



REFUGEE RECILIENCE

MODULE 3

FOR PRACTITIONERS WORKING WITH PEOPLE WITH FLIGHT EXPERIENCE

DISCLAIMER

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Authors

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3 REFUGEE RESILIENCE



Stress responses Return to Balance

Resilience can be understood as the ability to adapt and recover from adversity, closely linked to the nervous system's capacity to regulate stress responses and return to a state of balance.

This module will help practitioners to understand trauma responses as normal reactions to abnormal or overwhelming events. When people experience danger, violence, loss, displacement, or other highly stressful situations, their minds and bodies adapt to help them survive. These responses are not signs of weakness or dysfunction; they are protective mechanisms that can persist long after the threat has passed.

In this module we will look into how prolonged adversity can impact wellbeing and socialization and emphasize the creation of a "Safe Space" as a prerequisite for any further work in this field.



By grounding interventions in Polyvagal Theory and trauma-sensitive approaches, practitioners will learn to use their own regulated nervous systems to build trust, safety, and social engagement.

The intended outcome is to learn and be able to assist to widen the individual's ability to process emotions without becoming overwhelmed. The "red line" throughout this module is moving the individual out of survival mode and into a state of internal preparedness for them to thrive.

THE TRAUMA RESPONSE SYSTEM

The trauma response system operates outside of conscious awareness and refers to the physiological and psychological reactions that occur when a person experiences a traumatic event. This automatic system is designed to protect us from perceived threats and involves a complex interaction between the brain, body, and nervous system.

When a threat is detected, the trauma response system activates a series of automatic survival responses intended to maximize safety and increase the chances of survival.

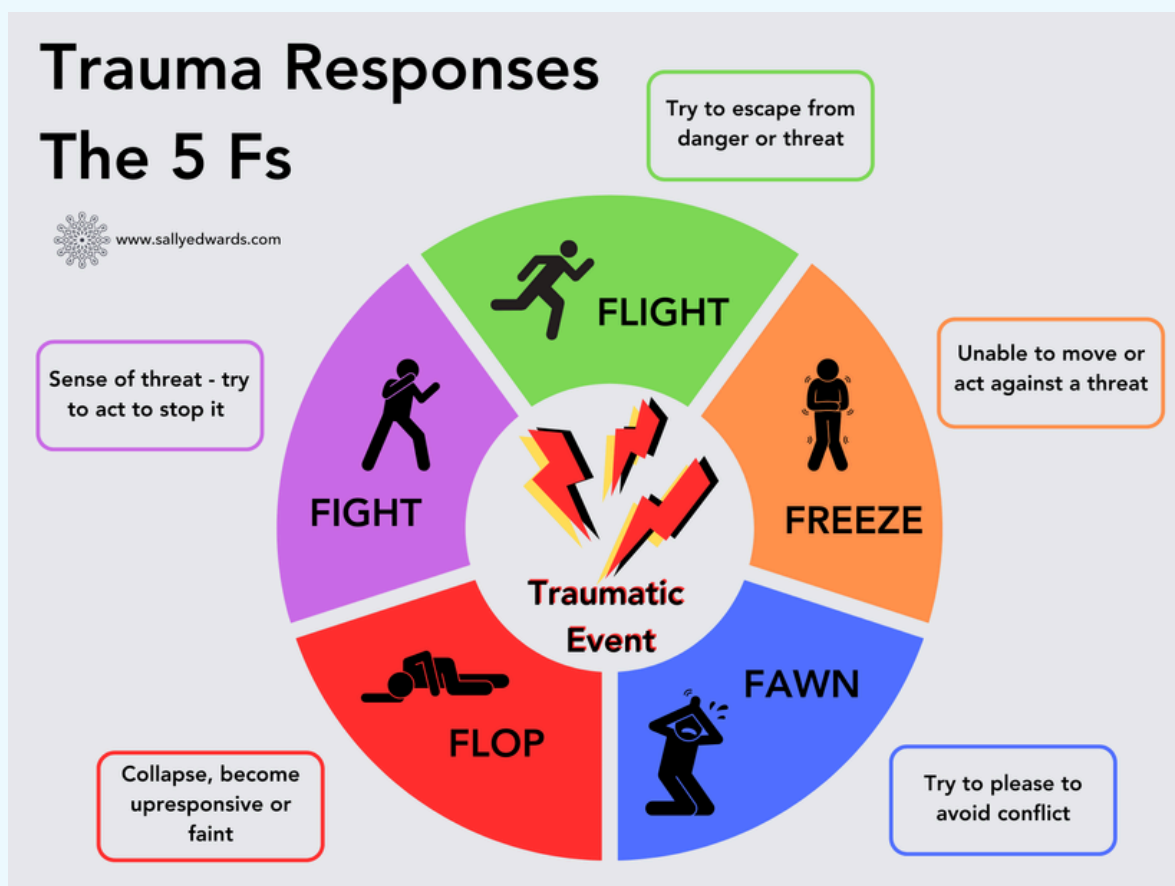


Photo Source: **Understanding Trauma Responses: Fight, Flight, Freeze, Fawn, and Flop**
from <https://mentalhealthcenterkids.com/blogs/articles/window-of-tolerance>

THE 5 TRAUMA RESPONSES

These responses are commonly categorised as:

1. **Fight:** Confronting a perceived threat through aggression or resistance.
2. **Flight:** Escaping or distancing oneself from a source of danger.
3. **Freeze:** Becoming immobilised or unable to move, think, or act in response to a threat.
4. **Fawn:** Seeking to appease, please, or accommodate others in order to avoid conflict or harm.
5. **Flop:** Entering a state of collapse, submission, or complete shutdown, which may include fainting or physical collapse.

The trauma response system plays a vital role in survival because it enables rapid, automatic reactions to dangerous situations without requiring conscious thought. These responses help the body mobilise its resources quickly and efficiently in the face of threat.

While these responses are highly adaptive during traumatic events, they can become problematic when they continue long after the original danger has passed. In some cases, the brain and body may continue to respond as though a threat is present, even when the current situation is safe.

As a result, individuals may find themselves reacting with fight, flight, freeze, fawn, or flop responses in everyday situations that consciously or unconsciously remind them of the original trauma. Over time, these responses can become deeply ingrained patterns that affect relationships, decision-making, emotional wellbeing, and daily functioning.

Understanding trauma responses as adaptive survival mechanisms helps us recognise that these reactions are the body's attempt to protect itself from perceived danger.

Practitioners can act as the "Social Engagement System," using a calm voice, soft eye contact, and an open posture to co-regulate with the person with refugee experience, building trust in welcoming communities.



CO-REGULATION THROUGH PRACTITIONER* BEHAVIOR

Trauma and prolonged displacement can trap a person's autonomic nervous system in survival modes—either the high-alert "fight-or-flight" or the shut-down "freeze/faint" state.

When a refugee is in either of these states, they cannot simply be "talked" into feeling safe.

Co-regulation relies on **Polyvagal Theory**, which highlights the "Social Engagement System". This system uses the ventral vagal branch of the nervous system to process feelings of safety and social connection.

*) Regardless of professional approach, as a practitioner being in touch with people who experience trauma responses awareness and practical tools can be helpful to support their contact and access to the individuals.

THE PRACTICAL APPLICATION

Because a traumatized nervous system is constantly scanning the environment for threats, the practitioner must actively use their own biology to signal that the environment is safe.

It can be helpful to consider the practitioner's age, gender, cultural and social background together with the person with refugee background as the identity markers of the helper can represent either something safe or something potentially triggering trauma.

Here is how a practitioner actively co-regulates:

- **Calm Voice:** Speaking at a slower, rhythmic pace with a soothing tone. This directly stimulates the auditory pathways connected to the Social Engagement System.
- **Soft Eye Contact:** Avoiding intense, staring eye contact (which can feel threatening), and instead using gentle, inviting eye contact.
- **Open Posture:** Uncrossing arms, relaxing the shoulders, and maintaining a non-defensive physical stance.

By maintaining this physical state, the practitioner acts as a biological anchor. The person's nervous system unconsciously reads these cues and begins to mirror the practitioner's calm state, thereby building trust and moving them out of survival mode.

MINDFULNESS AND SENSORY AWARENESS INTEGRATION

The Concept:

People with unprocessed trauma can experience hyper-arousal (panic, flashbacks) where the inner world is very chaotic, or hypo-arousal (numbness, dissociation) where they become "spaced out".

Trauma pulls the mind either into the past (reliving events) or into the future (anxiety about survival).

Mindfulness and sensory awareness can be used as immediate interventions to physically anchor the individual in the present moment.

The Practical Application:

The practitioner guides the individual to focus strictly on physical sensations. This is detailed in the "Anchor of Hope" exercise later on in this module.

A practitioner integrates this by guiding the individual through sensory stabilization steps:

- **Tactile Grounding:** Asking the participant to notice the physical points of contact between their body and the chair, and feeling the floor supporting their feet to provide a solid present-moment foundation.
- **Breath Awareness:** Having the individual take a breath and specifically notice the physical temperature of the air—such as feeling the air enter the nostrils as cool, and exit slightly warmer.
- **Sensory Visualization:** If building a "Safe Space" in their mind, the practitioner doesn't just ask them to think about it; they ask them to engage their senses by imagining the temperature of the air, identifying gentle sounds like wind or water, and noticing surrounding colors. The subconscious mind works mostly in images.



By forcing the brain to process immediate physical sensations, the nervous system realizes it is no longer in the past crisis, which aids in emotional stabilization.

SETTINGS FOR INTERACTION

1. WHERE (The Physical and Psychological Space)**• The "Safe Space" is Non-Negotiable:**

The creation of a "Safe Space" is considered a non-negotiable prerequisite for any further work. This is not just a buzzword; it must be a quiet, private physical environment completely free from external stressors, interruptions, or loud noises that could trigger a Sympathetic "fight-or-flight" response.

• Physical Grounding and Comfort:

The physical setup should allow the participant to find a comfortable position. Chairs should allow participants to feel the floor supporting their feet, providing a solid foundation in the present moment. Here one can integrate sport, drawing and fun activities to relax the mind.

• A Space Rooted in Dignity: The physical environment and the way the participant is received must uphold European common values of equality and dignity. The setting must feel like a collaborative workspace between equals, not a clinical "doctor-patient" or hierarchical dynamic.**2. HOW (The Relational and Methodological Space)****• Inclusive and Norm-Critical**

Language: This is a core principle of the methodology. Practitioners must strictly use "inclusive, de-colonial, and norm-critical language". How you speak creates the learning setting. This language is implemented to prevent the reproduction of harmful stereotypes and biases.

• Avoiding stigmatization and

alienation: Practitioners must consciously avoid "patronizing" attitudes or behaviors. The setting must never make the participant feel like a passive recipient of charity, which leads to alienation, identity reduction, and stigmatization.

• Respecting Identity and Agency:

The ethical standards acknowledge that many individuals might not personally identify with the label "refugee". Therefore, the "How" involves shifting toward language that respects individual identity and agency. The focus is entirely on the individual's unique agency.

• Empowering Choice (Trauma

Sensitivity): Every aspect of the training must be designed with trauma sensitivity in mind.

Practically, this means giving the participant control over how they engage. For example, during mindfulness exercises, explicitly emphasizing that they are in a Safe Space and have the choice to keep their eyes open. During grounding exercises, allowing them to select their own physical object (like a stone or coin) to represent their endurance.

By carefully managing the "Where" and the "How," practitioners ensure that the learning setting itself becomes a tool for expanding the participant's Window of Tolerance.

EXAMPLES & CASES

POLYVAGAL THEORY & THE NERVOUS SYSTEM: THE STORY OF AMINA

The Context: Amina, a 32-year-old mother who fled conflict, had been in the host country for six months. During mandatory integration meetings, practitioners noted that she often stared blankly at the wall, spoke in a monotone voice, and seemed entirely disinterested in resources being offered. Some staff began to label her as "uncooperative" or "resistant."

The Neurobiological Reality: Amina was not being defiant; her body was stuck in a survival state. During her displacement, she experienced prolonged, inescapable adversity. To protect her from overwhelming psychological pain, her autonomic nervous system had defaulted to the Parasympathetic dorsal vagal branch, causing a "freeze" or "faint" response. She was in a state of dorsal vagal shutdown.

The Practitioner's Intervention: A social worker recognized this shutdown as a biological survival mechanism, not a behavioral choice. Instead of pushing Amina to talk or showing frustration, the practitioner focused entirely on the Social Engagement System. The practitioner changed their physical approach: they sat at a respectful distance with an open, non-defensive posture, used a very calm, rhythmic voice, and offered soft, non-demanding eye contact.

Over several sessions of this biological co-regulation, Amina's nervous system began to subconsciously register that the immediate physical threat had passed. Once she felt a sense of physiological safety, the "freeze" lifted, and she began to tentatively ask questions about local schools for her children.



EXAMPLES & CASES

THE WINDOW OF TOLERANCE: THE STORY OF TARIQ

The Context: Tariq, a 24-year-old former university student, was eager to rebuild his life and immediately enrolled in intensive language and vocational classes. However, after a few weeks, he began walking out of classrooms abruptly. When a teacher accidentally dropped a heavy book, Tariq experienced a severe panic attack, characterized by a racing heart, shallow breathing, and intense anger.

The Neurobiological Reality: Tariq was operating with a drastically narrowed Window of Tolerance—the optimal range of arousal where a person can process emotions and engage socially. The trauma of his journey left his Sympathetic Nervous System highly reactive. The sudden noise and the stress of the crowded classroom pushed him rapidly through the "ceiling" of his window into hyper-arousal. In this state of over-activation, his inner world became too chaotic for civic or educational participation.

The Practitioner's Intervention: A practitioner worked with Tariq to help him map his nervous system. They explained that his reactions were normal biological responses to past threats. To help widen his window, they introduced sensory grounding techniques, specifically the "Mapping the Window" exercise. When Tariq felt his heart rate begin to spike in class, he was taught to focus on sensory stabilization—feeling the solid floor beneath his feet and noticing the cool air entering his nostrils. By forcing his brain to process present-moment physical safety, he learned to regulate his nervous system, allowing him to remain within his Zone of Resilience during stressful moments.



EXAMPLES & CASES

TRAUMA-SENSITIVE APPROACHES FOR REFUGEES: THE STORY OF MIGUEL

The Context: Miguel, a former business owner who lost everything during his displacement, was deeply depressed. His narrative was entirely focused on his losses and his perceived helplessness. He frequently repeated phrases like, "Everything was taken from me, and there was nothing I could do." He felt alienated and burdened by the label of "refugee," which felt like a constant reminder of his lowest point.

The Neurobiological Reality: Miguel was trapped in a passive "victim" narrative, which eroded his sense of agency. Because the host community often interacted with him solely as a recipient of charity, Miguel experienced a loss of agency and increasing feelings of alienation. He was seen primarily through the lens of his refugee status rather than as a skilled individual with valuable experience and strengths.

The Practitioner's Intervention: The practitioner utilized the "The Narrative Reframing & Language Check" exercise to help Miguel cognitively reframe his story. Using inclusive, norm-critical language, the practitioner gently challenged the narrative of total powerlessness. They asked Miguel to identify alternative stories identifying agencies through the story. The practitioner guided him to rephrase his core narrative: instead of "Things happened to me," he practiced saying, "I navigated these challenges, and I am here now". This shift from a "victim" narrative to a "survivor" identity restored his internal preparedness. Recognizing his own enduring strengths, Miguel eventually felt confident enough to use his resourcefulness to help organize a local community food cooperative, exercising his voice in his new home.

ACTIVITY 'THE CO-REGULATION AUDIT'

PURPOSE

01.

The purpose of this exercise is to help practitioners experience how their own autonomic nervous system directly impacts the people they work with. Because a traumatized nervous system is constantly scanning for threats, practitioners must consciously use their own "Social Engagement System" to signal safety. This activity shifts the focus from what the practitioner is saying to how their biology is communicating.



BASELINE

02.

Practitioners pair up. One practitioner shares a low-stakes stressful story (such as a travel delay) while the partner—the "listener"—is instructed to intentionally mismatch the speaker's energy, for example asking fast-paced or animated questions, gesturing a lot, closed body language etc. even if the storyteller is calm. The goal is to provide a baseline for the practitioner to notice their own internal sensations, specifically identifying the urge to "sync up" with the speaker's stress (sympathetic activation) and practicing co-regulation to remain a "calm anchor" in the face of another person's heightened nervous system."

THE BIOLOGICAL ANCHOR

03.

The practitioner actively resets their nervous system. They consciously adopt a soft, calm voice, maintain open and uncrossed posture, and use gentle eye contact. They repeat the engagement.

GROUP DE-BRIEF

04.

The pairs reunite with the larger group to discuss the physiological shifts they felt during Phase 2 compared to Phase 1, analyzing how co-regulation builds immediate trust.

Did consciously changing your tone and posture change the energy of the interaction? How difficult is it to maintain an open posture when a client is highly dysregulated?

ACTIVITY 'MAPPING THE WINDOW'

PURPOSE

01.

This group activity helps practitioners visualize the "Window of Tolerance" and accurately identify when a client is operating outside of it. It trains professionals to stop viewing dysregulated behaviors as "uncooperative" and start recognizing them as biological survival mechanisms.

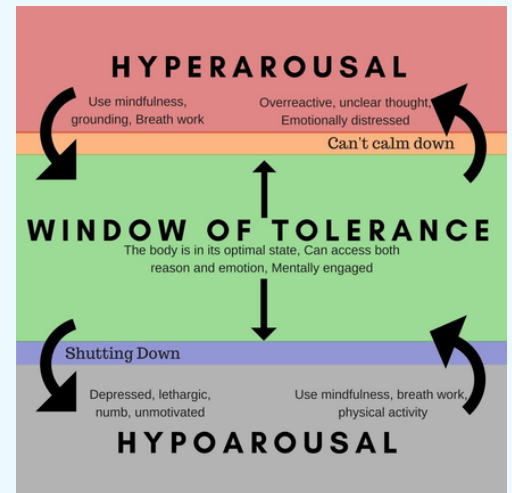


Photo Source : **The Window of Tolerance**, by Richard Bamford from <https://www.richardbamfordtherapy.co.uk/blog/window-of-tolerance/>

THE VISUAL MAP

02.

Practitioners work in small groups with a large whiteboard or flipchart. They draw three horizontal zones: Hyper-arousal (Ceiling), The Window of Tolerance (Middle), and Hypo-arousal (Floor).

ASSIGNING INTERVENTIONS

04.

For every behavior placed in Hyper-arousal or Hypo-arousal, the group must assign a specific sensory grounding technique (e.g., 5-4-3-2-1 tactile grounding, breath awareness) designed to bring the individual back into their Zone of Resilience.

BEHAVIORAL SORTING

03.

The group brainstorms specific behaviors they have witnessed in their daily work (e.g., staring blankly, sudden anger, arriving late, memory loss, extreme politeness). They must categorize each behavior into one of the three zones.

ACTIVITY EVALUATION/REFLECTION

05.

Insight and learnings: Which state (Hyper-arousal or Hypo-arousal) do you find most difficult to manage in your daily work? How does framing a behavior as a "survival state" rather than "resistance" change your professional approach?

ACTIVITY 'THE NARRATIVE REFRAMING & LANGUAGE CHECK'

PURPOSE

01.

This activity forces practitioners to audit their own language and documentation. Using inclusive, de-colonial, and norm-critical language is essential to prevent the reproduction of harmful stereotypes. This exercise allows practitioners to practice facilitating the shift from a "victim" narrative to a "survivor" identity.



READ THE CASE

02.



"Amina is a 38-year-old refugee who arrived in the country two years ago with her three children. She has struggled to integrate and appears dependent on support services. Amina has limited language skills and often seems overwhelmed when discussing everyday tasks. She has difficulty understanding how local systems work and requires significant guidance from professionals."

Amina reports feeling isolated and has few connections outside the refugee community. She lacks confidence and does not appear ready to take on employment or volunteer responsibilities. Due to her traumatic background, she is vulnerable and may not be able to make informed decisions about her future without professional support."

The practitioner explained the available options and will continue to help Amina address her housing, employment, and social challenges. Further support is required to improve her independence and participation in society."

ACTIVITY

‘THE NARRATIVE REFRAMING & LANGUAGE CHECK’



THE REWRITE

03.



Working individually, practitioners rewrite the case notes using an empowerment perspective. They must eliminate patronizing language that could lead to stigmatization or alienation, replacing it with language that highlights the individual's agency and internal strengths.

ROLEPLAY THE SHIFT

04.



In pairs, one practitioner states a "victim" phrase (e.g., "Things happened to me, and I was powerless"). The other practitioner practices gently guiding them to a "survivor" perspective (e.g., "I navigated these challenges, and I am here now").

EVALUATION/REFLECTION

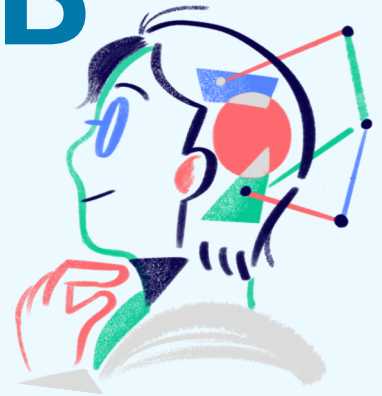
05.



Insight and learnings: How often does our professional terminology accidentally reinforce a victim identity? What are the challenges of using norm-critical language within rigid bureaucratic or legal frameworks?

ACTIVITY EVALUATION AND REFLECTION

Reflection is about the practitioner critically examining their own pedagogical approach, emotional regulation, and application of theory. Practitioners should utilize the following structured framework to focus on their own learnings and insights.



#1 THE CO-REGULATION AUDIT

01.

- What changes did you notice in the interaction when the listener adopted a calmer voice, posture, and pace?
- Which aspects of your own communication (voice, body language, eye contact, pace) are you most aware of after this exercise?
- How might you use co-regulation techniques in your daily work with individuals experiencing stress, anxiety, or trauma responses?

#2 MAPPING THE WINDOW

02.

- Which behaviours were most difficult to categorize, and why?
- How does understanding the Window of Tolerance change the way you interpret behaviours that may otherwise be seen as resistance or lack of motivation?
- What practical strategies could you use to help someone return to a state where learning, participation, or decision-making becomes possible?

#3 THE NARRATIVE REFRAMING AND LANGUAGE CHECK

03.

- What assumptions about the individual became visible when you reviewed the original case note?
- How did changing the language affect the way you understood the person's strengths, resources, and potential?
- What is one change you can make in your own documentation or communication to better support dignity, agency, and participation?

GET INSPIRED



Integration Handbook

BOOK

Mental health and psychosocial well-being of refugees and asylum seekers during resettlement and integration

<https://www.unhcr.org/handbooks/ih/mental-health/mental-health>

BREATHING EXERCISES

Targeted refugees and asylum seekers

by Sarah Strauven & Johan Op De Beeck



Audio files in different languages:

<https://care4refugees.com/relax.html>

Written description of exercises:

https://www.care4refugees.com/pdf/EN_Breathing_and_relaxation_exercises.pdf



CURRICULUM



Links, references and further investigation

Polyvagal Theory & The Nervous System

Polyvagal Institute:

<https://www.polyvagalinstitute.org/>

Dr. Stephen Porges (Creator of Polyvagal Theory): <https://www.stephenporges.com/>

The Window of Tolerance

National Institute for the Clinical Application of Behavioral Medicine (NICABM) - Window of Tolerance Hub:

<https://www.nicabm.com/topic/window-of-tolerance/>

NICABM - Free Infographic & Clinical Guide on the Window of Tolerance:

<https://www.nicabm.com/trauma-how-to-help-your-clients-understand-their-window-of-tolerance/>

Trauma-Sensitive Approaches for Refugees

The National Child Traumatic Stress Network (NCTSN) - Refugee Trauma

Resources: <https://www.nctsn.org/what-is-child-trauma/trauma-types/refugee-trauma>

UNHCR Integration Handbook - Mental Health and Psychosocial

Support: <https://www.unhcr.org/handbooks/ih/mental-health/mental-health>

MORE INSPIRATION

Audio files for relaxing exercises

Relaxing exercises in different languages created for refugees:

<https://care4refugees.com/relax.html>

Background and description of the exercises:

https://www.care4refugees.com/pdf/EN_Breathing_and_relaxation_exercises.pdf

TRAUMA RESPONSES

Sally Edwards

<https://sallyedwardstherapy.substack.com/p/understanding-trauma-responses-fight>





RESILIENCE FOR REFUGEES

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