Building Resilience in Women Victims in Domestic Violence

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ABSTRACT

After years of research into resilience, it is becoming increasingly clear that resilience is very important to a person's health, both mental and physical. Most of the recent research indicates that resilience protects against (and reverses) depression, anxiety, fear, helplessness, and other negative emotions, and thus has the potential to reduce their associated physiological effects.

Experiences of adversity can be used by clinicians as a way of helping traumatized persons see their own strengths. McMillen (1999), in a review of the literature, states that it is vital to note that across multiple studies and traumas “people commonly perceive that they have benefited from extremely difficult life experiences.

Battered women have remarkable abilities to overcome traumatic life events. Not only have they been able to survive physical and psychological violence, they safely negotiate another step in the dangerous path of resistance to abuse.

By looking at battered women’s resilience and its relationship to physical and psychological distress, we will be better able to appreciate their strengths as well as expand our understanding of human responses to trauma.

Studies on resilience in battered women have highlighted their strengths and resourcefulness during times of great adversity. Hence by viewing battered women from the framework of their strengths, groundwork can be laid for both individual and group interventions.

A study conducted at the Panah Shelter Home Karachi, to determine the efficacy of resilience building techniques in residents, will also be discussed briefly.
Trauma and Resilience

- It is in our broken places that a light can shine through
  ~Anon

Resiliency is the ability to get through, get over, get past, and thrive after a trauma, tragedy, or tribulation. Get over a tragedy, bounce back and get on with your life.
FLOWERY ALLEYS
Building Resilience in Women Victims in Domestic Violence

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Recent Changes in Trauma Services

- Understanding that the impact of **trauma**, narrows individuals’ lives, constricts choices, undermines self-esteem, takes away control, and **creates** a sense of hopelessness and helplessness.

- Many behavioural responses in abused women present with are adaptive responses to **trauma**.

- Cultural context influences the perception and response to traumatic events and cultural context informs the recovery process.

- Building respectful, non judgmental relationships in which understanding how power may be respectfully shared between staff and client while at the same time maintaining appropriate boundaries is critical for facilitating recovery.
How to Bring Changes in Women Shelters (Organizations)?

- **Trauma-informed** services assume that people are doing the best they can at any given time to cope with the life-altering and frequently shattering effects of trauma.

- In **trauma-informed** services and systems all staff members from the maintenance staff, to frontline workers, to administrators, must be trained to respond to individuals in distress.
Why Focus on Trauma?

- Significant personal, social and economic cost

- *Abused women are at elevated risk for suicidal behavior.*

- The Impact of Motherhood on Reasons for Living and Suicidality

- “Let Me Count the Ways:” Fostering Reasons for Living

- *People can and do recover from the effects of trauma when they receive the right services and supports*

- Effective trauma-informed service models have been developed, tested and can be adapted for use in different social service settings and for special populations

- Training is available to help staff understand and respond to trauma

National Trauma Consortium (2006)
Building Resilience in Women Victims of Intimate Partner Violence

- The epidemic of domestic violence has come to the attention of public policy makers and healthcare providers because of its pervasive effects on the physical and mental health of women and children.

- Intimate partner violence has become a significant community problem.

- Research studies on domestic violence highlight the adverse effects that create the need for increased medical attention due to physical abuse. The need for mental health treatment is now recognized to be vital due to such problems as depression, anxiety, post traumatic stress disorder (PTSD).

- Likewise, there is an elevated need for law enforcement intervention as a result of stalking, rape, and murder perpetrated by intimate partners. As a result of the violence, some women report they are no longer able to hold a job due to such physical disabilities as hearing loss, diminished vision and broken limbs.
Past research has focused on the impact of poverty on self-esteem and anxiety on impaired resilience. “...Because of poverty’s strong connection with impaired resilience and high levels of violence, we believe it is crucial to study this process in a poverty sample”.

It is also known that if there are factors that could impair one’s resilience then it could also be enhanced.

Studies have shown that providing abused women the opportunity to discuss their experiences, by focusing on their strengths and treating them as survivors rather than victims increases their resilience.

Women with abuse experiences need to have the opportunity to talk about their experiences, as it is through the use of their voices that they are empowered, strengthening their resilience and learning about themselves in the process. Furthermore, women learn to trust and to believe in themselves.

Despite the pervasive negative effects of domestic violence, many women have overcome their circumstances successfully. Research studies have considered many different definitions of resilience.

“Resilience, defined in terms such as good self-esteem, optimism, mental flexibility and generally good physical health, mitigates the effects of violence and serves to help victims act positively to end the violence in their lives”

Resilience also has been described as “the ability to withstand and rebound from disruptive life challenges”

“strengths forged through adversity”, and “resilience, as an inner resource, is the ability to succeed in the face of adversity”

For the purpose of Panah Shelter Home investigation, resilience is defined as the ability to endure and recover from crises and traumatic life experiences.

This definition was preferred as it encompasses the strength of women who have walked away from their abusive partners and their life of violence along with the women who stay in such relationships but continue to care for their families and seek help with addressing the violence in their relationships.
Considering the resilience in women who have been victims of intimate partner violence, there should be a continued focus of research for the purpose of prevention and intervention using a strength-based model.

This type of service will serve a two-fold purpose of (1) better understanding the dynamics of resilience and (2) extracting and highlighting the positive elements of women’s coping strategies to create resources that will foster hope and increased resilience.

This study will focus specifically on social support, spirituality, and self-conceptualization because they are factors that in past research have played a major role in helping women cope with the violence, leave their abusers, and increase resilience.

This examination is ongoing and will add to previous research of resilience utilizing a model focused on strengths.
Women and Trauma

- Traditional psychiatry is not gender sensitive
  - It focuses on symptoms rather than cause
  - And aims at misdiagnosis or multiple diagnosis

- Re-victimization – multiple experiences of trauma lead to vulnerability to more trauma.
- Supports that are in place can re-victimize (criminal justice and mental health system)
  - Secrecy, helplessness, entrapment, accommodation and retraction or delayed unconvincing disclosure of abuse

- Disempowerment - gender socialization (traditional notions of femininity), sexism, racism, classism, poverty and other social conditions

- Women internalize these experiences, leading to greater social powerlessness

- Result in significant gender differences in women’s mental health issues and needs
Complex PTSD and/or Developmental Trauma

- Chronic and repeated abuse/violence throughout people’s lives
- Most particularly in relationships of trust
- Interferes with neurobiological development
- Complex PTSD pervasive because of ongoing damaging and neglectful experiences
- Compounded by a childhood that lacks consistency, predictability and protection
- Effects far-reaching, usually affecting 6 dimensions of psychological functioning
- Also evident amongst persons who are exposed to repeated or catastrophic natural or otherwise disasters, war, displacement, genocide, institutional abuse, marginalization, chronic homelessness
6 PTSD/Trauma Characteristics

1. Affect Dysregulation
2. Dissociative (changes in consciousness)
3. Changes in self perception
4. Attachment Distress
5. Somatisation (physical response to psychological/emotional distress)
6. Alteration in system of meaning
Protective Factors for Suicidal Behavior

- Spirituality
- Hopefulness
- Self-efficacy
- Adaptive coping skills
- Perceived family support
- Social support
- Effectiveness in obtaining resources
And Still We Rise: Spirituality and Religious Coping Among Abused and Suicidal
Secondary/Vicarious Trauma

- Trauma can be contagious
- Indirect exposure to trauma through a firsthand account or narrative account
  - Haiti, September 11th
- Staff’s own overwhelming responses from being in contact with clients’ traumatic narratives and experiences
Panah Shelter for distressed Women

- Panah provides shelter and solace to women who are survivors of domestic and societal injustices and empowers them to take the path of social economic independence.

- Free voluntary legal aid by a panel of retired judges and lawyers for matters of reconciliation, khula/divorce, custody of children, criminal cases, etc. Free services of Psychiatrist, Clinical Psychologist and Social Workers. Free Medical Aid which includes complete medical, surgical and hospitalization.

- A study conducted at the Panah Shelter Home Karachi, to determine the efficacy of resilience building techniques in residents, will be discussed briefly.
Panah Shelter Study

- 30 residents of Panah Shelter home were selected for the study.
- Criteria for selection –
  1. Young women between 20--45 yrs
  2. Low scores on Resilience scale

- And arranged trainings like art and craft training, sewing class, beautician class, computer class and informal education class, with the help of these training they got professional skills to resettle their lives in future.

- After six months training, again assessed their anxiety, depression, attitude and self esteem and their results showed that after the trainings they have significant difference between their mental health and professional skills.

- Most of the residents get benefits of these trainings and after leaving the shelter home they restarted their lives with new and trained beginning.
Mental Well-being Scales (Mean Scores)

Before Interventions (Mean Scores)

- After Intervention
  - Pakistan Anxiety Scale: 9.036.3
  - Pakistan Depression Scale: 11.336.77
  - Attitude Scale: 39.4326.8
  - Self-esteem: 14.1017.0
PANAH Project Intervention Group

- 10 - didactic, interactive, group sessions based on Theory of Triadic Influence (TTI-- Cultural environmental , social situation and biology/personality----Behavior--intrapersonal risk and protective factors)

- Structure (90 min)
  - 30 minute check in
  - 30 minute didactic
  - 60 minute group activity
  - (30 minutes ESSION ON Faith /Religion)

- 2 female therapists
  - 1 Psychologist
  - ≥ 1 with advanced doctoral student, intern, or post-doc fellow

  (Flay & Petraitis, 1994; Flay, Petraitis & Hu, 1995; Petraitis, Flay & Miller, 1995).
Objective Assessment of anxiety, depression, attitude and self esteem with the questionnaires.

- **Measures**
  - i. Demographic information form
    - Demographic information form of item which focused on subject’s age, gender, marital status, education.
  - ii. Rosenberg self esteem scale:
  - iii. **Pakistan anxiety and depression scale** (Urdu version):
  - iv. **Attitude scale** (Urdu version)
PANAH Project Intervention Group

10 Intervention Sessions

1. Intro PANAH Project & commitment to safety
2. Suicide and IPV education
3. IPV and suicide safety planning
4. Reducing intrapersonal risk factors
5. Enhancing personal protective factors
6. Reducing social/situational risk factors
7. Enhancing social/situational protective factors
8. Reducing cultural & environmental risk factors
9. Enhancing cultural & environmental protective factors
10. Review, graduation & termination
# Mental Well-being Scales

- **Before Interventions** (Mean Scores)
  - Pakistan Anxiety Scale: **9.03**
  - Pakistan Depression Scale: **11.33**
  - Attitude Scale: **39.43**
  - Self-esteem: **14.10**

- **After Intervention** (Mean Scores)
  - **6.3**
  - **6.77**
  - **26.8**
  - **17.0**
PANAH Project: Adjunctive Therapies and Services (being developed!!)

- 24 hour, crisis services
- Support groups
- Individual, couples, & family psychotherapy
- Parenting skills & training
- Psychiatric consultation and medication management
- Consultation within other medical and psychiatric professionals
- Access to “resource room”
- Assistance obtaining additional services (WOMEN’S HOSTELS, short-term housing)

*It is our hope that through involvement in the PANAH Project, women will find a new sense of purpose and make a commitment to living.*
Resiliency

Internal Strengths

External Strengths

Protective strengths for the team/organization, nurturing, encouragement, integrity, honesty, transparency

Can be self-control, calmness, self-concept, self-protection, social/cultural sensitivity
Resiliency Definition Revisiting to see change after secure residential care and training to rebuild life.

- A capacity for transformation and change
- Patterns of positive adaptation in the context of significant risk or adversity
- Resiliency skills are:
  - Ability to form relationships
  - Ability to problem solve
  - Sense of identity
  - Ability to plan and hope
Aspects of Trauma-Informed Services

- Emphasis on a welcoming, warm and safe environment with respectful boundaries
- Increased collaboration with community partners, service providers and clients
- Recovery, strength-based, relational, skills-oriented services
- Enhanced trauma assessment
- Openness of work with clients, emphasis on community development
- Vicarious trauma and self-care for staff
- Clients have a significant “voice” in development of services and programs, especially via advisory mechanism
- Enhanced sense of safety and collaboration between clients and agency staff
- Quantitative and participatory evaluations with clients, staff and partners

Prepared for: Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services (HHS)
The family and other interpersonal connections in women’s lives may play an important role in building resilience and offering protection from mental illness.

- Early evidence suggests that social support systems, a stable family life, an abuse-free upbringing, optimism, positive role models, & self-identity build resilience and serve as protective factors for girls and women against mental illnesses.

- Also interventions as peer support & self-empowerment groups may hold the promise of boosting resilience to help prevent mental illnesses or serve as an adjunctive therapy to help treat mental illnesses, & thus merit further research.
Unveiling The Veil
Conclusion

- Trauma has a social and gendered context
  - Significant aspect of domestic violence/abuse, substance use, mental health and health issues
  - Closely entwined with complex issues such as homelessness, sexism, poverty

- People are intrinsically resilient

- Fostering resiliency within programs and organizations strengthens everyone’s lives and well-being

- Resiliency → the Medicine Wheel
  - Mental, physical, emotional, spiritual
SHUKRAN

Until you've found fire inside yourself you won't reach the spring of life.

~ Rumi
A QUOTE

“I have learned from experience that there are many factors that affected my ability to be resilient. Most critical was the strength and scope of my relationships with others. I felt so connected to my friends, family, colleagues, neighbors, and people in the community. Even total strangers reached out to me to give their support and encouraged me to keep trying hard to get my life back.”
Teaching men and women alike, to respect and nurture feminine power, the world would be a better place.