

Reflection on the mother-child relationship in a contexto of intrafamily child sexual violence: a case study**Reflexões sobre a relação mãe-filho em um contexto de violência sexual infantil intrafamiliar: um estudo de caso****Reflexiones acerca de la relación madre-hijo en un contexto de violencia sexual infantil intrafamiliar: un estudio de caso**

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This is a case study based on the clinical-qualitative method. It took place in an outpatient clinic specialized in health care for children exposed to sexual violence, with the aim of understanding how the mother-child relationship takes place in the context of suspected intrafamily sexual violence. The results described: *family composition, Ana and Samuel's story, their positions in the face of violence and their stances in the mother-child relationship. Samuel*, the second son of a family of three brothers, was exposed to violence perpetrated by his stepfather. He showed significant suffering linked to violence, environmental instability and the relationship with his mother. *Ana* presented a history of exposure to violence and helplessness that interfered with her constitution as a person and as a mother. The analysis indicated the importance of the mother-child relationship for coping with violence, with psychological support being a necessary and relevant resource for understanding and recovering development possibilities for the pair.

Descriptors: Child abuse, sexual; Mother-child relations; Sex offense; Psychology.

Este é um estudo de caso baseado no método clínico-qualitativo. Foi realizado em ambulatório especializado na assistência em saúde de crianças expostas à violência sexual, com objetivo de compreender como se dá a relação mãe-filho em contexto de suspeita de violência sexual intrafamiliar. Os resultados descreveram: *composição familiar, história de Ana e de Samuel, posicionamentos da dupla diante da violência e modos de ser na relação mãe-filho. Samuel*, segundo filho de uma família de três irmãos, foi exposto a violência perpetrada pelo padrasto. Mostrou sofrimento significativo ligado à violência, à instabilidade ambiental e à relação com a mãe. *Ana* apresentou história de exposições à violência e desamparo que interferiram em sua constituição enquanto pessoa e mãe. A análise indicou importância da relação mãe-filho para o enfrentamento da violência, sendo o acompanhamento psicológico um recurso necessário e relevante para compreensão e resgate de possibilidades de desenvolvimento para a dupla.

Descritores: Abuso sexual na infância; Relações mãe-filho; Delito sexual; Psicologia.

Este es un estudio de caso basado en el método clínico-cualitativo, en una clínica ambulatoria especializada en la atención de la salud de niños expuestos a violencia sexual, con el objetivo de comprender cómo se lleva a cabo la relación madre-hijo en el contexto de la sospecha de violencia sexual intrafamiliar. Los resultados describieron: *composición familiar, historia de Ana y Samuel, posicionamientos del dúo frente a la violencia y modos de ser en la relación madre-hijo. Samuel*, el segundo hijo de una familia de tres hermanos, fue expuesto a la violencia perpetrada por su padrasto. Mostró sufrimiento significativo relacionado con la violencia, la inestabilidad ambiental y la relación con su madre. *Ana* presentó una historia de exposiciones a la violencia y la impotencia que interfirieron en su constitución como persona y como madre. El análisis indicó la importancia de la relación madre-hijo para el enfrentamiento de la violencia, siendo el acompañamiento psicológico un recurso necesario y relevante para la comprensión y el rescate de las posibilidades de desarrollo del dúo.

Descriptorios: Abuso sexual infantil; Relaciones madre-hijo; Delitos sexuales; Psicología.

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INTRODUCTION

In Brazil, violence against children and adolescents represents one of the most significant problems in the context of public health, as incidents have been increasing over the years. According to data from the Brazilian Ministry of Health, 58,037 cases of sexual violence against children and 83,068 cases against adolescents were reported between 2011 and 2017. Together, these occurrences represent 76.5% of the total reported cases of sexual violence in the country^{1,2}.

Sexual violence against children and adolescents corresponds to the act of making victims participate in activities that are inappropriate for their age and psychosexual development, making them feel physically forced, coerced or seduced to participate in the act, without having emotional or cognitive capacity to assess or consent^{3,4}. Exposure to this type of violence on the social, psychological, affective and cognitive development of children and adolescents is, according to the *Estatuto da Criança e do Adolescente - ECA* (Statute of the Child and Adolescent) and the Brazilian Federal Constitution, in articles 17 and 227, respectively, a violation of the fundamental rights of children and adolescents³⁻⁷.

In general, the offenses happen within the family itself, with a higher frequency of female victims and male aggressors^{1,2}. Coping with these incidents involves both legal issues of child protection and punishment of the aggressor, as well as therapeutic attention required for the child's physical and mental health, as a resource for treating the consequences resulting from exposure to violence⁸.

Studies indicate that, among the damages suffered, there are changes in behavior, early maturation, difficulty in establishing and maintaining affective bonds, psychological disorganization, problems in the organization of body image and losses in the formation of subjectivity^{9,10}. The extent of harm to the child will depend, among other things, on the length of exposure, age of the victim, magnitude of violence, age of the aggressor, degree of proximity to the aggressor, secrecy about what happened, the victim's perception of the act, existence and efficiency of care network services and absence or presence of parental and/or protective figures that the child can trust and rely on in search of protection and care¹⁰. Due to the immaturity inherent in this phase and issues related to the bond with the aggressor, the child may not be able to prevent new incidents, therefore, the emotional bond with a responsible adult is fundamental for coping and stopping violence³.

Winnicott's psychoanalytic theory states that the process of constitution of the person happens in the encounter between natural potentialities of being and qualities of the environment, especially in childhood^{11,12}. Still according to Winnicott, the maternal function performed by a person who takes care of the baby is what constitutes a facilitating environment throughout the child's development. The maternal function is based on the existence of a consistent, syntonic and loving relationship between the baby and the caregiver, with the ability to identify the pair (mother-baby) that will enable the development, through the identification of the needs of the baby to attend them, so as not to generate excessive frustrations^{13,14}.

Thus, the baby, in the condition of vulnerability and incompleteness of its development, will need the support of the environment, constituted both by material and structural aspects, as well as by the relationships of care that surround them, in order to count on the possibility of achieving the status of being integrated and powerful^{11,12}. Winnicott states that, to perform the maternal function, a mother needs to have achieved an integrated emotional development and be in a supportive environment, which facilitates the process of dedication to baby care^{13,14}.

In situations where there are significant failures in the provision of this facilitating environment, interruptions in the psychic development process may occur, resulting in the emergence of inhibitions and distortions, a defensive nature and no personal value. In this way, the sense of self and reality can remain impaired. Such losses may be present for the child who depends on the relationship with their mother to carry out their development, but also for the

mother, who may suffer limitations or distortions caused by a process of constitution of herself with flaws.

Thus, it is understood that, in addition to the role that the mother, or the figure responsible for care, plays in the child's development process, in situations where the child is exposed to violence, this role is intensified by the demands of protection and assistance in the recovery process. In this sense, the mother occupies a fundamental place in the process of helping and facing the violence suffered. It is noteworthy that such requirements are present both in the relationship established between mother and child, as well as in the other relationships established with institutions aimed at promoting and protecting the rights of children and adolescents. In this context, the importance of the mother-child relationship is affirmed as a fundamental element to face violence and for the child's psychological recovery.

Thus, this work aims to understand the relationship between mother and child, in a context of suspected intrafamily sexual violence.

METHOD

This is a qualitative documentary study, based on the clinical-qualitative method¹⁵ of a case followed over the years 2016 to 2018, in an outpatient clinic specialized in health care for children and adolescents exposed to sexual violence, part of a University Hospital located in the Triângulo Mineiro region, Minas Gerais state. Such an outpatient clinic is part of the municipal flow of actions to combat violence against children and adolescents, as a specialized service in the assistance of cases in which the exposure is equal to or less than 72 hours of arrival at the Emergency Unit of the University Hospital. It works in a perspective of comprehensive and multidisciplinary care, with actions in the medical, psychological and social spheres.

The health assistance practiced in the outpatient clinic comprises multiprofessional care, aiming to broaden the understanding of the case and outline articulated actions inserted in a therapeutic health care plan. In consultations, professionals use qualified listening strategies of mother and child, provide educational and social guidance on child violence and health care, playful observation of the child and physical and laboratory exams.

The therapeutic plan also included individual psychological assistance, carried out with the child and the mother by different professionals/interns. Psychological consultations carried out with the mother use in-depth interviews, guided by qualified listening and techniques of a psychotherapeutic nature, such as recognition and legitimation of personal experiences, examination of aspects involved in family dynamics, sharing of knowledge related to sexual violence, and constitution of family and child development based on Winnicott's psychoanalytic theory^{13,14}. Play therapy techniques are used with the child, also based on Winnicott's theory^{13,14}.

Data was collected registrations of multidisciplinary and psychological consultations present in the medical records. Such records were organized in order to compose a description of the history of mother and child, of their journey in the outpatient clinic, with an emphasis on the ways in which sexual violence was understood and dealt with, as well as on the ways in which the relationship between mother and child was arranged throughout the care process. For the protection of participants, all names presented here are fictitious.

From this organization, the material was analyzed in the light of Winnicott's conceptions, in order to favor the understanding of the stances and the anxieties present in the relationship between mother and child, in the context of sexual violence. All ethical procedures related to documentary research were adopted.

RESULTS

The case presented here was structured as it follows: *The family composition, Ana's story, Samuel's story, The positions of Ana and Samuel in the face of violence and their stances in the mother-child relationship.*

The family composition

The family nucleus consisted of Ana (mother, 25 years old), her second son, Samuel (7 years old), Tiago (9 years old), child with special needs, and André (3 years old), son of Ana with her current partner (Robson).

Samuel's case was received after a complaint by his school to the Municipal Guardianship Council, on suspicion of sexual violence perpetrated by Robson, Ana's partner. Ana and Samuel's stories are here presented by information related to the mother-child relationship and positions in the face of violence.

Ana's story

Ana is the daughter of separated parents and has six siblings. She reported issues in the relationship with her parents since her adolescence. Ana's relationship with her mother was described as distant and with communication problems derived from her stepfather's constant presence, which made Ana not feel comfortable to talk about more intimate subjects.

At 12, Ana reported that she was a victim of harassment by her stepfather, but when she revealed it to her mother, she did not believe her daughter and stood by her partner. Ana also referred to the perception that her mother had little interest in her personal issues, which intensified the distance between them. As time went by and the grandchildren were born, Ana reported that her mother started to disregard her in relation to Tiago and Samuel's education. Ana described good memories and positive affections linked to her father, but she was also mentioned that their relationship was hampered by her siblings, who always tried to distance them.

At the age of 15, Ana became pregnant for the first time, from a boyfriend with whom she never had a consistent and supportive relationship. During this pregnancy, her mother did offer support and help. She had problems in childbirth, requiring the aid of a forceps, which resulted in mutilations in her body. In addition, Tiago was born with neurological problems that permanently imposed difficulties for his walking and speech development, in addition to other health problems.

About 9 months after Tiago's birth, Ana started another relationship and, after a short period, the couple separated, at which point Ana discovered she was pregnant once again. Her ex-partner had a bad reaction, and he convinced her to take medications (provided by him) to terminate the pregnancy. Ana was hospitalized, but Samuel suffered no major consequences and the pregnancy went on without any further problems. At this moment, she still lived with her mother, who, unhappy with her second pregnancy, did not offer help.

Almost three years after Samuel's birth, Ana met her current partner, Robson. After three years of relationship, she became pregnant with her third child, André. According to Ana, the relationship with Robson has presented problems recently, such as lack of interest in Tiago and Samuel, lack of companionship and issues in the couple's sexual life. She stated that she had been considering separation, but would not like to deprive her youngest son of living with his father. She said she was very tired of taking care of her three children without any help, which is intensified by the boredom she feels, derived from her daily routine.

Samuel's story

Samuel, 7, is Ana's second child. According to his reports, since he was a baby Samuel found himself in situations that threatened his life and scared his mother. Ana referred to two of these situations: an emergency birth, with the umbilical cord around his neck, causing life-threatening conditions; and almost suffocation, at two months, when the newborn moved and lied face down on the mattress; after which Ana found him with a soft body and purple limbs.

In addition, Ana referred to the difficulties in reconciling the provision of necessary care to Samuel, the high level of demand of her eldest son and the lack of help from her family, especially her mother and Samuel's father. Despite all these difficulties, Samuel's physical and cognitive development has happened with the expected rates over the years. At the time of the visits to the outpatient clinic, Samuel attended the third year of elementary school and was able to read and write several words with some ease.

Changes and complaints related to behavior arose when Samuel turned six years old, a period that coincides with his school's complaints about suspected exposure to sexual violence. Ana complained that Samuel started to have bedwetting incidents, which made her very angry. She said that, on these occasions, she scolded him, made him to wash all the dirty clothes and put his mattress to dry in the sun. She also mentioned receiving several complaints from the school due to indiscipline and aggression. The suspicion of sexual violence that motivated Samuel's referral to the outpatient clinic was related to an episode reported by the child to a teacher, in which he stated that his stepfather had *touched* him, without providing further details.

In view of the child's report, the school reported it to the Tutelary Council, which sent mother and son to the Emergency Room of the University Hospital. Months later, the school reported another incident, describing that Samuel had defecated in his clothes during nap time. Ana reported that she questioned Samuel and, initially, he said that he had asked the teacher to go to the bathroom, but that the teacher had not allowed him, and that he could hold it no longer. Upon questioning him again, Samuel said that it had happened while he was sleeping and that he even tried to wash his underwear, but that it didn't work and that he had to wear it wet. Apparently, Ana did not appreciate this event, not seeking further clarification or measures that could help Samuel.

The positions of Ana and Samuel in the face of violence and their stances in the mother-child relationship

In the first multiprofessional consultations held at the outpatient clinic, Ana stated that she did not believe that something had really happened to Samuel, emphasizing that her husband would not touch the boy. In response to the complaint made by the school, she attributed her son's report to possible *feelings of jealousy for seeing his brothers being carried around and receiving more care than he was*. She also questioned the possibility that her own mother had convinced Samuel to present the report of violence as a means to separate the couple, stating that her mother (Samuel's grandmother) did not like Robson.

On the other hand, Samuel was unsure, shy, had difficulties to start interactions with other people, refused to leave his mother's side. Thus, it was observed that Ana had difficulties to consider risks potentially present and give credit to her son's story. These difficulties seemed to lead Ana to question her son harshly, forcing him to admit the *lie* and making it impossible for the child to feel safe, even when far from her, to express what happened.

It was observed, in the psychological consultations, that Samuel rarely mentioned his relations with male figures and, when these subjects were brought up, the tone was always negative. Samuel referred to his father and stepfather as dangerous and aggressive figures, with whom he did not like to relate. Samuel also showed a significant tendency to submit to his siblings, especially the eldest, being sometimes beaten without seeking his mother's protection. At the same time, it was possible to note that Samuel often sought to protect them, even from his mother. And, on several occasions, he took a vigilant stance towards them, even when this proved to be a task that was well beyond his capabilities.

During the psychological consultations, it was noticed that Ana, started to seek solutions to protect the child, removing Samuel from his stepfather, even though she still said that she did not believe her son's complaints. Ana says that, for a short period of time, she locked the door to her children's room at night, to prevent Robson from entering. However, she gave up keeping the door locked because she realized that her children were agitated and insecure.

She said she was more attentive to Samuel's behavior when he was close to Robson, in an attempt to identify something that was unusual or threatening. Ana also mentioned having decided to wean her youngest son, so that he no longer needed to sleep with the couple. It was also observed that Ana progressively started to mention concerns about her children, to maintain more consistent attitudes of care and to make small changes in the way she related to Samuel, becoming closer and more affective, recognizing her qualities and importance of her presence in his life. Changes were also noted in the way Ana acted in relation to her place in regards to Robson, looking for ways to generate her own income through the sale of food made by her, in an attempt to reduce the degree of her financial dependence.

At the same time, Samuel was gradually more confident and willing to separate from his mother. This condition also seemed to manifest itself in changes in the activities carried out: initially, his games and playtime were almost entirely dedicated to the production of repetitive and not very creative drawings, usually composed of colored circles that filled almost the entire sheet of paper, in a misshapen manner. These productions, although very similar to each other, were carried out with capricious care, which gave them significant beauty and harmony.

Samuel customarily offered these drawings to his mother as a gift, but maternal disinterest ended up leading Samuel to offer the drawings to the intern who attended to him, so that she could keep them. As time went by, it was observed that Samuel started to risk producing drawings with new content, making them more spontaneous and enriched by creativity. In this same period, when Samuel decided to offer one of these drawings to his mother, she received them with more enthusiasm. Samuel also started to use the time of consultations to build toys out of cardboard, initially to give gifts to his brothers and, later, to please himself, in addition to enunciating a series of ideas, related to activities he wanted to carry out, that could be accomplished in together with the intern.

It is interesting to note that Samuel demonstrated to understand Ana's concern about the family's financial situation, as he tried to help her produce and sell cakes, as well as making cardboard mobile phones that he wanted to sell to other children at school, and then buy things that he and his brothers would like to eat. Over time, Ana started to intervene in the moments when she recognized that Samuel sought to perform activities that exceeded his abilities as a seven year old child. It was observed that Ana tried to explain to her son that some tasks could not yet be performed by him, or alone, which seemed to signal an expansion of Ana's condition to offer care and assume her maternal role and role.

DISCUSSION

The analysis of records of multidisciplinary and psychological consultations carried out with Ana and Samuel allowed us to shed light on the complexity involved in facing sexual violence against children. Violence was not restricted to the reported occurrence, but it did seem to be intertwined in the life stories of child, mother and the ways in which their social relations were constituted and organized. Thus, their confrontation implied actions aimed at the victimized child, but also at the mother, in addition to requiring reflections on the social context in which the family was inserted.

It was possible to apprehend a path of helplessness and lack of credibility in the domestic environment, experienced since Ana's childhood, which may have implied difficulties in the constitution of herself as an integrated person^{11,13,14}. In this sense, it is reflected here on how much Ana lived moments of intensification of states of dependence, especially in her childhood and adolescence, once again needing care in a receptive and supportive environment, which does not seem to have remained consistently available to her.

In this way, it can be thought that her personal experiences in relation to exposure to sexual violence and the way she received care in her childhood/adolescence, may have contributed to the recognition of the signs offered by Samuel causing her anguish and leading her to relive traumatic situations. Such reflection is based on the recognition that Ana also

suffered damaging consequences from exposure to violence and the absence of care that responded to her needs, carrying with it flaws that could harm her development process, especially in relation to the abilities to examine and evaluate events and take confrontational positions in the face of situations of intense attack on the person¹⁶. In addition, the invalidation of her experiences by her mother seems to have imposed on Ana the condition of submission to an *Other* as a possible way to guarantee her material and psychic survival.

Thus, Ana did not seem to have sufficient care opportunities that favored the recognition and appropriation of relational aspects that informed about the dimensions of respect and dignity pertaining to the human condition, facilitating insertion in more objectifying and abusive relationships. The dimensions of respect, value and human dignity are fundamental elements that are affirmed in the process of constituting the person from the experiences in care relationships^{13,14}, participating directly in the consolidation of the ability to care and protect oneself and, subsequently, care and protect the other. Ana's experience in abusive relationships with her partners could favor the intensification of a relational dynamic of objectification and submission, strengthening the naturalization of abusive/violent behaviors. It is also pointed out that Ana is a woman, responsible for the care of three children, two of whom have a high demand for care, compromising her possibilities of achieving financial independence from Robson and thus, a social role.

In this context, one can think about how Ana faces a highly challenging task to establish herself as a mother, considered a reference figure for the care and protection of children, since she can still present needs related to the constitution of herself as a person, granted with value and deserving of respect. This perspective emphasizes the understanding that Ana has vulnerabilities that need to be considered when thinking in the context of Samuel's protection. In this sense, it was noted that the psychological care actions performed were organized to offer consistent space for the joint examination of the difficulties presented by Ana.

This organization seemed to favor the provision of care to the mother who promoted changes in her way of perceiving events and being involved in protective actions. Although until the end of the psychological follow-up Ana expressed her doubts regarding the sexual violence against Samuel, there was a change in the way the relationship between mother and son took place, becoming more characterized by affectionate and of care. As the consultations went on, the dialogues held with Ana, who considered violence as a possibility, seem to have favored the awakening of an attentive concern and greater affection, experienced in the relationship between Ana and Samuel, with greater proximity between them and toned for more positive affects, including the exchange of affection and praise.

The dialogic character of this service perspective is emphasized, seeking to create new ways of perceiving and dealing with situations experienced in line with national guidelines for confronting violence and the rights of children and adolescents⁹. Thus, reflections on the maternal function and the ways to support it in the face of present adversities and threats, as well as reflections on unmet needs experienced by Ana throughout her life and the consequences/suffering caused could present themselves as an opening for a joint effort aimed at developing the care of their children.

It is also understood that initiatives presented by Ana to protect Samuel, and the other children, were created and expanded. It was possible to observe that Ana, from the interactions maintained with the professionals of the Clinic, gradually became more alert, seeking to build a relationship of protection and support little known through her personal experiences. This movement also needs a careful look on the part of the health professionals, which turns not only to the indication of failures, but to the help in facing the challenges that motherhood brings, constituting an environment that can support the discovery/conquest of capacities of care.

According to Winnicott^{13,14}, the mother also needs to be sufficiently supported by her immediate environment, composed in this case, mainly by the professionals of the safety network, so that she can constitute a consistent and responsive care environment for her

children. This is not intended to suggest that the possible occurrence of violence, in the case described here, is the only consequence of maternal failures, but to emphasize the complexity involved in this occurrence. Complexity that seems to be rooted in the history of a mother, who was also a victim of negligence and who seeks, nowadays, to find and develop survival resources for herself and her children, and in the child's history, which is faced with the need to face adverse situations in the family context, also participating in the search movement experienced by the mother.

Throughout the psychological monitoring, Ana was able to become more aware of her own experiences and how she was exposed, throughout her life, to various situations of violence. The encounter of a resonance, in the therapeutic space, may have helped Ana to progressively open herself to the recognition that something may actually have happened to Samuel.

The work carried out in the care services linked to the outpatient clinic recognized the risks present in these situations, and with regard to psychological actions, these risks were constantly discussed and the need to protect children was emphasized. In addition, guidelines were provided and referrals were made to encourage the involvement of other bodies that protect the rights of children, in order to strengthen their guarantee.

In relation to Samuel, it is understood that the link to a psychological care service, together with his mother, favored the achievement of greater confidence in the environment and in his own mother, manifested by less anxiety separation and greater creativity when occupying spaces. It is considered that the consistency of the organization and the frequency of visits, the presence of the intern, and Ana's efforts to bring Samuel could contribute to the perception of the potential stability in the environment, which also included Ana.

The increase in Samuel's confidence and a greater openness to the exploitation of the resources offered in the visits can be seen as the resumption of a development process in a condition of greater security and consistency. At the same time, Samuel seemed to reveal, through his progressive link with the service process and his growth in relation to the diversity of activities performed, potential personal resources that could be further developed with the availability of favorable conditions.

One can think of how Samuel expressed his need to find his place as a son, in which he could be welcomed, recognized and supported. It was considered that this need, added to the helplessness, the instability of the environment and the ambiguities in relation to the feelings nourished by their family members, could favor the presentation of compensatory attitudes and submission to a potentially invasive environment. Such a condition, understood as a vulnerability, can contribute to a hypertrophy of certain psychic aspects and to the development of potentially abusive relationships, as a way to survive psychically and guarantee the maintenance of significant affective relationships¹⁶.

Such hypertrophy seemed to manifest itself, initially, through the assumption of an excessively independent posture in the visits. As time went by Samuel was able to accept his condition of dependence more naturally and to be receptive to help from the other, placing himself in a position more corresponding to that of childhood. However, it is emphasized that this change in Samuel was accompanied by changes in Ana's positions, which led her to assume a posture of greater management and care for her children, providing greater consistency and confidence. The synchronization of such changes is considered to be relevant to the child protection process.

Samuel's journey made it possible to understand experiences in the visits that represented the possibility of gradually taking a stand with greater spontaneity and confidence, expressing desires and counting on the support of people who would help him to fulfill himself. It can be thought that Samuel lived a birth process as a person and as a child/son, understanding that having a space for himself represented a right he had as a person. In this space, Samuel was able to gradually recognize and exercise his freedom, creativity and hope.

CONCLUSION

The case reported here allowed to give visibility to the importance of the relationship between mother and child to face the suspected/suffered violence by the child. This relationship was marked by aspects experienced throughout the mother's history, which constituted vulnerabilities carried by her, and proved to be potentially harmful to her constitution as a sufficiently good maternal figure. This condition seemed to imply challenges to the child's emotional development and to intensify his exposure to risks, amplified by the maternal difficulties in carrying out protective actions.

The need and relevance of psychological support is highlighted, as part of the support present in the network for the protection of the rights of the child, in cases such as the one described here, as this resource of care contributes to the rescue of the possibilities of development, in order to favor that both can experience the places of mother and child. It was from this care that it became possible to think about a transformation and strengthening of the relationship between mother and child and, consequently, a greater power to protect the child.

It is noteworthy that it is impossible to generalize the findings, as it is a case study. However, the reflections provided here may signal the importance of conducting research that seeks to increase understanding about aspects of care relationships and exposure to violence, in order to assist in the discussion on the issue of sexual violence against children and adolescents and their transgenerational developments.

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CONTRIBUTIONS

Lara Dias Couto contributed to the conception, collection and analysis of data. **Karin Aparecida Casarini** participated in the design, writing and review.

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