THE PROCESS OF RESILIENCE IN WOMEN WHO ARE VICTIMS OF DOMESTIC VIOLENCE: A QUALITATIVE APPROACH*

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ABSTRACT: This is descriptive, qualitative research undertaken in a municipal domestic violence shelter service, in Curitiba, in the Brazilian state of Paraná, with eight women who were victims of domestic violence. The objectives were to identify the trajectory of the women's resilience and to investigate the factors which predispose to resilience. Data collection occurred between November 2010 and February 2011, through open interviews which were recorded and transcribed. The discourses, analyzed using thematic content analysis, revealed the theme:The strength of maternal love interrupting the cycle of domestic violence and making the process of resilience possible. It was evidenced that the process of resilience was initiated when the children came to be victims of violence and that staying in the shelter created the possibility of overcoming what had been experienced and possibilities for a better future. The women's experiences, and the factors of resilience, offer support for Nursing, making it possible to undertake nursing actions and care in accordance with the women's experiences.
DESCRIPTORS: Nursing; Women's health; Qualitative research; Violence against women.

O PROCESSO DE RESILIÊNCIA DE MULHERES VÍTIMAS DE VIOLÊNCIA DOMÉSTICA: UMA ABORDAGEM QUALITATIVA

RESUMO: Pesquisa descritiva, qualitativa, realizada em serviço de acolhimento institucional, em Curitiba/Paraná, com 08 mulheres vítimas de violência doméstica. Os objetivos foram identificar o percurso da resiliência nas mulheres e conhecer os fatores que predispõem a resiliência. A coleta de dados ocorreu de novembro de 2010 a fevereiro de 2011, mediante entrevista aberta gravada e transcrita. Os discursos, analisados pela análise de conteúdo temática, revelaram o tema: A força do amor materno interrompendo o ciclo da violência doméstica e possibilitando o processo de resiliência. Evidenciou-se que o início do processo de resiliência ocorreu quando os filhos passaram a ser vítimas da violência e a permanência no serviço de acolhimento gerou perspectivas para a superação do vivido e possibilidades de um futuro melhor. As experiências das mulheres e dos fatores de resiliência oferecem subsídios à Enfermagem, possibilitando a realização de ações de enfrentamento e cuidado conforme as vivências das mesmas.
DESCRITORES: Enfermagem; Saúde da mulher; Pesquisa qualitativa; Violência contra a mulher.

EL PROCESO DE RESILIENCIA DE MUJERES VÍCTIMAS DE VIOLENCIA DOMÉSTICA: UN ABORDAJE CUALITATIVO

RESUMEN: Investigación descriptiva, cualitativa, realizada en servicio de acogimiento institucional, en Curitiba/Paraná, con 08 mujeres víctimas de violencia doméstica. Los objetivos fueron identificar el percurso de la resiliencia en las mujeres y conocer los factores que predisponen la resiliencia. Los datos fueron obtenidos de noviembre de 2010 a febrero de 2011, por medio de entrevista abierta grabada y transcripta. Los discursos, analizados por el análisis de contenido temático, revelaron el tema: La fuerza del amor materno interrompiendo el ciclo de la violencia doméstica y posibilitando el proceso de resiliencia. Se evidenció que el inicio del proceso de resiliencia ocurrió cuando los hijos pasaron a ser víctimas de la violencia y la permanencia en el servicio de acogimiento generó perspectivas para la superación del vivido y posibilidades de un futuro mejor. Las experiencias de las mujeres y de los factores de resiliencia ofrecen subsidios a la Enfermería, posibilitando la realización de acciones de afrontamiento y cuidado de acuerdo a las vivencias de estas.
DESCRIPTORES: Enfermería; Salud de la mujer; Investigación cualitativa; Violencia contra la mujer.

*Article extracted from the Master's Degree Dissertation titled The process of resilience of women who are victims of domestic violence: contributions for the care in nursing, undertaken in the Federal University of Paraná, 2011.

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Received: 12/12/2013
Finished: 28/07/2014

INTRODUCTION

Adversities are a part of human life, and among them, domestic violence against women stands out, as it is a traumatic event which affects their multiple dimensions. In this regard, in relation to a trauma, the individual has two alternatives: to let herself be beaten by the suffering, or to seek ways and elements which allow her to confront it, this being the beginning of the process of resilience.

Resilience may be understood as the possibility for recovery from and overcoming of adversity, with the objective of strengthening and recovering the individual, and making her stronger emotionally[1]. When a trauma occurs, some individuals become paralyzed and cannot accept the problem, which can lead them to be immersed in severe pathologies which alter their physical and mental health. Others, however, manage to confront the adversity and positively adapt to the traumas experienced, presenting a behavior of overcoming, and of taking their lives back[2], a fact which evidences the capacity of resilience.

Resilience is a concept which goes beyond human invulnerability to stressful events or their capacity for recovery in relation to adversity. It is a dynamic process which any individual can begin in a variety of biological, genetic and environmental conditions, in spite of the adversity present[3].

Although the use of the concept of resilience is recent in the health area, the French neuropsychiatrist Boris Cyrulnik, as a result of his own history of overcoming life in the Nazi concentration camps, dedicated his life to studies relating to the development of this concept, becoming an important academic on the issue[4]. The capacity for overcoming among people, in relation to life's adversities, is presently the focus of investigations from academics and researchers in various areas of knowledge[2].

In summary, the process of internal mobilization, which triggers a movement of breaking away and of openness regarding the other with the aim of helping oneself and being helped, of overcoming the experience and finding new meaning for existence, is termed resilience[5].

In Nursing, the use of the concept of resilience is recent, dating from the 1990s, when publications were focused on children and adolescents. Thus, in exploring the literature related to the issue of resilience, a scarcity of studies focusing on women who are victims of domestic violence is evidenced in the area of health.

Therefore, the undertaking of this study is justified, as Nursing is one of the professions in the area of health which is most committed to the promotion, prevention and recovery of individuals' health. This profession's professionals can contribute to the identification and prevention of the risk factors which can cause violence, in an attempt to protect the victims of this health hazard, which causes harm to health. In the light of this, it is fundamental that they may be prepared to recognize the process of resilience so as to encourage its development, given that this can be one of their work instruments.

In this way, to the extent to which experience is sought, through the experiences of female victims of domestic violence, there are care actions for assisting this type of clientele, in addition to which, the nurse can instigate the process of resilience, and, in this way, be a tutor[5].

In the light of the considerations mentioned, the question arose which guided the development of this study: Are women who are victims of domestic violence in the process of developing resilience? Regarding the need to respond to this question, the objectives were: To identify the process of resilience in women who are victims of domestic violence resident in an institutional shelter service, and to investigate the facts which predispose to this resilience.

METHOD

This is descriptive research with a qualitative approach, undertaken in an institutional shelter service of the Social Action Foundation (FAS, in Portuguese) of the Prefecture of Curitiba-PR-Brazil. Referral to this service occurs through the Regional Center, the Social Attendance Centers, the Women's Police Station, the Guardianship Councils, the Family Court and the Municipal Women's Affairs Council and Health Centers. Between the years of 1993 and 2007, the mean annual attendance in this service was 63 women[6].

The inclusion criteria were defined as women over 18 years old who were residing in the institutional shelter service between November 2010 and February 2011. A total of

eight women who were victims of domestic violence participated in the research, through recorded interviews. There was no need to undertake further interviews, as the contents of the discourses responded to the researchers' question and to the study objectives.

Contact was made with the study participants through a meeting between this service's professionals and the women, during which the researcher introduced herself and explained the study. After the women had shown their interest in participating, the officialization occurred through signing the terms of consent.

The accounts were obtained through the following guiding question: 'Tell me about your day-to-day life with your partner before you came to this service'. The interviews were held in a private space, which contributed to the women being able to describe what happened without feeling uneasy or being interrupted. The accounts related were transcribed and analyzed using Thematic Content Analysis[7], which has four stages: organization of the analysis, codification, categorization and inference.

In this type of analysis, the researcher undertakes an exhaustive reading of the discourses, so as to familiarize herself with the experience undergone; later, she selects segments of the content – termed record units – which express in their meaning a significant representation in accordance with the study object. Following this selection, the units are aggregated and organized, so as to allow the interpretation and thus to find in their essence the meaning of the account, which allows one to elaborate the themes of the analysis[7]. The discussion of the results was based in references related to the issue in question.

In relation to the ethical aspects, the project was approved by the Social Action Foundation's Legal Department (protocol 01-112807/2010), and by the Research Ethics Committee of the Health Sciences Department of the Federal University of Paraná (Record CEP/SD:943.068.10.06 – C.A.A.E.:0042.0.091.000-10). In accordance with Resolution for ethics in research of the National Health Council, in order to maintain the anonymity of the women who participated in the study, the interviewees were identified with the letter M, followed by an Arabic numeral corresponding to the sequential order of the interview.

RESULTS

In investigating the profile of the eight women who participated in this study, it was ascertained that the age range covered was from 28 to 39 years old. Prior to arriving in the institutional shelter service, for women who are victims of domestic violence, all had been financially dependent on their partner, and only one had worked, as a cleaner. The number of children varied from 1 to 6, with a mean of three children, and at the time of the interview, three were pregnant. The mean time they had stayed with their partner was 8.12 years, and the period they had stayed in the shelter varied from six days to 10 months, the mean being 68.62 days. One of them was in the shelter for the second time.

The experiences of the women who were victims of domestic violence converged on the following theme: The strength of maternal love interrupting the cycle of domestic violence and making the process of resilience possible.

In this research, the women participating in the study had suffered psychological, physical and patrimonial violence; however, the beginning of the process of resilience, that is, what made them break the cycle of violence suffered, started when their children also came to be victims of the violence, as evidenced in the excerpt of the account below:

On this last occasion he hit her (the daughter), and when I saw her, her nose was bleeding [...]. *I was in despair, I grabbed her, jumped out of the bedroom window and ran to the road. It was 3 o'clock in the morning, and I rang the police. I did it for my daughter, because I don't accept that he should hit her; she is everything to me. It was for her that I found the strength.* (M8)

The violence against the children also caused these women to wake up to the fact that living with domestic violence can affect the physical and psychological integrity of all the members of the family. The mothers' concern with withdrawing the family from the scenario in which violence is present may be observed in the fragments of discourses presented below:

To hell with my feelings. The mental integrity of my children comes first. How are two children

going to grow up in an environment like this, where one day the dad is the best person in the world, and on the next is smashing the house up? How are they going to grow up? No, my children do not deserve this! This is what I was thinking at the time. I was just thinking about the two of them. (M4)

I went to the FAS [Social Action Foundation] *to seek something better for me and for the children, because they need something better, not fights at home, like it was. Because they can't grow up seeing that, especially him* [the son] *because he will want to do the same that his dad did.* (M2)

The desire to protect the children from the violence can be perceived even before they are born. The wish to continue with a pregnancy, against the wishes of the aggressive partner, was another reason which also helped in the breaking of the cycle of violence, and which may be perceived in the discourse below:

I ended up here [the Institutional Shelter] *because he* [the husband] *discovered that I was pregnant, and he wanted me to get rid of the baby. He began to argue a lot. When I resolved to have his child, he told me that he didn't want the relationship anymore. Now, leave him* [the baby] *in here, when he is ready he will be born.* (M7)

In order to confront their experiences, the women participating in the study had needed to abandon the violence-permeated environment. For this reason, they had sought help and been sheltered, along with their children, in the institutional shelter. The possibility to stay in this place in the company of their children was crucial in order to continue with the process of resilience, as it allowed them to develop some characteristics for overcoming the experience, which may be observed in the fragments of the discourses below:

My plans are to go ahead with getting a job and give them (the children) what they need, because I am thinking about the two lives which I have [...] *I have to go ahead because they are going to need education, tenderness, and I'm going to have to be by their side, come what may* [...] *I am going to have to fight for them.* (M2)

My children, every day I look at them and I see that they need me. They are everything to me [...]. *I believe that in spite of all this suffering, happiness will still come. Who knows, maybe we will laugh about this life which we had, and say "well, what a lot we have gone through together".* (M5)

DISCUSSION

The concept of resilience presents the possibility of understanding stress as an opportunity for personal growth and strengthening; however, it is necessary to find a balance between protecting the children from risks, and providing the opportunities and the development which are necessary for promoting their health[8]. As a result, in relation to the maternal feeling of protection and preservation of life as well as of the need to provide a healthy family environment for the development of the children, the women felt the need to confront and break with the cycle of violence.

The children, in relation to their need to explore the world, and due to their temperament and vitality, frequently tend to be exposed to their parents' aggression, and become an escape valve for the family tensions and conflicts[9]. However, it is important to emphasize that conflictual family interactions permeated by stress and disturbances experienced in childhood can influence the appropriate mental and intellectual development of the children[10]. Hence, the mothers' concern with withdrawing the children from the context of the violence, as evidenced in the study in question, is relevant.

Studies evidence that negative occurrences experienced in childhood, as is the case with violence, can affect the psychological structure of the being when this becomes an adult. As a result, the psychological suffering resulting from the violence suffered as a child can hinder healthy growth and development, causing the child to become a vulnerable adult[11]. The family is presented as one of the main parties responsible for the appropriate biopsychosocial development of the child. In this view, feeling themselves to

be responsible for the adequate development of their children, the mothers who were victims of violence decided to withdraw from this context, breaking away from the relationship and distancing themselves from the aggressor.

Data from a study undertaken with health service users concluded that the violence experienced by children against their mothers in the domestic environment can be a risk factor for violence permeating their affective relationships in adulthood[12]. As a result, the marks left by the violence can deeply affect the course of the individual's experience throughout their life. The child who experiences domestic violence may develop negative feelings about life[13].

Another manifestation of protection of the children occurred during pregnancy, when, in the face of the partner's non-acceptance of the pregnancy, and the partner's request to terminate the pregnancy, the woman chose to continue the pregnancy, coming to suffer constant episodes of violence. Faced with the risk of not realizing her wish to be a mother, due to the violence, the woman decided to confront the situation and sought the shelter in order to obtain the necessary protection and peace to achieve a healthy pregnancy.

A study undertaken in Canada with women who had suffered psychological, physical and sexual violence from the intimate partner during pregnancy observed that it was associated with postpartum depression[14]; in this way, violence against the pregnant woman can be reflected in severe, acute, and long-term consequences. Thus, the desire to protect the children, the dreams, the wish to provide a better life, and the plans for the future together with them are factors which lead the women to plot new paths and perspectives in life, free from fear and insecurity.

One of the external supporting factors in this study was the institutional shelter, as it made the development and continuity of the process of resilience in the women interviewed possible. Thus, the nurses' insertion in the institutional shelter services is fundamental, given the possibility of undertaking individual care, through the nursing consultation, so as to develop technical actions of care related to the physiological aspects, as well as actions involving the women's' subjectivity and culture, identifying risk factors, preventing illnesses, promoting health, and helping to improve quality of life[15].

The process of care for women in situations of violence does not occur in isolation, but rather through intentionality, interaction, availability and trust between the nurse and patient. As a result, it requires trained and sensitive professionals, so as to go beyond the technical actions of care[16].

In providing care directed to the multidimensionality of the woman who is a victim of domestic violence, the nurse can instigate the development of a process of resilience, through an attitude of embracement, flexibility, openness, listening and dialogue; and this makes it possible to know her, so as to capture the intimate pain, which cannot be treated with dressings and medication, but only through an ethical, empathetic and humanized inter-relationship.

In acting in the confrontation of domestic violence, the nurse can also – among other care actions – be a tutor for resilience through the establishment of an embracement which perceives the woman in her totality, as a being in the world who, faced with domination, exploitation and suffering, requires assistance in order to overcome[5].

The understanding of the interviewed women's discourses depicts a trajectory of struggle, departure from family and from the home in order to make it possible to protect the children and experience safety, harmony, and a life with dignity and without violence. This allows them to overcome and to continue with their process of resilience, as although distancing from the partner requires breaking away from the other, with the past marked by pain and suffering, on the other hand, it makes it possible to ensure the physical and psychological integrity of oneself and of one's children, the establishment of a safe bond, and a healthier life. When the support networks are present and involve the traumatized individual, it is possible to encourage or strengthen the resilience.

FINAL CONSIDERATIONS

The undertaking of this study made it possible to understand that the women who were victims of domestic violence, residing in an institutional shelter service, were in a process of resilience. The confrontation began when the domestic violence

ceased to be directed only towards the women and came to affect the children as well, causing the women to go in search of help.

The possibility to remain with the children in this service caused the women to have perspectives of overcoming what they had experienced, to the extent that they reported plans for the future and the wish to provide a better quality of life for them and their children.

We believe that the knowledge produced in this study can contribute not only to the broadening of knowledge related to the issues of resilience and domestic violence against women, but also to the nursing care directed to this clientele. There are innumerable indications that the care actions transcend the physical dimension, beyond what is visible, towards the subjectivity, where the experiences of a body which feels, and which relates with the world, are stored. However, the marks left by what was experienced influence the way of living and/or being ill.

Furthermore, the use of the concept of resilience in the teaching of nursing could strengthen care practice, which aims for the prevention, promotion and recovery of health, and – consequently – propose paths such that improving these women's quality of life might be possible. It also allows reflections in the teaching, research and care, which include the knowledge of the process of resilience inserted in the care for this population.

The understanding of the process of resilience of women who were victims of domestic violence, however, was limited to a specific population, which stops the findings from being generalizable, as they show the specific experience of victims who live in a single location.

REFERENCES

1. Brandao JM, Mahfoud M, Gianordoli-Nascimento IF. A construção do conceito de resiliência em psicologia: discutindo as origens. Paidéia. [Internet] 2011;21(49). [acesso em 03 jul 2014]. Disponível: http://dx.doi.org/10.1590/S0103-863X2011000200014

2. Benetti IC, Crepaldi MA. Resiliência revisitada: uma abordagem reflexiva para principiantes no assunto. REID. [Internet] 2012;7(7). [acesso em 02 jul 2014]. Disponível: http://www.ujaen.es/revista/reid/revista/n7/REID7art1.pdf

3. Cortés BGM, Cruz LP. Resiliencia: ¿Es posible medirla e influir en ella?. Salud Ment. [Internet] 2011;34(3). [acesso em 02 jul 2014]. Disponível: http://www.scielo.org.mx/pdf/sm/v34n3/v34n3a7.pdf

4. Universidade Federal do Rio Grande do Norte. Boris Cyrulnik em Natal. [Internet] 2009;2 [acesso em 25 jan 2014]. Disponível: https://docs.google.com/document/d/1Sll70HJ2qXmzg72C3phI3CsxgiIJX4qVPq8wI0dG2uE/edit

5. Labronici LM. Resilience in women victims of domestic violence: a Phenomenological view. Texto Contexto Enferm. [Internet] 2012;21(3) [acesso em 02 jul 2014]. Disponível: http://dx.doi.org/10.1590/S0104-07072012000300018

6. Labronici LM, Ferraz MIR, Trigueiro TH, Fegadoli D. Profile of the violence commited against women assisted at Pousada de Maria lodging. Rev Esc Enferm USP. [Internet] 2010;44(1) [acesso em 25 jan 2014]: Disponível: http://dx.doi.org/10.1590/S0080-62342010000100018

7. Bardin L. Análise de conteúdo. 4ª ed. Lisboa: Edições 70; 2009.

8. Franco V, Melo M, Apolonio A. Child's development problems and early intervention. Educ. rev. [Internet] 2012;(43) [acesso em 02 jul 2014]. Disponível: http://dx.doi.org/10.1590/S0104-40602012000100005

9. Rocha PCX, Moraes C. Violência familiar contra a criança e perspectivas de intervenção do programa saúde da família: a experiência do PMF/Niterói (RJ, Brasil). Ciênc. saúde colet. [Internet] 2011;16(7) [acesso em 02 jul 2014]. Disponível: http://dx.doi.org/10.1590/S1413-81232011000800028

10. Zerk DM, Mertin PG, Proeve M. Domestic violence and maternal reports of young children's functioning. J. Fam. Viol. [Internet] 2009;24(7) [acesso em 02 jul 2014]. Disponível: http://link.springer.com/article/10.1007%2Fs10896-009-9237-4#page-1

11. Oliveira EN, Vasconcelos MC, Costa FBC, Eloia SC, Lopes MVO, Gubert FA. Abuso e Maus-tratos na Infância. Caracterização deste fenômeno em adolescentes do sexo feminino. In: Escola Superior de Enfermagem do Porto. Saúde e qualidade de vida: uma meta a atingir. Porto; 2011. [Internet] [acesso em 01 jul 2014]: Disponível: http://www.esenf.pt/fotos/editor2/saude_e_qualidade_de_vida_uma_meta_a_atingir.pdf

12. Vieira EM, Perdona GSC, Santos MA. Factors associated with intimate partner physical violence among health service users. Rev. Saúde Pública. [Internet]. 2011;45(4) [acesso em 03 jul 2014]: Disponível: http://dx.doi.org/10.1590/S0034-89102011005000034

13. Ministério da Saúde (BR). Atenção integral para mulheres e adolescentes em situação de violência doméstica e sexual. Ministério da Saúde [Internet].

Brasília, 2011 [acesso em 01 jul 2014]: Disponível: http://bvsms.saude.gov.br/bvs/publicacoes/atencao_integral_mulheres_violencia_domestica.pdf

14. Urquia ML, O'Campo PJ, Heaman MI, Janssen PA, Thiessen KR. Experiences of violence before and during pregnancy and adverse pregnancy outcomes: An analysis of the Canadian Maternity Experiences Survey. BMC Pregnancy and Childbirth. [Internet] 2011;11(42) [acesso em 25 jan 2014]. Disponível: http://www.biomedcentral.com/1471-2393/11/42

15. Trigueiro TH, Labronici LM. Chemical Dependency as a risk factor for domestic violence against women: an exploratory study. Online Braz J Nurs. [Internet] 2011;10(2) [acesso em 25 jan 2014]. Disponível: http://www.objnursing.uff.br/index.php/nursing/article/view/3266

16. Ferraz MIR, Lacerda MR, Labronici LM, Maftum MA, Raimondo ML. O cuidado de enfermagem a vítimas de violência doméstica. Cogitare enferm. [Internet] 2009;14(4) [acesso em 25 jan 2014]. Disponível: http://ojs.c3sl.ufpr.br/ojs/index.php/cogitare/article/view/16395/10874