VIOLENCE AGAINST CHILDREN IN BRAZIL AND CHILD SUFFERING: A PSYCHOLOGICAL OUTLOOK

Denise Regina Quaresma da Silva;Marcos Levi Lopes Barbosa;Fernanda da Silva

Amaral

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Marcos Levi Lopes Barbosa
Universidade Feevale- Brasil
Email marcusl@feevale.br

Denise Regina Quaresma da Silva
Universidade Feevale/ Universidade La Salle   - Brasil
Email denisequaresmadasilva@gmail.com

Fernanda da Silva Amaral
Universidade Feevale – Brasil

Abstract

Violence against children is a subject of wide-ranging discussion, which has been gradually taking up more space over the years both in academia and in the media. This qualitative study deals with a literature review of some of the most recurrent forms of violence experienced in childhood: sexual exploitation and abuse, psychological violence, neglect and physical violence. In continuity, we present some possible causes of violence against children, and in conclusion, we point out the consequences of the abuse endured while in childhood. These situations of family violence perpetrated during childhood create afflictions in children and are the origin of childhood and teenage psychopathologies which often remain throughout adult life. Children become psychically ill due to the violence they suffer or witness within the family, seeing as what should be their safe space becomes the captivity in which they must live with the tormentors whom they support, since they are children.

Keywords: violence against children, sexual abuse, psychological violence, psychological illness.

1. Introduction

Violence against children is a subject of wide-ranging discussion, which has been gradually taking up more space over the years, both in the academic sector and in the general media. The inquiries regarding violence against children are numerous, among which we can highlight: "Why do parents mistreat their children?"; "How and why does psychological abuse occur?"; "What can be considered child neglect?"; "What are the possible consequences of violence against children?";

The National Human Rights Ombudsman's Report (2017) points out that, in Brazil, 68% of children up to the age of 14 (30.3 million) have already suffered through bodily violence at home. In 2017 this ombudsman received, through the emergency number "Disque 100", 84,049 reports of some type of

violence against children and adolescents. In the previous year, there had been 76,171 reports, which is to say the number is increasing. The main types of violence reported are: negligence (61,416), psychological violence (39,561) and physical violence (33,105). The National Human Rights Ombudsman's report also points out that 57% of the cases of violence against children and adolescents reported take place inside of the victim's home.

In its World Report on Violence and Health, the World Health Organization defines violence as the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment, or deprivation (KRUG et al., 2002).

Due to its complexity, violence encompasses biopsychosocial instances of the subject's life, adult or child. A child expects protection from their parents, and when affected by violence within the family, might end up feeling betrayed, losing trust in those around them and who, in theory, should have protected them.

Among the forms of violence against children are physical violence, psychological violence, sexual violence and neglect. Besides these, other types of violence can be highlighted, such as verbal hostility, shouting and cursing, threatening and constraining. As forms of violence against the child, we find rejection and excessive criticism, in which the child is scorned has their acts and displays of affection dismissed. In these cases, the negative and destructive criticism regarding what the child does and says are recurrent and result in, aside from low self-esteem, the feeling of being a mistake in the lives of their parents, a guilt complex for their own existence and the development of extreme emotional dependence (BRASIL, 2010).

In the face of the perspective of violence against children, there is still one form of violence in which perpetrators are very difficult to identify: the violence suffered by the child who is obligated to work in order to help with the family expenses, thus providing for their livelihoods, and is therefore placed in situations of exposure to dangers regarding their physical and emotional development, placing them in activities designated for adults by their professional/educational, physical and psychic training (PRIORE, 1992).

Violence against children may still be of intra-family or extrafamiliar nature. Intra-family violence, also called domestic violence, is usually caused by members of the child's own family environment, who play a role as caretakers or legal guardians. Those are people who may or may not possess ties of consanguinity with the child, but who are affectively close. It occurs through acts or omissions from parents or guardians, and the major forms of expression of this type of violence are sexual abuse, physical violence, psychological violence and neglect. Among these, it is possible to highlight the form of violence that involves a greater level of secrecy: sexual violence, which can persist for years and which has, at the moment of its revelation, "[...] a crucial moment that can in itself represent a risk of additional trauma to the child or adolescent" (HABIGZANG et al., 2008, p. 339).

Extra-family violence can be segmented according to the same criteria of intra-family violence - sexual, physical, psychological and neglect - but the perpetrator is someone not belonging to the family core, and who may also be a stranger. However, according to Lopez and Campos Jr. (2010), unusual situations not expected by parents, which, in general, can cause feelings of failure to protect their children,

but which usually escape the real possibility of protection or even foreseeing, such as physical or sexual assaults at school or on the street, bullying, physical, sexual or psychological abuse at the home of aunts and uncles, grandparents or godparents not belonging to the child's nuclear family, or even deriving from strangers.

This qualitative study deals with a literature review of some of the most recurrent forms of violence experienced in childhood: sexual exploitation and abuse, psychological violence, neglect and physical violence. In continuity, we present some possible causes of violence against children, and in conclusion, we point out the consequences of the abuse endured while in childhood.

2. Methodology

This is a qualitative study, based on documentary and bibliographic research. The documentary section of the research is one that uses sources that did not receive previous analytical treatment (PRODANOV, 2013). This type of research has similarities to the bibliographical research (MARTINS; THEOPHILO, 2009), but they differ in the nature of the sources, since the bibliographical research pursuits secondary sources, and the documentary, primary sources.

3. Analysis and interpretation of results

In continuity, we present the main focal points found in the literature review on violence against children, and the findings point to an emphasis the authors give to the issues of: sexual exploitation and abuse, psychological violence, neglect and physical violence.

3.1 Sexual exploitation and abuse: one side of violence against children

Unfortunately, in numerous countries around the world and in Brazil, we have a grim reality: the occurrence of sexual exploitation of children with the purpose of marketing the infant, which results in tragic consequences. Commercial sexual exploitation and intrafamily sexual abuse are distinct situations, albeit they may be directly or indirectly interconnected. The first occurs in broadly and more frequently outside the family environment, while the second, as the nomenclature itself indicates, occurs between relatives, with or without bonds of consanguinity, but with ties of affection or kinship (LOPEZ; CAMPOS JR., 2010).

Within the approach to child sexual violence, we can also mention the trafficking of children for sexual exploitation through the enticement of networks for the purpose of sexual exploitation of children. These networks use the attractiveness of advertisements for tourism packages or for agencies of international adoption, employment for a variety of professions, modelling and waitressing, for example. However, these job offers are merely a front for child prostitution within nightclubs, bars and concert halls, already known locally as venues of commercial sexual exploitation of children and teenagers. There is also the commercial sexual exploitation of children and adolescents made by parents or guardians who use rufianism, luring their children to prostitution as a way to support the family (SANTOS, 2004).

According to the Child and Adolescent Statute - CAS (BRASIL, 1990), "Art. 244-A. It is a crime to submit a child or adolescent, as such defined in the caput of art 2 of this Law, to prostitution or sexual exploitation" (BRAZIL, 1990).

Sexual exploitation, in addition to being an offence of violation of the Universal Declaration of the Rights of the Child, is also a violation of Human Rights. Aside from being transfigured into a crime, the sexual exploitation of children leads to an increase in sex tourism, as well as to the proliferation of the production and marketing of materials of pornographic content, the latter of which is also a crime according to CAS legislation (BRASIL, 1990).

Santos (2004) addresses an even more compartmentalized definition regarding the Commercial Sexual Exploitation of Children and Adolescents. Child sexual exploitation is divided into the following categories: Pornography; Sexual exchanges; Autonomous infantile-juvenile sex work; Managed infantile-juvenile sex work; Sexually oriented tourism for sexual exploitation; Trafficking of children and adolescents for the purpose of sexual exploitation.

Pornography is established by CAS (BRAZIL, 1990) as: "Art. 240. To produce, reproduce, direct, photograph, film or record, by any means, an explicit or pornographic sex scene involving a child or adolescent" (BRAZIL, 1990).

This type of pornography is considered a crime for both those who produce it and of those who share such scenes with children, which is to say it is a felony for those who expose children or adolescents to situations in which they are photographed or filmed in explicit sexual scenes and also for those who present such scenes, photographs and movies to children.

According to Santos (2004, p. 90), sexual exchanges are "the offer of sex for the obtaining of other favors". In general, they occur with children or adolescents who have been abandoned or who fled their homes due to domestic violence. However, there is also a small portion of middle-class children and adolescents who exchange sexual favors for drugs or consumer goods denied by parental figures, due to financial impossibility or other factors. Children and adolescents living on the streets end up making use of sex as a bargaining chip for shelter, food or for maintenance of drug addiction. It is added that the practice of sexual exchange is generally a sporadic and temporary survival strategy, with no continuity of sex work (SANTOS, 2004).

Autonomous infantile-juvenile sex work consists of the trading of sexual favors performed without agents. Children or adolescents themselves engage in sex work as a way to survive, afford a better lifestyle, or sustain drug addiction. Unlike autonomous child and adolescent sex work, managed sex work has an intermediator who can be a pimp, a parental figure, stepfathers or stepmothers, "dating" agencies, brothels and prostitution parlors. It should be emphasized that the agent-child relationship "it is characterized by the existence of a relation of exploitation or semi-slavery" (SANTOS, 2004, p. 90).

Sexual tourism aimed at sexual exploitation is the form of sexual and commercial exploitation in which children and adolescents are used to serve tourists. It is another illegal practice of child abuse that tries to organize excursions where, as part of the "tour package ", sexual or escort services provided by children and adolescents already previously recruited by travel agencies are included, and whose photographs are generally organized in brochures made for the tourist's selection. It can be added that, in

general, intercultural child labor is closely linked to sexual tourism oriented towards sexual exploitation (MINISTRÉRIO DA JUSTIÇA, 2013; SANTOS, 2004).

The trafficking for the purpose of sexual exploitation of children and adolescents consists of a network that often abducts or recruits, transports and lodges minors, and makes use of force, threats and abuse of authority on account of receiving payment for the travel, lodging and food expenses, to force the victims into sexual exploitation. However, it is known that the victims of these networks struggle to escape the exploitive or semi-slavery relationship in which they are inserted, being exposed to acts of physical violence, rape, sexually transmitted diseases, compulsory drug use, poor quality of life, deprivation of their legal status and low life expectancy (MINISTÉRIO DA JUSTIÇA , 2013; SANTOS, 2004).

Childhood sexual abuse or violence is defined as a situation in which the child is exposed "... to sexual stimulation inappropriate to their age, level of psychosexual development and role in the family" (SUKIENNIK, 2000, p. 279). Lopez and Campos Jr. (2010), in the Pediatrics Treaty for the Brazilian Society of Pediatrics (SBP), add another concept of relevant similarity in which cases of sexual violence are characterized as:

> [...] the use of a child or adolescent for the sexual gratification of an older adult or an adolescent who is responsible them him or maintains a bond of family, coexistence or trust. They can range from caresses, manipulation of genitalia, breast or anus, voyeurism, pornography, exhibitionism and sexual exploration, to sexual intercourse with anal or vaginal penetration. (LOPEZ; CAMPOS JR., 2010, p. 129).

Maltreatment in general is a form of abuse of power from the strongest to the weakest individual, and regarding the case of sexual abuse, the mistreatment can happen without any sort of physical evidence. The seduction of a child, practices such as oral sex, inappropriate caresses, exposure to pornographic content or even stimulation of the genitals are all also considered sexual abuse, although they do not produce physical evidence.

In the overwhelming majority of cases, sexual abuse is not accompanied by physical violence, nor does it leave obvious physical marks, so many consider that one of the main evidences of the occurrence of the incident is the victim's testimony - in this case, the child. In addition to some legal practitioners who support the hearing of the child in the legal area, health professionals argue over the importance of attending and caring for the child, of any age, in order for them to reveal what happened. They understand that, with the breaking of the secrecy, minors can receive therapeutic and family assistance, mitigating the suffering generated by this experience (BRITO; AYRES; AMENDOLA, 2006, p. 69; SUKIENNIK, 2000).

The abuse can occur through coercive force, promises, coercion, threats, emotional manipulation, deception, or psychological pressure (SUKIENNIK, 2000). The author adds that the abuser is, generally, the child's biological father, the child's mother's spouse or a paternal figure, who takes advantage of the emotional and affective dependency of the daughter (or stepdaughter) and sometimes the son (or stepson) to sexually abuse them. Some cases of sexual abuse persist in childhood and extend through adolescence, reaching the occurrence of vaginal penetration and early pregnancy, a product of incest.

When the sexual abuse is based on threats, the non-abusive parent is usually placed, by the abuser, as a villain who can "take revenge" on the child if he/she is aware of the abuse. This idea of revenge is established by the fear of the abuser and the other parent, as threats of homelessness, physical punishment and being discredited by family cause remorse and maintain the continuity of the abuse.

3.2 Psychological violence: an emotional harm to children

According to Lopez and Campos Jr. (2010, p. 128), psychological abuse can be characterized as "the most difficult form of maltreatment to be conceptualized and diagnosed". Despite the apparent subtlety of this act, the exaggerated charges and punishments towards children can cause immeasurable damage to the psychological and social development of these subjects, who are in a phase of extreme vulnerability.

In this sense, emphasis is placed on the importance of a good psychic and emotional structuring of the children and their surrounding environment for their healthy physical development. Given this, psychoneuroimmunology influences and is influenced by a socially healthy and non-violent environment where the child develops safely and can, if necessary, recover organically, and is not negatively influenced by situations of violence that would physically and mentally harm them.

Psychological violence can be difficult to diagnose, since beliefs such as that parental figures are not doing their children harm, but instead are raising them, and that actual violence is the one that leaves physical marks on the subject's body, are recurrent and sometimes prevent reports from being made and psychological violence to be recognized as a violent act. However, literature points out that the effects of violence, whatever it may be, go through several dimensions. Considering this, there is not, theoretically, a dissociation between physical or psychological abuse, sexual or psychological abuse, or between neglect or psychological abuse: both are closely intertwined (MACIEL, 2011).

The obstruction of denunciations is based on beliefs that curses, mockery, vexatious expositions and deprecatory words aimed at the child are not manifestations of psychological violence, but rather acts that discipline and even strengthen children, preparing them for adult life, since the world outside the family core is not as welcoming as the child may believe (SUKIENNIK, 2000).

As for the conceptual definitions of psychological violence, we find in the relating literature nomenclatures such as "emotional abuse" (SUKIENINK 2000, p. 282), "psychological abuse" (LOPES and CAMPOS, 2010, p. 128) "mental abuse" or "mind abuse" (MARKHAM, 2000, p. 101) and "emotional violence" (FERREIRA, 2005, p. 293). Sukiennik (2000) gives us a definition of great mastery regarding emotional abuse. The author views emotional abuse as the core of all forms of child abuse. As with Maciel (2011), Sukiennik (2000) indicates that no matter the origin of the violent act, its type or intensity, it will always be emotional as well, and will carry with it an indelible, yet susceptible to resignification, baggage.

Markham (2000, p. 101) offers a great deal of questioning as to the proof or confirmation that the child is being abused mentally: "But how can the victim prove that they are being mentally or emotionally harmed, particularly if it is their word against that of the adult or the group of peers?". It is clear that in this questioning, which we still do not dare to answer, the author refers to both intra-family psychological violence and the one suffered within the social environment of the child, such as their school, for example. We will not address extra-family psychological abuse in this study, as it is a much broader subject that

would refer to discussions about bullying at school, bullying, gang formation inside and outside the school environment, which would distance itself too much from the focus of this work.

Ferreira (2005, p. 293) states that emotional violence "applies to any implicit or explicit message present in parental conduct capable of causing emotional harm to the child".

Excessive derogatory criticism is also psychological violence, as are comparisons between siblings, cousins, and friends, which end up by belittling the child instead of encouraging them (MARKHAM, 2000).

By psychic maturation factors, the child, by the age of seven, possesses a very solid way of thinking and "all or nothing" beliefs, as well as definitions of "good and bad" which are taken very seriously. With this in mind, one understands the origin of the emotional fragility characteristic of this stage of life. The psychism is in its growth, and maternal investment is the main premise for this growth to occur within normality. This maternal investment can be understood as the mother's watchful gaze, the care for the infant and the child, affection, jokes and stimuli that provide a healthy development.

3.3 Neglect: one of the less visible faces of violence against children

Neglect, as well as psychological violence and other types of violence, is not closely linked to low levels of socioeconomic conditions, but to the lack of attachment of the parental figures to their offspring. It is unusual for an entire family, even a nuclear one, to disassociate itself from a child; the most common is that one of the guardians neglects and distances themselves from the child, leaving their care to the older siblings or to the child's other parent. Intentional negligence needs to be differentiated from the neglect caused by biopsychosocial factors (SUKIENNIK, 2000).

Negligence is set by Pasian et al. (2013) as:

[...] when the parents, usually in a chronic way, do not have the disposition, desire or psychological willingness to care for the child, and thus end up inadequately responding to the needs of their children and do not demand or are unable to take advantage of the help of other people who could/should help (PASIAN et al., 2013, p.65).

According to Wilhelm and Agostini (2011), neglect can be defined as a lack of assistance for the child's basic care, lack of affection or loving relationships, lack of attention and investment in topics related to the child's education, leisure, health, clothing, hygiene, and financial and emotional wellbeing. Disregard for their school attendance, adherence to the vaccination schedule, periodicity in visits to the pediatrician, as well as lack of vigilance and safety worries, allowing exposure to accidents or intoxications are also aspects of neglect. The consequences arising from it are so severe as to provide delayed development resulting from: inadequate nutrition; health problems, due to the limited access to health services; low schooling, for having access to school limited by the parental figures. Lack of prenatal care is also characterized as neglect and, as well as precariousness with hygiene matters or vaccine care, result in low weight and height in children, apathy, issues with relationships and the possibility of exposure to drug use.

Regarding the negative outcomes of neglect, Pasian et al. (2013) points out that, in addition to the developmental complications, the numerous negative consequences imposed by neglect, such as relationship difficulties, emotional instability, affective neediness, insecurity

[...] make clear the need to seek ways of developing intervention programs which will, in first instance, provide for an early identification of children living in situations of negligence, and then reduce or contain their negative effects, as well as, if possible, alter the family situation in terms of care expended (PASIAN et al., 2013, p. 66).

Pasian et al. (2013) further reports that international studies show considerable evidence of brain damage resulting from experiences of abuse and neglect. A reduction in brain volume, as well as biochemical, functional and structural cerebral changes were observed in neglected children.

3.4 The suffering of the infant body: physical violence

According to Lopez and Campos Jr. (2010, page 128), physical abuse is defined as:

The intentional use of physical force by parents, guardians or older teenagers with the purpose of maintaining or demonstrating power, at any cost, from the strongest to the weakest subject, and which may injure, cause harm or even lead to the death of the child or adolescent, leaving physical evidence or not.

According to Ferreira (2005, p. 288), generally the first professional to verify physical violence against children is the pediatrician, who then becomes "responsible for the immediate protection of the victimized child". Ferreira (2005) also points out that the physician must be able to differentiate between intentional and accidental trauma, seeing as in the case of intentional trauma, early diagnosis can save the child's life, besides preventing new aggressions and the outcomes left by them.

Although intrafamily violence manifests itself in many ways, physical violence is undoubtedly the most easily detected. A large number of physical acts carried out as ways of punishing and chastising children are narrated in the related literature, with shoving, slapping, kicking, punching, kicking, throwing objects and knife threats being the most frequently reported forms of aggression against infants. Bite marks are also common, and close attention must be given to the size of the lesion's dental arch, as many parents eventually blame other children in the family or school for the situation.

Traumatic injuries in places hidden by clothing, such as pinching and punching marks on the back, bruising and cigarettes burns on the buttocks, thighs and belly. Signs of symmetrical burns, such as on both palms, made by a clothes iron. Marks of hot fork burns in the hands and mouth also deserve attention in checking for maltreatment, as they may be the result of neglect by offering the child extremely hot food, as well as the cutlery or physical aggression caused by forcing the ingestion of food that is much too hot and the use of scorching cutlery (FERREIRA, 2005).

Skeletal lesions, where X-ray examinations show different patterns of calcification in long bones or even in the ribs of a baby or young children, up to approximately two years old, can be considered injuries conspicuously hinting at physical violence. According to Ferreira (2005), head trauma is the main cause of morbidity and mortality, followed by thoracoabdominal trauma, which, according to studies, is not easily detected as it does not present external signs such as bruising, but damages the internal organs of the child such as the spleen, liver and intestine.

Sukiennik (2000) adds to this list of injuries intentionally caused in children impressions of belt buckles, whips, cuts coming from rods, pieces of conducting wires of electricity and bleeding points, in addition to the aforementioned cigarette burns.

4. Some possible causes of violence against children

Alcohol abuse can change one's sense of judgment and create unhealthy family dynamics, contributing to intrafamily sexual abuse and physical aggression. Intrafamily sexual abuse is usually precocious, at a time when the child is not yet seen by the family as a credible subject, making it difficult and sometimes impossible for the victim to make an accusation (PELISOLI et al., 2010; SUKIENNIK, 2000). It begins with caresses, which progressively move into an installment of secrecy, concealment and silence pact, with or without threats. When threats do not occur, it is due to the silence pact being based on small favors and rewards. These rewards can be material, with gifts and outings, or emotional, as by telling the victim that they are the preferred child, or by buying their silence as a way of not provoking jealousy in their siblings (TRINDADE; BREIER, 2010).

In addressing the probable causes of child sexual abuse, as well as physical violence, we also highlight several social problems, such as family disorganization, where roles are not well defined or where there is the presence of promiscuous behavior, social isolation of the families, history of sexual violence in the childhoods of the parental figures and extreme rigidity in disciplinary patterns. When faced with the probable causes of sexual abuse, we also have the possibility of affective deprivation on the part of children from emotionally poor families. Given this, the child concedes to the seduction attempts from the parental figure, since this is often the only manifestation of "affection" offered to them (SUKIENNIK, 2000).

Lopez and Campos Jr. (2010, p. 128) argue that one of the causes of the parents' emotional abuse of their children may be due to a "parental unpreparedness for their responsibility to their children. Thus, they make use of threats, humiliations or disrespect as culturally learned ways of educating."

Physical maltreatment has, to some extent, lost ground as a disciplinary method in schools: the much-feigned spanking pallor has been abolished. However, psychological abuse has taken its place and, as well as in homes, also persist in the school environment (SUKIENNIK, 2000).

The causes of negligence towards minors are numerous, but the pertinent medical literature emphasizes those that stem from biopsychosocial factors, which include social inequalities, unemployment, lack of basic sanitation, health and education, which would provide better integral care for the subjects and their families. The lack of care from the State to biopsychosocial issues puts, in itself, innumerable families in the condition of being neglected by the Public Power. We know of the existence of some public policies of care for communities considered underprivileged, but those are generally welfare policies that do not aim at a real improvement for the future of these citizens, but instead at an improvement within the scope of the present.

Families finding themselves in situations of extreme poverty focus their attention on survival and have little psychological and financial conditions to meet the basic needs of their offspring. Factors such as this lead families to pursue all possible income strategies, including the exploitation of child labor.

It is noted that different family arrangements, such as nuclear single-parent families with or without a high turnover of spouses or even an extended family can also be a triggering factor for the violence of parental figures against the children under their responsibility. The non-definition of family roles and the confusion before generational limits, as well as a lineage of incest, are also factors that contribute to physical aggression (SUKIENNIK, 2000). The use of licit drugs, when combined with alcoholism, social inequality, precarious housing conditions, extreme poverty, low self-esteem, unemployment and psychological and psychiatric problems can also be listed as a trigger for this type of violence.

Cultural factors linking physical punishment to discipline and education are also prominent concerning the origins of physical violence. Physical punishments were, for centuries, postulated as the best pedagogical method, and even St. Augustine, the philosopher, in his follow-up to the more rigid Catholic institutions, justified spankings, beatings and threatening as methods of effective correction. Up to the end of the seventeenth century, Augustinian pedagogical principles were relentlessly reproduced, keeping this inflexible educational line in homes and school institutions.

Physical punishment has become a habit in many families, and parent figures often claim to have been beaten in their infancy and to have learned from this type of physical punishment, confirming the transgenerational transmission of this culture of parental power and possession over their children. Many parents claim the existence of a need to educate and discipline the child, and that spanking or the use of physical force against children sometimes becomes necessary in order to impose their authority. However, it is known that no physical punishment possesses a positive effect, but, instead, bring with them disastrously negative consequences. According to Sukiennik (2000, p. 288), the issue of violence "[...] has its roots in the mental functioning of people".

One of the main causes of physical violence in the domestic scope is the cultural belief that punishment is the best educational method and therefore a way of showing zeal and care to "educate" children through corporal punishment. It is also common for the aggressor to have been a victim of violence in childhood and, therefore, to reproduce, with his or her own offspring, the same type of behavior (BRASIL, 2010).

The feeling of ownership of parental figures towards their children is another factor that triggers aggression. By not paying attention to their children as subjects in possession of rights, they harm them in order to demonstrate tenure and power, or even due to psychological and psychiatric problems. Social stressors arising from financial, health, work or unemployment problems, and even issues arising from a troubled conjugal relationship, can also serve as a trigger for aggression against the child (SUKIENNIK, 2000).

The commercial sexual exploitation of children may also be a likely cause of child abuse. It may not necessarily be caused by cooptation or grooming, but rather as a result of extreme poverty, as well as drug addiction which, coupled with conflicting family dynamics, domestic violence and negligence from parents or guardians, can cause a flight from home and entrance into the world of child prostitution as an illicit option to survive and to fulfill their consumer desires, and sex work thus becomes a way of gaining autonomy from to their families, acquiring goods and services that give them social status, or simply of acquiring drugs (SANTOS, 2004).

5. Conclusion: some possible consequences of violence against children

Countless factors can influence variants of the consequences of child violence. These consequences can encompass emotional, interpersonal, behavioral, cognitive (learning disabilities), sexual, and physical aspects. Among the variants triggered by sexual abuse are the child's age at the time of abuse and the span/frequency of abuse; the presence of violence in the act; the relationship with the abuser and, more importantly, the effects in the family environment after the   unveiling of the abuse, along with the degree of secrecy based on the threat of violence (LOPEZ; CAMPOS JR., 2010).

The outcomes of sexual abuse and physical violence are traumatic for the child and may manifest themselves in the short or long term. Markham (2000) points to consequences similar to those stipulated by Lopez and Campos Jr. (2010), such as timespan and frequency of the aggressions; reaction of the environment in which the child is inserted; age of both the victim and the aggressor and the type of relationship between them. However, Markham (2000) leaves out some important consequences cited by Lopez and Campos Jr. (2010: 137) as: "[...] self-mutilations; suicidal tendencies; drugs and alcohol usage; prostitution; conduct disorders; personality disorders; posttraumatic stress disorder; sexual aggression; isolationism; depression and relationship difficulties".

Furniss (2002) also points out factors that eventually relate to the emotional damage which occurs in the sexually abused child. These factors receive titres very similar to those stated by Lopez and Campos Jr. (2010): the age of onset and duration of abuse; the degree of violence or threatening; the degree of secrecy and the lack of protection on the part of the parental figures, the latter being the factor that most differs from the authors mentioned above.

The consequences of sexual abuse may well diversified, ranging from sexualized conduct to isolation, from atypical knowledge about sex to hostility and mistrust. According to Gava, Pelisoli and Dell'Aglio (2013), fear, low self-esteem, school and relational difficulties, anxiety, tension, eating disorders and post-traumatic stress disorder are also recurrent traces of children who have been sexually abused. The authors add that nightmares, night terrors, fear of dark, encopresis and enuresis present themselves as functional disorders in abused children. The study conducted by Gava, Pelisoli and Dell'Aglio (2013) moreover points out that the child can still go through the trauma of sexual abuse without presenting such symptoms previously mentioned. According to them, this can happen when the family suffocates the symptoms. Many symptoms may have late manifestations, and Dissociative Personality Disorder is mainly caused by the trauma of sexual or physical abuse (TRINDADE; BREIER, 2010). A child who is raped can have feelings of helplessness, have trouble in loving and trusting people and with building solid social relationships, and can believe that using violence is the best way to achieve their goals, thus perpetuating violent behavior in their future relationships.

It is evidently known that the effects of abuse vary from child to child, depending on how the disclosure was made and the reception they received when the secret of sexual abuse was revealed. The medium in which it is inserted may be welcoming and promote more positive conditions for their psychic structuring, and thus provide better support for this child, allowing them to construct or reconstruct healthy emotional conditions in order to reorganize themselves psychically after the abuse (PELISOLI et al., 2010).

The intrafamily sexual abuser often is a pedophile and, according to Holmes (1997), who follows the classification of the Diagnostic and Statistical Manual of Mental Disorders - DSM-IV-TR (2007), there are three types of sex-related disorders. The DSM-IV-TR classifies them as Sex Disorders and Gender Identity, which includes Sexual Dysfunctions, Paraphilias, among which is pedophilia (F65.4) and Gender Identity Disorders.

Paraphilias are characterized by the pursuit of sexual satisfaction through inadequate means. One of them is pedophilia, in which the inadequacy lies in choosing a child as an object of sexual satisfaction, as well as in the risk condition in which it naturally places them. (TRINDADE; BREIER, 2010, p. 32).

Pedophilia, according to Trindade e Breier (2010), causes suffering to another and causes damage to interpersonal relationships, since it leads to a search for sexual pleasure with children and adolescents in a compulsive way, causing unilateral impositions and victimization, highly harmful to the development of healthy family and affective bonds. Paraphilias are not something that improves sexuality and sexual intercourse, but rather something that brings suffering to the subject.

The social and psychological consequences for the sexually abused child are incredibly severe and, like neglect, emotional abuse such as public humiliation, terrorizing, emotional isolation, rejection or refusal to provide assistance, as well as threats against others such as pets or loved ones cause damage to the child's psyche.

We live in a society in which there is a general cult build towards planning, where one invests in the future of one's offspring, and where the "could-be" is aimed at much more than what actually is.

And this worshiping of the future, the projects, and what later will come to be also applies to infants who, in a way, are not considered the present, but rather as common sense says: the nation's future. According to Sukiennik (2000), this cult of the future can damage the children's creative, social, relational, cognitive and emotional capacity, since they have no place to play, have fun, and relate to others healthily.

The excess of criticism and charges to the child can provoke, as much as neglect, the development of low self-esteem, since the child is unable to meet the expectations of their adult reference, as these expectations are exaggerated. They becomes frustrated and may develop exacerbated shyness. The consequences of this exaggeration in criticism, charges and comparisons, coupled with insults and verbal denials before any possibility of the child's success can trigger a process of eternal exhaustion, since the child will seek to be supercompetent, but knows that however good they might be, it will still not be good enough for that parental figure (MARKHAM, 2000). These extreme demands concerning themselves trigger mental and bodily fatigue, irritability, and other stress symptoms, as the overload is much greater than what any child can bear, carrying this dynamic well into adult life (SUIKIENNIK, 2000).

Comparisons among children can also be cruel, especially when among siblings, where competitiveness already naturally exists, whether over a mother's embrace, a father's lap, or the attention and affection of both. Children are distinct and unique, and often parents who want children to excel socially, at school or in sports, feed into competitiveness through assimilations, forgetting that equity is an unattainable goal for two subjects (MARKHAM, 2000).

These assimilations, if well conducted, can be beneficial, yet too young children do not possess the psychic ability to endure comparisons with another child, even if not at a disadvantage, for example. Hazards resulting from comparisons can trigger thoughts of self-pity, beliefs of excessive vulnerability, shame, lack of credibility in themselves, catastrophizing ideals, disregard for advances and success episodes, as well as the existence of the locus of overly directed control aimed at large forces (MARKHAM, 2000).

Child physical violence is postulated as a lack of security, weakness and inability from the parents' side in educating their children, making them require the use of physical force to legitimize their parental authority. However, it is known that in such cases the intention of achieving respect is boycotted by the onset of fear. Children come to see their parents as a figure that imposes fear and submission before authoritarianism, instead of having the conception of their parents as figures of authority that assert respect and admiration. The ideal of authoritarianism that unfolds before children occurs because they are fragile, are in the process of developing numerous skills and competences, and are thoroughly affectionately dependent on their parents (GAVA; PELISOLI; DELL'AGLIO, 2013). This affective dependence is fertile ground for the perpetuation of physical violence as a form of conflict resolution. The model of violence transmitted generation after generation allows the children of this family to try to solve their conflicts in social, school, work and interpersonal relationships through the use of physical force (MARKHAM, 2000).

Admitting, albeit sorrowfully, that parental figures can act violently towards their children may be the first necessary change in the actions of preventive behavior (LOPEZ, CAMPOS JR. 2010). The alerts of concern about reporting acts of violence from parents to offspring may lead to parental inhibition of imposing limits on children. However, it is the parents' duty to educate and set limits, and to establish them by demonstrating that their children are loved and collaborating so that the child's self-esteem remains elevated, even in the face of the conflicts of child rearing.

Incidents of family violence suffered during childhood generate grief in children, and are the birth of psychopathologies of childhood and adolescence that often remain in adult life. Children become psychically ill due to the violence they suffer or witness within the family, seeing as what should be their safe space becomes the captivity in which they must live with the tormentors whom they support, since they are children.

6. References

[1] BRASIL. Lei 8.069, de 13 de julho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. Brasília: Casa Civil, 1990. Disponível em: <http://www.planalto.gov.br/ccivil_03/Leis/L8069.htm>. Acesso em: 16 set. 2017.

[2] BRASIL. Ministério da Saúde, Secretaria de Atenção à Saúde. Departamento de Ações Programáticas Estratégicas. Linha de cuidado para a atenção integral à saúde de crianças, adolescentes e suas famílias em situação de violências: orientação para gestores e profissionais de saúde. Brasília: Ministério da Saúde, 2010.

[3] BRITO, Leila; AYRES, Lygia; AMENDOLA, Marcia. A escuta de crianças no sistema de justiça. Psicologia Social, Porto Alegre, v. 18, n. 3, p.68-73, dez. 2006. Disponível em: <http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0102-71822006000300010 &lng=en&nrm=iso>. Acesso em: 14 Out. 2013.

[4] FERREIRA, José Paulo. Pediatria: diagnóstico e tratamento. Porto Alegre: Artmed, 2005. 983 p.

[5] FURNISS, Tilman. Abuso sexual da criança: Uma abordagem multidisciplinar, manejo, terapia e intervenção legal integrados. Porto Alegre: Artes Médicas, 2002.

[6] GAVA, Lara Lages; PELISOLI, Cátula; DELL'AGLIO, Débora Dalbosco. A perícia psicológica em casos de suspeita de abuso sexual infanto-juvenil. Avaliação Psicológica, Porto Alegre, v. 12, n. 2, p. 137-145, 2013.

[7] HABIGZANG, Luísa Fernanda et al. Avaliação psicológica em casos de abuso sexual na infância e adolescência. Psicologia: reflexão e crítica, Porto Alegre, v. 21, n. 2, p. 338-344, 2008. Disponível em: <http://www.scielo.br/scielo.php?script= sci_arttext& pid=S0102-79722008 000200 021&lng =en&nrm=iso>. Acesso em: 15 out. 2013.

[8] HOLMES, David. Psicologia dos transtornos mentais. Porto Alegre: Artes Médicas, 1997. 565p.

[9] KRUG, Etienne G. et al (org.). Relatório Mundial sobre Violência e Saúde. Geneva: World Health Organization, 2002. Disponível em: <whqlibdoc.who.int/publications/ 2002/9241545615 _eng.pdf>. Acesso em: 14 out. 2018.

[10] LOPEZ, Fabio Ancona; CAMPOS Jr., Dioclécio (Org.). Tratado de Pediatria: Sociedade Brasileira de Pediatria. 2. ed. Barueri, SP: Manole, 2010.

[11] MACIEL, Saydi Karolin. Repercussões psicológicas em crianças vítimas de violência familiar. 2011. 167 f. Tese (Doutorado em Psicologia) - Programa de Pós-Graduação em Psicologia, Centro de Filosofia e Ciências Humanas, Universidade Federal de Santa Catarina, UFSC, Florianópolis, 2011. Disponível em <https://repositorio.ufsc.br/bitstream/handle/123456789/103363/ 307594.pdf?sequence=1>. Acesso em: 13 out. 2013.

[12] MANUAL diagnóstico e estatístico de transtornos mentais: DSM-IV-TR. Porto Alegre, RS: Artmed, 2007.

[13] MARKHAM, Ursula. Traumas de infância: esclarecendo suas dúvidas. São Paulo: Ágora, 2000.

[14] MARTINS, Gilberto de Andrade; THEÓPHILO, Carlos Renato. Metodologia da investigação científica para ciências sociais aplicadas. 2. ed. São Paulo: Atlas, 2009.

[15] MINISTÉRIO DA JUSTIÇA, 2013.   Secretaria Nacional de Políticas sobre Drogas. Prevenção do uso de drogas: capacitação para conselheiros e lideranças comunitárias. 5. ed. Brasília: SENAD, p. 394.

[16] NATIONAL HUMAN RIGHTS OMBUDSMAN'S REPORT (2017). Balanço Anual. Disponível em https://www.mdh.gov.br/informacao-ao-cidadao/ouvidoria/dados-disque-100/ relatorio-balanco-digital.pdf. Acesso em: 20 dez 2018.

[17] PASIAN, Mara Silvia et al. Negligência infantil: a modalidade mais recorrente de maus-tratos. Pensando famílias, Porto Alegre, v. 17, n. 2, p. 61-70, 2013. Disponível em: <http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1679-494X2013000200 005&lng=pt&nrm=iso>. Acesso em: 03 nov. 2014.

[18] PELISOLI, Cátula et al. Violência sexual contra crianças e adolescentes: dados de um serviço de referência. Temas em Psicologia, Ribeirão Preto, v. 18, n. 1, p. 85 – 97, 2010. Disponível em: <http://pepsic.bvsalud.org/pdf/tp/v18n1/v18n1a08.pdf> Acesso em: 17 set. 2013.

[19] PRIORE, Mary del (Org.). História da criança no Brasil. 2. ed. São Paulo: Contexto, 1992.

[20] PRODANOV, Cleber Cristiano; FREITAS, Ernani Cesar de. Metodologia do trabalho científico: métodos e técnicas da pesquisa e do trabalho acadêmico. 2. ed. Novo Hamburgo, RS: Feevale, 2013. 276 p.

[21] SANTOS, Benedito Rodrigues do et al. **Guia escolar**: Métodos da identificação de sinais de abuso e exploração sexual de crianças e adolescentes. Brasília: Secretaria Especial dos Direitos Humanos e Ministério da Educação, 2004. 163 p. Disponível em: <http://www.mpdft.mp.br/portal/pdf/unidades/promotorias/pdij/ Publicacoes/Guia_Escolar.pdf> Acesso em: 24 ago. 2013.

[22] SUKIENNIK, Paulo Berél (Org.) O Aluno Problema. 2. ed. Porto Alegre: Mercado Aberto, 2000.

[23] TRINDADE, Jorge; BREIER, Ricardo. Pedofilia: aspectos psicológicos e penais. 2.ed. Porto Alegre: Livraria do Advogado Editora, 2010. 142 p.
[24] WILHELM, Fernanda Ax; AGOSTINI, Marcelo A. Negligência contra crianças: percepção das instituições de proteção e cuidados "Escola, Conselho Tutelar e Família) sobre sua atuação frente a este tipo de violência. Caminhos: Revista on-line de divulgação científica da UNIDAVI - "Dossiê Humanidades", Rio do Sul, SC, v.2, n.2,   p. 9-23, jan./mar. 2011.