RESEARCH ARTICLE

RESILIENCE AS A PROTECTIVE FACTOR IN COPING WITH TRAUMA AMONG CONGOLESE URBAN REFUGEE WOMEN IN KENYA

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ARTICLE INFO	ABSTRACT
	Despite urban refugees constituting more than half of the world's refugees, not so much attention has been paid to their mental wellbeing. Refugees face many challenges in their country, during flight and settlement as asylum seekers. In spite of facing such difficulties many refugee people demonstrate enormous strength and resilience that facilitates their mental wellbeing as they process the trauma experienced. The purpose of this study was to investigate aspects of resilience amongst Congolese urban refugee women in Kenya. The study applied *ex-post facto* correlational research design. The sample comprised of 64 Congolese refugee women in Kitengela and Rongai urban setups. Data was collected using a resilience scale, social support scale and self appraisal scale. Data was analyzed using descriptive and inferential statistics with the aid of the Statistical Package for Social Sciences (SPSS) for Windows Version 17. The study found that majority of the refugee women had high resilience and this had an effect in dealing with their traumatic experiences. Additionally, internal resources (self efficacy and self esteem), and social support has had a positive effect on refugee's resilience.

INTRODUCTION

During the past 50 years, the number of immigrants and refugees has increased dramatically. At the time the United Nations High Commission for Refugees was first established in 1951, there were approximately 1.8 million people classified as immigrants or refugees. In 2011the number of refugees was estimated to be 44 million (United Nations High Commissioner for Refugees, 2011). Among the 44 million refugees, the overall population of refugees and asylum-seekers in Kenya stood at 559,000 people. Although the statistics are highly variable, in availability and quality, it is widely recognized that women constitute more than half of the world's refugee population. These figures only begin to tell the story of the effect of armed conflict on the female population of war-ravaged countries. While death and disability are the direct result of war, the breakdown of public health systems has a long-term impact on the population as a whole. These refugees have fled from Kenyan neighbours mainly Somali, Ethiopia, Sudan, Congo and Rwanda. The term refugee is used to define a person who has been forced to leave and live outside their country of nationality due to fear, threat, violence or persecution and war (United Nations High Commissioner for Refugees [UNHCR], 2011). This study has concentrated on the Congolese refugee women in Kenya.

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In normal circumstances, women have traditionally assumed the numerous roles of caregivers, nurturer, and protector within their families. However, when war encroaches, women must continue to carry out these roles at a time when they, and often their partners, are suffering the enduring effects of trauma. Giron (2005) notes that, before their flight, refugee women experience a multitude of horrific pre-migration experiences, including separation from their spouses, children, and other family members; many have either experienced firsthand, or been witnesses to, the torture or killing of family and friends. Rape and other forms of sexual torture have become weapons in contemporary warfare, and have been used to an alarming degree by those intent upon the destruction and genocide of large portions of humanity. Frequently, such horrific events are carried out in the name of "ethnic cleansing", or they are justified as a moral imperative. According to DeVoe (1993), during flight, women are often separated from husbands or brothers, further increasing their vulnerability to armed attack and sexual violence. The perpetrators of this abuse may be pirates, border guards, members of the armed forces or rebel troops, male refugees, and others with whom they come in contact. Collectively, their experiences often leave them physically, psychologically, and spiritually scared. Even though they may be able to escape the war, the traumas continue to haunt them (Girón, 2005). It takes high resilience and or treatment in order to heal from such trauma. Some of the traumatic experiences women are exposed to may include

directly or indirectly experiencing pain, torture, rape, or killing of loved ones. For example, during the war in Bosnia, many women knew that their husbands were being beaten and tortured while imprisoned in concentration camps; they saw the aftermath; the physical and emotional scars, and were deeply traumatized, and forever changed by these events (White-Earnshaw and Misgeld, 1996). Relying on extensive research of the migrant experiences of the Kurdish women, Ahlberg (2000) reported that the mental problems and the stress among refugees stem mostly from their imposed acculturation, especially in the cases of those refugees whose values are totally different from those of the host country and from their interactions with the host communities.

Fighting in the eastern part of the Democratic Republic of Congo (DRC) is raging, and women and children bear the brunt of the conflict. The International Rescue Committee, a humanitarian organization that is very active in the area of gender-based violence (GBV), estimated that women and children comprised 40 percent of the 350,000 deaths in the five eastern provinces of the Democratic Republic of the Congo (DRC) between August 1998 and April 2001. Many girls and women are gang-raped during war and flight for asylum. Others witness killings and maiming's of their loved ones. Some of these females are very young, even infants, others are very old. As a result they suffer multiple physical and psychological injuries. Sometimes the effects are felt immediately, while others take years to manifest.

Refugees keep walking night and day in search of safety, food and shelter. The International Red Cross (2012) indicates that since the beginning of the year 2012, thousands of refugees have fled to Goma, the capital of North Kivu and elsewhere in eastern Congo. Many thousands more have crossed the border to Rwanda, Uganda and Kenya (IRC). The challenges that this group of refugees faced during war and flight are enormous. In addition to problems faced by all refugees, women and girls face a variety of traumas during their refugee experience that are specific to their gender. Left untreated these traumas can complicate the mental health of these women. Refugee trauma is a general term that covers the whole spectrum of phenomena connected with the specific refugee reality and range of experiences; it presupposes that all those who experience this kind of adversity will become psychologically traumatized. However, it is not everybody who faces adversity who becomes traumatized. This is because each person perceives, digests and responds to external situations in a highly unique and individual way, and not all refugees are traumatized in a psychological or, even less so, in a psychopathological sense' (Papadopoulos, 2007). Common symptoms and reactions in the aftermath of a traumatic event include sadness, anger, fear, numbness, anxiety, moodiness, irritability, change in appetite, difficulty in sleeping, nightmares, avoidance of situations that are reminders of the trauma, impairment of concentration, and guilt because of survival or lack of harm during the event (DSM-IV, 2000).

Although many people from war-torn countries experience and witness traumatic events, the majority of those who survive do not develop significant mental disorders (Rosner et al., 2003). Refugee people show enormous "courage and strength by

coping with conditions of extreme deprivation and surviving against adversity" (Tiong, 2006). This concept of resilience as a protective factor against the development of trauma-related psychological disorders has attracted increasing attention recently (Almedom, 2008; McLaughlin et al., 2009; Yehuda, 2004). Within the framework of war and trauma, resilience is defined as personality traits that help protect against the psychological disorders resulting from exposure to terrifying incidents, such as mass violence or deportation under life-threatening circumstances; it encompasses bouncing back and positive adaptation in the face of safety-challenging experiences (Edward and Warelow, 2005; Hoge et al., 2007). In their review of resilience research among certain minority groups, McLaughlin et al. (2009) identified two characteristics that they considered fundamental to resilience: heightened vulnerability and adaptation to risk. Resilience can determine the capacity to face safety-threatening events and still perform adequately (Charney, 2004), and it explains how a survivor of violence can deal positively with past traumatic experiences (Lee et al., 2008; Sossou et al., 2008). This concept of resilience and how it relates to trauma among Congolese urban refugee women in Kenya will be examined in this study. Further, studies looking at stress and mental health have clearly illustrated how individual resilience could enable people to thrive in a stressful or traumatic encounter and maintain their mental well-being (Campbell-Sills et al., 2006; Hjemdal et al., 2006; Littleton, 2007; Tischler and Vostanis, 2007). In particular, coping, the cognitive and behavioral efforts, is one of the key components or predictors of resilience (Folkman, Lazarus, Gruen, and DeLongis, 1986; Lazarus, 1993). Both resilience and coping may be dynamic. Coping is particularly context-driven and may vary from one situation to another.

Coping refers to a set of cognitive and behavioural strategies used by an individual to manage the demands of stressful situations (Folkman and Moskowitz, 2004), while adaptation is the process of adapting to a changing environment or adverse circumstances (Maluccio, 2002). As internal and external stressors always exist, an individual's ability to cope with these events is influenced by how he or she appraises the situation, how much has been learnt from previous experiences with stress, and how successfully he or she can adapt (Connor and Davidson, 2003). Resilient individuals are more likely to feel confident that they can cope successfully with adversity, and often employ a range of problem-solving and emotion-focused strategies (Caltabiano and Caltabiano, 2006; Masten and Reed, 2005; Rutter, 1987). Resilience and coping may interactively or independently impact an individual's stress level and mental health.

Protective and supportive social relations enhance effective coping, emotion venting and construction of new meaning of life during adversity. Family and social networks have been indicated as playing an important role in building greater resilience. Secure interpersonal relationships provide an important source of emotional support, and social support from the wider community can also serve as a building block for resilience (Greff et al, 2006). Resilience includes the individual's ability to utilize family, social and external support systems to better cope with stress (Friborg et al., 2006). Overall, it appears that positive social support of high quality

can enhance resilience to stress, help protect against developing trauma-related psychopathology, decrease the functional consequences of trauma-induced disorders such as posttraumatic stress disorder (PTSD) and reduce medical morbidity and mortality (Southwicket *et al,* 2005).

Current theories view resilience as a multidimensional construct that incorporates both internal and external protective factors (Friborg *et al.,* 2006; Kumpfer, 1999; Luthar *et al.,* 2000; Richardson, 2002). Common findings reveal that the internal characteristics associated with resilience include self esteem, self-efficacy, perseverance, internal locus of control, coping and adaptation skills (Garmezy, 1985; Kumpfer, 1999; Luthans *et al,* 2006; Tedeschi and Kilmer, 2005). Self-esteem has been defined as the ability to form an identity and attach a value to it while coping self efficacy reflects the person's confidence in their ability to effectively cope, or manage, their problems (McKay and Fanning, 2000). The study sought to (1) Establish the effect of resilience as a protective factor in coping with trauma among Congolese urban refugee women in Kenya. (2) Examine the influence of internal resources (self efficacy and self esteem) on resilience in coping with trauma among Congolese urban refugee women in Kenya. (3) Investigate the relationship Between Self appraisal and resilience among Congolese women refugees in Kenya (4) Determine the influence of social support on resilience among Congolese women refugees

MATERIALS AND METHODS

This study applied an *ex post facto* (correlational) research design. For the purpose of this investigation, purposive sampling was used to identify Congolese refugee women within the study area (Kitengela and Rongai). Structured questionnaires were administered to 64 respondents. The average age and standard deviation for respondents was approximately 30 years with a standard deviation of 10 years.

Data was collected by use of a questionnaire that had 3 sections. Section 1 of the questionnaire included a self appraisal scale to assess the internal resources (self esteem and self efficacy), section 2 measured resilience while section 3 measured social support.

RESULTS AND DISCUSSION

To establish the effect of resilience as a protective factor in coping with trauma among Congolese urban refugee women in Kenya

The first objective sought to establish the extent to which resilience has been a protective factor in coping with trauma among Congolese urban refugee women in Kenya. Resilience was measured using a 25 item tool and the respondents were asked to answer either 'Yes' or 'No'. Apart from item no. 10 and 22, all items were positively, phrased meaning that 'Yes' indicated high degree of resilience, the converse is true. Table 1 shows the frequency distribution in percentage across all items.

Results in Table 1 show that on average, approximately 79% of the respondents retorted with "yes" while 21% of respondents answered "no". These results imply that there is high degree of resilience in dealing with adversity among Congolese women refugees' living in Kenya. Scrutiny of selected items further indicates support for the above stated assertion. For example, 74% of the respondents indicated that they believed in themselves during hard times (item no. 17) and 91% of respondents held that their life has meaning (item no.21). However, a minimum but significant number of respondents rated themselves negatively in relation to how they deal with adversity. For example, up to 41% of respondents indicated that "they cannot be on their own' (item no.5). The findings are an indication of high degree of resilience among the studied refugee women.

Table 1. Distribution of resilience in percentage

No.	Distribution of Resilience	Yes	No
1	Do you deal with whatever comes your way?	76.09%	23.91%
2	Do you usually manage in one way or another?	82.61%	17.39%
3	Are you able to depend on yourself more than anyone else?	67.39%	32.61%
4	Is keeping interested in things important to you?	80.44%	19.56%
5	Can you be on your own if you have to?	58.69%	41.31%
6	Do you confide in friends?	65.22%	34.78%
7	Do you usually take things in stride?	78.26%	21.74%
8	Are you friends with yourself?	82.61%	17.39%
9	Does life have meaning?	97.83%	2.17%
10	Do you view change as a challenge?	67.39%	32.61%
11	Do you feel in control of your own life?	82.61%	17.39%
12	Do you take things one day at a time?	73.91%	26.09%
13	Can you get through difficult times because you have experienced difficulty before?	86.96%	13.04%
14	Do you have self-discipline?	97.83%	2.17%
15	Do you have interest in things?	89.13%	10.87%
16	Do usually find something to laugh about?	89.13%	10.87%
17	Does belief in yourself get you through hard times?	73.91%	26.09%
18	In an emergency, can people generally rely you?	89.13%	10.87%
19	Do you usually look at a situation in a number of ways?	91.30%	8.70%
20	Do you sometimes make yourself do things whether you want to or not?	78.26%	21.74%
21	Does your life have meaning?	91.30%	8.70%
22	Do you dwell on things that you can't do anything about?	45.65%	54.35%
23	When you are in a difficult situation, do you usually find your way out of it?	80.44%	19.57%
24	Do have enough energy to do what you have to do?	73.91%	26.09%
25	Is it okay if there are people who don't like me?	71.74%	28.26%
	Average	78.87%	21.13%

The findings in this study concur with other findings in previous literature. For example, Rosner *et al.* (2003) indicate that although many people from war-torn countries experience and witness traumatic events, the majority of those who survive do not develop significant mental disorders. Refugee people show enormous courage and strength by coping with conditions of extreme deprivation and surviving against adversity (Tiong, 2006). Bonanno (2005) indicates that many of the activities identified as healthy living (personal resources, a good support network, pragmatism, etc.) promote resilience.

The research literature also identifies several factors related to successfully facing challenges. Bonanno (2004); Bondy *et al.* (2007); Haskett *et al.* (2006); Williams (2007) explored the concepts of hardiness, autonomy and self-confidence interpreting them to mean that the individual has the skills and abilities to create a life that they want. There is an element of being self-sufficient and able to self-direct ones life and their choice. Bonanno (2004) argued that hardiness is made up of three related elements: (1) finding meaningful purpose in your life; (2) the belief that one can influence the environment and event (self-efficacy Bandura 1997); and (3) the belief that positive and negative life experiences are growth opportunities. In other words, those victims who feel their life has meaning, who feel that they are in control and who are able to see life events as learning opportunities may be more able to face challenges. Refugee women in the current study indicated high resilience with majority pointing out that they have a belief in themselves, life has a meaning and hope that things will get better. These are signs of self sufficiency.

To examine the influence of internal resources (self efficacy and self esteem) on resilience in coping with trauma among Congolese urban refugee women in Kenya

The second objective sought to examine the influence of internal resources (self efficacy and self esteem) in enhancing resilience among Congolese women refugees living in Kenya. Self efficacy and self esteem were captured using 6 positively phrased questions. A 4-point likert scale was used to rank the degree of self appraisal among responds. Thereafter, the average score and standard deviation were computed, high scores indicating high self-appraisal rating while the converse is true. Table 2 shows the distribution of the self-appraisal.

Table 2 shows that the mean score of self-efficacy and self esteem rating was approximately 3 with a standard deviation of 1.25. This implies that on average, respondents have a somewhat positive rating though the variation in scores across respondents is highly significant. The frequency distribution shows that up to 46% of respondents appraised themselves highly while 18.52% had moderate positive self appraisal rating. Approximately 35 percent appraised themselves negatively ('not at all' and 'rarely'). This study identified internal resources as major contributions to resilience. These are, having a belief in themselves during hard times, taking things in a stride, looking at a situation in a number of ways among others. In line with the findings in this study, Toth's (2003) study with refugee women suggests that personal qualities such as optimism, adaptability and perseverance helped them to cope and survive. A belief in one's own inner

Table 2. Distribution of self efficacy and self esteem rating

		Not at all	Rarely	Some times	Often	Mean	Std Dev
1	Are you happy with yourself as an individual since war and flight?	31.74%	4.76%	17.46%	46.03%	2.75	1.33
2	Do you accept yourself as you are since war and flight?	22.22%	4.77%	12.70%	60.31%	3.08	1.26
3	Do you like the way you are leading your social life since war and flight?	14.29%	9.52%	20.64%	55.56%	3.17	1.09
4	Are you happy with your problem solving skills since war and flight?	33.33%	9.52%	20.64%	36.51%	2.58	1.29
5	Do you ever wish you were a different person since war and flight?	28.57%	9.52%	25.40%	36.51%	2.70	1.24
6	Do you think that other refugee women are better than you are?	31.75%	12.70%	14.29%	41.30%	2.69	1.30
	Average	26.98%	8.47%	18.52%	46.04%	2.83	1.25

Table 3. Distribution of Self-appraisal rating across resilience categories (means)

No.	Items	Yes	No
1	Do you deal with whatever comes your way?	2.946	2.471
2	Do you usually manage in one way or another?	2.94	2.391
3	Are you able to depend on yourself more than anyone else?	3.039	2.371
4	Is keeping interested in things important to you?	2.867	2.52
5	Can you be on your own if you have to?	2.982	2.56
6	Do you confide in friends?	2.854	2.657
7	Do you usually take things in stride?	2.793	2.736
8	Are you friends with yourself?	2.839	2.576
9	Does life have meaning?	2.825	2.293
10	Do you view change as a challenge?	2.651	3.077
11	Do you feel in control of your own life?	2.843	2.53
12	Do you take things one day at a time?	2.865	2.589
13	Can you get through difficult times because you have experienced difficulty before?	2.869	2.33
14	Do you have self-discipline?	2.806	2.067
15	Do you have interest in things?	2.793	2.733
16	Do usually find something to laugh about?	2.917	2.219
17	Does belief in yourself get you through hard times?	2.927	2.365
18	In an emergency, can people generally rely you?	2.937	2.365
19	Do you usually look at a situation in a number of ways?	2.849	2.475
20	Do you sometimes make yourself do things whether you want to or not?	2.853	2.533
21	Does your life have meaning?	2.833	2.607
22	Do you dwell on things that you can't do anything about?	2.852	2.448
23	When you are in a difficult situation, do you usually find your way out of it?	2.826	2.824
24	Do have enough energy to do what you have to do?	2.918	2.498
25	Is it okay if there are people who don't like me?	2.922	2.537
	Average	2.870	2.511
	Std Error	0.076	0.205

strength to deal with life's challenges, (Brough *et al., 2003*) a positive attitude, and having hope for a good future helped refugee women to cope (Khawaja *et al.,* 2008). The determination to cope was seen as a component of taking control, rather than being a victim (Gorman *et al.,* 2003).

Additionally, Shakespeare-Finch and Wickham's (2009) study suggests that looking ahead to the future strengthens refugee people's resilience. Further, a study with the 'Lost Boys of Sudan' identified that an acceptance of the situation and refocusing on the present and the future helped some of the boys to cope (Luster *et al.,* 2009). Pulvirenti and Mason's (2011) study discovered the construction of resilience with refugee women was linked to the idea of 'moving on' from adversity rather than the concept of 'bouncing back' from it. Benight and Bandura, (2004) summarize by indicating that those who are high in self-efficacy should be better able to motivate themselves, they should be less vulnerable to stress, better able to persevere when difficulties arise, and more resilient after some aversive stimulus. Bandura, 1997 refers to self-efficacy as a personal judgment of one's capabilities to exercise some measure of control in the face of stressful events. He further indicates that self efficacy plays a key role in stress reactions and quality of coping. It is an important resource for positive psychological adaptation as it determines that people are more likely to engage in tasks with which they feel comfortable and be less likely to participate in tasks with which they do not. For example, Luszczynska *et al.* (2005) and Salanova *et al.* (2006) have pointed out that people with a strong sense of self-efficacy appeared to invest more effort and to develop active coping with the stress induced by unemployment. By contrast, those with lower self-efficacy tended to be more passive and to use emotion-focused rather than problem focused coping strategies.

Additionally, Benight and Bandura (2003) when reviewing the role of perceived self-efficacy in recovery from diverse types of trauma such as natural disasters, military combat, terrorist attack or criminal assaults found that people who believe they can defeat past trauma have demonstrated pro-active coping abilities to regain control over their lives rather than having their lives dictated by adverse circumstances. Scholz *et al.* (2000), when investigating the understanding of self-efficacy in different countries (Asia, Arab Peninsula, Eastern Europe and South America) suggest that this construct tends to be universal despite cross-cultural differences.

Table 3 shows that the average self-appraisal score for respondents with high degree of resilience was 2.870 with a standard error of 0.076 while the average self-appraisal score for respondents with relatively low degree of resilience was 2.511 with a standard error of 0.205. Further examination across the items shows the respondents with high degree of resilience had high self-appraisal rating than respondents with low degree of resilience. For example, respondents who responded on affirmation to 16 (i.e. Do you usually find something to laugh about ?) had a self appraisal score of 2.917 which is relatively higher than those who answered 'No' (2.219). It is important to mention that item 10 (Do you view change as a challenge ?) was negatively phrased meaning that respondents who answered 'No' have a high degree of

resilience. These findings indicate that refugees' internal resources were a major contribution to their resilience. These findings concur with findings in previous literature on refugee resilience. For example Toth's (2003) study with refugee women suggests that personal qualities such as optimism, adaptability and perseverance helped them to cope and survive. A belief in one's own inner strength to deal with life's challenges (often referred to as self efficacy), a positive attitude, and having hope for a good future helped refugee women to cope (Brough *et al.,* 2003; Khawaja *et al.,* 2008). The determination to cope was seen as a component of taking control, rather than being a victim (Brough *et al.,* 2003). Another study on refugee resilience concluded that looking ahead to the future strengthens refugee people's resilience (Shakespeare-Finch and Wickham's, 2009). One participant in the study stated: "I am going to lay a good foundation for me, for my children, for my family" (Shakespeare-Finch and Wickham, 2009). Similarly, Luster *et al.* (2009) in a study with the 'Lost Boys of Sudan' identified that an acceptance of the situation and refocusing on the present and the future helped some of the boys to cope. Additionally, Pulvirenti and Mason's (2011) study revealed the building of resilience with refugee women was associated to the idea of 'moving on' from adversity rather than the concept of 'bouncing back' from it.

Another aspect of internal resources is positive personal identity which refers to having a positive view of oneself which can help a person remain centered in the face of challenges. It makes sense that people who have a positive view of themselves will be resilient in the face of crisis. Even those who have an unrealistic positive view of themselves (a type of overconfidence called *self enhancement*) are also more successful at facing challenges than people who have a neutral or negative view of themselves (Bonanno 2004; Bonanno 2005). Associates may not like them and may view them as narcissistic; however, self-enhancers tend to deal with loss more effectively than the general population. In other words, a positive belief in oneself helps an individual cope. People who have a *positive outlook* in the form of hope for the future tend to be more resilient (Bondy *et al.,* 2007). Similarly, resilient people tend to see the world as a safe place (Williams 2007).

To Investigate the Relationship between internal resources (self efficacy/esteem) and resilience among Congolese urban refugee women in Kenya

This section evaluates the impact of self appraisal on resilience of Congolese women refugees living in Kenya. Independent sample t test was used to compare self-appraisal scores across individuals with high and low degree of resilience respectively. Table 4 shows the independent t-test results. Variable x and y in Table 4 represent average self-appraisal rating for respondents with high and low degree of coping respectively. The results show that the t-statistics is 12.923 with p-value of 0.000. Since the p-value is less than the critical p-value at 5 percent significance level, it was concluded that self appraisal rating for respondents with high degree of coping and resilience is significantly greater than self appraisal rating for respondents with low degree of resilience. The findings generally show that self concept has a positive and significant relationship on coping and resilience among Congolese women refugees living in Kenya.

Table 4. Independent t-test for Self-Appraisal across resilience categories

	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
x	62	2.87	.009652	.076	2.8507	2.8893
y	62	2.511	.026035	.205	2.4589	2.5630
Combined	124	2.6905	.0212869	.237	2.6484	2.73264
diff		.359	.0277666		.3040332	.41397

H_O: mean(x) - mean(y) =0   t = 12.9292   Pr(T=t) =0.000

Table 5. Distribution of Social support

	Items	Yes	No
1	Did you count on your family for help or advice during war, flight and this period of asylum?	80.44%	19.46%
2	Do you feel like your family has been there when you needed them during flight and this period asylum?	69.57%	30.43%
3	Do you think your family cared about you during war, flight and this period asylum?	80.44%	19.56%
4	Do you feel that you are able to talk with your family about war experiences?	84.78%	15.22%
5	Do you think your fellow refugees cared about you during war, flight and this period asylum?	91.30%	8.70%
6	Do you think your fellow refugees made you feel important during war, flight and this period of asylum?	91.30%	8.70%
7	Do you feel that you were able to talk with your fellow refugees about war related events during flight and this asylum period?	76.09%	23.91%
8	Did you feel supported by your fellow refugees during war, flight and this asylum period?	89.13%	10.87%
	Average	82.88%	17.11%

To determine the influence of social support on resilience among Congolese urban refugee women in Kenya

The fourth objective sought to examine the relationship between social support and resilience among Congolese women refugees living in Kenya. A nominal scale was used to show whether a respondent received social support (Yes) or not (No). Table 5 shows the distribution of social support items

Table 5 shows that on average up to 83 percent of respondents revealed that they received social support. Notably, comparison across items show that social support from family members had the least scores as indicated by item 2 and 3 respectively. This note withstanding, it can be concluded that a significant number of Congolese women received social support during war and the period of asylum. These results are in line with previous literature. For example, Bonanno (2005); Gewirtz and Edleson (2007); Haskett *et al.* (2006); Sun and Hui (2007); Williams (2007) points out that people who have *social support* and high quality relationships show greater resiliency than those who have fewer social resources. Borrowing from other disciplines, there is much research and theory noting the benefits of social support to crime victims (Greenberg and Beach 2004; Norris *et al.,* 1997) and victims who receive positive social support show better adjustment (Steel *et al.,* 2004). Further, it appears that even the belief that one has support can make an individual feel better especially if anger is an issue (Green and Pomeroy, 2007).

Both natural supports (e.g., family, friends) and professional supports (e.g., police, lawyer, clergy, medical services, mental health services) can offer help to the victim. Although the decision regarding where to go for support lies with the victim, those who use natural supports are also more likely to seek professional help, especially if they felt positively supported (Norris *et al.,* 1997). Supportive people may provide

information, companionship, reality checks, emotional support, and money or a safe place to live (Everly *et al.,* 2000). Support also seems to reduce the victim's anxiety (Green and Pomeroy 2007). Workers will want to pay attention to the victim's natural supports and may even want to educate natural supports about victimization. Perhaps it is not surprising that people who are socially competent (Bondy *et al.,* 2007; Gewirtz and Edleson 2007; Haskett *et al.,* 2006) also tend to be more resilient. Social competency includes the person's skills in communication, empathy and caring, and the capacity to positively connect to others. This likely improves resiliency by helping the person successfully meet any needs and may increase the size and quality of the person's support network.

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