

**INTRAFAMILY
SEXUAL ABUSE AND
INSTITUTIONAL CARE
OF CHILDREN IN EARLY
CHILDHOOD: A CASE
STUDY**

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Abstract: Sexual abuse impacts different spheres of a child's life, generating consequences for physical, psychological, social, affective and cognitive development. This study aims to present the phenomenon of intrafamily sexual abuse and the psychological, social and legal aspects experienced by victims. For that, a case study of two brothers victims of sexual abuse was used. Observation of the children was carried out in the institutional reception environment; projective techniques with social educators, and documentary research of the legal processes of the brothers. In 2018, the brothers were welcomed after presenting, in an emergency medical consultation, signs of sexual violence and neglect of care. The documents contained in the legal proceedings found intrafamily sexual abuse, neglect of parental care, developmental problems: speech delay and muscle tone; and difficulty in establishing affective bonds and socialization, among other health problems. The storytelling of the educators showed anguish and commitment in the care of the brothers. The observation of the children pointed to the global improvement over the months, the establishment of affective bonds and initial difficulties overcome. It is concluded that the institutional reception promoted an environment of protection and individualized and affective care, allowing the siblings to develop again and to establish an affective bond between themselves and with others. The study reiterates the seriousness of sexual abuse in early childhood, highlights the serious violation of rights, which must be addressed within the scope of public and mental health and social assistance, implementing and expanding public policies aimed at early childhood.

Keywords: Intrafamily sexual abuse, institutional reception, early childhood.

INTRODUCTION

The violation of the rights of children and adolescents in Brazil is still a very worrying reality. Statistical data from the Ministry of Women, Family and Human Rights (MMFDH, 2019) indicated that in 2018, of the 76,216 complaints of violation of the human rights of children and adolescents in Brazil, sexual violence corresponded to 13,418 records with an increase in 2020, reaching to 14,621 reports of sexual violence against children and adolescents (MMFDH, 2021). Although these data presented by the Ministry of Women, Family and Human Rights portray the seriousness of the situation, there is no data available on the verification of the complaints or the effectiveness of guaranteeing the rights of these children and adolescents.

The UNICEF study (2021) on reports of sexual violence against children and adolescents between 2017 and 2020 in Brazil, described that of the 179,278 registered cases, 145,086 of them were victims aged between 0 and 14 years, that is, 81% of the cases, and in 86% the aggressor was known to the victim. UNICEF highlights that, although there are high numbers, these data are not accurate, given the underreporting of cases.

Most victims are female, with 0 to 9 years old representing 77% and boys 23%; among victims aged 10 to 19, females represent 91%. In most cases, the crime took place in the victim's home (64% male and 67% female) (UNICEF, 2021).

An epidemiological analysis carried out by the Ministry of Health (2018) of reported cases of sexual violence against children and adolescents between 2011 and 2017 recorded 184,524 cases of sexual violence, with 58,037 of the cases involving violence against children who were mostly aged between 0 and 5 years (55.8% of cases) and in 74.2% the victim was female. This same study pointed out that 81% of the aggressors were male, 37% of the cases

had a family relationship with the child and in 69.2% of the cases the violence occurred inside the victim's residence.

The data presented by UNICEF (2021); MMFDH, 2021 and Ministério da Saúde (2018) point to the seriousness of sexual violence against children and adolescents and reveal that there is no centralization of these data in Brazil, that there is underreporting of cases and a lack of integration between different institutions (health, public security, education, among others) to seek effective ways of guaranteeing rights (CHILDHOOD, 2019).

Any form of violence negatively interferes with the health and well-being of individuals. Sexual violence, which corresponds to sexual abuse and sexual exploitation (WHO, 2015), can be understood as "any act, of any nature, that violates the human right to the sexual development of children and adolescents, practiced by an agent in a situation of power" and unequal sexual development in relation to child and adolescent victims" (NATIONAL COMMITTEE, 2013, p. 22).

Intrafamily abuse or incest can be defined as a kind of sexual abuse intentionally practiced by any of the members who have a parental bond with the victim. The situation of sexual violence appears as a symptom of a process of lack of family structuring, involved in a dysfunctional dynamic, with a conscious or unconscious collaboration that omits and, therefore, maintains the situations of intrafamily violence. These issues can prevent the development of protective aspects of the family for the child. Intrafamily sexual violence is usually manifested silently, which ends up making it difficult to identify and generating a family pact on the subject. The child, faced with the act of incest, is placed in a situation of helplessness, emerging feelings of insecurity, fear, conflicts and confusion, with a rupture in the identification of the protective figure

and in the perception of their care, making it impossible to elaborate. psychological information about what happened at that moment (AZEVEDO and GUERRA (orgs.), 2009; GABEL (org), 1997; PACHECO and MALGARIM, 2012; FLORENTINO, 2015). Although child sexual violence is not a new phenomenon, in Brazil it only began to receive greater attention after the enactment of the Child and Adolescent Statute (ECA), which provided for mechanisms to protect and guarantee the rights of victims (Mendes, 2019), including the mandatory reporting of cases of violence against children and adolescents. Thus, for example, health professionals began not only to take care of the physical and emotional damage of victims of sexual violence, but also to have the duty to notify the cases to the competent bodies (Cezar, Arpini, & Goetz, 2017).

The institutional care of children, is one of the protection measures provided for in the ECA, must occur in situations where moderate protective measures are not effective. The main reasons for institutional reception are associated with violence, whether physical, psychological, sexual, or neglect of care. Intrafamily sexual violence is one of the reasons that lead children and adolescents to institutional care (Silva, 2005; Ferreira, 2014).

Despite the heterogeneity of the experience of children who experience institutional care, in general, when they are exposed early to these institutions, they do not receive an environment that offers sufficient stimuli for the construction of good identification references and a healthy psychological development. The care offered by caregivers, due to the number of children, the work performed in shifts, the lack of planning of activities, tends to be performed automatically, with emotional detachment, usually associated with basic hygiene and food care (Santana & Koller, 2004; Hecht & Fabrício, 2009; Ijzendoorn et

al., 2011; Altoé, 1990; Hecht & Fabrício, 2009; Gabatz, 2016).

The degree of severity of the consequences arising from the violence practiced varies according to some conditions such as the age of the child, when the violence began, the duration and number of times, age difference between people, the bond between the victim and the abuser, among other issues. Guilt in the face of the situation experienced by the abused child can have more serious consequences than the sexual activities themselves (GABEL, 1997; FURNISS, 1993 apud FLORENTINO, 2015).

According to Gabel (1997), intrafamily sexual abuse has more severe consequences, as it causes confusion in relation to parental figures and can affect their identifications. Consequences such as eating disorders, sleep disturbances, impairment of intellectual functions, lack of interest in studies, affective blunting, aggressiveness, inappropriate sexual behavior and psychosomatic reactions may arise during their development. In general, according to Summit (1983), children start to act with adaptation mechanisms seeking to survive, often through cleavage, that is, dissociation to reconcile good and bad objects, translating throughout their psychic development, in personality disorders.

Sexual abuse impacts different spheres of the child's life, has consequences on their physical, psychological, social, affective and cognitive development. It is a relevant topic in the field of mental health and human rights. In this sense, this study proposes to discuss the phenomenon of child sexual abuse from the presentation and discussion of psychological, social and legal aspects that occurred with children victims of intrafamily sexual abuse.

MATERIAL AND METHODS

KIND OF RESEARCH

This case study is an exploratory and

descriptive qualitative research clipping “*Assessment of risk factors for cognitive and affective development and early intervention in babies aged 0 to 2 years in foster care*”, whose proposing institution is Centro Universitário São Camilo, Department of Psychology.

The qualitative methodology, as explained by Neves (1996, p.01), does not propose to “enumerate or measure events. It serves to obtain descriptive data that express the meanings of phenomena.”, in a process of building an interdependent relationship between the subject, the object and the world (Mays & Pope, 2001).

The case study can be understood as a “naturalistic and flexible” investigation procedure, in which multiple methods and various data sources can be used to “describe intensively and deeply one or more individual cases”, highlighting “intra-subject variations” over time, in order to test theoretical propositions (hypotheses) or generate explanations to be tested and/or confirmed in further studies” (SERRALTA, NUNES and EIZIRIK, 2011, p.504).

ETHICAL ASPECTS

The research was submitted and approved by the Ethics Committees of Centro Universitário São Camilo: Research Committee (CPq) Centro Universitário São Camilo-SP, Opinion PQ.66 /2018; and Embodied Opinion of CEP CAAEE 95842818.2.0000.0062, opinion number 2,843,363.

PROCEDUR

For the proposed clipping, two brothers were observed, here called Rita and Pedro (fictitious names), whose ages at the time of observation were one year and 11 months and nine months, respectively. The children were being sheltered in an institutional care service in the city of São Paulo/SP - Brazil, which, in 2018, received a complaint from a General

Hospital, in the same city, for neglect of care and child sexual abuse of the child. Rita.

The participant observation was carried out in the host institution where the children were. In addition, the drawing-story technique was carried out with the social educators who accompanied the children.

For this study, the psychological and social service reports accompanying the protective measure of reception and removal of family power and the data contained in the judicial processes of monitoring institutional reception were also evaluated.

DATA ANALYSIS

The data were described and analyzed in their singularities and interpreted using the theoretical framework of psychoanalysis.

RESULTS

THE JUDICIAL PROCESS: THE TECHNICAL REPORTS

The girl Rita, one year and 11 months old, in April 2018, was admitted to the emergency room of a public General Hospital in the city of São Paulo, presenting dehydration, symptoms of diarrhea, gastroenteritis, anemia, anal, vaginal and oral lesions compatible with violence. sex and neglect. She was diagnosed with syphilis, macrocrania, hydrocephalus and herpes. She didn't sit, talk or walk, just crawl. The vaccines expected for her age were late. In view of this situation, the justice and protection system for children was activated.

Faced with the serious situation presented by Rita, the family was asked to present their other child, Pedro, nine months old, for an assessment of his health status and verification of negligence in care. Pedro was diagnosed with hydrocephalus and congenital syphilis, showing signs of anemia, malnutrition and dehydration. In addition, delay in neuropsychomotor development, low weight, rash, head wound were also observed.

As a result of neglect and sexual violence, the children were referred to institutional care, where they remained for approximately two years.

The brothers lived with their parents, and with their paternal grandmother. When asked if anyone else lived in the residence, the father contradicted himself in relation to the presence of his brother, the children's paternal uncle, Ronaldo, 38, who, according to Antônio, worked all day and only came home to sleep. The family income was made up of the paternal grandmother's retirement and the salary of the father, who was a school transport monitor.

According to psychological and social service reports accompanying the protective measure of reception and destitution of family power, the children's mother showed affection towards the children, however, she had difficulty assimilating and understanding about the severity of their clinical condition, with suspected of cognitive impairment, had no critical sense, was easily influenced, with signs of psychic fragility and psychotic defenses - splitting, cleavage, denial and refusal of reality and, therefore, assessed as not being able to take care of her children alone, nor the ability to manage a household, educate and protect them.

After the institutional reception of the children, the mother was reticent when talking about family life, denoting a certain fear of reporting what happened in the family's daily life. Some of her speeches pointed to a possible experience of psychological and sexual violence, raising doubts about the paternity of the children, whether the father would be Antônio or Ronaldo.

Carla did not believe in the sexual abuse suffered by her daughter, but recognized "not taking care of her children as she must", presenting a desire and attitudes consistent with their homelessness, adhering

to the recommendations of technical justice professionals.

The father said he was “devastated” with the situation, however, he was impassive, not showing emotions.

In the psychological technical reports, both the mother and father of the children showed greater concern in trying to prove the innocence of the father in relation to the suspicion of sexual violence, not presenting questions or concerns about the psychological and physical impact on the development of their children in the face of situations experienced. Even if the case of sexual abuse originated from external

violence, the children’s family did not present an effective condition for their protection and care.

The parents and grandmother did not accept the institutional reception situation, they appealed in court for the rejection. However, the reports from the host institution mentioning that the brothers were frightened and reactive with the presence of their father and paternal uncle, in addition to the fact that the children did not attend any other environment outside the family before the institutional reception, pointing to the children’s house. as the location of the violence suffered, the suspension of their visits to the children was indicated.

The shelter service reports sent to justice also described that Carla, at times, has mood swings and disconnected speeches. She welcomed the children in her arms, spoke to them, but did not stay with them for a long time, being apathetic and without emotional reaction to the children’s requests, needing to be encouraged by the parent to offer food and basic care for the children, because she has impaired criticism regarding what happened with her children, talking in a trivial way and showing herself to be dependent on her

partner for several actions

During visits by the mother to the shelter, it was noted that the children remained calm in her presence, as they played happily, expressed smiles and Rita babbled a few words. There were no aggressive gestures from the mother, on the contrary, there was an affective bond between the children and her. However, she found it difficult to develop future projects and to reflect and develop concrete actions to properly care for her children’s health. In the medical report attached to the children’s court case, the pediatrician responsible for monitoring the health of the brothers wrote about parental neglect as a major factor in losses and developmental delays. After three months of reception, the shelter staff wrote: *“Rita walked into the medical room (...) smiling. Rita and Peter. started to show happiness, the difference between them was quite marked between the first exam and the exam after three months”*.

After having verified the physical and emotional damages of the children, the inability of the mother to provide adequate and protective care to the children, the strong suspicions of sexual violence against the children having been filed by the father and paternal uncle, the manifestation of the Public Ministry indicated the process of dismissal of the Family Power:

“A few months were enough to notice motor advances such as, for example, the ambulation of children, who, as a family, did not even support the trunk. The withdrawal from the harmful relationship with the defendants was providential (...) The protective measure saved the children’s lives. Within the host entities, Rita and Pedro were able to evolve”.

IN INSTITUTIONAL RECEPTION

During the two years that they remained sheltered, the brothers went through three institutional shelter services.

The teams of the different welcoming services were sensitized by the history of the brothers, however, the participant observation during the research pointed out different behaviors among the caregivers of the children. Some showed a greater closeness and affective interaction with the siblings, while others showed concerns to exercise the care they needed to touch the children. In general, there were also speeches of hope that the brothers would be adopted, which would bring them a family that would love them and their sufferings would be redeemed.

The children's observations made it possible to perceive the siblings' initial difficulties in being touched or in contacting the other children welcomed, but over the weeks this scenario was modified, the children started to allow a closer approximation, including initiating contact with adults. and children.

Over the months, the children developed the ability to walk and speak and initial diagnoses of hydrocephalus and macrocephaly, for example, were discarded, pointing out that part of the children's clinical situation referred to malnutrition, dehydration, lack of sun and to chronic abuse.

In the Thematic Drawing-Story procedure, instrument used in the research, social educators were asked to draw any baby and tell a story about him and, from the initial narrative, participants were asked about other possibilities of continuity of their narrative. Among the eight participating educators, it was observed that two of them chose the child Rita as the central element of their drawings and stories, and their speeches represented most of the speeches of the other members of the sheltering entity in relation to the two brothers.

D-E 1:



“She arrived very sad, today she laughs with happiness, goes to school [...]. I’m happy to see him develop. She was abused and I was afraid to touch her because she might think it was happening again. Today she knows that we do everything for her good [...]. She cried a lot and we were careful [...]. She even hugs me [...]. Now she feels peace [...]. The shelter was the best for her, she arrived in anguish. Being in the family was bad, here she found a family.”



“When she arrived here she was very weak, she couldn’t even move. Time is very fast, we don’t have much time, but when we had the opportunity, we made it develop. Today she can sit up, can walk. We would take her little hand and help her to get up, take her first steps. When I took her to daycare, the teacher said that she got up by herself and that makes me very happy. Today she has a good development, already speaks and loves books. She takes the books and reads, turning the pages [...]. I have been a mother at heart to several children, all from here. They need affection, care, but I know I’m not a real mother. [...]. I don’t imagine her in the biological family, she was very harassed [...]. I hope that in the future she finds a home to be happy, to be loved. [...]. The word that defines the way out here is hope, because a new life begins, with a loving family that has the desire to take care, that is love. Love makes it happen, it can change everything, including a child’s story.”

DISCUSSION

The precarious physical condition and the developmental delay with which the brothers arrived at the institutional care show the importance of studying the issue of intrafamily child sexual abuse and the judicial protection measures that cases like these require.

Only after the ECA (1990), with the doctrine of integral protection, it was possible to formulate laws and public policies to guarantee the rights of children and adolescents. Without the compulsory health notification of cases of victims of sexual abuse, the brothers Rita and Pedro would not have obtained the necessary help to stop the cycle

of violence they were experiencing. However, in Brazil, many health professionals are still unprepared to carry out the notification for various reasons such as fear of the aggressor, belief that they must refer the cases to some specialized service or treat a legal act that they would not be able to perform (VELOSO, MAGALHÃES, & CABRAL, 2017).

The case of the brothers also reveals the greater vulnerability that such young children are subjected to, because when they do not attend any environment outside the family, only in occasional health consultations would there be the possibility of perceiving signs of physical and/or sexual violence and, in

this sense,, there is no public policy for early recognition of situations of intrafamily sexual violence.

The life of isolation and neglect that the brothers lived, added to the reaction of the paternal family, father, uncle and grandmother, and the mother in denying intra-family abuse, exemplifies what the literature names as a culture of silence, which perpetuates the situation of sexual abuse of many children and adolescents (Cruz et al, 2021), objectified and taken by their parents or guardians as objects, disrespecting their fundamental rights (VENTURIN, BAZON and BIASOLI-ALVES, 2004).

It is necessary to establish, however, the difference between the observed paternal discourse and behaviors of the maternal. If, on the one hand, the mother seems to share the plot of silence about the violence that the children experienced, on the other hand, the demonstrations of reciprocal affection between them denote an affective bond, even if fragile, however, not enough to support their developments. both physical and psychological, as it does not allow children a clear place in their desire, recognizing them as subjects of law and desire, demanding care and protection. This is because the elements pointed out both by the judiciary technicians and by the shelter team, indicate to a dependent woman, with deficient cognitive resources and possible experience of psychological and sexual violence, who expects from her husband or mother-in-law directions on what to say, not for a complicity, but probably due to an emotional and cognitive limitation.

Studies on intrafamily sexual abuse describe common characteristics among mothers who choose to remain silent, such as being from dysfunctional families, with mothers who did not offer them support, a history of rejection and intrafamily violence (PFEIFFER; SALVAGNI, 2005; SANTOS;

DELL'AGLIO, 2008; SILVA, 2020), which can lead them to the development of emotional disorders, which in adult life directs them to choose relationships of financial and emotional dependence on their partners (NARVAZ, 2005). Thus, although Carla has shown herself to be incapable of exercising maternal care, which includes protecting her children, she can also be considered a person in a vulnerable situation, who possibly had her rights violated.

As for the father, he maintains a distanced, self-centered, non-protective behavior and speech towards his children, worried about the accusations that he is the aggressor of the children, but at no time observed as the exercise of a paternal function that mediates the relationship between the children. and the mother, on the contrary, apparently is the one who transgresses the law of incest, taking them as objects for her enjoyment.

In this sense, parental functions are transgressed, and what would be in the field of fantasy, linked to the place of love, meets the Real, which cannot be elaborated, remaining as a trauma, generating anguish. The traumatic experience will focus on the ways in which the relationships started to be constituted and there will be the formation of symptoms to deal with the trauma that cannot be meant, elaborated (Gabel et al, 1997). As França (2017, p.6) mentions, in incest “[...] The father or stepfather, immersed in perverse polymorphic sexuality, without ethical shame, will prepare a seductive trap and transform the small body into an object to be used at will. However, in doing so, he destroys his paternal function, because, in addition to not interdicting the child's oedipal yearnings, it does not function as para-excitations nor does it guarantee the cultural interdiction of the incest taboo. This encounter between the Oedipal fantasies of a child and the pedophile fantasies of

a seductive and perverse father will leave irreversible consequences. [...]”.

For Gabel et al (1997), the application of the law in situations of sexual abuse, in addition to protecting the victim, enables a restructuring of the meaning of violence, because in addition to acting as an instance of the Law, they also operate in a symbolic way, since that the law can appear as a “third person” that interdicted the aggressor, made possible his safety and, consequently, support and reparation in the face of the feelings associated with the violence suffered.

It is in this context of visible physical and emotional damage resulting from negligence and intrafamily sexual abuse that the brothers arrived at the institutional reception.

Without considering the various negative aspects described in the literature on institutional care, we will focus here on the specificity of the care relationship of the social educators with the siblings and the process of their development during the period in which they remained sheltered.

Neglected children, whose suffering is evident, can provoke different feelings and reactions in their caregivers, which are accentuated when it comes to such young children (NASCIMENTO et al, 2020), such as the brothers Rita and Pedro. For França (2017) emotional, defensive and countertransference reactions will affect their judgments of values, ideas and feelings about family, sexuality and childhood, as well as it can lead them to experience conflicts about blaming the family or about their own practice in the face of the care of the victimized children. For Lachal (2015), when caring for babies in humanitarian contexts of vulnerability, such as foster care institutions, where babies experience traumatic ruptures of early bonds, countertransference can be complex and ambivalent. Thus, it is necessary to state to the imaginary that the caregivers

will always be maintaining a positive empathic relationship with the child.

The data from the participant observations and the Drawing-Story of the two educators about Rita denote the conflicts and suffering present in the educators, the condition of the brothers and their life stories. It is clearly observed the fear of exercising care, of touching the children and even a certain distance at times, but the general discourse circulating in the shelter about the identification with the suffering of children, the desire for their development and their referrals to adoption, portrayed in the drawing-story of two educators who elected Rita to draw her and on her to write their wishes for a good development and a promising future, also inscribes her in a desiring chain, making her a subject of desire, humanizing her a, removing it from the place of object given in the situation of parental violence.

As Nascimento et al (2020) point out, in the process of drawings and stories, a symbolic meeting takes place between the educator and the child drawn and spoken there, because at that moment “the caregiver draws and cohabits the baby’s story, it is possible to re-establish a bond with the baby through which coexistence is dual and group”. As Lachal (2015) emphasizes, the person who takes care and protection of a child “is their environment”, allowing the establishment of positive bonds, which allow the retracing of new possibilities for their development.

The participant observations and the reports of the processes of monitoring the reception measure and the Removal of Family Power showed that the family’s interdiction and the experience of approximately two years in the shelter, with basic, health and affective care, promoted a resumption in the children’s global development, enabling them to accept and seek to establish affective bonds.

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