. This article asks whether resilience is a useful concept in the context of refugee women's experiences of violence and whether there are any dangers associated with its use in this domain. It draws upon a series of interviews with 18 service providers in Victoria and South Australia to consider: the ways in which refugee women can be seen to be resilient; the significance of understanding resilience as a process rather than an individual trait; and, further, the importance of appreciating that the process of resilience can only materialise if responsibility for it is shared collectively.

Introduction

Research on resilience in the last two decades has taken social inquiry away from a focus on the circumstances of failure toward a focus on circumstances that allow individuals and communities to overcome adversity (Chan 2006; Mohaupt 2008). This paradigm shift (Mohaupt 2008) forces researchers to identify strengths and assets (Luthar and Zelazao 2003) as opposed to risks alone. Refugee women are recognised to have lived lives marked by violence in varied forms and contexts before they arrive in Australia and for some, during and after resettlement. The claims to resilience made on behalf of these women within a neo-liberal policy environment raise two questions that link the scholarly fields of public health and criminology: is resilience a useful concept in the context of refugee women's experiences of violence and are there any dangers associated with its use in this context? In this article we respond to these questions through research comprising interviews with 18 people who provide services to refugee women. This analysis sheds light on the ways in which refugee women can be understood to be resilient, on the concept of resilience as a process and, most significantly, on resilience as a process that can only materialise through support for which responsibility is shared beyond the individual, beyond the community and beyond service providers. In the first section we synthesise literature on refugee women and literature on resilience to set the context for this inquiry; that of a

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critical approach to resilience. In the following section we describe the study sample and research process. The results section reports the complex ways that respondents described refugee women as resilient, and their articulation of concerns with this concept linked to provision of support and responsibility for that support. In the discussion we reflect on the research questions in light of the results to highlight resilience as a process and the importance of transformation within that process.

Refugee Women, Violence and Resilience

The refugee experience is one of trauma, violence, grief, dislocation and loss (Grewcock 2010; Hodes et al 2008; Pickering 2005; Pittaway 2004; Sossou and Craig 2008; Spitzer 2007; Witmer and Culver 2001). Physical and psychological violence is frequently part of the reason for, and the process of, becoming a refugee.¹ Such violence may be experienced in the country of origin when crossing borders, in refugee camps, or during detention (Brennan 2003; Pickering and Weber 2011; Pittaway and Pittaway 2004; Pittaway and Rees 2006). Refugee women and children in particular have been identified by the United Nations as one of the most vulnerable groups in the world due to factors such as the pervasiveness of sexual violence during armed conflict, the experience of flight from one's home country, and life in refugee camps (Pickering 2011; Pittaway 2004). In 1995 the Office of the United Nations High Commissioner for Refugees (UNHCR) 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). Pickering's (2011) research highlights the particular risks of sexual exploitation and violence faced by women who engage in unauthorised mobility in their flight from persecution. 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.

Once they have resettled, refugee women may again experience violence, often at the hands of their male family members, many of whom have been traumatised by their own experiences of violent conflict and war (Immigrant Women's Domestic Violence Service 2006; Pease and Rees 2008; Pittaway 2004; Reese 2004; Thorell 2007; WA Family and Domestic Violence Unit 2005; World Health Organisation 2002). Although a recent review of the literature found no evidence that refugee women experience higher rates of domestic violence than other women (Rees and Pease 2006), the refugee experience shapes the complexities of domestic violence in these communities, including the capacity of women to seek assistance and access services. For example, Pittaway argues that domestic violence is viewed as 'normal' within some refugee communities or a private matter while sexual assault may be seen as an attack upon the honour of male members of the woman's family (Pittaway 2004:24). This produces a 'conspiracy of silence' (Pittaway 2004:19) around refugee women's experiences of violence and, consequently, hinders support and protection for such women.

¹ 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.

Significantly, the resilience of refugees, particularly refugee women, to many of the negative outcomes of the trauma they have experienced has been noted in recent times (Doran 2005; Fielding and Anderson 2008; Sossou and Craig 2008; Spitzer 2007). For example, Schweitzer et al (2007:2) claim that there is 'growing recognition that a large number of refugees do not experience long-term mental health difficulties despite being exposed to considerable trauma'. In Australia, it has been suggested that despite experiencing or witnessing torture, trauma, violence and sexual violence, people from African backgrounds demonstrate 'a strong, determined spirit and resilience that has helped them to survive' (Australian Human Rights Commission 2009:12). The UNHCR describes refugee women 'in particular' as showing 'resilience and survival skills' (Australian Human Rights Commission 2009:23). It is this resilience which is said to 'sustain refugee women through the previous horror' and form 'the basis of their new life in countries such as Australia' (Pittaway 2004:5).

Such claims of resilience with regard to refugee women demand further scrutiny. In particular, it is important to consider the extent to which resilience is a useful concept in the context of refugee women and their experiences of violence during resettlement, especially domestic violence from male family members such as partners, sons and extended family. It has been suggested that domestic violence during resettlement may strike a devastating blow to the search for a safe and secure new life that causes 'serious erosion of the strength and resilience which has sustained refugees through the previous horror' (Pittaway 2004:5). This raises questions about the utility of the concept of resilience to describe, understand and, ultimately, prevent violence against refugee women during resettlement. The imperative for this question is further driven by current and dominant neo-liberal environments that frame policy making in developed nations at least, where there is a growing expectation that 'good' citizens are resilient citizens and concomitantly 'good', well-functioning communities are resilient communities (Clark 2005). This puts the responsibility on individuals to live self-sufficiently rather than dependently on the state. Given the hostility of political and popular discourses on scarcity of resources in host countries that receive refugee communities (Grewcock 2009; Grove and Zwi 2006; McMaster 2002) we should also be mindful of any limitations or dangers that might be associated with the concept of resilience in this specific context.

Like the concept of risk, to which it is tethered, the growth of contemporary interest in resilience is partly a product of its diverse disciplinary origins in fields of ecology, physics, engineering, psychology and psychiatry (Mohaupt 2008). Resilience has different meanings in these contexts (see O'Malley this volume) but tends to refer to particularly successful or unpredicted adaptations to trauma, stress, risk and other negative life experiences (Chan 2006). Resilience is associated with 'positive adaptation' (Luther et al 2000:543), the ability to 'bounce back' (Sossou and Craig 2008: 367) or 'rebound' (Chan 2006:202) within the context of significant adversity or threat. Studies of resilience in both criminology and public health are often concerned with the 'protective factors' that shield vulnerable people against risk factors so that they bend, not break, in the face of stress and adversity (Homel, Lincoln and Herd 1999; Chan 2006). For example, research on resilience and violence includes work that identifies: resilience as a protective factor for mental health (Zahradnik et al 2010); the impact of resilience on post-traumatic stress disorder (Salami 2010); characteristics of individuals and families that build resilience for children exposed to domestic violence (Martinez-Torteya 2009); protective factors linked to resilience in

children exposed to intimate partner violence (Howell et al 2010); and resilience in the face of violent disasters (Drury et al 2009, Norris et al 2009).

While resilience research is often designed to emphasise the positive sides of human functioning and the factors that help people overcome adversity, research in this area is vulnerable to over-emphasising the importance of internal or individual attributes to the detriment of wider institutional, structural or social influences. An individual approach to resilience can lead to the unhelpful assumption that some individuals do not have the raw ingredients, such as individual hardiness, to 'bounce back' from negative life circumstances.

Thus some research (Chan 2006; Luthar et al 2000) argues for a move away from identifying protective factors or resilient individuals *per se* towards thinking about resilience as a process between the individual, family and social environment: how do underlying protective factors produce positive outcomes? Resilience in one (or several related) domains of a person's life, such as education, does not necessarily translate into resilience in other domains, such as emotional competence (Luthar and Brown 2000:548). In other words, individuals or communities do not just 'have' resilience once and for all. Instead, it is something they strive for, that must be accomplished over and over again. Accordingly, in the context of the experiences of immigrant and refugee women, resilience is said to be a form of agency that refutes 'the dominant discourses that portray immigrant and refugee women solely as helpless victims, lacking in agency or resources to make positive changes in their lives or in the lives of those around them' (Spitzer 2007:61).

As a consequence there is an important body of literature that brings a critical approach to resilience with the aim of challenging normative and individualised definitions of resilience that do not take account of cultural specificities or multiple external factors, including social capital, institutions, infrastructure and policy (Bottrell 2009a; Mohaupt 2008). In the context of refugee women, the role of community, particularly through the extended family and wider social networks, are seen as crucial to the task of maintaining and building resilience. For example, in her study of Somali, Chilean and Chinese refugee women in Canada, Spitzer (2007) argues that the ways in which these women use community networks to adapt, integrate and reorient their lives in resettlement is a sign of their resilience. Sossou and Craig (2008) found that family was the primary protective factor in their small study of Bosnian refugee women in the United States. Family did not simply provide a means of support but also a 'need' that the women felt they had to meet, thus giving them a purpose. In other words, their gendered roles as wives and mothers ensured that they did not 'give up' on their families (Sossou and Craig 2008:379). This emphasis on community involvement in the resettlement process is highlighted by other research on refugee communities and service delivery (Doran 2005; Pittaway 2004; Rees and Pease 2008; Schweitzer et al 2007) as it helps build the social capital that is integral to resilience. As Fielding and Anderson put it: 'Refugees must adapt to whatever environment they find themselves in, and the evidence shows they are stronger when they do this together.' (2008:7)

Our Study

The purpose of this study was to examine the concept of resilience in the context of refugee women's experiences of violence during resettlement. Specifically there were two aims. Our first aim was to determine if resilience could be a useful concept in this context: one that

might shed light on our understanding of the experiences of violence, or shed light on ways of preventing violence. Our second aim reflects a concern with understanding resilience within the context of neo-liberal policy environments and to examine if there are any dangers in using the concept of resilience in this context.

Our sample of a total of 18 respondents was drawn from service providers; women and men who work with refugee women experiencing violence in resettlement. We reasoned that these service providers would have unique and invaluable insights not only into the needs of refugee women in the resettlement process but also on the broader policy context that might influence their work. Future research will include the voices of women and men in emerging communities.

We used a snowball sampling method across two different states to ensure we had sufficient services and a cross-section of agencies. Snowball sampling is commonly used in research with vulnerable or marginalised groups (Liamputtong 2009). Agencies were initially selected from publicly available government listings of services supporting refugee communities. Our intention was broad coverage of services including women's health, immigrant health, domestic violence services, migrant community services and advocacy services. Agencies were cold-called and invited to participate. All services, whether they accepted or declined to participate, were invited to refer other services or service providers whom we could invite to participate.

Recognising that qualitative methods allow for interpretations of experiences and contexts, and that they are suitable for investigating sensitive and fraught research topics such as violence, particularly within 'vulnerable' communities (Allotey and Manderson 2003; Liamputtong 2007; McMichael 2003), we opted to conduct interviews. When an agency agreed to participate, usually through approval of senior management, consent was arranged with individual respondents. Respondents were given the option of full or part anonymity so that ultimately all names were withheld but some roles and agency names were disclosed. In total 18 interviews were conducted. All respondents, bar one, were women. The list of agencies in South Australia included the Non English Speaking Background Domestic Violence Action Group Inc, Migrant Women's Support and Accommodation Service Inc, Relationships Australia, Migrant Health Service, and the Migrant Resource Centre. The agencies in Victoria included Women's Health West, Victorian Arabic Social Services, Centre for Multicultural Youth, Immigrant Women's Domestic Violence Service and WAYSS Ltd. Respondents carried out a range of roles within these agencies that included providing counselling services, clinical services, and executive, program and case management roles.

The interviews were semi-structured, consisting of specific questions which were supplemented with probing questions as the interview progressed. The questions covered four general areas: refugee women's experiences of violence; refugee women's survival strategies; refugee men's responses to refugee women's experiences of violence; and respondents' understanding of resilience.

Interviews were recorded and transcribed. As a preliminary step to data analysis, the interviews were transcribed as they were carried out (Ezzy 2002). Each researcher conducted thematic analyses of each transcript, separately identifying ideas, events and descriptions that answered the research aims. We then came together to conduct a second, shared analysis of the transcripts to confirm themes and their significance to research aims

and literature. The themes were used as a coding system for the basis of the analysis and interpretation (Silverman 2000).

Results: Resilience and Violence

Three key messages emerged from interviews with service providers about the relationship between refugee women, violence and resilience: refugee women are resilient; naming refugee women as resilient risks diminishing resources to the sector; and resilience in refugee women is not automatic but, rather, is built through support.

Resilient refugee women

There is no doubt that service providers saw refugee women as resilient. Respondent 4 explained what this resilience is:

Resilience is a word that always pops into your head when you listen to stories or watch women go through settlement ... but it's so much more than resilience I think. It's courage, it's endurance, it's adaptability, it's selflessness, it's resourcefulness, it's just—you know, words can't describe the strength and courage women have. Resilience is probably a word that captures a lot of those sorts of qualities that they have, but it's not enough I find to describe them all and what they're capable of and how they endure. (R4:10)

This description of courage, endurance, adaptability, selflessness and resourcefulness typifies the way in which service providers understood resilience. It also points to the belief, amongst these respondents, that a word such as resilience only partially captures the qualities and capabilities of refugee women to endure and survive. There were, however, three more nuanced ways in which service providers believed refugee women could be understood as resilient. First, some saw refugee women as resilient simply through the effort of having survived the journey out of their homelands and beyond refugee camps. They tended to configure resilience as a matter of survival. Respondent 7 said:

...I think most women that have actually made it here as refugees...are survivors anyway. They've survived war and their own issues over there to actually get here and all the years in a refugee camp and rape, torture and...starvation, so for them to get here in the first place, they've obviously got a really huge survival capacity. I think that most of the women that we see—as refugees I'm talking about—are pretty resilient (R7:23)

For Respondent 16, 'the mere fact that [these women] could get to their queue or whatever and get their visa and com[e] here, they show they are the mountain of resilience' (R16:25). Similarly, Respondent 3 believed that 'their resilience is shown by the way they have managed to escape and survive and get here and got on with life.' (R3:6)

Second, service providers noted refugee women's ability to cope with violence as extraordinary. They explained that refugee women who have typically witnessed and experienced violent conflict, trauma, loss of family, poverty and extreme conditions in refugee camps, have what could be easily considered lesser expectations of life. These experiences are the context or reference point against which refugee women make sense of the violence they experience during resettlement. Their expectations and aspirations for resettlement are focussed squarely on survival: food and shelter for themselves, food and shelter and safety for their children. This focus on survival in no way diminishes the impact of the violence, in no way exonerates perpetrators, but marks and expands refugee women's resilience against the violence.

Respondent 6 explained that while violence is not present within all families or all communities, women who do experience violence:

know in their heart of hearts that it's not the ideal situation...but because this is their lot they've accepted it so they just become comfortable in that situation...they know what to expect...at 7 o'clock tonight when he comes from work they're going to get a beating, they know what to expect so they sort of become comfortable in that uncomfortable situation. (R6:11)

Respondent 10 stated that 'their tolerance level is really high as opposed to a mainstream community', adding that she was not 'trying to minimise violence'. If a refugee woman is 'pushed', she explained, she will not call the police because she's 'gone through so much... unless it's really, really intense, resulting in hospitalisation'. She concluded, 'They have a really, really high level of resilience.' (R10:16) Respondent 1 emphasised that the pain and grief is the same as it is for anyone but that the 'expectation' of loss produces certain skills: 'They still suffer loss and grieve and feel pain and struggle in the same way that others do but perhaps because they expect to deal with loss they have the skills to do that more readily and to be more innovative and get on, I suppose.' (R10:7)

Respondent 17 recounted a conversation with a client. It is worth presenting in detail

A few months ago I was asking a client, 'How did you cope with other things that were happening from your country of origin?' and she actually laughed, and she said, 'You have to move on, you have to live, you can't just wait and sit for things to happen,' and I remember her distinctly saying that there's so many other traumas that are happening—you need a shelter for the day, you need food, you need water, all those basic needs—so they're just trying to survive with that, let alone then think of the family violence as well. I guess when you think of it in her words, that was her way of resilience, she just didn't use those words. Her laughing about it when she was telling me: It's a laughter of 'this is nothing'—That *was* nothing considering there were other things that they were going through if that makes sense? I remember distinctly her saying the other basic things, they had to be safe from all the fighting that was happening around them. (R17:9-10)

In other words, domestic violence, whether during resettlement or during life prior to resettlement, is far from the most difficult or traumatic experience with which these women have to cope. In some instances, these histories of violence may produce a tolerance for future violence.

We are all too aware of the danger in linking tolerance to violence to resilience. However, any understanding of resilience within the context of violence requires acknowledgment of this difficult point: the level of violence experienced in conflict zones and in refugee camps becomes for refugee women the reference point for all other experiences of violence in their lives, including violence within the home during resettlement. Some respondents speculated that the distance of this reference point from experiences of violence within the home, for some women, expanded the capacity of refugee women to be resilient.

A third way in which refugee women's resilience was noted related directly to their capacity to transform their lives despite the violence they had been, and in some instances were still, experiencing. This is a way of looking at resilience that configures it as a process. 'I don't believe that resilience is just "bouncing back",' Respondent 1 explained. This 'implies that [if] you're resilient, you're going to deflect...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' (R1:6). Here, resilience is seen as a pathway, a process of learning, both leading to, and linked to, personal growth.

This understanding of resilience as a process of transformation was also reflected in descriptions of what can be called 'indicators' of resilience. When asked how they 'knew' a woman they had described as 'resilient' actually was resilient, respondents talked about witnessing 'moving on' and 'progress'. While descriptions of 'transformation' are useful to understanding resilience in this context, they raise critical questions: are the so-called transformed lives free of violence and if not, what precisely, about these lives, has been 'transformed'?

Responsibility for resilience

A number of respondents expressed what could be described as a suspicion about the use of the term 'resilience' in relation to refugee populations generally and especially in relation to refugee women. Here, the concern was with potential or witnessed shifting of 'blame' or responsibility away from government and on to the refugee people themselves. For example, Respondent 11 said of resilience:

It's a term I have concerns about because I feel like it locates the responsibility within the individual to find a way to cope with extraordinarily difficult situations and I think actually the responsibility is on the community to address the difficult situations. (R11:6)

Respondent 1 used the term 'blame-shifting' to describe comparable concerns:

...the fascination with resilience...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'... 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. (R1:6)

Another service provider 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' (R2:10). 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.' (R2:10)

The concern expressed by these service providers is that descriptions of refugee women as 'resilient' can function as a rationale for assuming these women are able to fend for themselves and are therefore not in need of support, particularly from government. That is, resilience can be taken, in the eyes of these respondents, as an indicator of capacity, so much so that providing support could be construed, notably by government, as somehow potentially weakening that resilience.

It is interesting that the suspicion with which several respondents viewed the concept of resilience extended to our research. Respondent 17 asked if the research 'will be taken by other agencies' and 'used in a negative way towards women from refugee backgrounds?' (R17:18). Particularly, this service provider's concern was whether the research agenda could be 'hijacked' so that only 'people who are able to be resilient, they will be able to be

in Australia' (R17:18). This 'resilience', pondered another respondent, 'goes back to what we discussed before in terms of the level of support, resources and provision; isn't that a nice excuse to say you don't need much because, you know what, you're very resilient?' (R14:9). The danger is that the label of resilience may diminish or compromise refugee status and, in turn, the needs of these communities.

Supporting resilience

...when we're talking about refugees, if we're going to have a humanitarian program then we need to do it properly. (R1:13)

Service Providers understood resilience, not as an automatic or innate characteristic but, instead, as something that could only be built with support. For example, Respondent 15 said women needed 'support and help with their life' to achieve "normal" function' (R15:12), and Respondent 3 saw 'internal resilience' as built up through 'external extended family or community supports' (R3:8). In other words, for this group of service providers, resilience is not taught, it is supported by 'opening doors' and 'being there' (R3:15). Indeed, a number of respondents made it clear that the survival and strength of refugee women was closely tied to the degree and quality of support they receive:

I've never had a full appreciation of resilience until I've met this group of women, what their lives have entailed and how they've survived and the strength that they have and the strength to go on and survive—and quite successfully, a lot of them, if they've got the right support. (R4:10)

Respondent 5 stated that what is required is:

good infrastructure, they're safe, people can walk in the streets and they're safe. They are the things that build resilience. That's what resilience means; that I live in a community where I'm supported and I become stronger. (R5:13)

For Respondent 1, who runs a program for refugee women, external support was a necessary ingredient in the transformations indicative of resilience:

[the] group therapy program...was based on two principles: one about...bringing people together...[the other] about building skills and teaching women about the sorts of things that they needed to know in order to help them move on and establish meaningful lives here...We developed this therapeutic program which we call Building Resilience and we've run that a few times over the years and it's been quite successful. (R1:10)

In sum, the message from these respondents is that individual refugee women cannot build resilience on their own. They require support from each other, from their wider communities and from external networks.

Discussion

Our project began with the question: is resilience a useful concept in responding to violence against refugee women? The answer to this question from our interview respondents is a resounding 'yes'. However, there are important caveats that the service providers place upon this affirmative response. First, resilience is only a useful concept in this area if it is seen as a process, rather than an individual trait, and more specifically a process that receives external support. Second, resilience should not be used as a rationale for the abrogation of state and social responsibility and subsequent reduction of resources. Together, these

messages point to the possibility that a 'collective' understanding of resilience may be useful in responding to and preventing violence against refugee women during resettlement. These points are discussed below.

Our study revealed that, in the eyes of this group of service providers, resilience is definitely possible for refugee women who have extensive histories of extreme violence and who may also be currently living in violent domestic situations. Refugee women are said to be resilient because, quite simply, they have survived so much to get to Australia in the first place; as one respondent put it, they have a 'huge survival capacity' (R7). Many turn to this 'huge survival capacity' to help them cope with domestic violence they experience in their new lives. Tragically, part of the reason they have the 'courage', 'endurance' and 'resourcefulness' (R4) to deal with domestic violence during resettlement is because violence has become a normalised part of their lives; as another respondent put it, the 'tolerance level' of many refugee women is 'really high'; so high that some women see domestic violence as 'nothing' compared to the violence they experienced and witnessed prior to resettlement (R10; R17). In resettlement '[d]omestic and family violence may replicate the types of abuse women have already endured in the context of war, and may come to be internalised by women as a continuation of their ordeal' (Zannettino 2011:26).

In this context, it is possible to conclude that in resettlement, refugee women have low expectations of their environments, that is, they do not expect to be safe either within or outside the home: not surprising given their complex health and material needs during resettlement (Department for Communities 2007; Immigrant Women's Domestic Violence Service 2006; Williams 2001). It is important to emphasise, however, that a 'high tolerance level' to violence should not be read to suggest that violence is acceptable, is not harmful or does not demand legal and preventative intervention. Rather, as our service providers make abundantly clear, this tolerance level (not the violence) makes resilience possible; a resilience that is about much more than survival. Thus we are able to conceive of refugee women as more than victims and beyond that, as more than survivors. It is the capacity to transform their lives—not just cope with violence—that makes refugee women resilient. In other words, the resilience of these women is not a capacity for ongoing survival that comes with having been through so much already but, instead, a dynamic process of shifting, changing, building, learning and moving on from those violent histories to 'establish meaningful lives' now and in the future.

The idea of resilience as a process is crucial in this context. It allows us to move away from seeing resilience as a 'static...or individual characteristic' (Mohaupt 2008:65) of refugee women but, rather, towards seeing it as a dynamic process that shifts in response to new vulnerabilities and adversities, generating different and ongoing modes of 'interaction and adaptation' throughout the changing circumstances and life courses of these women (Mohaupt 2008:65).

While it is too early to tell from our exploratory study, it is possible that transformation is one of the keys to the process of resilience in the lives of women for whom violence has taken on normative properties. It is striking that one of our respondents said that resilience is about more than 'bouncing back'. The idea—or the image—of 'bouncing back' is central to many articulations of resilience (Chan 2006; Mohaupt 2008; Sossou et al 2008). However, it is questionable whether it works so well when we are talking about women for whom violence has become 'normal'. To put it bluntly, if refugee women in Australia 'bounced back' from the experience of domestic violence during resettlement, what is it that they would be bouncing back to: the violence of armed conflict, sexual assault, border crossings,

refugee camps? It is clear from our interviews that service providers witness refugee women 'moving on from' rather than 'bouncing back to' a place where they were before. It is perhaps for this reason that the service providers we interviewed see resilience as a process of transformation—of personal growth, involving what others might call the 'development of agency' (Crawford et al 2009).

The idea of resilience as a process is critical to prevention of violence against refugee women. This is because responsibility for achieving the transformation cannot rest with refugee women alone, or even with their immediate communities which may be struggling to accumulate new forms of social capital and identities in an environment that is experienced as bewildering and sometimes hostile. Refugee women need the support of their (often reconfigured) families, friends and communities but they also need broader support to achieve any kind of transformation. As our interview respondents confirm, the danger of an individual or normalising approach to resilience is that it may 'lead to blaming the victim, especially when resilience is mistaken as a personal trait rather than a process' (Mohaupt 2008:67). This danger is at the forefront of concern, and indeed, suspicion, for many of the service providers we interviewed. Resilience, they fear, is a notion that can be used to justify a shifting of responsibility away from the state and onto individual refugees and their communities to 'learn how to be more resilient'. This abrogates responsibility from the host community to support and enable refugee communities to build the resilience that is needed to live rewarding lives in their new home countries. In short, individualised approaches to resilience tend to 'de-politicize efforts such as poverty reduction and emphasise self-help in line with a neo-conservative agenda instead of stimulating state responsibility' (Mohaupt 2008:67). The utility of resilience to prevention and intervention of domestic violence in the lives of refugee women is thus dependent upon it not being seen as an individual responsibility alone and thereby used to justify the reduction of resources.

An approach to resilience that emphasises the 'ongoing and dynamic processes of adaptation' also assists us to avoid 'fixed and dichotomous notions of resilient and non-resilient people' (Bottrell 2009b:600). This is particularly important in the context of refugee communities, where universal and normative understandings of behaviours and circumstances that constitute positive, or 'resilient', outcomes are unlikely to apply (Mohaupt 2008: 66). For example, in their review of the literature on resilience and trauma in the lives of Bosnian refugees, Witmer and Culver found that much research focused on pathology and individual assessment and had a heavy cultural bias that may not be able to be generalised, for instance, in the diagnoses of post-traumatic stress disorder or depressive disorders (2001:183). If the concept of resilience is to address the needs of refugee women usefully, it should not be used to divide and classify individual women into resilient and non-resilient types of people; with the former being seen as worthy of rewards such as citizenship and financial support and the latter as blame-worthy for their own lack of capacity to move on or engage in transformation.

One of the motivators driving the move from an individual to a process oriented understanding of resilience is the need to understand how positive outcomes are built and produced through protective factors. In other words, how do we support the process of transformation hinted at above and mitigate the 'risk' that responsibility for resilience is seen to rest with the individual, or individual community, and is thus used as a rationale for diminished resources to this group of women?

In the context of trauma and refugee communities in Australia, Fielding and Anderson's notion of collective resilience offers one possible pathway here (2008). Collective resilience

refers to the ‘bonds and networks that hold communities together’ and provide the ‘support and protection’ that facilitates ‘recovery in times of extreme stress’, including resettlement (2008:7). Significantly, collective resilience is about more than community resilience, which focuses on strengthening one community alone. Collective resilience is about ‘groups of traumatised people whose old communities have been destroyed and who are learning to survive in a new world, where community may be non-existent, new or emerging, or multiple’ (Fielding and Anderson 2008:7). Collective resilience thus links the individual with the family, the community, wider social networks, government policy and so on. It encompasses the kinds of resources our interview respondents called for: individual skills, social networks, infrastructure and activities, internal community support, external social resources, citizenship and social capital. Fielding and Anderson (2008) suggest three ways of building and maintaining collective resilience that can be adapted to the specific needs of refugee women in violent circumstances: prevention or reduction of those risk factors (cultural, economic or individual) that reduce women’s opportunities and capacities to be meaningful members of their home, family, workplace and community; enhancing community assets, such as networks, participation and infrastructure that support refugee women in the face of violence; and facilitating protective mechanisms in relationships with men, family, workplace and community that ameliorate domestic violence. Although community practice—practitioners building services and programs and challenging inequalities—should not take the place of government policy at the national and international level, community groups and networks have an important role to play in building collective resilience during resettlement and recovery from trauma (Fielding and Anderson 2008) and, ultimately, in the transformations that refugee women may undergo in the face of violence. It is not surprising that a recent report found one group of refugee women wanted education for men ‘about domestic and family violence as a *community concern* rather than an individual and/or family concern’ (Zannettino 2011:25, italics added). As our interview respondents point out, resilience is a process that must be continually built and rebuilt collectively, not just assumed.

Conclusion

Refugee women are described as resilient by those who provide services during resettlement. This resilience is not one that involves bouncing back, but moving on. It is a process, not an individual trait: one that can be built through support, not just from within immediate refugee communities but also from the wider host community. It is a collective resilience that motivates and enables transformation. While providing support to women who are experiencing violence is not a new prevention strategy (Family Violence Prevention Fund 2009; Victoria Office of Women’s Policy 2009; World Health Organisation 2002; Younan 2010, Zannettino 2011), our research shows that for refugee women, support can assist them to operationalise resilience against violence. Material support linked to housing and employment plus support in growing social capital will not only provide the material conditions for a new life but will provide a framework for personal transformation. Further research is required to investigate how resilience characterised as transformation can be supported in ways that keep refugee women safe from violence in resettlement. Such research needs to engage refugee women and men directly to capture the indicators of such resilience and the wider social socio-political dynamics which enable it to flourish.

References

- Allotey P and Manderson L (2003) 'From case studies to case work: Ethics and Obligations to Refugee Women in the Field' in Allotey P (ed) *The Health of Refugees: public health perspectives from crisis to settlement*, Oxford University Press, Melbourne
- Australian Human Rights Commission (2009) *African Australians: a Report on Human Rights and Social Inclusion Issues: Discussion Paper*, Human Rights and Equal Opportunity Commission, Sydney
- Bottrell D (2009a) 'Dealing With Disadvantage: Resilience and the Social Capital of Young People's Networks' *Youth & Society*, vol 40 no 4, 476–501
- Bottrell D (2009b) 'Resistance, Resilience and Social Identities: Reframing "Problem Youth" 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
- Clark J (2005) 'Rethinking Mental Health and Community Development in Australian Refugee Settlement' *New Community Quarterly*, vol 3 no 1, 27–30
- Crawford K, Hasan H, Warne L and Linger H (2009) 'From Traditional Knowledge Management in Hierarchical Organizations to a Network Centric Paradigm for a Changing World Emergence' *Complexity and Organization*, vol 11 no 1, 1–18
- Department for Communities (2007) *Across-Government Working Party of Settlement Issues for African Humanitarian Entrants*, Office of Multicultural Interests, Perth
- Doran E (2005) 'Working with Lebanese Refugees in a Community Resilience Model' *Community Development Journal*, vol 40 no 2, 182–91
- Drury J, Cocking C and Reicher S (2009) 'The Nature of Collective Resilience: Survivor Reactions to the 2005 London Bombings' *International Journal of Mass Emergencies and Disasters*, vol 27 no 1, 66–95
- Ezzy D (2002) *Qualitative Analysis: Practice and Innovation* Allen and Unwin, Sydney
- Family Violence Prevention Fund (2009) *Intimate Partner Violence in Immigrant and Refugee Communities: Challenges, Promising Practices and Recommendations*, Robert Wood Johnson Foundation, Princeton
- Fielding A and Anderson J (2008) *Working with Refugee Communities to Build Collective Resilience*, Association for Services to Torture and Trauma Survivors, Perth
- Grewcock M (2010) 'Border Crimes: Australia's War on Illicit Migrants' *Journal of Refugee Studies*, vol 23 no 3, 406–7
- Grove NJ and Zwi AB (2006) 'Our Health and Theirs: Forced Migration, Othering, and Public Health' *Social Science and Medicine*, vol 62 no 8, 1931–42

- Hodes M, Jagdev D, Chandra N and Cunniff A (2008) 'Risk and Resilience for Psychological Distress Amongst Unaccompanied Asylum Seeking Adolescents' *The Journal of Child Psychology and Psychiatry*, vol 49, 723–32
- Hommel R, Lincoln R and Herd B (1999) 'Risk and Resilience: Crime and Violence Prevention in Aboriginal Communities' *Australian and New Zealand Journal of Criminology*, vol 32 no 2, 182–96
- Howell KH, Graham-Bermann SA, Czyz E and Lilly M (2010) 'Assessing Resilience in Preschool Children Exposed to Intimate Partner Violence' *Violence and Victims*, vol 25 no 2, 150–64
- Immigrant Women's Domestic Violence Service (2006) *The Right to Be Safe from Domestic Violence: Immigrant and Refugee Women in Rural Victoria*, Immigrant Women's Domestic Violence Service, Melbourne
- Liamputtong P (2007) *Researching the Vulnerable: A Guide to Sensitive Research Methods*, Sage, London
- 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 SS and Zelazo LB (2003) 'Research on Resilience: An Integrative Review' in Luthar SS (ed) *Resilience and Vulnerability: Adaptation in the Context of Childhood Adversities*, Cambridge University Press, Cambridge
- McMaster D (2002) *Asylum Seekers: Australia's Response to Refugees*, University of Melbourne Press, Melbourne
- McMichael C (2003) 'Narratives of Forced Migration: Conducting Ethnographic Research with Somali Refugees in Australia' in Allotey P (ed) *The Health of Refugees: Public Health Perspectives: From Crisis to Settlement*, Oxford University Press, Melbourne
- Martinez-Torteya C, Bogat GA, von Eye A and Levendosky AA (2009) 'Resilience Among Children Exposed to Domestic Violence: The role of Risk and Protective Factors' *Child Development*, vol 80 no 2, 562–77
- Mohaupt S (2008) 'Review Article: Resilience and Social Exclusion' *Social Policy and Society*, vol 8 no 1, 63–71
- Norris FH, Tracy M and Gale S (2009) 'Looking for Resilience: Understanding the Longitudinal Trajectories of Response to Stress' *Social Science and Medicine*, vol 68, 2190–98
- Pease B and Rees S (2008) 'Theorising Men's Violence Towards Women in Refugee Families: Towards an Intersectional Feminist Framework' *Just Policy*, vol 47, 39–45
- Pickering S (2005) *Refugees and State Crime*, The Federation Press, Sydney
- Pickering S (2011) *Women, Borders and Globalization*, Springer, New York
- Pickering S and Weber L (2011) *Borders and Globalization: Deaths at the Global Frontier*, Palgrave, London
- 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 10 no 1, 119–35
- Pittaway E and Rees S (2006) ‘Multiple Jeopardy: Domestic Violence and the Notion of Cumulative Risk for Women in Refugee Camps’ *Women Against Violence*, vol 18, 18–25
- Rees S (2004) ‘Human Rights and the Significance of Psychosocial and Cultural Issues in Domestic Violence Policy and Intervention for Refugee Women’ *Australian Journal of Human Rights*, vol 10 no 1, 97–118
- Rees S and Pease B (2006) *Refugee Settlement, Safety and Wellbeing: Exploring Domestic Family Violence in Refugee Communities*, Immigrant Women’s Domestic Violence Service, Melbourne
- Salami SO (2010) ‘Moderating Effects of Resilience, Self-Esteem and Social Support on Adolescents’ Reactions to Violence’ *Asian Social Science*, vol 6 no 12, 101–10
- 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, 282–8
- Silverman D (2000) *Doing Qualitative Research: A Practical Handbook*, Sage Publications, London
- Sossou MA and Craig CD (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 1-2, 52–62
- Thorell E (2007) *Attending to the Needs of Refugee Youth: the Development of a National Comprehensive Youth Service Centre for Refugee Research*, University of New South Wales, Sydney
- Victoria Office of Women’s Policy (2009) *A Right to Respect: Victoria’s Plan to Prevent Violence Against Women 2010-2020*, Office of Women’s Policy Melbourne
- WA Family and Domestic Violence Unit (2005) *African Communities Forum on Domestic Violence Report: Working Towards a Collaborative Approach to Addressing Family Support And Conflict within the African Communities of Western Australia*, Department for Community Development, Perth
- Williams J (2001) *New Arrival Refugee Women: Health and Well Being Project 2001*, Women’s Health Statewide, Adelaide
- Witmer TA and Culver SM (2001) ‘Trauma and resilience among Bosnian refugee families: A critical review of the literature’ *Journal of Social Work Research*, vol 2 no 2, 173–87
- World Health Organisation (2002) *World Report on Violence and Health*, World Health Organisation, Geneva
- Younan N (2010) *No Excuse for Family Violence*, Victorian Arabic Social Services, Broadmeadows
- Zannettino L (2011) *Getting Talking: Empowering Liberian Women to Address Issues of Domestic Violence and Promote Healthy Relationships*, Central Domestic Violence Service

Zahradnik M, Stewart SH, O'Connor RM, Stevens D, Ungar M and Wekerle C (2010) 'Resilience Moderates the Relationship Between Exposure to Violence and Posttraumatic Reexperiencing in Mi'kmaq Youth' *International Journal of Health Addiction*, vol 8, 408–20