

<http://dx.doi.org/10.1590/0104-07072017000080016>

SEXUAL ABUSE IN CHILDHOOD AND ITS REPERCUSSIONS IN ADULT LIFE¹

Margaret Olinda de Souza Carvalho e Lira², Vanda Palmarella Rodrigues³, Adriana Diniz Rodrigues⁴, Telmara Menezes Couto⁵, Nadirlene Pereira Gomes⁶, Normélia Maria Freire Diniz⁷

¹Article extracted from dissertation - Daily life of northeastern semi-arid women that suffered sexual abuse in the familiar context, presented to the *Programa de Pós-Graduação em Enfermagem da Escola de Enfermagem da Universidade Federal da Bahia (UFBA)*. Salvador, Bahia, Brasil. *Bolsa Fundação de Amparo à Pesquisa do Estado da Bahia (FAPESB)*.

²Ph.D. in Nursing. Professor, Nursing Collegiate. *Universidade Federal do Vale do São Francisco*. Petrolina, Pernambuco, Brasil. E-mail: olindalira@gmail.com

³ Ph.D. in Nursing. Professor, *Curso de Graduação em Enfermagem, Universidade Estadual do Sudoeste da Bahia*. Jequié, Bahia, Brasil. E-mail: vprodrigues@uesb.edu.br

⁴ Ph.D. in Nursing. Professor, *Curso de Graduação em Enfermagem, Faculdade Regional da Bahia*. Alagoinhas, Bahia, Brasil. E-mail: adrianadiniz@gmail.com

⁵ Ph.D. in Nursing. Professor, School of Nursing, UFBA. Salvador, Bahia, Brasil. E-mail: telmaracouto@gmail.com

⁶ Ph.D. in Nursing. Professor, School of Nursing, UFBA. Salvador, Bahia, Brasil. E-mail: nadirlenegomes@hotmail.com

⁷ Ph.D. in Nursing. Professor, School of Nursing, UFBA. Salvador, Bahia, Brasil. E-mail: normeliadiniz@gmail.com

ABSTRACT

Objective: to understand the repercussions of sexual abuse in the adult life of women who were sexually abused in childhood.

Method: qualitative research, developed through unstructured interviews with nine women in a Reference Center for Women, in the semi-arid region of the state of Pernambuco, Brazil. The interpretation of the results was based on the approach of Comprehensive Sociology and Daily Life in order to identify the underground centrality submerged in the daily life of the participants and which could emerge through their reactions from the experience of sexual abuse.

Results: after interpretation, the results were grouped into the categories: Family life after the revelation of sexual abuse; The daily life of girls experiencing sexual abuse; and Repercussions of sexual abuse in the adult life of sexually abused women in childhood. The repercussions of sexual abuse were described as difficulties in family life, pregnancy, hypersexual behavior, prostitution, gender and sex contradiction, difficulties to have orgasm, drug use, low self-esteem, depression, self-destructive behavior, suicidal ideation and homicide.

Conclusion: exposure to sexual abuse in the family context has impaired the physical and emotional health of girls and adolescents, as well as family coexistence, pointing to the need to adopt sensitivity and solidarity in the care of women with complaints that may be associated with experiences of sexual abuse.

DESCRIPTORS: Adult survivors of child abuse; Sexual child abuse, sexual; Violence against women; Child; Family relationships; Activities of daily living.

ABUSO SEXUAL NA INFÂNCIA E SUAS REPERCUSSÕES NA VIDA ADULTA

RESUMO:

Objetivo: compreender repercussões do abuso sexual na vida adulta de mulheres abusadas sexualmente na infância.

Método: pesquisa qualitativa, desenvolvida com nove mulheres em um Centro de Referência da Mulher, na região do semiárido do Estado de Pernambuco, Brasil, através de entrevistas não estruturadas. A interpretação dos resultados foi fundamentada na abordagem da Sociologia Compreensiva e do Cotidiano, a fim de identificar a centralidade subterrânea submersa na vida cotidiana das participantes e que pudesse emergir por meio de suas reações a partir do vivido do abuso sexual.

Resultados: após a interpretação, os resultados foram agrupados nas categorias: Convivência familiar após a revelação do abuso sexual; A vida cotidiana de meninas em vivência de abuso sexual; e Repercussões do abuso sexual na vida adulta de mulheres abusadas sexualmente na infância. As repercussões do abuso sexual foram descritas como dificuldades no convívio familiar, gravidez, conduta hipersexualizada, prostituição, contradição entre gênero e sexo, dificuldades para ter orgasmo, uso de drogas, baixa autoestima, depressão, comportamento autodestrutivo, ideias suicidas e homicidas.

Conclusão: a exposição ao abuso sexual no contexto familiar prejudicou a saúde física e emocional de meninas e adolescentes, bem como a convivência familiar, apontando para a necessidade de adoção de sensibilidade e solidariedade no cuidado a mulheres com queixas que possam estar associadas a vivências de abuso sexual.

DESCRIPTORIOS: Adultos sobreviventes de maus-tratos infantis. Abuso sexual na infância. Violência contra a mulher. Criança. Relações familiares. Atividades cotidianas.

ABUSO SEXUAL EN LA INFANCIA Y SUS REPERCUSIONES EN LA VIDA ADULTA

RESUMEN

Objetivo: comprender las repercusiones del abuso sexual en la vida adulta de mujeres abusadas sexualmente en la infancia.

Método: investigación cualitativa, desarrollada con nueve mujeres en un Centro de Referencia de la Mujer, en la región del semi-árido del Estado de Pernambuco, Brasil, a través de entrevistas no estructuradas. La interpretación de los resultados fue fundamentada en el abordaje de la Sociología Comprensiva y del Cotidiano, a fin de identificar la centralidad subterránea inmersa en la vida cotidiana de las participantes y que pudiese emerger por medio de sus reacciones a partir de lo vivido del abuso sexual.

Resultados: después de la interpretación, los resultados fueron agrupados en las categorías: Convivencia familiar después de la revelación del abuso sexual; la vida cotidiana de niñas en vivencia de abuso sexual; y repercusiones del abuso sexual en la vida adulta de mujeres abusadas sexualmente en la infancia. Las repercusiones del abuso sexual fueron descritas como dificultades en el convivio familiar, embarazo, conducta hipersexualizada, prostitución, contradicción entre género y sexo, dificultades para tener orgasmo, uso de drogas, baja autoestima, depresión, comportamiento auto-descriptivo, ideas suicidas y homicidas.

Conclusión: la exposición al abuso sexual en el contexto familiar perjudicó la salud física y emocional de niñas y adolescentes, así como la convivencia familiar, aportando para la necesidad de adopción de sensibilidad y solidaridad en el cuidado a mujeres con quejas que puedan estar asociadas a vivencias de abuso sexual.

DESCRIPTORES: Adultos sobrevivientes del maltrato a los niños. Abuso sexual infantil. Violencia contra la mujer. Niño. Relaciones Familiares. Actividades cotidianas.

INTRODUCTION

Sexual abuse in the family context is a traumatic experience that affects emotional development of children and adolescents resulting in harm which may extend into adult life. It is a phenomenon whose revelation creates a complex process for the abused girl, mainly considering the stage of psycho-social development in which she is in.¹

Unequivocally, exposure to childhood sexual abuse is associated with losses, representing a risk factor for triggering several psychological and functional changes, including depression, suicidal ideation, anxiety and post-traumatic stress disorder. Devastating repercussions were shown when assessing the capacity of resilience and self-forgiveness in female survivors of childhood sexual abuse, who presented levels of hopelessness, capacity for lower self-forgiveness and higher levels of post-traumatic stress when compared to other women who presented the same difficulties but who were not sexually abused in childhood. These are changes that vary in time and intensity, which affect the lives of victimized girls and result in great emotional suffering.²⁻⁴

In this context, the study discusses the need to redouble the attention in regards to the long-term repercussions of the physical and emotional development of children exposed to violence.⁵ Thus, sexual abuse in the family is a form of violence that triggers forms of passive resistance in the child or adolescent. That is, without going into direct confrontation, the victim is opposed to his aggressor. In the light of Comprehensive Sociology and Daily Life, through Maffesolian notions, these forms of resistance are identified as "subterranean centrality,

which represents the force of wanting to live,"^{6:67} despite the day-to-day difficulties.

Therefore, in an imaginary of fear usually crossed by silence, women who were sexually abused in childhood have a subterranean centrality, in which harmful alterations to their daily life are hidden, which, in order to be apprehended, requires a sensitive look, attentive to the smallest present attitudes.

For this reason, this qualitative research aimed to understand the repercussions of childhood sexual abuse in the adult life of sexually abused women. We start from the following assumption: understanding sexual abuse will accentuate the strength of women to transfigure their repercussions on the path of being healthy, so that strength will lead to a desire to live, despite the traumatic experience.

METHOD

This qualitative research was developed in a *Centro de Referência da Mulher* /Women's Reference Center (CRAM) in the semi-arid region of the state of Pernambuco, Brazil. CRAM works to welcome women in situations of violence, and provides psychological, social and legal support. There were nine women participants who were members of the pilot project "Interventional workshops with women victims of domestic violence", who were included in the study because they were at least 18 years of age and experienced sexual abuse in childhood practiced by a man from their family.

Data collection only started after approval of the project by the Research Ethics Committee in the Nursing School of the Federal University of Bahia

(protocol 684.203, CAAE 24565213.4.0000.5531 CEP / EEUFBA).

In respect to the ethical and legal aspects of human research, the participants were identified with the following fictitious names: Eva, Marta, Clara, Rosa, Julia, Lara, Alice, Isaura and Mel.

The data were collected between June and November of 2014 through an unstructured interview, a tool that allows the more detailed information to be obtained about the object studied.⁷ The interpretation of the results were based on the Maffesolian notions contained in *Comprehensive Sociology and of Daily Life*⁶ in order to identify the subterranean centrality that was submerged in the daily life of the participants and that could emerge through gestures, silence, cries, ironies or emotional and behavioral changes.

To give meaning to the results, after exhaustively reading and transcribing, the collected data⁷ were grouped by affinity and organized in the categories: Family life after the revelation of sexual abuse; The daily life of girls in sexual abuse; and Repercussions of sexual abuse in the adult life of sexually abused women in childhood

RESULTS

The nine participants were between 18 and 53 years of age and had a higher level of education, all participants had completed middle school. Four were single, one in consensual union, two were married, one widow and one divorced. In relation to the monthly income, seven were unemployed and depended financially on the family, one was a retired and one received a minimum wage. Seven had children, and in one situation, the daughter was a result of the sexual abuse perpetrated by her stepfather.

We emphasize that the participants were abused when they were between four and 17 years of age, six of them were less than 10 years old when the abuse occurred. In six situations, the discovery of the abuse occurred spontaneously by a relative or a teacher. The others were discovered by relatives while in the act of the abuse, by the stimulus of the child protection services or during psychological care. The abusers were three fathers, four stepfathers and other relatives: brothers and cousins.

Only four situations were officially reported, and the protective measures included removing the abused girl from her abuser and providing psychological care in the *Programa Sentinela*. From

the reports of the six participants abused by their fathers or stepfathers, only two were supported by their mothers, one of whom, despite having separated from the abuser of his daughter, blamed the girl for the situation.

The subterranean centrality that emerged from the results was organized into three categories to facilitate the understanding of the repercussions of sexual abuse suffered in childhood and / or adolescence in the adult life of the participants.

In the first category, Family life after the revelation of sexual abuse, the repercussions of the abusive experience in the family life, especially between the mother and the abused daughter, are presented, according to the fragments of the following reports.

Before the abuse my mother was good to me, but after the abuse she changed, she began to verbally attack me. We argued so much that she even pulled a knife on me. At age 11 I could not take the pressure anymore and I ran away to my father's house. I spent the weekends with her. I would come and ask: Mother, how are you? She said that she was better off with me away from home (Lara).

Marta, 19, sexually abused by her father between the ages of eight and 17 and Julia, 36, sexually abused by her father at the age of seventeen while also sleeping, also noticed changes in living with her mother.

[...] my mother never liked me, I think it has to do with the abuse by my father. She was not a friend, she never said she loved me. I had already seen her saying it to my brothers, but not to me, then she started to spank me at the age of 8 when the abuse started (Marta).

[...] my mother did not want to believe that my father raped me. I threw it in her face: Yes, your husband did this and this with me and you want to support him (Julia).

In the following testimony, Mel, 35, who was sexually abused by her father from 6 to 13 years of age, also shows the interference of abuse in family life.

[...] my father would take a shower with the door open and call me to see him naked, then my mother would say: 'get out now, daughter!' And she said to him: 'Don't you have any shame, it's our daughter, the only daughter we have, and you do not respect her?' I cannot take this life anymore (Mel).

The daily life of girls experiencing sexual abuse, second category showed, among functional changes, pregnancy, according to Rosa, 30, who was sexually abused by her stepfather, aged 6 to 16.

[...] my stepfather made me have sexual intercourse by force, he beat me, harassed me, tied me up with my

arms on the bed, I wanted to let myself go and could not, I shouted, but my sister didn't hear me, I was all purple from the beating he gave me and I went to the hospital. It was only one time and I got pregnant. The daughter I have is his daughter (Rosa).

In addition to exposure to pregnancy, participants reported that at the time they were abused they fled the home to get rid of the oppression afforded by the abusive experience.

[...] when I was 11, I could not stand the pressure of being abused by my stepfather, so I took my clothes and ran away to my father's house (Lara).

Nevertheless, the street exposed them to other risks, such as drug use.

[...] my father having sex with me changed a lot, at the time I lived in the street, because nobody believed me, there, I filled my face with drugs because I couldn't imagine my father having sex with me. I started with marijuana, sniffing glue, then crack and cocaine: I did cocaine because of the disgust (Julia).

The third category, Repercussions of sexual abuse in the daily life of sexually abused women in childhood, showed that the experience of sexual abuse triggered several emotional changes, which lasted until the adult life, culminating in extreme situations, for example, suicide attempts and self-destructive behaviors.

Low self esteem: *[...] until today, when I remember, I feel disgusted by life. I do not feel like a human being, I feel like crap. Yeah, do we have a dad and something like this happen? (Júlia).*

Ideas and suicide attempts: *[...] after the revelation I began to have depression and suicidal ideas and I have been somewhat unstable because of the memories. Because only those who know really are the ones who go through a trauma like this (Eva); [...] I wanted to kill myself because of the sexual relationship with my father: I ran in front of a truck, but the man stopped when he saw me. Then I tried to drink bleach, I used to cut myself with razor blade with disgust, because we would be alone and another defeat after that happened (Julia).*

Attempting homicide and self-destructive behavior: *[...] Now I left the house because my father wanted to hit me again and I had never raised a hand to him, because he is my father, but some time ago I tried to kill him, twice with a knife, as I wasn't able to do it, I was stuck (Julia).*

Problems in the sexual sphere: in addition to emotional problems, abusive experience predisposes girls and women to problems in the sexual sphere and difficulties in affective relationships,

and an often-identified change in sexually abused minor girls can be seen as inappropriate sexual behavior for the age, a situation that can lead to them to prostitution. *[...] I think being abused by my stepfather aroused my curiosity and made me want to have sex earlier, then I lost my virginity when I was ten and fell into prostitution (Alice).*

Contradiction between gender and sex: the experience of sexual abuse contributed to some participants feeling confused about their sexual identity. *[...] for me it doesn't matter which man: I have disgust for men, for me they are all the same, so I like to relate to women. I got married to please my brothers, but I do not like men. Today I like a woman, but she does not even know (Mel).*

Difficulty in relating to same-sex abuser: victims of sexual abuse in childhood tend to have difficulties in relating to people with the same sex as the abuser; In this study, because they were women, the participants demonstrated difficulties in relating to men. *[...] I thank God that I am not a lesbian, because so many women who have gone through this are lesbians: it is the difficulty of relating to men. But I do not like men or women, because abuse has kept me from liking other men. You feel ashamed of yourself. It seems that the person already knows that we were abused (Marta); [...] one thing that happens to abused people is the affective life: I only had a boyfriend, I did not let him get close to me right and I still cannot date. It is because of the fear of man, including my father. To this day I only speak what is necessary with him (Eva).*

Difficulty having orgasm: the experience of sexual abuse in childhood can affect the sexuality of the woman, one being the difficulty to reach orgasm which is included as one of the complaints mentioned in this research. *[...] It affected my sexuality, because until today I cannot have an orgasm if I do not manipulate. In all relationships at the time, when I remember that I want it that way and he does not like it, I can't orgasm. (Isaura).*

DISCUSSION

The experience of sexual abuse affected the family life of the participants, as seen in the reports of marked discussions and aggressions, showing that this phenomenon triggers a process of separation between family members, especially between the mother and the abused daughter. In these situations, although people experience other everyday experiences, the central issue revolves around the abusive situation, the memories pursue them and the situation seems difficult to face.

In this context, learning about the abuse that the daughter suffers generates a conflicting situation for many mothers, who are faced with a choice that they consider difficult or almost impossible, which refers to the separation of the abuser when he is their companion.⁸

Thus, the maternal reaction of the daughter's departure generates a data commonly found when the abuser is the father or the stepfather, constituting an unjust attempt to seek in the conduct of the child or adolescent justifications to share the guilt and responsibility for abusive living.⁹

Many mothers find it difficult to denounce the perpetrators of abuse when dealing with their comrades, because in addition to the harm to family relationships, they also fear harm to themselves, as they may be punished legally. It is also possible to understand that maintaining secrecy in the face of abusive experiences leads to the desire to resume relationships and coexistence between family members with transparency and without subterfuge.¹⁰⁻¹¹

That is why they do not report abusers, as we could perceive in this study: of the nine situations, only four were officially reported. For these mothers, denouncing their partner is a demonstration of failure as a mother and as a woman.¹²⁻¹³ We understand that this conduct of mothers puts at not only the daughters at risk, but also the other members of the family,¹⁴ so that the attitude of covering up the abuse through the silence of abused mothers and daughters is a demonstration of the subterranean centrality that opposes the power of the abuser, since they cannot confront him, they use this mechanism, demonstrating the latent strength in each one of them.

As the girl gets older, some changes from sexual abuse tend to decrease, while others arise or intensify. In this sense, older girls and adolescents exposed to abusive situations may present serious functional and behavioral changes, including hypersexual behavior and pregnancy. Hypersexual conduct or inappropriate sexual behavior for the age is a frequent change in sexually abused minor girls. It refers to early sexual experiences, being a behavior indicative of sexual abuse confirmed in expert reports, with a frequency of 42% in children aged seven to 10 years.¹⁵⁻¹⁶

As for pregnancy, it is a frequent result of these situations, and is often the only form of revelation of the abuse, and may result in the abortion or birth of a child, which can later be rejected by the mother.¹⁷ In this research, despite attempts by one of the participants to disclose the abuse, her mother

and brother did not attach importance to disclosure, which contributed to prolonged abusive episodes, resulting in pregnancy.

Certain authors help us to think that the management of care in similar situations includes support for families, since in the condition of care professionals this issue requires reflection, in order to extend support to the family of the pregnant girl / adolescent so that there is adjustments to changes in the family routine after the child is born.¹⁴⁻¹⁸

This brings us to the organic solidarity explained by some authors as a kind of solidarity that opposes mechanical solidarity¹⁹ that is based on the order of duty to be, or rather, on compulsion.

Thus, in these situations, the planning and execution of nursing care needs to be guided by organic solidarity in order to better understand the context in which sexual abuse occurs, it is recommended that nurses have a broader vision than the victim, main character, extending at least to the family members involved: the mother, the father and / or the abuser.¹⁴ In contrast, in the situations in which girls are neglected and few are supported, they suffer more intensely, they flee their homes and take refuge in the street, where they seek refuge for the oppression that abusive experience has given them.

Refuges are vents used to relieve the weight generated for a healthy living.²⁰ Refuge means to say that there is a hidden force or power that makes them continue life. However the streets expose them to drugs and prostitution, and drugs as well as being harmful to health,²¹ do not alleviate the suffering caused by the abusive experience and further intensify other health issues.

A study carried out at the University of Nicaragua, with a sample of students of both sexes, highlighted a higher prevalence of sexual abuse in childhood among female students (12.1%) and a greater chance of using drugs in adult life, when compared to other students who were not abused during the same stage of life.²² Along the same lines, research conducted with 386 alcohol-dependent participants found a history of sexual abuse in 61 of them, of which 35 occurred before age 18 and affected girls (21) more than the boys (14).²³

Abusive experience is a trauma that will accompany the woman in all situations and in her interpersonal relationships, and may cause harm to her sexuality, such as the presence of Gender Identity Disorder (TIG). Also identified as transexualism, TIG is characterized by intense identification with the opposite gender, discomfort and inadequacy in the social role with its sex. In this context, some

scholars identifying TIG and depression in a woman with gender identity problems have found the association between these disorders and their history of prolonged exposure to incestuous abuse.²⁴⁻²⁵

We realize that these implications are part of the daily lives of many women, resulting in intense suffering, which can lead to low self-esteem, depression, self-destructive behavior, sexual problems, homicidal ideas and suicide attempts. In relation to suicide, a research conducted with alcoholics who were abused in childhood found a significant association between suicide attempts and history of childhood sexual abuse, pointing to this experience as the strongest predictor of suicide attempts in alcohol-dependent individuals.²³

These are fatalities that are not often attributed to abusive experience, and it is important to emphasize that in victims of sexual abuse low self-esteem is one of the most frequent and most severe emotional changes that present from childhood to adulthood.²⁶

Beyond this, other emotional and behavioral changes may be associated with experiences of sexual abuse in childhood. It highlights the reproduction of a threatening fear which leads many women to modify their ways of relating, provoking unexpected reactions, such as stoppage, surrender or aggression.²⁷ However, each person possesses their own point of tolerance or threshold, which makes them endure the same everyday occurrence at different levels. This reinforces the challenge of life and the inner power in which, even in the face of such tragic experiences, each one seeks the strength to follow life.

In this research, the participants also demonstrated a willingness to continue to live, as evidence of the subterranean potency in each of them, something to be transformed into energy to transcend the damages caused by sexual abuse, starting from the support they will have of their established interaction networks by family, friends and services, including health services, especially nursing.

It is important to emphasize that the care given to women who have experienced or experience experiences of sexual violence requires the configuration of a network that has primary health care which is the axis of care and although we recognize the need to adopt instrumental techniques, they need to walk in consonance with the use of solidarity modes to be appropriated by health professionals, in order to re-signify care for women in situations of sexual violence at any age. Therefore, it is urgent to train them to do so, as well as to ensure that approaches on violence integrate the curricular matrix of undergraduate health courses.²⁸

The limitations of this research are related to its location in a municipality in the semi-arid region of the state of Pernambuco, which hinders the generalization of results to other socio-cultural contexts, the absence of studies on sexual abuse based on a theoretical-methodological approach of Comprehensive Sociology And daily life, as well as the urgency of conducting research that deepens the theme for the purpose of other aspects not covered, such as the understanding of the repercussions on the of mothers of sexually abused children.

CONCLUSION

The experience of sexual abuse in the family context affected the daily life of the participants, affecting the coexistence and the family interactions. Regardless of the number of episodes or type of abuse, the repercussions of the experience lead to serious emotional losses, which affected daily life leading to intense suffering.

The results of this study show that sexual abuse in the family context breaks the family imagery as a guarantee of security. The phenomenon is therefore a harmful one that compromises family relationships and interferes in the health of women at any age.

This alerts us to the need for sensitive listening to be developed by the nurse so that he/she is attentive to various signs, symptoms or other defense mechanisms that present in women / girls or adolescents which may be associated with experiences of sexual abuse, which deserves our careful attention. The present construction allows the nurse to develop or broaden the look and the necessary sensitivity so that during the care of women it is possible to capture small details and associate them with abusive experiences.

REFERENCES

1. Oliveira JR, Costa MCO, Amaral MTR, Santos CA, Assis SG, Nascimento OC. Violência sexual e coocorrências em crianças e adolescentes: estudo das incidências ao longo de uma década. *Cien Saude Coletiva* [Internet]. 2014 Mar [cited 2016 Jun 01]; 19(3):759-71. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232014000300759&lng=en
2. Hébert M, Lavoie F, Blais M. Post Traumatic Stress Disorder/PTSD in adolescent victims of sexual abuse: resilience and social support as protection factors. *Cien Saude Coletiva* [Internet]. 2014 Mar [cited 2016 Jun 01]; 19(3):685-94. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1413-81232014000300685&lng=pt

3. Kaye-Tzadok A, Davidson-Arad B. the contribution of cognitive strategies to the resilience of women survivors of childhood sexual abuse and non-abused women. *Violence Against Women* [Internet]. 2016 Jun [cited 2016 Jun 28]; 17: 1-23. Available from: https://www.researchgate.net/publication/283582318_The_Contribution_of_Cognitive_Strategies_to_the_Resilience_of_Women_Survivors_of_Childhood_Sexual_Abuse_and_Non-Abused_Women
4. Santos SR. As implicações subjetivas na família e na criança a partir do abuso sexual. *Interdisciplinar: Rev Eletr Univ* [Internet]. 2012 Jun [cited 2014 Jun 25]; 8(4):115-22. Available from: <http://revista.univar.edu.br/index.php/interdisciplinar/article/view/91>
5. Ribeiro IMP, Ribeiro AST, Pratesi R, Gandolfi L. Prevalence of various forms of violence among school students. *Acta Paul Enferm*. [Internet]. 2015 Feb [cited 2016 Jun 01]; 28(1):54-9. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0103-21002015000100054&lng=en
6. Maffesolli M. O conhecimento comum: introdução à sociologia compreensiva. Porto Alegre (RS): Sulinas; 2010.
7. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 12ª ed. São Paulo (SP): Hucitec; 2010.
8. Lima JA, Alberto MFP. O olhar de mães acerca do abuso sexual intrafamiliar sofrido por suas filhas. *Psicol Cienc Prof* [Internet]. 2015 [cited 2016 Apr 08]; 35(4):1157-70. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S1414-98932015000401157&lng=en&nrm=iso
9. Arpini DM, Siqueira AC, Savenagno SDO. Trauma psíquico e abuso sexual: o olhar de meninas em situação de vulnerabilidade. *Psicol Teor Prat* [Internet] 2012 [cited 2014 Sep 23]; 14(2): 88-101. Available from: <http://www.redalyc.org/articulo.oa?id=193823800008>
10. Santoucy LB, Santos VA, Conceição MIG, Costa LF. Mulheres que denunciam violência sexual intrafamiliar. *Estudos Feministas* [Internet]. 2014 Sep [cited 2016 Jun 06]; 22(3):731-54. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-026X2014000300002&lng=pt&nrm=iso
11. Marra MM. El construccionismo social como abordaje teórico para la comprensión del abuso sexual. *Rev Psicol* [Internet]. 2014 [cited 2016 Jun 06]; 32(2):220-42. Available from: <http://www.redalyc.org/articulo.oa?id=337832618002>
12. Martins CBG, Jorge MHPM. Abuso sexual na infância e adolescência: perfil das vítimas e agressores em município do sul do Brasil. *Texto Contexto Enferm* [Internet]. 2010 Apr [cited 2016 Jun 01]; 19(2):246-55. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072010000200005&lng=pt&nrm=iso&tlng=pt
13. Eloy CB, Constantino EPA. Psicologia e a judicialização nos casos de violência sexual. *Rev Psicol Polit* [Internet]. 2012 Jan [cited 2015 Jan 21]; 12(23):139-52. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1519-549X2012000100010
14. Santos SS, Pelisoli C, Dell'Aglio DD. Desvendando segredos. Padrões e dinâmicas familiares no abuso sexual infantil. In: Habigzang LF, Koller S, organizadores. *Violência contra crianças e adolescentes: teoria, pesquisa e prática*. Porto Alegre (RS): ArtMed; 2012.
15. Gava LL, Silva DLG, Dell'Aglio DD. Sintomas e quadros psicopatológicos identificados nas perícias em situações de abuso sexual infanto-juvenil. *Psico* [Internet]. 2013 Abr [cited 2015 Feb 17]; 44(2):235-44. Available from: <http://revistaseletronicas.pucrs.br/ojs/index.php/revistapsico/article/view/11467/9642>
16. Habigzang LF. Entrevista clínica com crianças e adolescentes vítimas de abuso sexual. In: Habigzang LF, Koller S, organizadores. *Violência contra crianças e adolescentes: teoria, pesquisa e prática*. Porto Alegre (RS): Artmed; 2012.
17. Altoé S, Jorge MAC. Um ato de amor paradoxal. *Tempo Psicanal* [Internet]. 2014 Jul [cited 2015 Feb 17]; 46(1):146-60. Available from: http://pepsic.bvsalud.org/scielo.php?pid=S0101-48382014000100011&script=sci_arttext
18. Stechna SB. Childhood pregnancy as a result of incest: a case report and literature review with suggested management strategies. *J Pediatr Adolesc Gynecol* [Internet]. 2011 Jun [cited 2015 Feb 17]; 24(3):83-6. Available from: [http://www.jpagonline.org/article/S1083-3188\(10\)00335-9/fulltext](http://www.jpagonline.org/article/S1083-3188(10)00335-9/fulltext)
19. Pereima RSMR, Reibnitz KS, Martini JG, Nitschke RG. Doação de sangue: solidariedade mecânica versus solidariedade orgânica. *Rev Bras Enferm* [Internet]. 2010 Mar [cited 2015 Feb 17]; 63(2):322-7. Available from: http://www.scielo.br/scielo.php?pid=S0034-71672010000200024&script=sci_abstract&tlng=pt
20. Tholl AD, Nitschke RG. A ambiguidade de sentimentos vivenciados no cotidiano da equipe de enfermagem pediátrica. *Rev Soc Bras Enferm Pediatr* [Internet]. 2012 Jul [cited 2015 Feb 17]; 12(1):17-26. Available from: <http://www.sobep.org.br/revista/component/zine/article/149-a-ambiguidade-de-sentimentos-vivenciados-no-quotidiano-da-equipe-de-enfermagem-peditrica.html>
21. Miura PO, Passarini GMR, Ferreira LS, Paixão RAP, Tardivo LSPC, Barrientos DMS. Cumulative vulnerability: a case study on intrafamilial violence, drug addiction and adolescent pregnancy. *Rev Esc Enferm USP* [Internet]. 2014 Dec [cited 2015 Feb 17]; 48(spe):53-8. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342014000800053&lng=en&nrm=iso&tlng=en

22. Rodríguez MOM, Mann R, Hamilton H, Erickson P, Brands B, Giesbrecht N, et al. The relation between sexual abuse in childhood and use of illicit drugs: in students of a public university in Nicaragua. *Texto Contexto Enferm* [Internet]. 2015 [cited 2016 Jun 01]; 24(spe):1-7. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0104-07072015000600080&lng=pt&nrm=iso&tlng=en
23. Jakubczyk A, Klimkiewicz A, Krasowska A, Kopera M, Slawinska-Ceran A, Brower KJ, et al. History of sexual abuse and suicide attempts in alcohol-dependent patients. *Child Abuse Negl* [Internet]. 2014 Jul [cited 2016 Jun 19]; 38(9):1560-8. Available from: https://www.researchgate.net/publication/263710053_History_of_sexual_abuse_and_suicide_attempts_in_alcohol-dependent_patients
24. Val AC, Melo APS, Grande-Fulanna I, Gomez-Gil E. Transtorno de identidade de gênero (TIG) e orientação sexual. *Rev Bras Psiquiatr* [Internet]. 2010 Jun [cited 2014 Jul 14]; 32(2):192-3. Available from: http://www.scielo.br/scielo.php?pid=S1516-44462010000200016&script=sci_arttext
25. Piegza M, Leksowska A, Pudlo R, Badura-Brzoza K, Matysiakiewicz J, Gierlotka Z, et al. Gender identity disorders or andromimetic behaviour in a victim of incest - a case study. *Psychiatr Pol* [Internet]. 2014 [cited 2015 Jan 23]; 48(1):135-44. Available from: http://www.psychiatriapolska.pl/uploads/images/PP_1_2014/PiegzaENGverPsychiatrPol2014v48i1.pdf
26. Borges JL, Dell'Àglio DD. Exposição ao abuso sexual infantil e suas repercussões neuropsicobiológicas. In: Habigzang LF, Koller S, organizador. *Violência contra crianças e adolescentes: teoria, pesquisa e prática*. Porto Alegre (RS): ArtMed; 2012.
27. Labronici LM, Fegadoli D, Correa MEC. The meaning of sexual abuse in the manifestation of corporeity: a phenomenological study. *Rev Esc Enferm USP* [Internet]. 2010 Jun [cited 2015 Jul 14]; 44(2):397-402. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0080-62342010000200023&lng=pt&nrm=iso&tlng=en
28. Oliveira PS de, Rodrigues VP, Morais RLGL, Machado JC. Health professionals' assistance to women in situation of sexual violence: an integrative review. *Rev Enferm UFPE on line* [Internet]. 2016 May; [cited 2016 Jun 01]; 10(5):1828-39. Available from: <http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/8288>