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Social support as a coping strategy by disabled people when faced with situations of violence

O suporte social como estratégia de enfrentamento de pessoas com deficiência frente a situações de violência

Apoyo social como estrategia de afrontamiento personas con discapacidad se enfrentan con situaciones de violencia

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ABSTRACT

Objective: The study's purpose has been to gain further understanding about how the social support is used by disabled people when faced with situations of violence, and how this contributes to the improvement of the health-disease-care process of these individuals. **Methods:** This is a descriptive-exploratory study with a qualitative approach, which was carried out from August/2015 to July/2016. Participated 102 people bearing disabilities. **Results:** The categories aroused to a network of social groups in the following order of importance: family, friends and community, all of those considered as a source of informal support by providing emotional support; health professionals and religion, as formal sources of support; and the media, cited as informational support necessary to face daily violence. **Conclusions:** The search for social support presents a positive strategy to confront the daily violence. Oftentimes, the support offered minimizes the processes of getting ill.

Descriptors: Coping, Social Support, Disabled People.

RESUMO

Objetivo: Compreender o suporte social utilizado por pessoas com deficiência frente a situações de violência e como este contribui para a melhoria do processo saúde-doença-cuidado desses indivíduos. **Método:** Estudo exploratório descritivo com abordagem qualitativa, realizado de agosto/2015 a julho/2016. Participaram 102 pessoas com deficiência. **Resultados:** As categorias despertaram para uma rede composta por grupos sociais, na seguinte ordem de importância: familiares, amigos e comunidade, considerados como fonte de apoio

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informal fornecendo suporte emocional; profissionais da saúde e religião, como fontes de apoio formal. Esta é apontada como suporte emocional, e aqueles como suporte informacional e emocional; e as mídias citadas como apoio informacional necessário para enfrentar as violências diárias. **Conclusões:** A busca por suporte social apresenta-se como estratégia positiva de enfrentamento das violências diárias. O apoio ofertado minimiza por vezes os processos de adoecimento.

Descritores: Enfrentamento, Apoio social, Pessoas com deficiência.

RESUMEN

Objetivo: Comprender los medios de comunicación social utilizados por las personas con discapacidad en situaciones de violencia y cómo esto contribuye a la mejora de la salud de la enfermedad-cuidado de estos individuos. **Método:** Un estudio exploratorio descriptivo con un enfoque cualitativo, llevado a cabo a partir de agosto/2015 a julio/2016. Participaron 102 personas con discapacidad. **Resultados:** Las categorías despertados a una red de grupos sociales, en el siguiente orden de importancia: la familia, los amigos y la comunidad, considerada como una fuente de apoyo informal, proporcionando apoyo emocional; profesionales de la salud y la religión, como fuentes formales de apoyo. Esto es visto como apoyo emocional y aquellos, como apoyo informativo y emocional; y los medios de comunicación citados como apoyo informativo necesario para hacer frente a la violencia diaria. **Conclusiones:** La búsqueda de apoyo social presenta una estrategia positiva para hacer frente a la violencia cotidiana. El apoyo ofrecido a veces minimiza los procesos de la enfermedad.

Descriptores: El hacer frente, Apoyo social, Las personas con discapacidades.

INTRODUCTION

Violence, understood as a complex phenomenon, is not restricted only to aggressions of physical nature, but also to those that affect emotional, psychological and symbolic integrity of the individual, manifested mainly in interpersonal, family, community and institutional relations.[1]

When this phenomenon affects people with disabilities, it becomes imperative to understand society within its unequal and segregating conjuncture, which, while struggling to accept the differences, exposes people with disabilities to situations of violence, given that its vulnerable social structures, social isolation, prejudice and the very violation of rights lead these people to suffer violence.[2]

This conflictive scenario in the relationship between society and disabled people has been known since the beginning of ages. In fact, there is little knowledge about the reality of these people during the Ancient History and Middle Age periods. What's more concrete is portrayed in literature from Greek, Roman, biblical religious passages of the Koran and Talmud. In order to understand this historical context, it is necessary to observe determinant factors, such as the influence of religion in this process, besides the political, economic and social factors applicable at that time.

Therefore, during Ancient History people with disabilities did not even have their human rights respected, and were not even considered human; they were left to die or even murdered. In the Middle Age period (V to XV century), this reality has not changed, since disabled people, based on the prevailing religious context at the time, were considered either "devilish" or people who suffered God's punishment. And as the years progressed, with the emergence of Bourgeois Revolution (17th and 18th centuries), such people had their disability considered as a product of natural misfortunes, whose fate was the confinement in psychiatric hospitals, nursing homes and convents, suffering all forms of violence that were justified as treatment.[3]

This reality did not change in the following centuries. The literature presents the decades of 40, 50 and 60 of the 20th century, marked by the involvement of people with disabilities in tests for scientific experiments, such as exposure to radiation, pathogens or chemical substances, where possible advances in the field of science were taken as a priority.[4]

Faced with this unfolding of violence directed at people with disabilities during the course of time, it is perceived that this phenomenon should be seen as something complex and that is triggered by several factors, and must also be analyzed according to the historical environment that took place, especially to be understood from each individual's opinion, considering their social, cultural, economic and political context.

Even nowadays, many are the manifestations of violence, such as the failure to respect their rights: inaccessibility,[5] situations involving prejudice[6], discrimination, humiliation,[3] neglect by caregivers and maltreatment. These manifestations, in turn, can have negative repercussions in the psychological and social animus of such people, sometimes triggering illnesses.

To deal with such adverse and stressful situations, disabled people develop skills to defend themselves as a form of self-protection. This phenomenon of coping in situations of psychosocial violence is called "coping strategies".[7]

Several authors work on such strategies. Among them it is worth mentioning Folkman and Lazarus (1984), who, in order to study this phenomenon, assembled an formulary containing 66 questions. This material was adapted to the Brazilian reality by Mejias and Savoia (1996) and includes eight coping strategies: confrontation, withdrawal, self-control, social support, acceptance of responsibility, escapism and avoidance, problem solving and positive re-evaluation. [7]

Among those cited, it is worth mentioning the "social support", understood as one of the coping responsible for reducing the risks of disorders through various mechanisms, such as: reducing the impact of the stressor; influencing the perception of how much this experience is threatening; influencing the course of a disorder developed in response to the stressor.[7]

From this perspective, while the social environment can be a trigger for violence, it is also there that one can find the support to face adverse situations. Therefore, it is necessary to consider that scientific documents lacks data that portray this social conjuncture, as an element of support to people with disabilities in stressful situations. Thus, it is urgent to assess and understand what social support should be sought to face situations of violence and how this support can act in the improvement of their health-disease-care process.

In this context, the understanding of this social support becomes pertinent, since it allows to delineate practices that minimize those situations of violence carried out by numerous social actors, promoting, therefore, the inclusion of disabled people within the society in an equitable way, since such situations of violence stem from the problem of non-observance of specific legislation, operating in a costly manner, especially on the issue of human rights.

Therefore, this study aims to understand the social support employed by people with disabilities subject to violence, and how social support contributes to the improvement of their health-disease-care process.

METHODOLOGY

This is an exploratory descriptive study with a qualitative approach. A major research study entitled “Strategies for Coping with Violence Experienced by People with Disabilities in the Municipality of Sobral/Ceará” is an integral part of the activities carried out in the *Programa de Educação pelo Trabalho para a Saúde* (PET-Saúde), o Work-to-Health Education Program, for the Care for the Disabled Network. A project took place in the biennium 2013-2015, aiming at the promotion of Nursing and Physical Education students at the *Universidade Vale do Acaraú* (UVA) for interdisciplinary work in health services.

The study scenario encompassed the services that make up the Sobral-CE Disability Assistance Network, namely: Sobral Rehabilitation Center (SRC), Sobral Citizen Support Service (SCSS), Better at Home Program, Overcoming Obstacles Project (OOP), Adapted Sport Project (ASP), and five Family Health Centers (FHC) located in the municipality of Sobral.

The municipality of Sobral has a population of 188,233 inhabitants, of which about 48,270 people have some type of disability, corresponding to 26.64% of the total population. Of these, 78.2% are considered visually impaired, 22.6% are hearing impaired, 29.36% are physically handicapped and 6.15% are intellectually disabled.[8]

The inclusion criteria were: people with disabilities, residing in the municipality of Sobral, who accepted to participate, with at least 18 years of age and having cognitive function preserved. Thus, the study took place in the period between August 2015 and July 2016.

Finally, 107 people with disabilities were identified and addressed, of whom five claimed not to use the social support, totalizing 102 at the end of the triage. Everyone agreed to participate after being fully informed about the research objectives and signing the Informed Term of Consent (ITC).

For the data collection, a semi-structured questionnaire elaborated according to the theoretical areas of the Coping Strategy Inventory of Lazarus and Folkman (1984), adapted by Savoia and Mejias (1996) for the Brazilian reality, was used. From this questionnaire, only the social support coping was addressed.

In order to prepare the interviewer regarding the approach, behavior and attitudes during the interview, the role-playing technique was employed. The exercise of this democratic and participative methodology allowed the involvement in working problem situations, assuming different roles from those experienced in their daily lives, and to make decisions and predict their consequences.[9]

The contents of the interviews were recorded and transcribed in full, in order to guarantee the reliability of the reported content. As a way to transmit information from each participant, ensuring anonymity, the codification with the letters SS was used to represent social support, accompanied by the numbers 1 - 102.

For the organization, analysis and interpretation of the speeches collected in the interview, the Minayo categorization was employed.[10] In the first phase of this analysis, a fluctuating reading was made, after the constitution of the corpus, which consisted of the organization of the material and the identification of the initial ideas. In the second phase, the material was analyzed, codified and the classified, giving rise to four categories outlined below.

This study observed and respected the bioethical principles (autonomy, beneficence, non-maleficence, justice and equity) provided and secured in Resolution No. 466/20 12 of the National Health Council. Approved by the Ethics Committee of UVA, through the Brazil platform, with a favorable opinion of number 554,336.

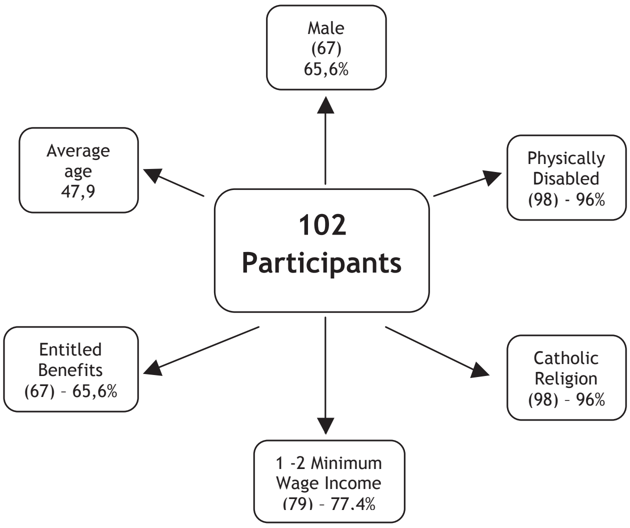
RESULTS AND DISCUSSION

Before the analysis of the information collected, the results were organized with the characterization of people with disabilities in four categories: *Santo de casa obra milagre sim*: support of family, friends and community; A little with God is a lot, and a lot without God is nothing: religion as an element of support; Broken silence in the Unified Health System: support mediated by the health sector; Who seeks, finds: the support found in the knowledge of rights.

Characterization of people with disabilities

In the figure below, the socio- demographic profile of the 102 people with disabilities was described. The major project information contained the following variables: gender, disability, age, race, religion, marital status, schooling, occupational situation (at the time), entitled benefits and monthly income. However, for the purposes of this study, only those that exceed a value equal to or greater than 50% of the values were selected, believing that these data would be more relevant to the study.

Figure 1 - Sociodemographic profile of the 102 people with disabilities



Source: Major project entitled "Strategies for Coping with Violence Experienced by People with Disabilities in the Municipality of Sobral/ CE", 2016.

Regarding the gender data, those presented in this study do not corroborate with the census found in the Brazilian Institute of Geography and Statistics (IBGE),[8] in which the female predominated over the male because of the large mortality rates for the latter. This same census noted that there is a higher rate of violence suffered by people with visual impairment, belonging to the black and yellow races.

Age-related census data show that the highest percentage of people with disabilities lies in the group aged 65 or over, due to the aging process and consequent loss of functionalities. However, the census also highlights a strong increase in the group aged 40 to 44, in which the prevalence of disability grew sharply.

The monthly income reported by the majority of participants amounted to 1 - 2 minimum wages, in line with what is shown by IBGE.[8] Regarding the entitled benefit that equals one minimum wage, the majority reported receiving it, similarly to a study of 523 people with disabilities or permanent mobility restrictions. Most of them (75%) claim to receive this benefit. It is noteworthy that the 67 participants who reported receiving benefits are included in the sample where they stated that they have a monthly income of 1 - 2 minimum wages, since incomes above 1 minimum wage implies suspension of the benefit.

The Catholic religion was pointed out as the predominant in a study carried out with 57 elderly people, of whom 56 emphasized the influence of the Catholic religion when facing the incapacities that arise in the old age.

Santo de casa obra milagre sim: support from family, friends and community

Social support characterized as informal, provided by primary groups such as family, relatives or similar,[11] was sought in this study as emotional support, considered as an important element for experiencing and coping with adverse situations. The family, which is considered the oldest human grouping, was mentioned by 66 in a universe of 102 participants. Two of them stated:

> If we do not have a family, support from this family, we will never recover so fast! (SS65).

> The only support I have, that I seek emotional support, is only from my family (SS27).

People with physical disabilities points to family, friends, community relations and health professionals as essential components of the support network. However, the family is the main source, as intimate relationships, strong emotional ties and the most enduring interactions can greatly alleviate the physical and emotional impacts of stress, compared to side groups, such as religious or working groups.[12]

By contributing to the access to health services and participation in social groups, the social support network used by people with physical disabilities is composed mainly of family members (mother, father, brother, son, spouses), in addition to those outside the family, such as friends and neighbors. However, the majority of these people has only the support of the family.[13] Ratifying the family's womb as emotional support included in this support network in the face of stress, families with Down syndrome adolescents pointed out that, in addition to the various family members, the spouse reveals itself as a strong supporter in stressful situations.[14]

Still in this dimension of informal support, in addition to the family, in the context of stress, other actors are approached in this support network, among which the friends. Among 102 participants, 24 emphasize the importance of friends in coping with situations they consider violent, as shown below:

> I get support from the family, but I get more from my friends (EA39).

> The affection and respect I receive from my friends and the people of my city is what reassured me about that (SS32).

In this perspective, workers pointed out that receiving social support from friends may be important for the worker to deal with stressful situations, interfering positively not only in their working life, but also personal.[15]

In summary, the composition of the support network of people with disabilities is essentially made up of people from the family and friends with the most varied degrees of proximity, both considered as structuring axes for coping with stressful situations. The knowledge about this network is necessary in the planning of health actions, since taking care of mental health in this aspect requires the diagnosis of the support used, that allows guiding the practice of care.

A little with God is a lot, and a lot without God is nothing: religion as an element of support

Of the 102 participants, 38 cited religion as a source of support. Faith in certain beliefs or religions is an element that is present in the culture of different societies, dating from the beginning of ages, and is considered as an important element of support used by people with disabilities when facing situations of violence:

> Now a support that I think it's essential, that still remains my main support is the church! I think I grew up with it, so whenever I come across a dire situation, I seek faith. I always seek God! I always prayed for myself because I wanted people to respect me and treat me differently (SS66).

The practice of a religion contributes to alleviate suffering and anxieties, renewing the forces for the struggle for survival.[16] Religiousness is still an important factor in the protection of health. Faced with stigmatizing situations that threaten their identity, this practice helps to deal with stress, reducing the threat to that identity and helping to maintain optimism.[17]

Situations of violence in their most varied nuances sometimes directly affect the health-disease process of people with disabilities. Thus, various religious formations, or spaces in which the spiritual questions are addressed, are cited as support:

> Nowadays I am evangelical! I thank God when I get to the church, I do not go on a wheelchair, they come get me in the car. I go to the Baptist Church, everyone there treats me as beautiful, when I get there, they hug me. More and more I have become friends, God's things are too good! God is very good to us (SS18).

Spirituality reveals itself as important and influential in the health and well-being. Religiousness as a coping strategy for functional incapacity experienced by the elderly prevent individual suffering, minimizes loneliness and regulates the emotional response caused by this functional disability.[18]

The expanded concept of health provides that the individual is seen holistically from a biopsicosociocultural model, complying with the spiritual context, that is, in all its dimensions. This search for a spiritual entity as a form of confrontation is not only reproduced in the access to religious communities, because there are people who choose to seek the support of the faith through particular prayers:

> I do not go every Sunday to church, but I pray because God is everything, he listens to us. I watch the mercy rosary on television from Monday to Friday! I watch the Holy Mass on television! When I feel like it, I go to the Holy Mass! I do! Yet God is indispensable! (SS64).

In this spiritual dimension, the expression of faith and beliefs through prayers fulfills its role of emotional support in coping with negative symptoms that arise in the process of caring for patients with Alzheimer's disease experienced by their caregivers. This interlocution with God or with entities through prayer evoke relief and provides hope, aiding in the understanding of the suffering experienced.[19]

Therefore, religion as a positive coping strategy visualized as emotional support in these collective spaces allows people with disabilities to share their sufferings and their anguish. Addressing this spirituality provides these people with emotional subsidies to deal with adverse life circumstances. The observance of these spiritual needs by health professionals is essential to comply with the principle of integrality. Religion, spirituality, belief or faith in some entity must be respected and observed by professionals as possible strategies to work with the health-illness care process.

Broken silence in the Unified Health System (UHS): support mediated by the health sector

Social support through the health services in its three spheres of assistance (primary, secondary and tertiary), considered a type of formal support, was mentioned by 15 participants out of a total of 102. Faced as an emotional support space when facing stressful situations, the basic health care through the family health centers and the professionals that compose it has shown itself as mediator in this confrontation:

> The health agent girl is like a daughter to me, it's a daughter I won. She spent two days with me and asked for her work permit. She's a great girl, great! (AL18).

This emotional support offered by the Family Health team is also observed in the strategies of care built in situations of domestic violence. Similarly, the professionals of the Family Health Support Center (FHSC) and the Community Health Agents (CHA) are protagonists in monitoring cases of violence.[20]

Secondary care represented by the Rehabilitation Center Services (RCS), Sobral Citizen Support Service (SCSS) and the Ostomy Center was mentioned by people with disabilities as well as elements that provide support not only concerning the individual's functional rehabilitation, but also further facilitating informational support, thus assisting in understanding and coping with situations they considered violent:

> I look for the health post and the rehab center (SS78).

> Man, only here [referring to the SACS service]. There's a meeting here, after I got here I improved a lot, sometimes there's a meeting and we talk about our problems and I see that this occur not only with me but also with others (SS102).

This statement is in line with those experienced by people with physical disabilities caused by leprosy. Among the strategies used by these people in the face of limitations to perform daily living activities, social support appears as one of the most used, with health staff, among others, as one of the main sources of support and whose psychological monitoring can be given both individually and in group format.[21]

Punctuated as a problem that can be solved, the lack of information about available services and information triggers the search for informational support. The tertiary level of care in the figure of hospital institutions can be classified as a formal network that provides informative support. Although there predominate the use of hard and light technology, guidelines to users/disabled people or even their caregivers are essential to ensure the integrity and continuity of care. The orientation about the flow in the care network avoids the lack of knowledge that, in turn, can lead to stress. In this case, this level of attention is presented as a protective and/or preventive agent of stressful events:

> From the professionals I got support in the hospital, they already were explaining me about the rights that I would have now (SS97) .

The relevance of this support offered by health professionals in cases that compromise well-being and mental health is highlighted by women familiar with drug users. The provision of a full and qualified assistance provides support to cope with adverse situations that may occur.[22] Accordingly, hospitals, which are included in the social support network of families of children with brain tumors, are cited as an important source of support, information providers in the hospitalization processes.[23]

Although the Person with Disabilities Assistance Network and the UHS experience problems for consolidation, this network reveals itself as social support model, facilitating informational and emotional support. The knowledge of the life reality of these people, together with the good use of health technologies, enables professionals to offer support that favors the construction of bonds that, in turn, improve the quality of life.

Who seeks, finds: the support found in the knowledge of rights

Based on the assumption that the concept of violence must be considered from what the person with disabilities perceives this phenomenon, the support network for coping with this manifestation of violence is built around the context in which such an event occurs. Thus, in spite of the considerable advances made in terms of legal achievements, there is in practice a lack of observance of the rights both by public bodies and by society as a whole. Faced with this reality, the tool used was focused on solving the problem, centered on the information support, employed by ten participants, among them:

> Now I try to go when there are lectures about disabled people, I try to go, see, know our rights, I do not know all of them (SP07).

Informational support consists of sharing other essential knowledge to guide the attitudes that will solve the problem.[24] In practice, it is observed that social support in the dimension of informational support used by people with disabilities in their work environment shows itself as facilitator of well-being at work.[15]

This proactivity in the search for information is fundamental in the decision-making for the accomplishment of daily activities in the context of the deficient individual, which, faced with the difficulties, faces physical, attitudinal and communicational barriers. Given the following lines:

> My biggest support was education, reading, researching mainly on the Internet. Seeing people with disabilities that are aware of their rights, their duties, using them to our advantage. So based on these examples and this literature I also absorbed this and try to follow it (SS71).

> I've already looked on the internet, even because outside is easier. I sought to know about my problem, how it originates and also about the person with disabilities in order to know the rights and benefits that one can have (SS84).

This converges to group-mediated Facebook, used by people with visual impairment where the information (support input) and the interactions experienced in these environments may possibly impact benefits to the quality of life and the well-being of those involved.[25]

Thus, faced with the many situations of violence experienced daily, people with disabilities use the media and technologies available as informational support to meet their concerns about rights, which, when not observed, generate conflicts.

CONCLUSIONS

The objective of this study was to understand the social support used by people with disabilities as a coping strategy in the face of situations considered violent, and showed the profile of people with disabilities residing in the municipality of Sobral-CE , with emphasis on a majority composed of people with physical disabilities, male, with mean age of 47.9 years, of black/brown ethnicity, married, literate, but with incomplete primary education, with the predominance of the Catholic religion. Unemployed or working only at home, receiving benefit and with monthly income predominant between 1 and 2 minimum wages. This data was unknown until now, becoming a devolution to the local health system and will certainly contribute to the consolidation of the assistance network focused at these people.

The categories have awakened to a network composed of social groups, in the following order of importance: family, friends, religion, health professionals, who provide both informational and emotional support.

Such social support scenario must be known by health professionals who, in view of their sanitary responsibility, should base their practices based on the real needs of this population. And as care implementers, they need to seize this network in order to guide their practices with interventions that offer quality care that avoids or minimizes disease processes.

Given the fact that most of the reports are composed of people with physical disabilities, who sought the health services where the interviews occurred, the limitations found in approaching people with other types of disabilities give space for future studies directed to other cases.

REFERENCES

1. Abramovay M, Castro MG, Pinheiro LC, Lima FS, Martinelli CC. Juventude, violência e vulnerabilidade social na América Latina: desafios para as políticas públicas. Brasília: Unesco; 2002.
2. Andrade AN, Alencar HM. Vozes do silêncio: juízos morais de jovens e adultos surdos sobre situações pessoais de humilhação [internet]. Bol Psicol. 2008 jun [acesso em 18 abr 2016]; 58(128):55-72. Disponível em http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S0006-59432008000100005&lng=pt&nrm=iso
3. Aranha MSF. Paradigmas da relação da sociedade com as pessoas com deficiência. Revista do Ministério Público do Trabalho. 2001 mar; (21):160-73.
4. Sobsey D. Enough is enough, there is no excuse for a hundred years of violence against people with disabilities. In: SOBSEY, D. et al. Violence and disability: an annotated bibliography. Baltimore: Paul H. Brookes Publishing; 1995.
5. Castro SS, Lefèvre F, Lefèvre AMC, Cesar CLG. Acessibilidade aos serviços de saúde por pessoas com deficiência [internet]. Rev Saude Publica. 2011 fev [acesso em 23 out 2014]; 45(1):99-105. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102011000100011&lng=en&nrm=iso
6. Oliva DV. A educação de pessoas com deficiência visual: inclusão escolar e preconceito [internet]. São Paulo. Dissertação em Psicologia – Universidade de São Paulo; 2011 [acesso em 5 abr 2016]. Disponível em: http://www.teses.usp.br/teses/disponiveis/47/47131/tde-24052011-172502/publico/A_educacao_de_pessoas_com_deficiencia_visual.pdf
7. Savoia MG. Escalas de eventos vitais e de estratégias de enfrentamento (Coping). Revista de Psiquiatria Clínica 1999 mar-abr; 26(2). Disponível em: http://www.hcnet.usp.br/ipq/revista/vol26/n2/artigo(57).html
8. Instituto Brasileiro de Geografia e Estatística. Censo Demográfico Brasileiro 2010. Rio de Janeiro: IBGE; 2010.
9. Francischetti I, Corrêa ACL, Vieira CM, Lazarini CA, Rolin LMG, Soares MOM. Role-playing: estratégia inovadora na capacitação docente para o processo tutorial [internet]. Interface (Botucatu). 2011 dez [acesso em 18 maio 2016]; 15(39):1207-18. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-32832011000400019&lng=en&nrm=iso
10. Minayo MCS. O desafio do conhecimento – pesquisa qualitativa em saúde. 11. ed. São Paulo: Hucitec; 2008.
11. Thoits PA. Mechanisms linking social ties and support to physical and mental health. Journal of Health and Social Behavior. 2011; 52(2):145-61.
12. Brignol P. Rede de apoio à pessoa com deficiência física. Florianópolis. Dissertação – Universidade Federal de Santa Catarina; 2015.
13. Holanda CMA, Andrade FLJP, Bezerra MA, Nascimento JPS, Neves RF, Alves SB, et al. Redes de apoio e pessoas com deficiência física: inserção social e acesso aos serviços de saúde [internet]. Cienc Saude Colet. 2015 jan [acesso em 15 jul 2016]; 20(1):175-84. Disponível em: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232015000100175&lng=en
14. Oliveira LD. Famílias de adolescentes com deficiência intelectual: estresse, estratégias de enfrentamento e apoio social. Juiz de Fora. Dissertação – Universidade Federal de Juiz de Fora; 2013.
15. Andrade VLP. Suporte social como estratégia de enfrentamento do estresse no ambiente de trabalho. Brasília. Dissertação – Centro Universitário de Brasília; 2014.
16. Batista PSS. A valorização da espiritualidade nas práticas de educação popular em saúde desenvolvidas na atenção básica [internet]. Rev Electron Comun Inf Inov Saude. 2010 set [acesso em 19 jul 2016]; 4(3):49-55. Disponível em: http://www.reciis.icict.fiocruz.br/index.php/reciis/article/view/667
17. Melo CVG. Estratégias de enfrentamento de pessoas negras e com deficiência frente ao duplo estigma. Salvador. Dissertação – Universidade Federal da Bahia; 2014.
18. Santos WJ. A religiosidade como estratégia de enfrentamento do processo de incapacidade funcional dos idosos da cidade de Bambuí, Minas Gerais. Belo Horizonte. Dissertação – Centro de Pesquisas René Rachou; 2012.
19. Cecato JF, Aramaki FO, Souza AB, Montiel JM, Bartholomeu D, Martinelli JE. Estratégias de enfrentamento: fé como apoio emocional de cuidadores de idosos com demência. Revista Geriatria & Gerontologia 2013; 7(4):269-73.
20. Moreira TNF, Martins CL, Feuerwerker LCM, Schraiber LB. A construção do cuidado: o atendimento às situações de violência doméstica por equipes de Saúde da Família [internet]. Saúde e Sociedade 2014 jul-set [acesso em 19 jul 2016]; 23(3):814-27. Disponível em: http://www.revistas.usp.br/sausoc/article/view/88568/91452
21. Beltrame RT, Marciano LHSC, Fonseca MS, Prado RBR. Estratégias de enfrentamento utilizadas pelo paciente com deficiências físicas na hanseníase. Revista Mimesis: Ciências Humanas. 2015 mar; 36(1):117-38.
22. Lopes, RE. O dito, o não dito e o bendito: compreendendo o enfrentamento de mulheres familiares de usuários de droga. Sobral. Dissertação – Universidade Federal do Ceará; 2012.
23. Jackson AC, Enderby K, O'Toole M, Thomas SA, Ashley D, Rosenfeld JV, et al. The role of social support in families coping with childhood brain tumor. J Psychos Oncol. 2009; 27(1):1-24.
24. Siqueira MMM. Construção e validação da escala de percepção de suporte social. Psicol Estud. 2008 abr-jun; 13(2):381-88.
25. Caran GM, Biolchini JCA. Suporte social informacional mediado por grupos no Facebook: um estudo de caso. In: Anais do 16. Encontro Nacional de Pesquisa em Ciência da Informação; 2015 out. 28-30; João Pessoa, Brasil. João Pessoa: UFPB; 2015. Disponível em:http://www.ufpb.br/evento/lti/ocs/index.php/enancib2015/enancib2015/paper/view/3040/1051

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