

# Vigilant care: constructive dialogues and relational responsibility in violent contexts

*Cuidado vigilante: conversas construtivas e responsabilidade relacional em contextos de violências*

*Cuidado vigilante: conversaciones constructivas y responsabilidad relacional en contextos de violencia*

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**ABSTRACT:** This is a qualitative exploratory study by the “Assistance and Vigilance Research Program on Violence”, focusing on a group of seven sexual abuse survivors and their mothers. The study’s objective is to develop a caretaker protocol for Parent Vigilant Care. Observers register protocol sessions by themes evolving within the action group. The information is organized into categories: 1) Hidden pain, 2) Caring is protecting, and 3) Breaking through isolation. Observation and conclusions focus on the following: 1) The disconnect revealed by mothers and daughters on the role of mothers in their daughters’ lives, 2) The potential for recovery of affective relationships, 3) Respect development for a horizontal or equalization of power, 4) The return or rescue of a mother’s competency and authority.

**Keywords:** Sex offenses; Family relations; Child rearing.

**RESUMO:** Trata-se de uma pesquisa exploratória qualitativa, realizada no contexto do Programa de Pesquisa Assistência e Vigilância em Violência com um grupo de sete sobreviventes de abuso sexual e suas mães. O objetivo foi apresentar um protocolo do Cuidado Vigilante, para a reflexão de pais cuidadores. As sessões do protocolo foram registradas por observadores conforme a evolução dos temas tratados na ação grupal. As informações foram organizadas em categorias: A dor escondida; Cuidar é proteger; Rompendo o isolamento. Revelou-se através do sofrimento das mães e filhas uma desconexão entre o lugar e papel da mãe na vida da filha, a recuperação dos vínculos afetivos, a horizontalização respeitosa do poder, o resgate da competência e da autoridade da mãe.

**Palavras-chave:** Delitos sexuais; Relações familiares; Educação infantil.

**RESUMEN:** Esta es una investigación exploratoria cualitativa, llevada a cabo en el contexto del Programa de Asistencia de Investigación y Vigilancia en Violencia con un grupo de siete sobrevivientes de abuso sexual y sus madres. El objetivo fue presentar un protocolo de Atención Vigilante, para la reflexión de los padres cuidadores. Los observadores registraron las sesiones de protocolo de acuerdo con la evolución de los temas tratados en la acción grupal. La información se organizó en categorías: dolor oculto; Cuidar es proteger; Romper el aislamiento. Se reveló a través del sufrimiento de madres e hijas una desconexión entre el lugar y el papel de la madre en la vida de la hija, la recuperación de los vínculos afectivos, la horizontalización respetuosa del poder, el rescate de la competencia y la autoridad de la madre.

**Palabras-clave:** Delitos sexuales; Relaciones familiares; Crianza del niño.

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## INTRODUCTION

This article aims to present a psycho-socio-educational intervention proposal, an innovative action in psychosocial and educational interventions of a brief but pivotal nature. The format is simple and practical and seeks to highlight the relevance between the theory, the clinical, and social practice. It presents the application of a protocol called Vigilant Care (VC) used in interventions with parents who have suffered sexual abuse and maltreatment and a guide for caretakers who assist them. The original VC concept has been adapted to handle situations like lying, the influence of bad companies, violence in different ways, truancy, alcohol, drugs, unsafe sex, and reckless driving (Omer, 2011, 2017). The adaptation focuses on sexual abuse and maltreatment to reach a vulnerable population of Brazil currently assisted by public social assistance and/or psychology institutions.

### Sexual violence and Vigilant Care

Children and adolescents are strongly affected by different manifestations of violence inside and outside their homes (Marra & Costa, 2016; Vertamatti, Abreu, Drezetti, Valenti, & Barbosa, 2013; Serafin, Saffi, Achá, & Barros, 2011; Marra, 2016; Penso et al., 2011). An increase in social and community actions reveals a desire to reduce the impact of violence within the family. Any examination of domestic violence must focus on the multiple meanings of actions and words, the individuals prompting or initiating violence, and the potential dissemination, reception, and containment. Studying the object of violence is meant to integrate moments of subjective understanding into objective contexts/situations, often of an ambiguous nature. Its significance is established by political mechanisms allowing one group to exercise power over the other (Mito, 2010; Pereira-Pereira, 2010; Porto, 2015; Marra, 2017).

Sexual violence is characterized as physical contact (genital manipulation and sexual intercourse) or without physical contact (situations of exhibitionism, voyeurism, and exposure to pornographic content). The sexual, violent behavior provides sexual gratification for the individual predator and may take different forms: threats, psychological intimidation, induction of will, coercion, and/or seduction. Often children and adolescents, victims of sexual abuse, suffer other kinds of violence: neglect, physical and/or psychological violence,; a situation of multi-victimization. Observation reveals an unequal relationship of psychosexual development between victim and aggressor with child and adolescent victims, resulting from a hierarchical relationship of power (Brasil, 2017).

Sexual abuse predominantly occurs within families for a long duration, and with an average interval of one year from the first abuse to the disclosure (Marra, 2015). Victims live in extremely vulnerable situations and are neglected by social and legal institutions (Finkelhor, Vanderminden, Turner, Shattuck, & Hamby, 2014; Marra & Costa 2018; Davidson, Dowrick, & Gunn, 2016; Murray, Nguyen & Cohen, 2014). These studies reveal an interruption and fragmentation in the child and adolescent social and institutional protection network due to a trivialization and postponement of the application of protective measures.

As a measure of protection and a limit to the harmful effects of sexual abuse, the VC protocol (Marra, Omer, & Costa, 2015) is proposed as a tool and a therapeutic, positive, and constructive alliance between mothers and daughters. The VC protocol invites mothers and daughters to join in the dialogue and build a more loving relationship with each other and other family members, highlighting parents' presence in children's lives. Vigilant Parental care identifies and focuses on the potential risk exposures for children. In the VC process, adults offer children and adolescents a sense of accompaniment and belonging, a constant cognitive perception of parents' presence in their children's lives. This approach aims to re-establish a relationship of mutual trust and open dialogue, in which the children feel that they are not neglected, forgotten, or abandoned; and ultimately, that their parents know them and their individual lives without the need to control or monitor (Marra et al., 2015; Omer, Steinmetz, Carthy, & Schlippe, 2013). The focus is on role development for mothers and daughters.



The VC program utilizes interventions with the parent and the child/adolescent with a flexible orientation to inform parents and develop a coordinated and collaborative attitude that reduces the family's risk factor. The parents are prepared and encouraged to alternate between identified attention levels from open to focused and protective steps according to the warning signs detected. Parents work to create opportunities to recover their positive presence and seek a "third way" that involves the availability to meet their children on their level instead of overprotection, extreme monitoring, or neglect (Omer, 2004, 2011, 2017).

VC is a parental training program that articulates non-violence resistance principles and strategies. The peaceful resistance doctrine developed within the socio-political struggle scope is used as a strategy to form groups of victims of oppression as a means of self-defense and promote changes. It enables an ethical transformation of power on the side that resists (the parents) and de-escalates violence against children. The process develops moral family values (Omer, 2011, 2017; Sharp, 1960, 1973). VC provides a protocol for parents and professional caretakers as an educational solution that can reframe past violent experiences by emphasizing relational responsibility issues, encouraging opportunities to be approachable for mothers and daughters, and increasing mothers' presence in their daughters' lives. Additionally, the VC program can provide the interruption of an escalating violent relationship and facilitate better communications between mother and daughter, resulting in the recovery of the mother's voice and role in the life of her daughter (Omer, 2004, 2011, 2017). The VC program can encourage the mother to search for new ways to intervene in risk and violent situations and utilize new tools to bring family relationships closer together.

## THE VIGILANT CARE PROTOCOL APPLICATION METHOD

The present study is exploratory, qualitative design, and fundamentally, it requires proximity and dialogue with the real community (Denzin & Lincoln, 2011; Flick, 2009). The access to families' contexts and the VC intervention protocol's application make up the Assistance and Vigilance Research Program on violence, called AVP Sunflower (*PAV Girassol*), located in the Administrative Region of Paranoá, the outskirts of the large capital city. This program is responsible for notifying and carrying out interventions in violence cases against children and adolescents at different ages and offers biopsychosocial assistance to families in sexual abuse situations. These psychological services are provided by the researcher and program's specialists: a social worker, a psychologist, a social service intern, and undergraduate students in psychology (research assistants). The VC protocol was utilized from August 2017 through December 2017. The theoretical contributions of the VC protocol are listed below:

- **NVR Non-Violence Resistance:** peaceful resistance is distinguished from violent conflict by its priority to avoid violence and verbal persuasion and to promote authentic and good argument or fight. In the standard type of combat, the objective is for one to defeat the other; however, in nonviolent resistance, the aim is to resist violence and protect the victim. The nonviolent resistance is a constructive rather than destructive combat. Nonviolent parental resistance utilizes ethical perspectives versus the use of violence. It raises awareness of verbal equality and rejection of verbal persuasion and violence, acknowledging that nonviolent methods cause less injury and loss (Omer, 2011, 2017; Sharp, 1960, 1973).
- **Systemic Thinking:** emphasis on relational, contextual, and psychosocial dimensions that see the family as a whole, relationally, and linguistically. The family is a variable social organization that builds itself into a vast relational network, with boundaries and imprecise variable limits; configures itself socio-historically, creating its meanings and senses in the course of its life cycle (Grandesso, 2010; Marra, 2015). A family system understands that it is a group of people in an "organized totality whose parts work in ways that transcend its isolated characteristics" (Minuchin, Nichols, & Lee, 2009, p.15).



- **Social Constructionism:** the inclusion of collaborative practices, narrative theories, and reflexive processes developed in philosophical and cultural dimensions. The social constructionist theory sees language as an action. It provides a socio-historical contextualization of significance systems, taking an interest in social issues, family violence, multiculturalism, social justice, and human rights. Dialogue is considered a form of conversation, where everyone participates in the co-development of new meanings, new realities, and new narratives (Gergen & Gergem, 2010; Gergem, 2016; Marra, 2014; Costa & Marra, 2019).
- **Sociodramatic Method:** a methodological dimension that adds to the process. Jacob Levy Moreno's theoretical and practical perspective (Moreno, 1972) accentuates the positive effects of understanding the human being as a spontaneous and creative being, as a person to be understood in the action and concreteness of his/her experiences, which offers instruments for intervention in group contexts (Fleury, Marra, & Knobel, 2015). Sociodrama is in itself intervention research with the perspective of evidencing, creating, and validating the collective experience. The sociodramatic method in this study allows each sociodrama with the families to be organized, emphasizing the context, steps, and instruments of each session. The sociodramatic techniques mostly used in the sessions to offer guidance and development of mother and daughter roles are role-playing and double. Auxiliary egos (research assistants) assume roles of father, mother, grandparents, child, and adolescents in the conversations between them to understand the dimensions and circumstances of what they experienced (Moreno, 1972, 1992, 1993). The group process and interactions are considered the learning matrix, favoring mother and daughter roles and functions.

The VC Protocol was applied with seven survivors of sexual abuse and their mothers. Different justice instances referred to these participants, Social Assistance, the System of Rights Assurance for Children and Adolescents, and schools. The study was based on research evidence supporting the perspective that mothers present themselves as the most protective family figure (Baia, Veloso, Habigzang, Dell'Aglio, & Magalhães, 2010; Santos, Pelisoli, & Dell'Aglio, 2012; Marra, 2015). A mother's willingness to engage and care for a victim from the beginning increases a positive response to the intervention (Marra, 2015; Marra & Costa, 2018; Santos et al., 2012; Costa, Almeida, Ribeiro, & Penso, 2009).

The intervention included seven daughters with their mothers. The mothers' ages ranged between 33 and 47 years (average 35 years); four were single, one married, one divorced, and one a widow. The daughters, being two children and five adolescents, ranging in age from 6 to 17. Concerning schooling, the children and adolescents were all at normal educational levels based on their age. And among mothers, two finished high-school and five completed up to middle school.

Regarding the birthplace, five mothers came from the Northern and Northeastern regions of the country and lived in the locality for some time, and the other two are from Brasília. Two mothers were housekeepers, three were housewives with employed partners, and the remaining two were not employed outside the home. Two families were living with an income of 1.5 minimum wages (at the time R\$ 93700), two families with a minimum wage, and three families with half a minimum wage. Some families were beneficiaries of federal income distribution programs. In six cases, most of the sexual violence was intra-family: the stepfather abused three girls; the father abused one, two by the uncle, and the other by the neighbor (extra-family abuse). Four cases of the abuses occurred in the victims' homes, two in the uncle's business, and the other on the piece of land where the victim lived.

## Application of the VC Protocol

The VC Protocol is a sequence of discussions that occur during a conversation between people involved in a network or situation. The VC protocol is considered a map or guide for getting to know the narratives of violence that interfere in the mother-daughter relationship, making up the speech of each person involved in the situation and the possibilities of transforming this dominant speech into possible



realities. The instrument used for collecting information was an audio recording of the five thematic sessions. Research assistants were responsible for recording the participants' narratives.

Training the team before applying the protocol comprises four stages: 1. Reading and discussing texts related to the VC's theoretical assumptions, understanding the scope of the theories of nonviolent, systemic resistance, social constructionism, psychodrama, and its applications, methodologies, and functioning; 2. Talk about the cases that will be attended to and why families have been referred to the program; 3. Role-playing with the entire team to develop the roles of therapist, father, mother and son; 4. Training the auxiliary ego role, mainly the double technique creates the sensitivity and perception of feelings present in cases of sexual abuse and mistreatment.

Weekly Sessions:

1. Welcoming the group of mothers and daughters;
2. Mothers;
3. Talking among mothers and daughters;
4. Expectations: The mother I could be and the mother I want to be with mothers and daughters;
5. VC Partners and Supporters. Each weekly session lasted 2 hours and 30 minutes. Additionally, the protocol included the following procedures:
  - Phone support before sessions and throughout the process;
  - A letter that the mother wrote to her daughter;
  - Conversations between mothers and daughters;
  - A symbolic present made by the mother for their daughter;
  - A letter to supporters (of the network);
  - Guidance on the phases of the VC protocol;
  - Phone support for one month after the end of the group process.

To carry out the analysis and interpretation of the registered information, an instrument was used (Minayo, 2010), with an interpretative view that corresponds to the relational dimensions and dynamics captured in the records of data collected in audio by research assistants. The interpretation required the elaboration of analytical categories. The organization of these categories occurs through the junction of feelings, perceptions, and themes that make sense when grouped.

Ethical Care - Plataforma Brasil approved the research project, Instituto de Ciências Humanas/Universidade de Brasília approval number 223.032. All participants signed the Free and Informed Consent Term.

## DISCUSSION OF THE RESULTS

Results consist of the three main themes addressed and the relationships and representations expressed by participants: The hidden pain; Caring is protecting and Breaking through isolation.

### The hidden pain

When it comes to sexual violence, all those involved are victims indirectly. Time and support actions are essential for restoring family life. The participating mother tries to remain silent for a while to overcome the indissoluble suffering. Although not all victims reveal sexual



abuse directly to the mother, due to different reasons, it is clear that it is the mother who will take charge of the situation, approach the victim, make referrals to seek help and trigger solutions (Marra, 2015). The literature (Santos et al., 2012; Baia et al., 2010; Marra, 2015) reveals that the availability to report sexual abuse is associated with the quality of the relationship that the child or adolescent has with the person that will protect the secret and the reactions that the latter will have to the event.

The disclosure of sexual abuse experienced by children and adolescents is a process that encompasses a moment of great pain, suffering, concerns, and contradictory feelings for all members of the family. The mother and the victim go through a disturbance in their interaction since the mother may be her first confidant or become one after the disclosure. The mother, from the moment she becomes aware of the violence, feels as if she has entered “a black hole” (Marra, 2015).

Mothers talk about sexual abuse from two perspectives: pain and secrecy.

“... I experienced this, let's say, in 2011, but now that my daughter has put it out, you know, she will turn 18, and that happened when she was 11 years old ... the suffering is huge because from the moment you find out what you didn't even imagine could be happening or could have happened, then you're scared. My daughter hid it all the time, for six years she hid it. And she only came to tell me when she couldn't take it anymore. She couldn't stand it anymore, and she kept crying locked inside her room...” (Mother).

Mothers refer to sexual abuse as “that” or as “a difficult thing”, and they still deal with facts and with guilt and pain, and are prone to ambiguity: I didn't take good care of it because I had to go out to work and put food on the table. When reporting this ambiguity, mothers recognize that the circumstances of life shape this situation. The constant changes in economic and social order mark these families' time, and the problem of sexual abuse goes beyond what already afflicts their search and survival strategies. Thus, the situation sets drastic changes that aggravate the budget issue. Often, the mother will not be able to go out to work anymore because the father or partner has to be removed from the home due to what happened (Costa, Junqueira, Meneses, & Ströher, 2013; Santos et al., 2012; Marra & Costa, 2018).

With an understanding of the intervention and the steps of the VC protocol, a mother said: “ I thought it was very good, because, you know even if you live in the same house you never know your daughter well, your daughter always hides something, so for you to get to her it is very difficult ... So, it was tough for me, the taboo, to come and talk about sex with my children, I wondered how I was going to say that ... I just wanted to bury my head in the sand ...”. Families in situations of violence present difficulties in communication between their members and isolation from the support network, creating challenges in getting closer to people known to the family and professionals, resulting in significant disorders for the family and especially for the victims (Serafin et al., 2011; Omer et al., 2013; Marra & Costa, 2018; Marra, 2015, 2016). The conversation on this topic with friends, or even the extended family, brings a lot of shame and suffering. “... it is difficult to expose my situation without thinking that people will not condemn me ...” The attempt to keep sexual abuse secret makes mothers aware and perpetuates the victim and family to maintain their isolation and aggressive behaviors because the secret prolongs victimization (Omer, Schorr-Sapir, & Weinblatt, 2008).

Myths accompany stories of sexual abuse, such as “after the child is abused, he or she is *assanhada* (filled with glee)”, “... when she gets close to a man, she shows off...”. “People build the world in different ways, and these differences are rooted in our social relationships, from which the world has become what it is. Truth affirmations are invariably linked to value traditions” (Gergen & Gergen, 2010, p.19). When sexual abuse is disclosed, the daughter's narrative regarding the mother is a feeling of abandonment, a sense of isolation, lack of protection, distancing on the mother's side, and a feeling that she is not seen or noticed by the mother. The mother's feelings are of guilt, neglect, abandonment, and lack of attention. It is difficult for the mother to look at the situation that she has often experienced and does not feel able to deal with in the current situation. When telling their stories, mothers point out that these feelings



are the ones that most contaminates the relationship between them and their daughters after the disclosure and often provoke feelings of disrespect for their daughters.

Throughout the second session, mothers began to experience sexual abuse as if it had occurred to them. When reporting their experiences, the mothers start to realize the daughter's experience as their own entirely. These mothers are related to childhood abuses beyond sexual abuse to physical and other kinds of violence. Of the seven mothers participating in the program, five were sexually abused in their childhood, and two suffered physical aggression from their parents. While telling their stories of violence, a closer relationship developed between mother and daughter and the possibility of a new relationship. Mutual affection and understanding grew between the mothers and daughters when they felt that they were together and had suffered the same kind of violence. In this sense, reporting their experiences and approaching their daughters, they could engage in conversations through role-playing that encouraged the mothers to reflect more and take responsibility for the process. Engagement and ownership of these steps in the VC process ensure that the mothers take individual responsibility in approaching their daughters, guarantees the permanence of the process to completion, and encourages an understanding of the process of vigilance and positive affective presence of a parent can ensure the safety of their children (Omer, 2011; Marra et al., 2015). It is worth highlighting the importance of relational responsibility and attitudes of the VC Protocol team creating a flexible environment for sharing out loud internal and private dialogues (Anderson, 2010), and the ability of mothers to reflect on their actions towards their daughters and others in a space that is now public and where their difficulties are revealed.

Mothers who have suffered sexual abuse say that they have spent their entire lives in fear that the same would happen to their daughters. As virginity is a strong cultural value for these women, they constantly tension around sexual abuse. Often, the cultural value becomes more important in their relationships with their daughters than the reality of an abusive situation's suffering and pain. Whenever previous abuse thoughts appear in their minds, they distance themselves from them and become paralyzed by the possible reality. This paralysis prevents them from having an attitude of presence in their daughters' lives, avoiding a vigilant parental attitude, which is the level of active care and protection that transmits positive involvement to the child or adolescent.

Mothers also reported that, in their lives, they were not cared for by their parents, and that is why they did not learn to care for their children. They did not understand "care as a privilege" that evokes feelings of love and respect. The meaning present in the mothers' narratives was in constant development between their lives and that of their daughters', moving them to the past and the present during the conversations. When looking ahead, they saw a future that at first made them uneasy. From conversations, learning, the VC process steps and getting closer to supporters, they could look at these experiences as structuring and organizing for the growth and maturation of the mother-daughter relationship and the family as a whole. The mothers realized that they had survived courageously to see new options and alternatives that were more optimistic for their daughters (Marra, 2015).

## Caring is protecting

During the steps of the VC intervention, the mothers were aware of what it meant to protect. Protecting is caring, exercising motherhood, and finding oneself again. Knowing how to protect is the ability and/or availability to be with the daughter, giving her constant attention and presence, knowing what is happening to the daughter, talking, welcoming her questions, paying attention to the real stories. It is essential to be proactive in a child's life and create mutual trust and dialogue. On the other hand, knowing the reality of a daughter's life can influence a mother's public image. Exposing a personal situation can promote resilience to talk about fears, pains, difficulties, and paralysis in the face of violence. In the group, mothers realized that new reports reflected their relationships with their daughters. Responses and actions in the group provided opportunities for participants to learn from the others and exchange possibilities (Moreno, 1972). It appears that the





group conversations advanced alternative reports that expanded the perception and qualitative presence of relationships, initiating constructive dialogues with competence and validating motherhood. The VC proposal seeks to reconcile the notion of active existence, open discussion and spontaneous disclosure. As a parent shows an active presence, the parent's intrusive character decreases in a child's perception (Omer et al., 2008).

For some mothers, too much time had passed since their daughters' sexual abuse, and the proximity during care generated discomfort for them and their daughters. For them, the abuse issues were in the past and settled. However, some mothers recognized that care could be excellent and helpful. In a welcoming group, care allowed for relational changes within a process where stories of some merged into the stories of others; it increased emotional and conversational resources and provided learned strategies to face other difficulties with their other children; it boosted their support network with other families by providing new understanding about what violence is and how complex protection and care are in a family situation.

Mothers in the group developed an understanding of the risks experienced by their daughters, and they grew in their awareness of actions to minimize the risks by their presence and constant attention. They started talking to their daughters and guiding their actions according to the VC Protocol's steps, considering them another powerful resource in reducing these perceived risks. Mothers developed a natural balance between respecting their children's autonomy and the necessary parental care expression to intervene when their daughters' safety was at stake:

“... it is very important, because she was hiding things and afraid that I would reach her, there was always a barrier there that I couldn't reach because she backed off. Now I learned how to get to her, and she lets me...” (Mother)

Initially, group activity generated discomfort and agitation in mothers and daughters, but little by little, they all became more engaged and more comfortable. Daughters felt more ashamed and presented inhibiting behaviors, like hiding behind their mothers or unable to be separated from them. These barriers presented themselves first with their mothers, as this issue had never been discussed. Talking about sexual abuse with a daughter is, if not the most significant hindrance, for it was best to be silent and let everything be forgotten, making everyone feel better:

“... and this meeting here is good to raise her self-esteem and she needs to trust me, after everything that happened ... We sometimes have the child inside the house, but we don't fully know the child... We try to get something out, but we don't know how to get it out ... So, this VC process is to give attention to her? I'm vigilant. I mean, I am paying attention to what happens to her ... We worry about so many other things, but at home, we forget about the children, so this more intimate conversation will be of great help” (Mother).

“I have four girls and four boys and for a year ... all I have done is ask for help, I do not know what to do with them. The 13-year-old is no longer a virgin. This one was abused by the owner of the piece of land where we lived. I have to sleep with my eyes open ... it will improve interaction at home with everyone, not just between her and me” (Mother).

“The VC group encourages us to speak ... so we exchange ideas. I think this is very important. My daughter and I, our relationship, is horrible ... I do not say that I do not love her, but...” (Another mother).





There is, in the group relationship, a link between public esteem and changes in self-esteem. Studies in experimental groups show that the members' self-esteem decreases when public esteem decreases, and vice versa (Durrant & White, 2002). In groups, one member is always the therapeutic agent of the other. (Moreno, 1972, 1993). An important fact is that no mother considered the VC training an invasive or controlling experience, and they were willing to receive instructions on the VC steps.

As the sessions went by, changes in behavior between mothers and daughters were observed in the venue's corridors where the group met. Mothers and daughters were seen talking at ease and touching each other. The array of possibilities to reduce conflicts and the increased dialogue are reinforced by non-violent resistance that reduces feelings of helplessness in children and adolescents and increases positive interactions (Omer, 2011, 2017).

The Non-violence resistance theory considers that parents should organize themselves when taking care of their children, alternating between levels of open attention, focused attention, and protective steps, according to the warning signs they detect in their relationship with them. These are the steps of the VC. At the end of the VC group process, two mothers said that their young daughters were at the level of open attention during the assessment, which meant that the mothers knew about their daughters' life and routines. These mothers talked to their daughters, and they were able to resume their daughter's trust and establish more proactive and closer relationships. However, the adolescents' mothers showed more difficulty in setting and applying the VC process steps. Out of five adolescents' mothers, three thought their daughters were in the focused attention level, meaning that some situations deserved more attention: school and friends. The other two adolescents' mothers felt they were at a time of active protection, constant and continuous attention.

These mothers revealed a need to take concrete steps to ensure their daughters' protection: getting assistance from schools and teachers and seeking help from relatives who accompany them to places unknown by the mothers as relatives often met with the adolescents without the mothers' consent. An essential perception was about exercising motherhood, and the VC protocol helped with a guiding commitment: "I cannot control you, but I care about you and do everything I can to save you from all kinds of harm. I love you, and so I will take care of you".

## Breaking through isolation

The VC Protocol gathers supporters' contributions, so we must pay attention to the mothers' reactions:

"... because today we can no longer trust anyone right ... I protected my children so much, so much ... and see what happened to them and me ... I didn't know what was going on, I was only six years old, and why was my brother doing that to me? I had no one to talk to. My mother died ... he threatened me ... it happened, and the person who did it was someone I would never imagine in my life ... so I do not trust anyone."

To cope with expulsion's escalation, one seeks to mediate supporters or mediators, friends, and relatives who have a good relationship with the family. The mothers were only able to accept this resource when they understood that these people could help protect the child and adolescent in their other needs, especially in the threat or risk of sexual violence recurrence, with the sexual offender's rapprochement. The children's and adolescents' contact with the institutional supporters and staff could avoid threats from the offenders or other possible offenders.

The fact of having sexual abuse in the family isolates everyone from the coexistence of peers due to secrecy, which perpetuates victimization. The recruitment of supporters is an essential step in the transition to nonviolent resistance. The disclosure of the secret



of sexual violence to people beyond the strict family-life can trigger more aggressive emotional reactions in the offenders. Parents must be careful not to promote the escalation of any violence.

The most mentioned supporters were the older siblings, grandparents, uncles, teachers and neighbors. When the children and adolescents could contact the supporters, they remained silent at first, in anxious expectation. Mothers, daughters and their supporters gathered in subgroups to talk freely. Mothers and daughters showed empowerment in how they spoke to supporters and explained the VC process to them. They said they felt better and stronger, giving their testimonies with the public dimension that this resource provides.

A testimony can be a highly significant act of resilience, and in extreme situations of oppression, this can be the only act of resilience available to victims. The testimony always has a public dimension and once the voice is heard, it enables encouragement and empowerment. For children and adolescents, supporters can offer a community as they feel connected to that group and family. The victims confirmed that despite experiencing devastating abuse, they are appreciated and appreciate the presence of the people invited to be there at that moment. So, the conversation that occurs brings them the opportunity to reconcile with their own lives and formulate a look to the future. With their free expression of love and care, the mobilization of supporters significantly increases the victims' perception of security. It also highlights the importance of supporters as social multipliers. They will expand this experience to other groups, promoting what they have learned in the VC protocol activity.

Telephone calls were also a way of helping mothers and daughters to break through their isolation and give additional support. To the extent that the group evolved and phone calls helped break the mothers' silence, many felt more encouraged to be in the following session with their daughters. They got to know more and became a mother-friend, making the learnings from the VC protocol a healthier reality.

## FINAL CONSIDERATIONS

The issue of sexual abuse encompasses immense suffering that is little discussed in families. Two aggravating factors prevent the interruption of violence and therapeutic attention: the time elapsed since the episode of violence and the decision making to face this suffering through an approach of intra-family dialogue. Family demands and interests take priority, and the family maintains silence about the situation of violence. The VC approach focuses on the perception that the silence that hides sexual violence within family interactions also perpetuates it. The family practices of talking or keeping silent must be understood so that honest dialogues within the family can be learned. Parents and children can develop new knowledge built on their own experiences from care and protection. In the VC process, mothers and daughters build up the understanding that a fact or attitude does not have a single truth. The expansion of vision in the relational sphere increases the protective potential of families. However, more research is needed to establish a more solid base for the applicability of the VC protocol, as well as innovative structuring of interventions, that seeks to work with families in the three categories: hidden pain, caring is protecting and breaking the isolation, aspects present in sexual abuse.

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