

THE PROCESS OF RESILIENCE IN WOMEN WHO WERE VICTIMS OF SEXUAL VIOLENCE: A POSSIBILITY FOR CARE*

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ABSTRACT: Objective: To investigate the process of resilience in women who were victims of sexual violence. Method: Exploratory, qualitative research, grounded in the concept of resilience, undertaken with 12 women who were victims of sexual violence, who were attended in the Specialized Care Service and in a Women's Police Office, in a municipality in the Brazilian state of Paraná, between September 2013 and February 2014. The content of the semistructured interviews was subjected to thematic content analysis. Results: The feeling of care and responsibility promoted internal mobilization - the beginning of the process of resilience. The presence of people inclined to listen without judging made it possible to represent the trauma experienced by the participants. Re-linking with God and reactivation of faith provided encouragement for believing that surviving was more relevant than being a victim. Final considerations: The study allowed the construction of knowledge related to the resilience of women who were victims of sexual violence, and showed the importance of incorporating this topic into nursing care.

DESCRIPTORS: Sex offenses; Resilience, Psychological; Nursing care; Violence Against Women; Nursing.

O PROCESSO DE RESILIÊNCIA EM MULHERES VÍTIMAS DE VIOLÊNCIA SEXUAL: UMA POSSIBILIDADE DE CUIDADO

RESUMO: Objetivo: Conhecer o processo de resiliência em mulheres vítimas de violência sexual. Método: Pesquisa exploratória qualitativa, fundamentada no conceito de resiliência, realizada com 12 mulheres vítimas de violência sexual, em um Serviço de Atendimento Especializado e uma Delegacia da Mulher, de um município paranaense, de setembro de 2013 a fevereiro de 2014. O conteúdo das entrevistas semiestruturadas foi submetido à análise de conteúdo temática. Resultados: O sentimento de cuidado e responsabilidade promoveram a mobilização interna, início do processo de resiliência. A presença de pessoas dispostas a ouvir sem julgar tornou possível a representação do trauma vivido pelas participantes. A religação com Deus e a reativação da fé forneceram estímulos para acreditar que sobreviver era mais relevante do que ser vítima. Considerações finais: A pesquisa propiciou a construção do conhecimento relacionado à resiliência das mulheres vítimas de violência sexual, e mostrou a importância da incorporação do tema no cuidado de enfermagem.

DESCRIPTORIOS: Violência sexual; Resiliência psicológica; Cuidados de enfermagem; Violência contra a mulher; Enfermagem.

EL PROCESO DE RESILIENCIA EN MUJERES VÍCTIMAS DE VIOLENCIA SEXUAL: UNA POSIBILIDAD DE CUIDADO

RESUMEN: Objetivo: Conocer el proceso de resiliencia en mujeres víctimas de violencia sexual. Método: Investigación exploratoria cualitativa, por medio del concepto de resiliencia, con 12 mujeres víctimas de violencia sexual, en un Servicio de Atendimento Especializado y una Comisaría de la Mujer, en un municipio de Paraná, de septiembre de 2013 a febrero de 2014. El contenido de las entrevistas semiestruturadas fue sometido al análisis de contenido temático. Resultado: El sentimiento de cuidado y responsabilidad resultaron en la movilización interna, inicio del proceso de resiliencia. La presencia de personas dispuestas a oír sin juzgar permitió la representación del trauma vivido por las participantes. La religación con Dios y la reactivación de la fe fueron estímulos para creer que sobrevivir era más relevante que ser víctima. Conclusión: La investigación promovió la construcción del conocimiento referente a la resiliencia de las mujeres víctimas de violencia sexual, además de mostrar la importancia del trabajo con ese tema el cuidado de enfermería.

DESCRIPTORIOS: Violencia sexual; Resiliencia psicológica; Cuidados de enfermería; Violencia contra la mujer; Enfermería.

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● INTRODUCTION

Throughout life's journey, women are exposed to distinct forms of violations of their human rights, which are related to the psychological, physical, sexual, moral or patrimonial dimensions. The aggressors may or may not have a family link, or may be strangers. In the light of this, violence against women is expressed in a multifaceted and complex way.

Faced with the different forms of violations which threaten women's integrity, this study's focus of interest was sexual violence, given that "this is an aggressive, violent and hostile act, used by aggressors in order to degrade, humiliate, terrorize and dominate them"^(1:701).

Sexual violence may be considered a traumatic experience in women's lives, as it is responsible for triggering suffering and pain. It follows that the need to take a decision to cope, and the desire to carry on with life, make it possible to think about a process of the victims' resilience.

Resilience is "a process of internal mobilization that triggers a movement of existential breakings and openness towards the other, with the aim of being helped, of transcending the experience, and finding a new meaning for existence, even if provisional"^(2:631).

It is important to emphasize that, to promote the process of resilience of women who were victims of sexual violence, objective and subjective care measures are essential – with the aim of investigating their health needs, ensuring the comprehensiveness of the care, and making it possible to represent the trauma experienced.

Although resilience is considered essential for overcoming the adversities manifested as one passes through life, it may be observed that this topic is recent in the health area, as it is in Nursing⁽³⁾. Besides this, there is a paucity of research on the topic related to women in situations of violence⁽⁴⁾.

In the light of the above, the study's rationale and starting point is that women who were victims of sexual violence are in a process of resilience when they seek specialized care services. In this regard, this study's objective is: to investigate the process of resilience in women who were victims of sexual violence.

● METHOD

This is an exploratory study with a qualitative approach, undertaken in the Specialized Care Service (SCS) and in the Women's Police Office, in a municipality in the Brazilian state of Paraná, between September 2013 and February 2014, through semistructured interviews which were recorded and transcribed in full, held with 12 women who had been victims of sexual violence, and who met the following inclusion criteria: to be aged between 18 and 59 years old, for there to have been a period between the traumatic experience and the holding of the interview of over 120 days, as the majority of women who are sexually victimized recover from the acute harm between three and four months after the episode of violation⁽⁵⁾. There were no exclusion criteria.

The interviews were held using a semistructured instrument with questions related to the characterization of the participants, coping with the sexual violence and the overcoming of trauma, through personal stances and the help of people around the victims, and were terminated when the responses converged and the research objective had been responded to.

It is emphasized that the number of participants was established at the beginning of collection, followed by thematic content analysis, made up of the following stages: pre-analysis, exploration of the material, treatment of the results, interpretation and inference⁽⁶⁾; the interpretation of the issues which emerged from the discourses was based in the concept of resilience⁽²⁾.

The individual interviews were held in the participants' own residences, in their workplaces, or in the Center for Studies in Urban Violence. The locales were chosen by the women, which allowed convenience, autonomy and privacy.

The participants were told about the study, were appropriately informed, and those who accepted to

participate voluntarily signed the Terms of Free and Informed Consent. Their names were substituted with the letter “E”, followed by an Arabic numeral, to ensure anonymity. The study was approved by the Committee for Ethics in Research with Human Beings, of the Universidade Estadual do Centro-Oeste, under Opinion N. 393, 035, on 12 September 2013.

● RESULTS

The results revealed the process of resilience in 12 women who had been victims of sexual violence, and whose lives have been changed following this traumatic experience. However, the beginning of resilience in their journey through life was ascertained.

The participants were between 18 and 58 years old. Regarding educational level, they reported primary/junior high school incomplete (six), primary/junior high school complete (one), senior high school incomplete (one), senior high school complete (one), higher education incomplete (one), and higher education complete (two). Eight participants undertook paid work, while four were housewives. In relation to religion, 10 stated that they were Roman Catholic, and two were evangelical. Regarding marital status, eight were married, three were single, and one was dating at the time of the interview. The participants had between one and six children, and only three were not mothers.

In relation to sexual violence, the time between the episode and the interview varied between three months and 23 years; two had suffered the attacks during the morning, three in the afternoon, two during the night and three could not specify the period; eight had suffered aggression from strangers, and three, from people known to them (uncle and husbands).

The analysis of the data allowed the emergence of three empirical categories: The feeling of care and responsibility: the beginning of internal mobilization; Existential breaking and openness: the family and the support network; Transcendence of the experience: relinking with God and reactivation of faith.

The feeling of care and responsibility: the beginning of internal mobilization

Sexual violence, in the different forms in which it is manifested, was the trauma that affected the study participants' lives. However, the feeling of care and responsibility was essential for triggering the movement of internal mobilization, which consists of the beginning of the process of resilience, as may be observed in the fragments of the reports presented below:

Sometimes I think that I could not be here to protect them [daughters]. That God left me here, even after what happened, for me to care for them. That is what I held onto, in order to try to carry on with life, in order not to have the desire to lie down and stay there, wishing everything would end. (E2)

It was very difficult in the beginning. I just thought about abandoning everything. But I thought that a child cannot grow without his mother, or have a mother who isn't good for anything. So I said to myself, I'm not going to give up because of this. I'm going to struggle on – because I want to see my son be happy. (E5)

It may be observed that the women who were victims of sexual violence are able to rebuild themselves. However, internal mobilization and existential openness are essential, so that they may find a support network to share the traumatic experience they went through, and, consequently, access mentors for resilience.

Existential breaking and openness: the family and the support network

The time of existential breaking and openness is related not only to the physical strength necessary for leaving the scenario, but also to the psychological state. It is therefore necessary to break quickly with the recent past, which is still present in the memory, in which the bodies of the female victims were marked, and this may be observed in the account below:

I don't know how long I was shut there in the bathroom [...] I lost track of time. I didn't notice that I didn't have my underwear on. When I left the bathroom, the key was in the door, which was pushed shut. He [the aggressor] wasn't there anymore. I got dressed, picked up the telephone and called the police. (E1)

The participants, in deciding to face the trauma, in order to resume their understanding of the context, perceived the need to narrate the experience they had gone through – the distress that until then had been restricted to themselves – to other people, in order to share the experience with somebody who might have the sensitivity and the ability to listen to them without judging them or blaming them, which made possible the representation of the traumatic situation. This was elucidated in the report below:

In the beginning, we think we are alone, that we have to carry this burden alone. In the beginning, I thought: I'll get through this on my own, I will not tell anybody; I will separate myself from my family and leave home. That is what goes through your head. But you have to know that you're not alone, that there are people behind you to support you, to be with you. (E7)

Besides sharing the trauma experienced with their family members, the participants also sought the services which form part of the care network for victims of sexual violence. However, they perceived different forms of attendance provided by the health professionals.

[In the urgent and emergency care center] I was waiting there in the consulting room. I got even more nervous. My God, I couldn't wait [to leave]. And there were a few nurses who began to say: God, for sure she was asking for the abuse, she asked for this to happen. It wasn't 'abuse'. (E9)

[In the SCS] I felt welcomed, because the nurses continually asked me if I was all right, if I needed anything, if I wanted to talk with the psychologist. They constantly appeared very concerned with me, and that is good for somebody going through a situation like this [sexual violence]. (E12)

Transcending the experience: relinking with God and reactivation of faith

The participants' reports also expressed the strengthening of spirituality following the trauma. In the beginning, some victims felt abandoned by God, due to the fact that they had been raped. Later, they reactivated their faith, so as to find support for coping and, in this way, sought to transcend the experience.

After this [the sexual violence] I didn't pray for a long time, I didn't ask anything of God. I thought that he had abandoned me. I had prayed so much in that moment [during the attack], and I felt abandoned by everybody. Even by God. But this passed, and today I'm able to perceive that he [God] avoided what was worse, and saved me from death. Today I'm a person with more faith. (E3)

After that, I lived under such pressure, that it was God who gave me the strength to get where I am today. Because there were times, when I thought: my God! I did something to deserve this. (E10)

● DISCUSSION

After they suffered the sexual violence, the study participants could have been imprisoned within the traumatic experience and have given themselves over to suffering; however, there was internal mobilization through the feeling of care and responsibility for their children, which freed them and helped them to carry on with life.

This finding supports a separate study⁽⁷⁾ in observing that victims of sexual violence, in a context of extreme adversity, as is the case in situations of genocide, presented the ability to provide resilience through motherhood.

The socially constructed identity as a mother recognizes the woman as responsible for care for the children. As a result, motherhood can be understood as a cultural aspect, which entails the survival of the other human being, and also the forming of a new behavior; in the present study, it enabled

internal mobilization for coping with the sexual violence.

In the light of this, it was observed that the women who had been victims were capable of attributing a new representation to the traumatic experience, to the extent that the feeling of care and responsibility for the children became more significant than the sexual violence and, consequently, the satisfaction of living was based mainly in motherhood.

The participants' attitude in relation to coping with the sexual violence showed that they did not give in to the suffering and did not take on the role of victim, which could have suppressed any plan for development. In this regard, the representation of the traumatic situation may serve as an impulse for promoting resilience⁽⁸⁾.

Subsequent to the sexual violence, the women reported a giving in to the suffering, as they found themselves wrapped in a whirlwind of emotions, in which it was not possible to make out any perspective for the future, apart from feeling the pain triggered by the trauma. Nevertheless, in elaborating their representation, they observed that their children still depended on their care and warmth to continue in their development.

The internal mobilization was the first step to the process of resilience which led the women to coping with, and overcoming, the trauma. The participants expressed the need for existential openness, as this allows one to meet people with whom one will be able to share the traumatic experience through narrative, and support the mentoring of resilience⁽²⁾.

In this perspective, it may be understood that the women did not remain closed within themselves, as if within a cocoon. As the episode of sexual violence became clearer, the victims sought to leave the place where the violation happened, so as to break with the traumatic past. In addition to this, they sought the support of significant people, who would be able to listen to the narrative about the experience without judging or blaming.

The participants' narrative on the sexual violence provided the representation of the trauma, and promoted the return to life, as they found the support of people who were significant for the coping process. One may observe the importance of strengthening the affective relations in order to ensure the development and maintenance of the process of resilience.

One can ascertain the relevance of the personal and social relations, as support for coping with the difficulties and situations of risk which threaten or harm the individuals' self-esteem and quality of life. The presence of a social network which includes the family, friends, community and cultural environment makes it possible to overcome the adverse conditions and the social vulnerability⁽⁹⁾.

The excerpts from the participants' reports demonstrated the importance of the family for structuring the support network, as this presented the ability to support the mentoring of resilience, besides promoting the process of resilience through embracing, supporting, protecting and understanding the traumatic experience, without manifesting discriminatory attitudes.

This aspect was also evidenced in another study⁽¹⁰⁾, which observed that the family's participation in the process of resilience reflects the importance of significant people in coping with traumatic situations, as this is a form of support for psychological well-being, and contributes to reducing the incidence of depression and posttraumatic stress disorder in victims of violence, regardless of the intensity of the aggressions.

The study participants, as well as sharing the trauma with the family, also sought support from the support services, principally the health institutions. At some points, however, they did not see the care as a form of help, necessary for coping with sexual violence and maintaining and promoting resilience.

According to a metasynthesis undertaken based on 31 qualitative studies published on the use of professional services by victims of sexual violence, both positive and negative aspects were observed in the attendance. Regarding the negative results of the care given, emphasis was placed on the service users' feelings of impotence and humiliation⁽¹¹⁾.

The account of participant E9 throws light on negative aspects related to the care provided by the nursing team. Although the health institution provided care to victims of sexual violence, it is possible

to identify the presence of at least one professional with an inappropriate attitude in relation to approaching the problem, as there was judging and blaming of the woman for the situation experienced.

It is understood that the spaces which should be for supporting victims can themselves become responsible for reproducing the violence, through naturalizing or victimizing the women. There is the possibility that these may be held responsible for inciting the aggression, due to disobedience to socially constructed behaviors, such as submission, fragility and passivity⁽¹²⁾.

In compensation, the excerpt of participant E12's report described the presence of nurses in a specified health institution, part of the support network, who had an attitude of embracement, capable of promoting a feeling of protection and support, which triggered the promotion of resilience.

Once a relationship of trust has been established between the professionals who work in the support services, a change occurs in the service users' understanding in relation to the help and embracement offered⁽¹³⁾. In this regard, there is the possibility of constructing a care which allows the coping with the trauma, and the continuity of the process of resilience.

It is important to emphasize that Nursing, from the very beginning of the process of professional training, understands care as a basic human need, undertaken through the presence of open listening and dialogue, in order to find the best way to resolve the problem, in the same way that it favors the creation of a bond between the nurse and the user of the health institution⁽¹⁴⁾.

Nursing care needs to consider the different dimensions which affect the woman in a situation of violence, so as to identify elements capable of supporting the development of the process of resilience. The nurse must present an attitude of embracement, dialogue and flexibility, so as to promote the establishment of a humanized, ethical and supportive relationship⁽⁴⁾. In this context, the nurse has the ability to mentor resilience as a means of support for coping with the trauma.

The accounts of participants E3 and E10 also expressed the importance of re-linking with God, through spirituality, as a reason the women believed made it possible to transcend the trauma.

Spirituality is related to the interior strength manifested by each individual, which expresses a form of relationship established between the human being and the transcendent. This may be associated with religious practices and beliefs, which contribute to reducing vulnerability to stressors, give meaning to life and allowing access to people who can act as social support⁽¹⁵⁾.

The spiritual dimension allowed the participants the understanding that survival is more relevant, when compared with the suffering triggered by the sexual violence. In this way, the women felt encouraged to cope with the traumatic situation, with the aim of re-establishing their development supported by spirituality, and through the premise that life needs to be valued.

In the excerpts of the women's discourses, it was possible to observe an ambiguous feeling in regard to spirituality. At the point when they were suffering the violence, the feeling was emphasized of lack of support in relation to God, as they understood that the trauma could have been avoided. Nevertheless, in the process of representing the traumatic event, spirituality was considered as a form of support which was necessary for coping.

The change in the feelings of the women who had been victims, in relation to God, expressed the process of metamorphosis after the trauma. The reactivation of faith represented a triggering factor for transcending the experience through encouraging the healing of the wound provoked by the sexual violence.

In this perspective, there is no absolute forgetting or elimination of the pain of the wound. However, it is possible for the women who were victims to develop the capacity to cope with the traumatic situation in order to be able to once more take up their journey through life which had been changed by the sexual violence.

As a limitation, this study has the fact that it was impossible to continue monitoring the women in the process of resilience, due to the time for the conclusion of this. In the light of this, it is suggested that further studies be undertaken, monitoring the women in situations of sexual violence, in the long term; so as to investigate the point at which they find a new meaning for life and, consequently,

overcome the trauma.

● FINAL CONSIDERATIONS

Undertaking this study made it possible to understand that the incorporation of resilience into the practice of nursing care is essential, not only to mitigate the suffering and the harm caused by the sexual violence, but to support the women in relation to constructing a new perspective on life, in which they can believe that a path is still there to be explored, and meaning to be found.

In this perspective, emphasis is placed on the need for the topic of resilience to be addressed in the teaching of nursing, as in the specialized care services, with the purpose of training professionals who are qualified to manage the clinical and subjective aspects associated with caring for women who are victims, and who seek the health institutions as a possibility for coping with the traumatic experience.

Besides this, the importance is ascertained of this topic being employed in the professionals' practice, as it provides support for understanding, planning and promoting a trajectory of resilience for victims of sexual violence.

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