
RESILIENCE IN WOMEN VICTIMS OF DOMESTIC VIOLENCE: A PHENOMENOLOGICAL VIEW¹

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ABSTRACT: This phenomenological study was developed in the Reference and care center for women victims of domestic violence in Curitiba, Brazil, and the metropolitan region, from April to August of 2010, with five women. The objective was to reveal the manifestation of the resilience process in women victims of domestic violence. The descriptions were obtained through open interviews and analyzed according to the following moments: description, reduction and understanding of the phenomenon. It was found that the resilience process started when the aggressor physically attempt to kill them, hurt and/or kill their children. The threat to their lives made them leave the state of immobility, and internal mobility set them into existential movement, to search for help in the social support networks, which are essential for their dealing with the situation, as they allow them to report the trauma they have experienced. The narrative implies the women attribute a new meaning to the suffering they experienced and, therefore, there was overcoming and an encouragement to the resilience process.

DESCRIPTORS: Violence against women. Domestic violence. Psychological resilience.

PROCESSO DE RESILIÊNCIA NAS MULHERES VÍTIMAS DE VIOLÊNCIA DOMÉSTICA: UM OLHAR FENOMENOLÓGICO

RESUMO: Pesquisa fenomenológica desenvolvida no Centro de referência e atendimento à mulher em situação de violência doméstica de Curitiba e região metropolitana, de abril a agosto de 2010, com cinco mulheres. Teve como objetivo desvelar a manifestação do processo de resiliência nas mulheres vítimas de violência doméstica. As descrições foram obtidas mediante entrevistas abertas gravadas e analisadas de acordo os seguintes momentos: descrição, redução e compreensão do fenômeno. Constatou-se que o processo de resiliência iniciou quando o agressor concretamente tentou matá-las, agredir e/ou matar os filhos. A ameaça à vida as fez saírem do estado de imobilidade, e a mobilização interna as colocou em movimento existencial, em busca de ajuda nas redes de apoio social que são fundamentais para o enfrentamento, pois possibilitam narrar o trauma vivido. A narrativa fez com que atribuissem um novo significado ao sofrimento vivido e, desta forma, houve a superação e estímulo ao processo de resiliência.

DESCRIPTORIOS: Violencia contra a mulher. Violência doméstica. Resiliência psicológica.

PROCESO DE RESILIENCIA EN LAS MUJERES VÍCTIMAS DE VIOLENCIA DOMÉSTICA: DESDE UNA MIRADA FENOMENOLÓGICA

RESUMEN: Se trata de una investigación de abordaje fenomenológica, desarrollada en el Centro de referencia y atención a la mujer en situación de violencia doméstica de Curitiba, Brasil, y región metropolitana, entre abril y agosto del 2010, con cinco mujeres. Tuvo como objetivo desvelar la manifestación del proceso de resiliencia en las mujeres víctimas de violencia doméstica. Las descripciones fueron obtenidas mediante entrevistas abiertas, grabadas y analizadas de acuerdo a los siguientes momentos: descripción, reducción y comprensión del fenómeno. Se encontró que el proceso de resiliencia inició cuando el agresor, concretamente, intentó matarlas, agredir y/o matar a los hijos. La amenaza a la vida las hizo salir del estado de inmovilidad, y la reacción interna las puso en movimiento existencial, en busca de ayuda en las redes de apoyo social que son fundamentales para el afrontamiento, les permitió hablar del trauma vivido y de esta forma, lograron la superación y estímulo al proceso de resiliencia.

DESCRIPTORIOS: Violencia contra la mujer. Violencia doméstica. Resiliencia psicológica.

INTRODUCTION

Resilience is a concept long used in physics and engineering, and is related to the strength of materials. By moving outside the confines of these sciences, researchers from different fields of knowledge became interested in this concept, which has become the object of several studies in the last three decades.¹

The concept of resilience emerged in Anglo Saxon countries in the 1950's, specifically in work involving clinical psychology and psychopathology. In the United States, scholars who truly paved the way for its study included American psychologist Emmy Werner and later, Norman Garmezy and Michael Rutter.²

In psychology, resilience has been the focus of interest in research for more than 20 years. Publications that appeared in the late 1990's were related to populations at risk, such as victims of violence, children and adolescents living in the streets, and other social risk groups. Today this trend continues, but with less magnitude.³

Human sciences use the concept of resilience to describe the ability of the individual or group to face adversity positively, even when their environment is unfavorable.⁴ This capability for resilience is built during the process of human development, which is one reason why it cannot be understood as something static and linear.³

In the health and human sciences resilience is a new theme, characterized by "the human capacity to respond to everyday life demands in a positive way, despite the adversities faced throughout the development of his/her life cycle, resulting in the combination of individual attributes and his/her family, social and cultural environments".^{5:498}

Resilience, in this light, "is a complex phenomenon, constructed by the intersection of the multiple contexts in which humans interact directly or indirectly, and whose presence is seen more clearly when one is experiencing an adverse situation of a temporary or permanent nature in his/her life."^{6:93}

The essential difference between the meaning of the word resilience in physics and its meaning in psychology is that in this science, it is related to a positive momentum, or an ability to move forward. In this sense, human resilience is not limited to an attitude of resistance as in physics, because it enables the construction, and even the reconstruction of life.⁷

In nursing, resilience was first addressed in the 1990's with greater focus on American and

European journals, in which publications were related to the areas of mental health, pediatrics, clinical nursing and nursing administration. However, in Brazil there is a shortage of scientific production, and there is a gap regarding the use of this concept in nursing in Latin America.⁸ In addition, there is the need to implement research in practice regarding resilience, health promotion and quality of life.⁹

It is worth noting that the production of knowledge regarding resilience associated with violence against women is scarce; studies have focused only on making the problem more visible, typifying it and showing the harmful consequences to health, but there has been no deepening with regard to methods of overcoming certain life situations before violence is experienced.¹⁰ From this point of view, the survey at issue is justified because domestic violence is a traumatic experience that causes pain, affects the person who experiences it in full, is a public health problem and is increasingly more common in the Brazilian reality.

Domestic violence against women can be defined as any act or omission which, based on gender, causes death, physical, sexual or psychological injury and moral damage to women. It can be inflicted by individuals with or without family ties who are either related by natural bonds, by affinity or by express will, including sporadic relationships.¹¹ It is a complex phenomenon triggered by a multiplicity of factors which affects not only the victims, but also relatives and society as a whole.¹²

By understanding that the traumas experienced by women who are victims of domestic violence in its many forms leave in their wake exploited, mistreated and suffering bodies with visible and invisible marks that affect the whole, by expressing several symptoms that cause transformations in the being and existing in the world and in the formation of subjectivity, the question then becomes: can women who suffer domestic violence be resilient?

Given the above, this research has the objective to reveal the manifestation of the process of resilience in women who are victims of domestic violence.

THE METHODOLOGICAL ROAD TRAVELED

This paper addresses phenomenological research, grounded on the framework of Maurice

Merleau-Ponty, an existentialist philosopher who viewed the body as one of the most important themes, understood as a structure that is composed of the living world or the world of life; the only one capable of giving it a direction and meaning. According to him all the experience and knowledge of the world is possible, and this happens through perception.

This perception answers all the possible questions to settle the truth in full, which helps us to understand our existence and problems experienced, and is present in each moment as a recreation or restoration of the world.¹³

This methodological option was chosen because phenomenology enables us to understand the questioned phenomenon from the experience lived. This understanding is possible when one analyzes and interprets the subjectivity present in the body. This understanding comes to the surface; that is, it emerges through language. Thus, the interpretation of speech or of the description and understanding are intertwined, since an action does not exist without the other, and they allow us to find the essence of the phenomenon.

Participants in this research were found in the Center of Reference and Assistance to Women in Situations of Domestic Violence in Curitiba-PR, Brazil, and the metropolitan region, which is coordinated by the State Board of Woman and related to the State Secretary of Justice and Citizenship. The participants provided the descriptions of the phenomenon experienced.

Interviews with five women who were being assisted/ followed at the Reference Center took place from April to August of 2010. The introduction to the women occurred with the help of the psychologist who works in the center.

The individual meeting was set according to the availability of the women and the researcher. On the day scheduled, in a private room in the center, there was a formal presentation in which the project was explained. After the participants manifested interest in taking part in the survey, a new schedule was prepared for the interviews in order to obtain descriptions of the experience.

The open interviews were recorded, lasted approximately 80 minutes, and started with an initial request: tell me about your experience with domestic violence. After obtaining an answer to the initial question from each participant, a full transcript was prepared and an analysis was done in accordance with the methodological trajectory¹⁴ consisting of three phases: description of the

phenomenon, reduction and phenomenological understanding.

The description in phenomenological research is the exposure to the phenomenon takes place through language, and takes the form of a text ready for analysis and interpretation.¹⁵ This expresses the experiences of the body and shows its subjectivity and the meanings attributed to it. In this first stage of the analysis process, several readings were made of each of the interviews, so as to become familiar with the experience, and then a reduction was performed.

Reduction allows you to select those parts of the description that are essential and reflect on those that seem to have meaning in order to obtain the units of meaning. These will be analyzed and summarized by the researcher, so that they can arrive at an understanding of the phenomenon that arises, along with the interpretation.¹⁴

At this point, it was possible to confirm that there was convergence between the descriptions, which is why it was necessary to conduct further interviews. From the synthesis of the meaning units it was possible to identify the theme: "The threat to life as the triggering stimulus of resilience coping and process."

With regard to ethical aspects, the research was approved in 2010 by the Ethics Committee in Research of the Department of Health Sciences, Federal University of Paraná (CAAE 0826.0.000.091-10). The research began after thorough explanation regarding the research and signature of the Informed Consent Form (ICF) in two copies was obtained.

The anonymity of the women participating in the research was ensured by replacing the names of the participants by the letter I, followed by Arabic numerals in ascending order of the interview.

THE UNDERSTANDING OF THE PHENOMENON

The phenomenon in question can be understood by the description of the relational dynamics of the couple. This shows that the women participating in the research have a shared existence with their companions, and all were family members that shared the same space: home.

Home represents the couple's private world, and should be an environment in which security, trust, harmony, balance, warmth, empathy, complexity, and respect for autonomy should be present.

However, the experience of being with the other, of coexistence, for the women participating in the research was conflicted because violence was present, and this can be seen in the fragments of the speeches: [...] *years ago he had already begun assaulting me, he attacked me and we split up, we broke up [...] He'd start kicking, slapping. That was the kind of aggressive acts that he did (I2); sometimes he would even push me, pull my hair. [...] and that is the way it was for a long time [...]. I married him when I was very young, aged 16 [...]. From the very beginning, it was always like this (I3).*

Violence was present in the daily life of the couple and was expressed in different ways, showing that there is a relationship in which submission, power and domination is present, which allows one to manipulate and override the other. Manipulation can also occur in small acts that are performed consciously to create a position of power, because every human relationship leads to a balance of power that no one can escape, and encompasses compelling mechanisms reinforced by the context in which the couple is inserted.¹⁶ This can be confirmed in fragments of the speeches: [...] *he did not stop working [...] he would make my life a living hell; he was always jealous (I3); [...] so I learned to change my babies in the dark so as not to turn on the light and wake him up because he had to get up early the next day (I1).*

Day after day, the male, as a living body, expressed his way of being in the world¹³ by imposing his will, and these actions objectified the bodies of the women. This existential condition perceived as dominance gradually changed the way of being in the world and the constitution of subjectivity, and destroyed the relationship, as there was no exchange and therefore no complementarity.

The abuser is a perverse manipulator for women who are victims of domestic violence, consuming them in their entirety by imposing orders, intimidating them and making meaningless accusations about everything and nothing. The abuser frequently criticizes them and puts them down, humiliating them and leading them to think they are good for nothing.¹⁶ This can be observed in the speeches below: [...] *he says I am fat, ugly and fat, and I used to think I was horrible [...] and then when there is someone saying all the time how awful you are, that you are as ugly as hell... I do not know, where's my self-esteem? (I1); he is very possessive [...] I asked him to seek psychological, psychiatric treatment, [...] he said he did not need it; he implied that I was the one who needed it, who was crazy, and then would become increasingly possessive (I4).*

Fragments of the speeches show the women's perception of the perpetrator's domination in everyday coexistence. Perception is how access to the truth, to the world, to things and to knowledge takes place and is constructed with states of consciousness from reality that shows itself and seeks human intentions. This means that this human act gives us a partial, incomplete but real view and can have multiple interpretations.¹³

The manipulator seems to have made of these women human puppets, their bodies objects of their intention. This way of being and coexisting does not allow for any kind of confrontation because he is the master, and as such he is unable to question and to acknowledge his mistakes. He establishes a destructive conflict in which there is no communication; he poisons the relationship, reopens the wounds and diminishes the will of the victim, his own self-esteem, his future, his vital impulse, and his life.¹⁶

The relationship established in the shared existence of the study participants with the offenders who live under the same roof causes psychological trauma. This is triggered by serious threats to life or physical and/or mental integrity, as is the case of violence in its multiple forms of expression, attempted killing among many other existential phenomena present in the world. These situations force the human being to face the possibility of brutal destruction of their body, values, attachments and, finally, their human condition.¹⁷

The perception of the family and the destruction of human finitude experienced by women victims of domestic violence makes them realize that they are chained to the cycle of violence and risk in the temporality of the here and now, and this could be their mark on the world- their meaningless, insipid existence, leaving a memory of their past, marked only by the accumulation of repeated manifestations of violence.

The various forms of assault leave multiple scars on the body and soul, and creates a tomorrow devoid of any shred of hope, because "it" - violence - will always be there, and could, at any time, kill them and/or destroy the family, as can be perceived in the fragments of the following speeches: [...] *he grabbed my neck with both hands [...] and I could not get them off [...] my son came over to try to help me out, he began to hit him, to punch him [...] my son retaliated. Then, he said: 'I'll deal with you with a bullet' [...] he came back with the gun already aimed at his head [...] he looked at my son who was outside and shot. Then he turned to me and was about to shoot*

[...] (I2); [...] *he held a knife to my neck [...] that day I decided that I could no longer be with a person who did not respect me [...]* (I5).

Even though these women are living in a state of subjugation and disruption of their lives and family due to the violence suffered during their existential trajectory, they were surprised by an act of extreme violence, in which the aggressor tried to kill them, assault them and/or kill their children. The confrontation, which is the first step in the process of resilience, began once they faced the possibility of death.

Death, although frightening to human beings, is a part of life; however, we do not think about it all the time. It comes to mind when we are faced with a threatening phenomenon, which can lead us to the end of our existence. The very real threat of death was described by the research participants, and put them in a situation of absolute existential vulnerability and fragility in which they had to resist destruction and would no longer be consumed by another.

The impermanence between the present and the past allowed the women an existential balance, from the experience lived and stored in their bodies, and aroused the desire to leave this valley of shadows, in which there are fears, existential angst, suffering, and pain that transcends the tangible existence – the body, the meaning of being in the world¹³ – and establishes itself in its very essence, in its soul.

The escape to the outside world, a temporal horizon of infinite possibilities, this departure from the state of immobility placed them in existential movement, and this was possible only after the objective event – the trauma¹⁸ – was experienced by the women participating in the research, because at the moment it occurs the human being is encompassed by a whirlwind of information that does not allow her to decide or react.¹⁹

The forward movement stimulated them toward confrontation, and that positive attitude of internal mobilization made them seek external resources, such as the Women's Police Station and the Center for Referral and Assistance to Women in Situations of Domestic Violence in Curitiba and Metropolitan Region. This can be confirmed in the following speeches: [...] *at the Woman's Police Station, I think that I filed a complaint, and so one day I saw the poster for this Center for Referral [...]* and *I'm receiving psychological services* (I4); [...] *I ended up at the Women's Police Station and then came here to the Center* (I5).

Being with others in a network of social support has allowed the continuity of the process of resilience through the narrative of the experience. This form of expression of the body has led to the manifestation of the meanings attributed to the experience. They are the perceptual experiences of the body that provide a layer of impressions that are, each one, laden with meaning¹³, and thus can be modified. Speaking has enabled change as regards the perception of the violence suffered, and this can be perceived in the following fragments of experience: [...] *with the psychologist, I was able to see what was happening [...]* (I3); [...] *the support of all the staff here at the Center has been important because it helps me to see things that I not want to see, or hide* (I2).

When the female victim of domestic violence is allowed to talk, to bring out her subjectivity from the traumatic experience, and she can attribute a new meaning to the experience stored, it will be possible to change the meaning of suffering, and thus overcome it.

Insofar as the memories of images and scenes are surrounded by words, and are brought forth into the here and now, into the present world, there is representation. In this sense, the reports require a reorganization of the facts of memory, so that they are sent back intentionally to those who are close, to the culture, to another person - real or imaginary. Moreover, the trauma narrative itself allows the women to make sense of what happened and redeploys it affectively, so that it can be understood as a factor of resilience, in addition to the narratives of the others.¹⁹

It should be noted that emerging from behind the walls of the private world has provided the participants in this research with one of the resilience factors in the form of the social support network. Among others, such as the ability to find meaning in life, this aspect concerns spirituality and religion, attitudes and feelings of having a modicum of control over their own life, self-esteem and sense of humor.⁷ This can be perceived in the fragments of the following interviews: [...] *and another thing that is fundamental is my religion. It is God Himself who is keeping me, creating a way for me [...]. When I got married I was a more fragile person, I needed a person by my side [...]. As years went by, I saw I was becoming increasingly alone. So I started to let go, to leave, because I could no longer rely on him, and I had to be the head of the house, so [...]* *I kept growing, and as a result I'm not afraid to take on anything, I was making all the decisions that had to be made alone [...]* (E2).

Each human being is a living body that sees and is seen, touches and is touched, feels and is felt because it is a sensitive subject;¹³ it lives through experiences and carries its existential wounds uniquely and individually. It is important to know the factors influencing resilience to understand it, because it is not a stable and definitive state, but instead is a behavioral process, consisting of highs and lows, which is one reason why it is more fitting to say that a person is in the process of becoming resilient than to affirm that this person is resilient.¹⁸ This can be confirmed by the speeches below: [...] *I'm trying, but I did not think it would be so difficult, that part of you leaving. I am well aware that when I leave home I will not return. [...] the important thing is that now, emotionally, I cry, but I'm feeling better, very calm knowing that I'll leave this place (I1); [...] we went through various processes, and years ago we went our separate ways [...] we've been married for 29 years [...] and I, in my head, I've always thought he could improve, I had that hope when he was well [...]. I realized... I really processed it, I think, last year when I saw that there was no coming back, that unfortunately he is a sick person (I2); [...] I broke up with him several times, I would go home to my mother's and come back again, because I thought he had changed. This went on for nine years. I was stupid to insist he would change (I3).*

Women participating in the research attempted at other times to break the cycle of violence without the help of professionals who make up the social support networks, but this was not enough to continue the process or journey of resilience, because it goes beyond merely coping.

Resilience is composed of two dimensions: resistance to destruction that relates to one's ability to protect their integrity under strong pressure; and the ability to build or create a life worth living despite adverse circumstances. It can be stimulated, maintained and constructed by different social actors, and to this end, it is important to know and understand the various aspects that comprise it. The metaphor of the "Little House of Resilience" holds that each level of the house represents a potential domain of intervention,⁷ namely:

- soil – represents basic physical needs such as sleep and health; ultimately, those needs which determine existence;
- basement – networks of relationships that are more or less informal: family, friends, neighbors, classmates and/or work colleagues;
- ground floor – the ability to find meaning and coherence in life;

- first floor – has three bedrooms: self-esteem, skills and attitudes, and humor, along with other adjustment strategies;

- the attic – openness to other/new experiences.

To work with the elements that constitute the "Little House of Resilience," every human being should substitute a concrete situation, such as which piece of furniture one wishes to place on each level; that is, what action one needs / wants to make. It is not a fixed structure, which is why it is imperative to understand that one does not need to respond to or follow the levels in the order in which they appear. One can go through it in order to inquire about the strengths and weaknesses, which can be used to identify the strengths and weaknesses of a person and his/her surroundings.

The representation of the "Little House of Resilience" actually created the possibility for the nurse to be able to act in his/her care practice as a guardian of resilience. Therefore, it is necessary to know the other in his/her entirety, and this knowledge allows penetration to the depths of experience, which takes place by perception. This allows us to understand existence and problems experienced, which are present in each moment as a recreation or restoration of the world.¹³

Thus, the nurse may capture subjectivity by perception, but in order to do this, he/she should reflect an attitude of openness and flexibility, listening attentively with a view that is sensitive and hermeneutic, one that captures the other in his/her multidimensionality²⁰⁻²¹ and find elements that will help him/her perceive if the female victims of domestic violence are in the process of becoming resilient. These elements are constituents of the subjectivity of women, as may be related to the context where they are uncertain, and relate to existential dimension dynamics in personal, social and professional dynamics.

REFLECTIONS

At the end of the journey to reveal the phenomenon in question, it was possible to realize and understand that the violence suffered by women in its multiple forms of expression has made their existence a *via crucis* of suffering, because of their subjugation, and absolute domination, which triggered the disassembling of their own life and family and culminated in an act of extreme violence which was a threat to life.

The threat to life aroused in the women who participated in the research the desire to break the cycle of domestic violence and break free from their attacker and manipulator, forcing them to leave their state of immobility.

The internal mobilization set them in an existential motion to search for help obtained in social support networks, such as the Women's Police Station and the Center for Referral and Assistance to Women in Situations of Domestic Violence in Curitiba and Metropolitan Region, and triggered confrontation, and thus the opportunity to talk about the trauma lived, give a different meaning to suffering, and stimulate the resilience process. In this sense, external resources represented by the two services can be considered to be important factors that enabled resilience.

The trajectory followed during the development of the research made it possible to understand, through fragments of human experiences related to domestic violence, that resilience is a process of internal mobilization that triggers a movement of existential disruption and opens one toward the other, in order to receive help to transcend the experience lived and find a new meaning in life, even if temporary, that can also be encouraged by the nurse.

Thus, the presence of the nurse in social support networks is important because, in addition to the work of other professionals, the nurse may also be the guardian of resilience, among other care interventions. For this purpose, nurses should strip themselves of prejudices and judgments, and should be able to understand and capture the totality of the female victims of domestic violence in order to understand them as living, dominated and exploited bodies, storing their stories in the subjective experience. While sharing their stories, they cry for help.

The "Little House of Resilience" can be utilized by the nurse in consultation with women victims of domestic violence in different ways. It takes perseverance to help the other to be resilient and/or continue his/her process of becoming resilient. The existential movement toward each other is necessary to promote closer relationships.

The meeting, permeated with dialogue, enables interaction, discovery of the other, and allows the nurse to penetrate his/her surface in order to transcend it. This transcendence will reveal the subjectivity of the female victims of domestic violence, because that is where the invisible marks of the violence suffered are stored, as well as the

meanings and the feelings attached to experiences during the course of existence.

Encouraging others to be resilient means caring, because care is an intentional action, which is demonstrated in the meeting/interaction situation. It is a helping, exchange, reciprocity and discovery relationship. The nurse, when stimulating the process of resilience in women victims of domestic violence, may promote health and consequently improve their quality of life.

Caring in this context means to help women overcome the experience of domestic violence, which requires a break with the other and with the past, so they can become free, overcoming and adapting to new experiences and lives. The new direction they are trying to find will not erase the experience lived, but may serve as a factor of resilience for the reconstruction of a new existence.

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