



Good Practice Briefing

Honouring Resilience

The courage to come back



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ASCENT – Support services to organisations

Ascent is a partnership within the London Violence Against Women and Girls (VAWG) Consortium, delivering a range of services for survivors of domestic and sexual violence, under six themes, funded by London Councils.

ASCENT – Support services to organisations, is delivered by a partnership led by the Women’s Resource Centre (WRC) and comprised of five further organisations: AVA, IMKAAN, RESPECT, Rights of Women, and Women and Girls Network.

This second tier support project aims to address the long term sustainability needs of organisations providing services to those affected by sexual and domestic violence on a pan-London basis. The project seeks to improve the quality of such services across London by providing a range of training and support, including:

- Accredited training
- Expert-led training
- Sustainability training
- Borough surgeries
- BME network
- One-to-one support
- Policy consultations
- Newsletter
- Good practice briefings

Good practice briefings

The purpose of the good practice briefings is to provide organisations supporting those affected by domestic and sexual violence with information to help them become more sustainable and contribute with making their work more effective.

For more information, please see:

www.thelondonvawgconsortium.org.uk



**London
VAWG
Consortium**

Women and Girls Network

Women and Girls Network (WGN) is a free, women-only service that supports women in London who have experienced violence, or are at risk of violence.

We offer counselling, advocacy and advice for women and girls who have experienced gendered violence, including sexual and domestic violence.

Our overall aim is to promote, preserve and restore the mental health and well-being of women and girls, to empower them to make a total and sustainable recovery from their experiences of violence.

Ascent services

Through the Ascent partnership, we offer free counselling for women in London who have experience of any form of gendered violence. To refer, call 020 7610 4678 or email ascentcounselling@wgn.org.uk. Check our website, www.wgn.org.uk, for information on which boroughs referrals are currently open for

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1. Violence against women and girls, PTSD and resilience

Why honour resilience?

Women are twice as likely as men to have post-traumatic stress disorder (PTSD) at some point in their lives, and at least half of sexual violence survivors experience it (Creamer et al, 2001; Johnson & Makinen, 2003). This leaves a question: what happens to the other half of survivors who don't? **Resilience** is intriguing, because it begins to provide some answers as to why one person will crumble in the face of traumatic experiences, whilst another will gain strength from it.

Focusing attention on honouring a survivor's resilience has some specific benefits in supporting her towards recovery:

- As a **strengths based approach**, it helps her identify protective factors in her life, rather than focusing on, and magnifying, areas of dysfunction
- Identifying protective factors helps understand new ways to counteract risks
- It builds her self-protective skills, supporting her to buffer herself against adversity in the future.

The history of the idea of 'resilience'

The study of resilience was first led by developmental researchers in the early 1990s, who were studying children's positive adaptation and ability to thrive despite exposure to risks and adverse conditions. These studies identified resilience as the buffer which enable children to deal effectively with adversity.

Subsequent studies over the past two decades have built further on this idea, including applying it to survivors of abuse and focusing on our ability to learn resilient behaviours. Masten (2001) identified three domains which can be targeted to promote resilience: risk-focused strategies, asset-focused strategies and process-focused strategies.

Most recently, resilience researchers have integrated developments in understanding of genetics and neuroscience into the field, identifying a so-called "resiliency gene", associated with transportation of the neurochemical serotonin, known to decrease the risk of PTSD following trauma (Kilpatrick, 2007, cited Bucciararelli et al, 2007).

Risk and protective factors identified in early resilience studies

- Garmezy (1991) found three major categories of protective factors: Individual, family, community
- Werner & Smith (1992) found that chronic poverty, perinatal stress, and 'troubled' families were risk factors, while longitudinal life-work study was protective
- Rutter (1990) found three broad protective factors: personality coherence, family cohesion, and social support

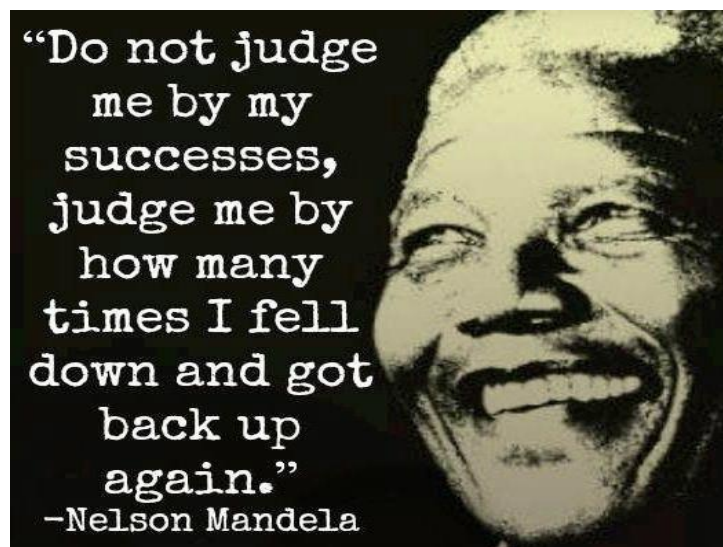
What does 'resilience' mean for survivors of VAWG?

Resilience is a measure of our ability to cope with stress, and describes the personal qualities that allow us to grow and thrive in the face of adversity. It is the outcome of interactions between positive and negative factors in our lives (Drummond & Marcellus, 2003) and is expressed in:

- **Sustained competency** in response to demands that tax our coping resources (Garmezy, 1991)
- **Healthy recovery** from extreme stress and trauma (Wilson & Drozdek, 2004).
- **Elasticity**, the power of resuming the original shape or position after compression (Oxford English Dictionary).

When we talk about resilience, we think of “coming back”, rather than the more common idea of “bouncing back” (Grotberg, 2003). **Coming back** denotes a slower process of adaptation, and of discovery and acceptance of our new life and changes after trauma.

The term “survivor” has heroic connotations, but for a woman who is “surviving”, she may feel that she’s hanging onto her internal equilibrium by a thread, using negative coping strategies to keep herself there.



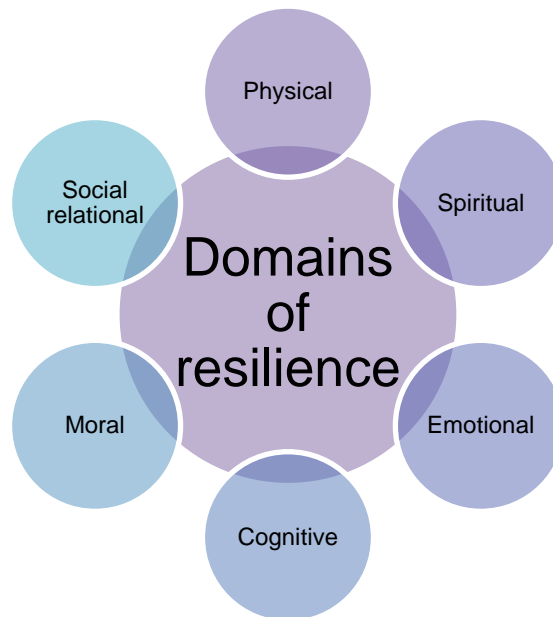
Resilience is about becoming not just a survivor, but a “**thriver**”. A resilient person is able to do more than just get through each day. Resiliency is an important concept to convey movement away from trauma responses: becoming a thriver refers to discovery and emergence into a new life, not possessed by the past, but **present-based and forward-looking**.

How we become more – or less – resilient

Resilience is produced through the **interaction** of a range of protective factors in our lives, including our **individual** characteristics, and social relationships at the **family** and **community** level, as well as the impacts of **biology** and our **genetics**.

“You are the only person who can forgive yourself. Once that forgiving has taken place, you can then console yourself with the knowledge that a diamond is the result of extreme pressure... The pressure can make you into something quite precious, quite wonderful, quite beautiful and extremely hard” - Maya Angelou

There are lots of different models which break down the components of resilience in different ways. Drawing learning together from many of these, we see it in the six domains below.



For each of these six domains, the table below outlines the characteristics we would expect to see in a resilient person.

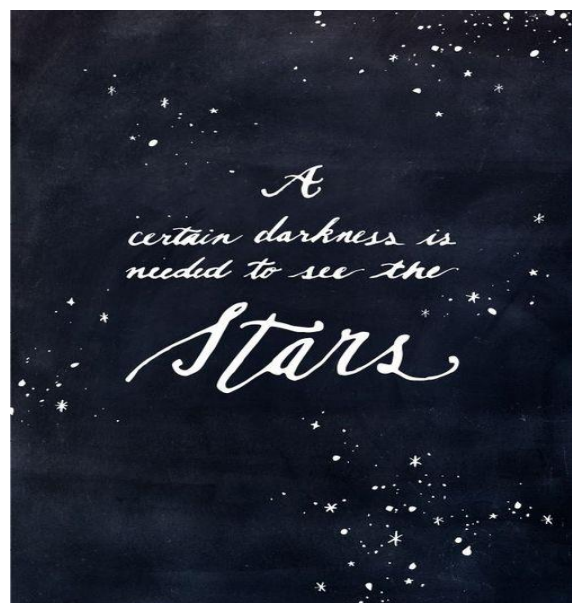
Domain	Characteristics
Physical	Easy temperament Good health Safety in the living environment
Spiritual	Has faith that their life matters Sees meaning in life, even in pain and suffering Has a sense of connection with humanity Hopeful and optimistic
Emotional	Can regulate emotions Ability to delay gratification Realistic high self esteem Creativity Sense of humour Patience
Moral	Ability and opportunity to contribute to others Engage in socially and or useful tasks
Cognitive	High IQ Language acquisition and ability to read Exposure to multiple points of view

Domain	Characteristics
	Appreciation of diverse ideas Capacity to plan Foresight Take active steps to deal with environmental challenges Problem solving abilities Can take initiative Positive future expectation Internal locus of control Self efficacy Self understanding Realistic appraisal of capacity and consequences of action
Social relational	Secure attachment Basic trust Ability to actively recruit people who can help Make and keep good friends Positive peer relationships Role taking ability Empathy Sense of belonging and social connectedness

Barriers to building resilience

Even with lots of other protective factors in place, there are important barriers that may make it particularly challenging to build resilience:

- **Pre-determination:** if we are unable to escape the cycle of violence, and therefore our future is pre-determined for us regardless of what we do
- **Irreparable damage:** A thought process that an individual may be too far damaged to ever recover
- **Identity:** Linked to a 'victim' personality so the individual is considered unable to move on and has no resiliency
- **It doesn't make any difference:** Whatever the intervention or strategy the individual will never be able to move on and recover

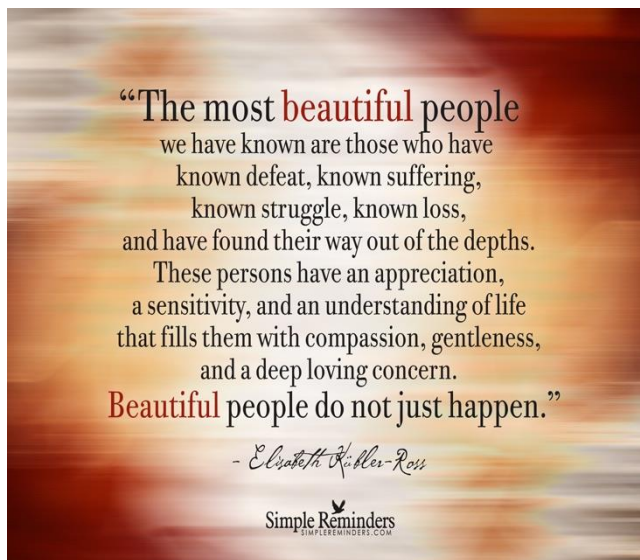


2. How to honour resilience in your practice with survivors

Building resilience through a strengths-based approach

A strengths-based approach is a model of practice which seeks to facilitate women's self-management of their treatment and mental health. It involves:

- Focusing on identifying her **strengths** and expanding her capacities
- Emphasising **solutions**, rather than problems
- An orientation towards a positive approach that emphasise and **builds** on women's strengths.
- Refers to **responses** instead of disorders, **adaptations** instead of symptoms, **resistance and rebellion** instead of pathology and dysfunction.



It is an approach that should help her to assess her own needs and make her own decisions about how these needs should be met. It is also a way of positively reframing negative adaptations, to tap into her existing strengths to improve her functioning in other ways – for example, self-harm through cutting requires strength and tenacity, which are capacities and skills that can be diverted to more functional behaviours. Some of the types of conversations you might expect to

have with this approach could be:

- What has worked well for you in the past?
- What areas are you currently functioning well in?

An important component of these conversations will be affirmation: reminding women that they have overcome adversity, and celebrating their success and achievements.

Building resilience is a dynamic process, based on adapting and responding positively to adverse conditions over time. The more we exercise resilience the more skills and resources to deal with trauma responses. Supporting a survivor to exercise resilience involves optimising the self-protective factors in her life, focusing across six areas:

- **Resilient strengths:** identifying and affirming her strengths
- **Internal resourcing:** cultivating her positive self-belief and competency
- **Positive emotions:** broadening and building on positive emotions

- **Optimism and hope:** negative situations are considered to be temporary and not permanent, relate to specific circumstances and are external and not the fault of the individual.
- **Building self-esteem:** supporting growing self-worth, confidence, autonomy and self-acceptance
- **Positive future orientation:** encouraging ambitions, goals and sense of purpose.

In our work at Women & Girls Network, we refer to the process of building resilience with the acronym **SSRIs**: Strengths, Strategies, Resources, and Insights. In the rest of this section, we set out our approach to building these through a four-step model, with each step of the model discussed in turn (Padesky et al 2009) :

- Step 1: Search for strengths
- Step 2: Construct a personal model of resilience (PMR)
- Step 3: Apply the PMR
- Step 4: Practice.

Step 1: Search for strengths

There are many pathways to resilience and enhancing strengths not necessarily about teaching new skills, but rather about recognising and validating her existing skills. This involves:

- Searching for **hidden strengths** and skills i.e. strategies, beliefs and personal assets. You might do this through talking about her passions, hobbies, interests skills, activities, or sports.
- Searching for **strengths within areas of success** e.g. regular common everyday experiences, where women already show sustained activity. In searching for these, encourage her to be specific about how she makes these things happen.
- **Identifying obstacles** and how she negotiates and tackles these. Obstacles are the window into resilience as there is no need to be resilient until one encounters difficulties. Look for behaviour that persists despite obstacles, for example through drawing a table of the obstacles with a “When this happens I feel.../What keeps me going is...”
- Collaborating with her to **identify a metaphor** she uses for resilience e.g. “Can’t give up without trying”. This could be a story, poem, or



song, but it is important that it is personally meaningful to her.

This process will also likely bring up negative coping strategies, which are an opportunity for positive reframing – for example, problems she is having in social relationships might illustrate her tenacity as a strength. It's important not to focus on the negative, but equally not to be unrealistically positive, or she may feel unheard and disengage.

Signature strengths

Peterson & Seligman (2004) developed a universal classification system of 24 character strengths which are organised into six virtues. These can be a useful prompt to help women think about which strengths reflect their own.

- Wisdom: cognitive strengths that entail the acquisition and use of knowledge
- Courage: emotional strengths that involve the exercise of will to accomplish goals in the face of adversity
- Humanity: interpersonal strengths that involve taking care of others and building strong relationships
- Justice: civic strengths that underlie community life
- Temperance: strengths that protect against excess
- Transcendence: strengths that forge connections to the larger universe and provide meaning.

A full list of the 24 signature strengths, which may be helpful to use in your practice, is available in the [Resources](#) section.

Resource development

Alongside identifying strengths, you will also want to develop the resources available to the woman you're working with. While strengths focus on the individual aspects of resilience, resource development focuses more on the external components of resilience. Unlike strengths, these are cognitive activities that have to be practiced, but are designed to bolster positive self.

You can support her to do an audit of her available resources:

- What **practical** resources do you have? e.g. somewhere safe to live
- What **physical** resources do you have? e.g. strength, agility, speed, anything to do with the body
- What **psychological** resources do you have? e.g. Intelligence, creativity, humour
- What **interpersonal** resources do you have? e.g. people past and present, animals
- What **spiritual** resources do you have? e.g. faith-based, non-faith-based religion, gurus, connection to nature.

Further exercises you can use to support resource development are available in the [Resources](#) section.

Step 2: Construct a personal model of resilience

Create a Personal Model of Resilience (PMR) with the woman you're supporting, writing this down together by building on what you've uncovered in the previous step:

- Turn the strengths you've identified together into general strategies, include behaviours, thoughts, assumptions
- Use her own words
- Include images and metaphors
- Validate.

Using her own metaphors and imagery will make it more memorable for her, as these capture the emotion and cognition that supports resilience. Imagery has a more powerful impact on emotion than words, and positive imagery is better at generating a positive mood than words only. Your aim is to engage her heart and mind to increase creativity and curiosity.

An example of the types of questions you might ask to elicit imagery and metaphors is available in the [Resources](#) section.

Step 3: Apply the personal model of resilience

To apply the PMR, support her to:

- Identify problem areas in need of resilience
- Plan which aspect of the PMR to use
- Focus on building resilience, not the outcome.

To start with, together select a problem area for her to try her PMR out on. Make sure not to pick the biggest problem to start with! Emphasis that the goal is to be more resilient in the problem area, and talk through with her which PMR strategy she will use, considering:

- Behaviours
- Thoughts
- Beliefs
- Metaphors
- Strategies

Discuss with her what emotions she would like to experience, and ask how she will get around obstacles and stay resilient when they arise.

Step 4: Practice

The final step in the process is to test the quality and usefulness of her PMR with her in future sessions.

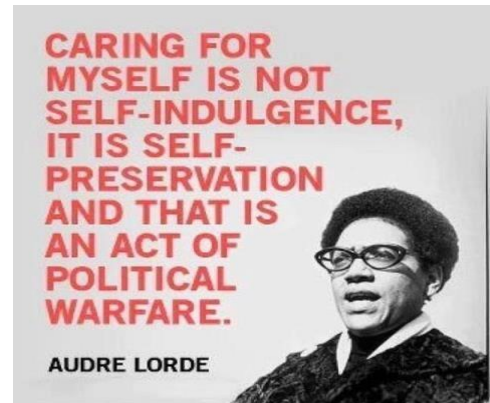
3. Building your own resilience as a professional

Why professional resilience matters

Women who work supporting survivors of gendered violence are often familiar with concepts such as emotional exhaustion, burnout, compassion fatigue, and secondary post-traumatic stress disorder. This is also referred to as “vicarious traumatization”:

“The cumulative effect upon trauma therapists working with survivors of traumatic life events...

*It is a process through which the therapists **inner experience is negatively transformed through empathetic engagement** with clients trauma material” (Pearlman and Saakvitne, 1995:31).*



Vicarious trauma has an impact on both personal and professional functioning. Caring for ourselves when doing this work is an “act of political warfare” because it is the way to ensure we can continue fighting for an end to violence against women and girls – as well as a challenge to the gendered role of women as carers, rather than cared-for.

Components of professional resiliency

A resilient professional can be recognized by the following characteristics:

- High Frustration Tolerance
- Self acceptance
- Self belief
- Humour
- Emotional control
- Connections and support
- Curiosity
- Finding interest
- Finding meaning
- Adaptability

Research in the past decade around brain plasticity has shown us that the brain is constantly evolving throughout our lives. Our brain is fed on new experiences, new skills, and new challenges to stimulate new neural pathways. As with the women we’re supporting, professional resilience is something that can be practiced and built.

Nezu's (2007) ADAPT model for problem-solving aims to identify internal and external barriers to change.

A= Attitude

D= defining the problem

A= generating alternative solutions

P= predicting the consequences and developing a solution plan

T= trying it out to see if it works

Creating a self-care plan

Building your professional resilience requires regular reflection on how you're doing, and an active, regularly updated plan to care for yourself. The key components of self-care are:

- **Awareness:** Recognise your early warning signs and make adjustments to your work and personal care strategies. Become aware of needs, limitations, emotions and resources through self monitoring, self-empathy. Identify the impact of work on you emotionally, psychologically, physically.
- **Balance:** amongst activities of work play and rest, exercise unconditional compassion for self. Limit exposure to traumatic information outside of work i.e. consider what TV you watch, how might you manage work to restore, replenish balance, how do you preserve empathetic connection with self-preserving distance in your work with clients. Introduce proactive steps to prevent mitigate burnout.
- **Connection:** to yourself, others, and something larger. How do you counter isolation, become more aware of domestic violations and taking clients home, develop and maintain positive relationships outside of home? Friendships, connection and acceptance of fun, ensuring that you have regular respite helps us to maintain perspective of the real world i.e. a world apart from violence and trauma.

Create a self-plan for yourself focused on these seven areas of functionality, and review it regularly:

- Cognitive
- Emotional
- Behavioural
- Interpersonal
- Physical
- Spiritual
- Professional

The Wheel of Life Tree exercise in the [Resources](#) section may be helpful in reflecting and developing your self-care plan.

4. References

Agaibi, CE and Wilson JP, "Trauma, PTSD, and Resilience", *Trauma, Violence, and Abuse*, vol 6, no.3 July 2005, 195-216.

Bonanno GA et al, "What Predicts Psychological Resilience After Disaster? The Role of Demographics, Resources and Life Stress"

Creamer, M., Burgess, P. & McFarlane, A.C. (2001) "Post-traumatic stress disorder: findings from the Australian National Survey of Mental Health and Well-being" *Psychological Medicine*, 31(7):1237-47.

Drummond, J., & Marcellus, L. (2003). Resilience: An opportunity for nursing. *Neonatal, Paediatric and Child Health Nursing*, 6, 2-4

Garmezy N. Resilience in children's adaptation to negative life events and stressed environments. *Pediatrics*. 1991;20:459–466.

Grotberg, Edith Henderson, 1928- 2003, *Resilience for today : gaining strength from adversity*, Praeger, Westport, CT ; London

Hodge EA et al, "Resilience: Research Evidence and Conceptual Considerations for Posttraumatic Stress Disorder", *Depression and Anxiety* 24:139-152, 2007.

Johnson, S.M. & Makinen, J. (2003) *Creating a Safe Haven and a Secure Base: Couples Therapy as a Vital Element in the Treatment of Post-Traumatic Stress Disorder*. In D. Snyder & M. Whisman (Eds.), *Treating Difficult Couples*, pp. 308-329. New York. Guilford Press.

Padesky and Mooney, *Strengths based CBT A four step model to build resilience*.

Johnson C (2010) *Find Your power a toolkit for resilience and positive change*.

Stephen Joseph (2009) *Growth Following Adversity Positive Psychology*

Garmezy, N. (1991). Resiliency and vulnerability to adverse developmental outcomes associated with poverty. *American Behavior Scientist*, 34(4), 416-430.

Siebert, A *The Resiliency Advantage* (2005)

Wilson, J. P., & Drozdek, B. (Eds.). (2004). *Broken spirits: The treatment of traumatized asylum seekers, refugees and war and torture victims*. New York: Brunner/Routledge.

5. Resources

Exercise: signature strengths

Aim: To identify and develop signature strengths by creating affirmation cards. This is a means of locating and reinforcing strengths and personal attributes, key to the development of self-esteem.

- Review the 24 signature strengths, select the ones that you identify as being part of your character
- Write these on an index card
- Acknowledge and practice strengths – this naturally lifts moods
- What do you do that enables you to be more courageous?
- How do you demonstrate this?
- Focus on these strengths

The 24 strengths

Creativity
Curiosity
Open-mindedness
Love of learning
Perspective
Bravery
Persistence
Integrity
Vitality
Love
Kindness
Social intelligence
Citizenship
Fairness
Leadership
Forgiveness and mercy
Humility/modesty
Prudence
Self-regulation
Appreciation of beauty and excellence
Gratitude
Hope
Humour
Spirituality

Resource development exercises

Exercise: positive moments

The following exercise aims to enable young women to remember positive moments in their lives and enhance a more positive sense of self. The rehearsal and reinforcement of this memory can be done using the following exercise.

Ask the young woman to:

- Think of a time when they felt really good about themselves, when they succeeded at something, achieved something e.g. perfected a dance move, won an award at school for maths
- When remembering, ask them to try and recall as much detail as possible i.e. shapes, tones, textures, colours, temperatures, sounds, smells etc
- Ask them to try to locate in their body where they feel that positive sensation
- Finally ask them to think of a word or a phrase that goes with that situation
- This exercise will have confirmed and reinforced times that the young person felt good about himself or herself essential for self-esteem and self.

Exercise: resource person/guardian

Ask the young woman to recall a person in their life that they feel good about and who was there for them. This enables a young woman to reflect on good people in their lives and confirms also that they are worthy of others care and support.

Imagery and metaphors prompts for PMR

- Nature: Is there a situation in nature that captures how you would like to be
- School learning experiences: If you were a child how would you approach this, how would you help your children to be more resilient?
- Movies, books: What is your favourite movie and why? Who is the central character? Do you have a shero?
- Spiritual: what religious stories might be helpful?
- Architecture: favourite building?
- Animals
- Cultural stories
- Friends
- Family
- Common sayings about resiliency
- Famous people

Self-care exercise: Wheel of Life Tree

In the Wheel of Life Tree (next page), colour in the circles in the branches by how satisfied you are with each area of your life. Below are suggestions of categories to use, but you can pick your own as they make sense to you.

Consider your strengths and resources in the areas, which are going well, and how you can use strategies to improve other areas.

