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Maternal coping in the face of sexual violence: group experience in a Psychosocial Care Center for Children and Adolescents

Enfrentamento materno diante de violência sexual: experiência grupal em Centro de Atenção Psicossocial Infantojuvenil

Confrontación materna ante la violencia sexual: experiencia grupal en un Centro de Atención Psicosocial Infantil y Juvenil

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This is an account of the experience of clinical intervention that took place from September of 2019 to March of 2020. It was developed in the form of a brief group psychotherapy, specialized and in an open modality, and held in a Psychosocial Care Center for Children and Adolescents located in the interior of Minas Gerais state. The aim of this study is to describe the experience of group psychotherapeutic intervention with mothers of children and adolescents who were victims of sexual violence. 16 mothers participated in nine sessions. The group sessions were entitled: *Meaning of living*; *Stories of overcoming adversity*; *Moving on*; *Rhythms of life*; *What is happiness?*; *Theater of my life*; *Accountability x blame*; *Taking care of the caregiver*; and *Autonomy*. There was empowerment and construction of new meanings and senses from the mother's own experiences. There was also a need to build a new conduct that would enhance care for themselves and their families, especially directed at children victims of sexual violence. The group space enabled mothers to recognize their own potential, in parallel with the collective work on feelings of guilt and regret linked to maternal and family experiences. Among the different possibilities of care to be offered to this target audience, it is noteworthy that brief psychotherapy groups are facilitators and promoters of mental health.
Descriptors: Violence; Sex offenses; Public health; Psychotherapy, Group.

Este é um relato de experiência de intervenção clínica, desenvolvida em formato de psicoterapia de grupo breve, especializada e em modalidade aberta, realizada em um Centro de Atenção Psicossocial Infantojuvenil, situado no interior de Minas Gerais. Seu objetivo foi descrever experiência de intervenção psicoterapêutica grupal com mães de crianças e adolescentes vítimas de violência sexual, sendo realizado no período de setembro de 2019 a março de 2020. Participaram 16 mães em nove sessões. As sessões grupais intitularam-se: *Sentidos do viver*; *Histórias de superação*; *Tocando em frente*; *Ritmos da vida*; *O que é a felicidade?*; *Teatro da minha vida*; *Responsabilização x culpabilização*; *Cuidando do cuidador* e *Autonomia*. Verificou-se empoderamento e construção de novos significados e sentidos a partir das próprias vivências maternas. Também observou-se a necessidade de construção de nova conduta que potencializasse os cuidados consigo mesmas e com seus familiares, em especial direcionados aos filhos vítimas de violências sexuais. O espaço grupal propiciou que as mães reconhecessem suas próprias potencialidades, em paralelo ao trabalho coletivo sobre sentimentos de culpa e arrependimento vinculados às experiências maternas e familiares. Dentre diferentes possibilidades de cuidados a serem oferecidos a esse público alvo, destaca-se que grupos de psicoterapia breve são facilitadores e promotores de saúde mental.
Descritores: Violência; Delitos sexuais; Saúde pública; Psicoterapia de grupo.

Este es un relato de experiencia de intervención clínica, desarrollada en forma de psicoterapia grupal breve, especializada y en modalidad abierta, realizada en un Centro de Atención Psicosocial Infantil y Juvenil, ubicado en el interior de Minas Gerais, con el objetivo de describir la experiencia de intervención psicoterapéutica grupal con madres de niños y adolescentes víctimas de violencia sexual, que tuvo lugar entre septiembre de 2019 y marzo de 2020. 16 madres participaron en nueve sesiones. Las sesiones de grupo se titulaban: *Sentidos del vivir; Historias de superación; Siguiendo adelante; Ritmos de la vida; ¿Qué es la felicidad?; Teatro de mi vida; Responsabilización x culpabilización; Cuidando del cuidador;* y *Autonomía*. Se verificó el empoderamiento y la construcción de nuevos significados y sentidos a partir de las propias experiencias maternas. También se observó la necesidad de crear nuevas conductas que mejoraran los cuidados de sí mismas y de sus familiares, especialmente dirigidos a los hijos víctimas de violencias sexuales. El espacio grupal permitió a las madres reconocer sus propias potencialidades, en paralelo al trabajo colectivo sobre los sentimientos de culpa y arrepentimiento vinculados a las experiencias maternas y familiares. Entre las diferentes posibilidades de cuidados que se ofrecen a este público objetivo, cabe mencionar que los grupos de psicoterapia breve son facilitadores y promotores de la salud mental.
Descriptores: Violencia; Delitos sexuales; Salud pública; Psicoterapia de grupo.

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INTRODUCTION

The thematic sexual violence against children and adolescents has been treated with greater interest due to the growing number of cases in Brazil and worldwide. In the Brazilian scenario, a significant increase in notifications to competent governmental organs has been visible since 1990, the year in which the Statute for Children and Adolescents began to take effect. In this sense, it is emphasized that this is one of the types of violence against children and adolescents more frequent in the country, against children and adolescents[1].

Sexual violence is characterized by the Ministry of Health as being any and all acts or games, in homo or heterosexual relationships, in which the aggressors are in a more advanced stage of psychosexual development than the child or adolescent. Such situation occurs when the aggressor proposes to stimulate or use the victims to obtain their satisfaction or in situations that aim to profit, such as exploitation and exposure to pornography. The phenomenon occurs through erotic and sexual practices imposed on minors by physical violence, threats or induction of their will; it can vary from acts in which there is no physical contact, such as voyeurism, exhibitionism, and photographic productions; even different types of actions that include physical contact with or without penetration[2].

People with a history of sexual violence, however, can keep it a secret, with some not even revealing it at all; fear and shame are among the main factors that contribute to secrecy of children and adolescents. The cycle of silence and violence further increases the risks of developing negative consequences, which can be devastating, to the point of causing damage to the victim's psychic development throughout their life, which is a serious public health problem that it constitutes a challenge to the professionals who care for these patients[3].

Faced with this situation, health professionals are increasingly being called upon to deal with this type of violence, since children, adolescents and their families are received by various devices and referred to health treatments, such as psychological assistance, doctors, nurses and others involved in the support network[4].

Professionals who meet demands of this nature, as well as society in general, are primarily concerned with protecting children or adolescents and ensuring that none of their rights are violated[1]. In addition, much is known about the procedures provided to this target audience, but little attention is paid to the relationship between mother and child, in order to work on strengthening the bond and maternal care.

Psychoanalysis shows how significant a subject's relationship with their parents is, as well as how important the environment in which the subject is inserted is for them to develop healthily. It is understood that the environment makes it possible for each child to mature, and that, without minimum reliability in this environment, it is possible that the development of the subject occurs with distortions[5].

Maturing, for Winnicott[5], happens in stages, but it is not a linear process and does not necessarily mean progress, since it includes the possibility of regressing to recover lost points and highlights that, if there is a failure to reach a stage of maturing, an emotional disorder is generally established, the nature of which would be related to the point of origin in the line of maturity, that is, the nature of the task that the child was involved due to environmental failure. The subject remains in constant development throughout their life and, at times, it is necessary and possible to return to remote times so that such disorders are dealt with in an appropriate manner.

In this sense, it seems essential to consider the mother as a developing subject and who needs care so that she can exercise her role as a woman/mother/caregiver in a sufficiently good way and be part of an enabling environment for the maturation of a child or adolescent.

It is essential, therefore, to think that the marks of violence must be dealt with by the family and treated by the health service considering the needs of all members, with emphasis on the importance of caring for mothers, since this parental figure plays a primary role in the development and generally accompany their children in their care.

Assistance to family members can and should become common practice in a *Centro de Atenção Psicossocial Infantojuvenil - CAPSi* (Child and Adolescent Psychosocial Care Center). This statement is supported by Ordinance No. 336 of February 19, 2002, which defines the various types of care that can take place in a CAPS, including: individual, group, therapeutic workshops, home visits and family visits[6].

CAPSi is a public health equipment linked to the municipal health service, which constitutes a place of reference and treatment for children and adolescents with severe psychological distress, whose severity and/or persistence require intensive care, such as: psychosis, autism, conduct disorder, disorders - phobic, anxious, mood, post-traumatic, attention deficit and hyperactivity, among other mental disorders.

Thus, this study aims to describe the experience of group psychotherapeutic intervention with mothers of children victims of sexual violence in a psychosocial care service for children and adolescents.

METHOD

This is an experience report of a clinical intervention proposed in a group psychotherapy format, specialized and in an open modality. Psychotherapy is planned to happen in a short period of time, giving it a brief character[7]. In the initial contract, there is an exposition of the proposals to be reached and the focus is limited to the issues that pervade sexual violence against children and adolescents and their repercussions on family dynamics, so that the philosophy and institutional mission are preserved[6]. In addition, in conducting the group process, aspects of the here and now are emphasized and the possibility for its members to transfer skills and learning experienced in groups to real life[7].

The reported intervention thus qualifies as specialized, due to the fact that it refers to a homogeneous demand (sexual violence against children and adolescents). However, age, marital status and income were heterogeneous factors. Group work falls into the open modality, as it was possible to integrate new members at any time, which is justified by institutional routines. Furthermore, it is believed that group experiences enable the emergence and work on emotions and feelings, through interpersonal relationships[7].

Participated mothers of victims of sexual violence, attended between September/2019 to February/2020, in a CAPSi in a city in the interior of Minas Gerais state. All of them arrived at the service forwarded by other public agencies, among them: public schools, Reference and Social Assistance Centers, Guardianship Council and Child and Youth Court.

The reports happened with the collaboration of a multidisciplinary team, specifically between nursing, social work and psychology. Nursing and social service professionals were present and contributed to clinical meetings with new cases of sexual violence, notified in CAPSi, in addition to providing the team with discussion, evaluation and construction of the Singular Therapeutic Project (STP) of each patient and their family members.

The sessions took place at a weekly basis, and lasted for one hour and thirty minutes each. It is noteworthy that this clinical intervention is an arm of a larger study that sought to *understand the meanings and senses attributed to transgenerationality in cases of sexual violence against children and adolescents, emphasizing the mother-daughter relationship*.

The psychology professional responsible for coordinating the groups prioritized equiflucting attention, in order to listen to emotional communications, allowing patients to speak freely and bring up unconscious issues[8]. To achieve this, sessions with pre-defined themes were held, inspired by the work developed by Ferreira[9] and designed to facilitate the participation of participants in the focus of the group process.

The group psychotherapy sessions were mediated by games based on ludic procedures, in order to allow a better visualization of the process. Each of these resources is seen as a mediator, through which the professional sought to facilitate verbal communication of themes that permeate the mothers' experiences, in a way intertwined with the pre-defined themes.

Thus, the aim was to transform group work into an experimentation area for the collective of mothers attended[10]. This way of thinking and ordering experiences, therefore, is psychoanalytically inspired. The results, in turn, are ordered based on transferential narratives: they contain counter-transfers and free associations from the conductor of the group sessions[11].

The study was approved by the Ethics and Research Committee of the Federal University of Triângulo Mineiro, under the number: 3.555.243 (CAAE 16666519.4.0000.5154).

RESULTS

Sixteen mothers participated in the proposed interventions and each participated in up to nine psychotherapeutic sessions (not all participated in all sessions). They were indicated by the professionals of the clinical team, so that the group was part of the child's unique therapeutic project (STP). Most of the cases that took mothers to CAPSi had the father as the aggressor, followed by stepfathers and, in two cases, the violence had been committed by someone outside the family. Daughters were the majority of the victims and in one case, the son.

The group sessions were entitled: *Meaning of living*; *Stories of overcoming adversity*; *Moving on*; *Rhythms of life*; *What is happiness?*; *Theater of my life*; *Accountability x blame*; *Taking care of the caregiver*; and *Autonomy*.

In the first session, a warm-up dynamic adapted to the reality of the CAPSi service, called *Meaning of living*, was used. In it, mothers played with balloons in an open area and protected them. The proposal was that they would reach a moment when it was not possible to protect the balloons, and then they would all pop or be blown away. From this experience, mothers had the opportunity to expose dreams that they idealized, in addition to talking about the frustrations when seeing the suffering of their children and, mainly, reflecting on the possibility of a fresh start after the trauma, highlighting that they would continue to live and mature.

The second session was entitled *Accountability x blame*, in which mothers were encouraged to be involved positively and responsibly in the care of their children, enabling the recognition of their responsibilities and limitations in the face of suffering, providing an opportunity resignification of the condition of victim and the construction of a new conduct capable of recognizing and enhancing care for themselves and their families. The need to share commitments was emphasized throughout the session and that the responsibility for the care of the children did not make them guilty for the traumas experienced by them and that brought them to CAPSi.

The third session, entitled *Stories of overcoming adversity*, allowed participants to recognize themselves as people with potential. However, many reported that they felt incapable due to the feeling of maternal failure, dealing with the situation with a great sense of guilt. The possibility of elaborating the trauma of having a child victim of sexual violence was worked out, in addition to the construction of overcoming, with a view to awakening in mothers the desire to live, and the resilient look and posture.

The fourth session, entitled *Theater of my life*, aimed at empowering mothers as protagonists in their life stories, recognizing their responsibilities, limitations, potentialities and virtues. In addition, it provided a dialogue on the resignification of the human condition and the acceptance of oneself, based on choices, mistakes and successes, emphasizing the virtues and victories as a woman and mother, but with the possibility of experiencing difficulties and suffering.

The fifth session, *Moving on*, facilitated the dialogue about the trauma of having a child victim of sexual violence and how each mother could build her new story, highlighting her understanding of herself as a maturing human being potentially capable of handling difficulties. At this time, the search for internal coping resources was stimulated, encouraging them to review their condition as a victim and what passivity this may have.

In the sixth and seventh sessions, short videos were used, named: *Rhythms of life* and *What is happiness?*, both under 15 minutes. The video "Ritmos da Vida" (*Rhythms of life)*, in the 6th session, featured a goat mother and her goatling son. The scene showed the mother teaching her son problem-solving strategies, until she faced her own difficulty and the son taught her to overcome the difficulty. They were given an opportunity to see straight into the face of trauma, so that they managed to dialogue about the various violence of which they also felt victims, many perceived the moment as an opportunity to try to overcome traumas, which contributed to the engagement in the treatment of their children. and strengthened ties with the clinical team.

In the seventh session, entitled *What is happiness?*, the conversation started with a video that led to the reflection that everything depends on the lens that is used in front of each angle, with the possibility of redefining suffering. In this session, a reflection was made on how each mother has used her time, as has been the dedication to her children and herself. It also made possible a self-assessment of the context and activities in which they were involved, in addition to a dialogue about the various happinesses that can be found and experienced and, mainly, the understanding that happiness does not mean the absence of problems.

The eighth session, described as *Taking care of the caregiver*, listed mothers in a moment of dialogue about reality, experiences and dedication to themselves, how they would like to be and what keeps them away from themselves, allowing for an awakening of the valuing desires , respect and self-care.

This type of group work generated the need for further development on the theme of *Autonomy*, which was discussed in the ninth and last session. This final moment aroused in mothers the desire to choose what to take with them, what to live and what to prioritize.

DISCUSSION

As the sessions developed, it was possible to notice how much being in a group, in front of peers who lived similar situations, was a difficult task to be performed. The activity with balloons, if ludic on the one hand, *released in the air* how much to talk and live the situation at CAPSi was something that could escape from the hands. Because, controlling the balloons was a game that also denoted the impossibilities of controlling what led those mothers to be there together. In addition to bringing up the feeling of having an idealized life made impossible, thinking about stumbling blocks, but also starting over was necessary from the traumatic experience of a child.

In the second session, there was a deepening of the disabilities and frustrations experienced by those mothers. Redefining what was experienced in a group was also reviving guilt, fears and impotence. In a sexist society, which even delegates the care of sexually abused daughters to the women themselves, how can one not feel victimized *along with their child(ren)*? Being in a group with other mothers was also reliving other violence, lived outside, directly related to gender issues, which are trivialized, such as the notion that taking care of children is the role of women[12].

In the third session, the reports of these mothers reported feeling incapable and unsuccessful and, she stressed, they stressed feelings of guilt, insistently experienced in the group. Despite this, which was undeniable in their conditions as women/mothers, the work of the collective aimed to go further and sought new resources and conditions for them to continue with their lives, in the best possible way. And it was in this sense that, in the fourth meeting, it was thought about ways to work on the empowerment of these mothers. They were not just mothers, nor were they just mothers of sexually abused people. They were women. And as much as the direction there was to foster resources, in parallel to the care offered to the victimized children, we sought to demonstrate, progressively, that taking care of themselves was equally important.

In the fifth session, this same tonic was sought. Talking about traumatic situations could be to cultivate maturity and the ability to deal with difficulties. Because not only was the group a resource. This was limited to a weekly meeting, but in everyday life the question that arose, underlying the group dialogues, was: will we be able to keep resources out of here?

In the following two sessions, it was verified how much the group space was built through dialogues. Themes such as trauma, victimization and violence were constant in their manifestations. Engagement in the treatment of children seemed to indicate strengthening of ties with the clinical team and, equally, with the mothers. Although the pains were unique, as well as their inscription in the emotional life of each mother, the sharing of experiences seemed to strengthen them, although difficulties were visible and inherent to a group device inserted in public health care equipment such as CAPSi.

In the session that dealt with the theme *What is happiness?*, understanding that happiness did not mean the absence of problems was a moment that involved high complexity. In groups of this nature, even because family relationships are in a situation of intense fragility of ties preceding sexual violence itself, it is noted that any idea of happiness tends to escape from the field of possibilities. In this way, the happiness that can arise is that which runs through the group process itself, when its members accepted to be there and allowed them to experience both themselves, together, and the support that the institution itself could offer them. In this sense, in the last sessions, factors such as self-care and autonomy were highlighted.

The sessions held facilitated changes based on the mothers' own reflective-experiential elaboration, enabling insights that helped empower and build new meanings and senses from their own experiences. One can recognize the participants' limitations and feelings of guilt in the face of the suffering of their children. The fact that they were there due to an external referral was seen as an obligation/punishment, since they feared the loss of custody of the child, if the ‘appropriate’ treatment was not performed. *Was that why guilt was such a present and blunt factor in group dialogues?* Sharing these guilt with other family members was a factor often brought up in the sessions. *Was this sharing being thought/done by these mothers?* Here seems to reside indicators of possibilities for expanding the work offered in the equipment where the reported experiences took place, because there are indications that integrating the parental figure, as well as other caregivers, into the care processes in these spaces can result in gains for all[13,14].

Despite the work presented here being a snapshot of experiences with these women, it referred the group coordinator and the team itself to the fact that it mirrored several other situations, both those experienced there, and those reported in other realities[14]. Studying experiences of coordinating groups with these mothers and writing about part of them was also creating an opportunity to seek maturation of words and names that circulate among everyday work. Providing conditions for mothers to talk about their experiences went hand in hand with similar conditions, for the team to speak and organize their knowledge and actions.

Clinical interventions made it possible to obtain new understandings of the frustrations experienced by mothers of victims of sexual violence against children and adolescents. Listening to their anxieties about themselves, their children and family relationships, and working on specific issues seemed to contribute to their children's health gains, but this is a process which continues and will need to be in progress, in addition to the experience at CAPSi and in the sessions reported here. Thinking and rethinking these practices is vital, also to avoid reproducing professional performances restricted to alienated and alienating visions[14].

It was observed that the participants had difficulty recognizing the power relations between genders and the existence of the need to share commitments related to their children, since they assume tasks and responsibilities almost always alone. Often, in the sessions, they reported scarcity of resources to deal with the situation of their children, feeling victimized and unable to overcome such limitations and to offer their children an environment that would

make it possible. overcoming the traumas caused by situations of violence to which they had been subjected.

Another dimension involving gender issues was related to the fact that only one of the cases that took mothers to CAPSi had a boy as a target of violence. This characteristic experienced in the institutional environment in which the work was carried out reverberates what has been observed in the national and international contexts[15]: cases involving boys are less known and less publicized and/or underreported. We believe that this occurs because, underlying this, there are sexist social and cultural ideas, which meet the popular saying "boys do not cry", which, in turn, makes this type of case often, even more invisible, in relation to cases involving girls.

By understanding the relevance of the environment in a person's development, it is essential to think that the marks of violence must be welcomed by the family and must be treated by the health service, considering the needs of its members. Among different possibilities of care to be offered, it is highlighted that the promotion of psychotherapy groups with people who have experienced similar situations facilitates the expression of feelings and pain caused by the violence experienced.

Reporting this experience is a challenging task, because no matter how hard you try, there is always something about the reality you live that cannot be put into words. What these mothers do, when bringing and accompanying their children to CAPSi, is also teaching the entire team *to be a team with them*. Learning is reciprocal and encourages CAPSi workers to rethink their actions and their 'places' in this field and in this public policy of action.

CONCLUSION

After the nine group psychotherapy sessions, the mothers showed signs of having thought about the perception and the need to build new behaviors that could enhance the care for themselves and their families, in addition to the desire to distance themselves from the role of victims and realize their children as potential human beings, "overcoming" violence as an isolated factor. However, whenever situations of violence as delicate as those related to child and adolescent sexuality are on the agenda, much of what happened will remain "in process" by all involved.

This is a job in which changes in the mother and child relationship can be seen, however, when working on issues of maternity and maternal care only with mothers, and not including children or other responsible persons, like parents, in sessions, it can be understood as a limitation of the reported clinical intervention. It is understood that closing the group in nine sessions, without the possibility of including other family actors in a subsequent job, leaves mothers with less conditions to improve references for channeling what was experienced, felt and perceived by them. In other works, it is suggested that, in addition to the care offered to mothers in a specialized group, there are also times when children and other members of the family and care structure are included to work on broader and more relational aspects. contribute even more to the improvement of the suffering caused by violence.

The clinical intervention presented brings with it possibilities of reflections on treatments to be offered to the families of victims of sexual violence against children and adolescents, since, when assisting children and adolescents, working with families becomes essential, and should not be restricted to guidelines, but include care for caregivers. Thus, it was intended to provide a discussion that favored the visualization of professional practices in the context of public policies for child protection and care. However, it is essential to have plans and actions that include: (a) everyone involved in the situations, including sexual offenders; (b) broad concepts about "families"; and (c) preventive and health-promoting proposals, not just consolidated into "symptoms" and "diseases".

Through exercises like this, it is possible for professionals and families to come together towards achieving a health-promoting proposal. However, there is always the challenge,

insistently launched: taking care of these mothers requires that other initiatives take place in parallel. Thinking about situations of sexual violence, especially of an intra-family nature, has to do with the type of society that has been constituted today. It is dealing with the limits inherent to family dynamics that have been ill for a long time and that arrive in health institutions, after the violence has taken on catastrophic dimensions from an emotional point of view. The role of CAPSi and the professionals working there is also limited, limited to the scenario of public health care policies, which have been heavily attacked and scrapped in recent years.

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CONTRIBUTIONS

Fernanda Ribeiro Alves Manzan was responsible for the conception, design, collection and analysis of data, writing and review. **Martha Franco Diniz Hueb** participated in the conception, design, writing and revision. **Tales Vilela Santeiro** worked on writing and reviewing. **Maria Aparecida Pereira Borges** contributed in obtaining and analyzing data.

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