

THE PSYCHOLOGY OF FEAR AND STRESS IN CHILDREN AND ADOLESCENTS EXPERIENCING SEXUAL VIOLENCE

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Abstract

Sexual violence against children and adolescents constitutes a serious violation of human rights, with profound consequences for victims' psychological, emotional, social, and educational development. This study aims to analyze how fear and stress generated by the trauma of sexual violence affect the neuropsychological development and educational trajectory of children and adolescents. The study adopted a qualitative approach through a systematic literature review grounded in psychology, neuroscience, attachment theory, and education. The findings indicate that exposure to sexual violence triggers psychobiological responses, such as hyperactivation of the hypothalamic-pituitary-adrenal (HPA) axis, which compromise essential cognitive functions, leading to learning difficulties, social withdrawal, aggression, hypervigilance, and, in many cases, school dropout. Furthermore, the study highlights the insufficient training of teachers to identify and intervene in such cases, emphasizing the need for integrated public policies, school-based support protocols, and continuing professional development for education professionals. It is concluded that schools can and should play a central role within the child protection network by acting in the prevention, identification, and support of victims of sexual violence.

Keywords: Child Protection, Childhood Trauma, Fear, Sexual Violence.

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INTRODUCTION

Sexual violence against children and adolescents is a global phenomenon with severe consequences for the emotional, psychological, and social development of its victims. In Brazil, data from the Brazilian Public Security Forum (FBSP, 2023) reveal that 74,930 rape cases were recorded in 2022, of which 61.3% involved children up to 13 years of age and 88.7% involved female victims. Most of these crimes occurred within the home (68.3%) and were committed by perpetrators known to the victims, making both identification and reporting particularly difficult. This reality reveals not only the magnitude of the problem but also the gendered nature of sexual violence and the vulnerability of children and adolescents in environments that should be safe.

From a psychosocial perspective, the consequences of this trauma are profound. Van der Kolk (2016) emphasizes that childhood sexual violence triggers neurobiological responses, including hyperactivity of the hypothalamic-pituitary-adrenal (HPA) axis, resulting in chronic toxic stress. These changes impair cognitive functions essential for learning, such as attention, memory, and emotional regulation (Ferreira & Ortega, 2024). Within the school environment, these alterations manifest as declining academic performance, avoidance behaviors, aggression, and difficulties in social interaction (Bowlby, 1984). Furthermore, many victims develop Post-Traumatic Stress Disorder (PTSD), characterized by hypervigilance, flashbacks, and social withdrawal (Briere & Scott, 2015).

Against this backdrop, the central research question guiding this study is: *How do fear and stress resulting from sexual violence affect the psychological development and educational process of children and adolescents?* The problem lies at the intersection of trauma and education, requiring an in-depth analysis of how psychological responses to abuse interfere with learning and how schools can contribute to the identification and support of victims. The underreporting of cases and the culture of silence surrounding sexual violence (Deslandes & Campos, 2015) further underscore the urgency of discussing the role of educational institutions in addressing this form of violence.

Within this context, this study pursues three objectives: (1) to understand the psychological impacts of sexual violence on children and adolescents, with particular emphasis on neurobehavioral changes; (2) to analyze manifestations of fear and stress in the school setting, including PTSD symptoms and coping strategies; and (3) to identify the role of schools in the early detection and support of victims, taking into account legal frameworks such as the Brazilian Child and Adolescent Statute (ECA) and documented experiences discussed by Minayo (2013).

The relevance of this study is justified by three main factors. First, its **social urgency**: childhood sexual violence represents a silent epidemic, with estimates indicating that only 10% of cases are officially reported (UNICEF, 2021). As a setting where children interact daily, schools are essential to breaking this cycle. Second, there is an **educational gap**: studies such as those conducted by Silva et al. (2024) demonstrate that 70% of teachers receive no training to recognize signs of abuse, contributing to institutional revictimization. Third, despite the **legal requirement** established by the Child and Adolescent Statute (Article 13) mandating the reporting of suspected or confirmed cases, its effectiveness is hindered by the lack of adequate professional training (FBSP, 2023).

Accordingly, this study seeks to contribute to the development of public policies for teacher education, the establishment of school-based support protocols, and the expansion of discussions concerning mental health within educational settings. By integrating perspectives from psychology, education, and human rights, the study aims to provide theoretical and practical foundations for more effective action in addressing sexual violence against children and adolescents.

THEORETICAL FRAMEWORK

SEXUAL VIOLENCE AGAINST CHILDREN AND ADOLESCENTS

Sexual violence against children and adolescents constitutes a serious violation of human rights that irreparably compromises victims' physical, emotional, and social development. It is characterized as any act of a sexual nature committed against a child or adolescent without their consent or full

understanding, frequently mediated by asymmetrical relationships of power and trust. According to Deslandes and Campos (2015), sexual violence encompasses a wide range of manifestations, from intrafamilial sexual abuse to commercial sexual exploitation, making it a multifaceted phenomenon that is particularly difficult to combat.

Furthermore, sexual violence is not only a violation of fundamental rights but also a major public health issue, exerting a significant impact on child morbidity and mortality. According to Silva, Figueredo, and Lacerda (2024), it forms part of a broader pattern of violations affecting childhood and adolescence, resulting in severe physical, emotional, and social harm. The authors emphasize that reports of sexual violence in Brazil have increased, which may reflect both greater public awareness of the issue and the expansion of public policies designed to address it.

In Brazil, the Child and Adolescent Statute (ECA), enacted in 1990, represented a landmark in guaranteeing the rights of children and adolescents by establishing the mandatory reporting of suspected or confirmed cases of sexual violence (Brazil, 1990). As Minayo (2013) emphasizes, this legal requirement aims to ensure effective state intervention to protect victims and hold perpetrators accountable. Nevertheless, sexual violence remains largely invisible due to its predominant occurrence within the family environment and the normalization of abusive practices in certain social contexts.

The close relationship between the perpetrator and the victim makes the recognition and reporting of abuse particularly difficult, thereby perpetuating the cycle of violence. As Costa (2015) notes, the victim's silence is often the result of coercion, guilt, shame, and fear—feelings deliberately exploited by the perpetrator to maintain control over the child. This process of silencing is further reinforced by a culture of denial surrounding sexual violence, one that places responsibility on the victim while minimizing the severity of the abuse.

Sexual violence produces multiple consequences for victims, affecting their physical and mental health as well as their social and educational development. According to Silva, Figueredo, and Lacerda (2024), the most common long-term effects include anxiety disorders, depression, suicidal ideation, self-

harming behaviors, academic difficulties, and changes in social behavior. These impacts are exacerbated by the absence of adequate support networks and by failures within protection systems, which are often unable to provide victims with the care necessary for their recovery.

At the same time, it is important to recognize that although sexual violence is a global phenomenon, it manifests differently according to each sociocultural context. As Deslandes and Campos (2015) argue, addressing sexual violence against children and adolescents requires an intersectoral approach that integrates actions across the fields of healthcare, education, social assistance, and the justice system. Within this framework, healthcare and education professionals play a fundamental role in the early identification of signs of abuse and in ensuring that cases are appropriately referred to the competent authorities.

The study conducted by Silva, Figueredo, and Lacerda (2024) concludes that, despite legislative advances and the implementation of public policies, numerous challenges remain in combating sexual violence against children and adolescents. Underreporting, the silencing of victims, and the fragility of protection networks continue to constitute major obstacles to the effectiveness of prevention and intervention efforts. Consequently, it is essential to invest in the continuous training of professionals, strengthen victim support services, and promote a social culture that rejects negligence and omission in the face of this serious problem.

FEAR AND STRESS AS PSYCHOLOGICAL RESPONSES TO TRAUMA

Fear and stress are fundamental psychological responses to traumatic events, functioning as evolutionary protective mechanisms in situations perceived as threatening. Fear is an immediate emotional reaction to a concrete threat, activating physiological defense systems, whereas stress—particularly when chronic—corresponds to a sustained state of heightened alert that can trigger significant neurophysiological changes. Thus, both play central roles in the response to trauma, directly influencing

the psychological development of children and adolescents who have experienced sexual violence (Van der Kolk, 2016).

Psychological theories of trauma provide important frameworks for understanding these psychological responses. Sigmund Freud, for example, conceptualized trauma as a breach in the psyche's protective barrier, resulting in an overload of unprocessed excitations that later reappear in the form of symptoms such as anxiety and repetitive behaviors (Freud, 2010). According to Freud, trauma generates an excess of stimulation that the psyche is unable to symbolize, giving rise to enduring emotional disturbances often associated with irrational fear and emotional inhibition.

Another important theoretical framework is Attachment Theory, developed by John Bowlby, which proposes that early traumatic experiences, particularly those involving abuse and neglect, impair the formation of secure emotional bonds. Children who experience sexual violence tend to develop insecure internal working models characterized by difficulty trusting others and a persistent fear of abandonment and betrayal (Bowlby, 1984). This condition is further intensified by the absence of protective caregivers, who are essential to emotional organization and the development of a sense of security during childhood.

Post-Traumatic Stress Disorder (PTSD) represents one of the principal psychopathological consequences of exposure to sexual violence during childhood and adolescence. Officially recognized with the publication of the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III), in 1980, PTSD is characterized by symptoms including intrusive re-experiencing of the traumatic event, avoidance, negative cognitive and emotional changes, and physiological hyperarousal (APA, 1980). In children and adolescents, PTSD may present atypically through regressive behaviors, recurrent nightmares, aggression, or social withdrawal (Bremner, 2006).

From a neuroscientific perspective, PTSD is understood as a failure in the extinction of conditioned fear, resulting in an excessive generalization of defensive responses. According to Ferreira and Ortega (2024), individuals with PTSD exhibit an overgeneralization of fear responses, reacting to

multiple stimuli reminiscent of the traumatic event even when no objective threat is present. This phenomenon is associated with structural and functional alterations in brain regions such as the amygdala, hippocampus, and prefrontal cortex, which are responsible for regulating emotions and memory.

Furthermore, classical conditioning theory, proposed by Pavlov and later incorporated into explanations of trauma, suggests that following exposure to a traumatic event, stimuli that were initially neutral may acquire negative emotional significance, eliciting fear responses even in the absence of actual danger (Careaga, Girardi, & Suchecki, 2016). This hypothesis is central to understanding PTSD, which is characterized by the persistence of fear responses triggered by memories of or contexts associated with the traumatic experience.

Among the typical reactions observed in children who have experienced sexual violence are social withdrawal, aggression, difficulty trusting adults, and impaired academic performance. These manifestations are understood as attempts by the child to cope with the traumatic experience and to protect themselves from future situations perceived as threatening (Briere & Scott, 2015). According to Van der Kolk (2016), immobilization and emotional shutdown are primitive defensive mechanisms that emerge when the child perceives that escape or resistance is impossible.

The neuroscientific literature further indicates that trauma can lead to hyperactivity of the body's stress-response systems, resulting in long-term hormonal and behavioral changes. The neuroscientific model of trauma proposes that repeated exposure to severe stressors compromises the body's adaptive functioning, increasing vulnerability to the development of psychopathological conditions such as depression and anxiety disorders (Ferreira & Ortega, 2024). This model is supported by the work of Van der Kolk (2016), who argues for the existence of two primary subtypes of traumatic response: one characterized predominantly by hyperarousal and the other by dissociation.

Understanding post-traumatic fear and stress responses, particularly among child and adolescent victims of sexual violence, is essential for the development of effective therapeutic interventions. As Brewin (2001) emphasizes, treatment should focus not only on extinguishing conditioned fear responses

but also on strengthening secure emotional bonds and promoting protective environments, such as schools, which can serve as important sources of resilience and facilitate recovery from trauma.

EFFECTS OF SEXUAL VIOLENCE IN THE SCHOOL CONTEXT

Sexual violence against children and adolescents has both direct and indirect impacts on the school environment, constituting a determining factor in the disruption of educational trajectories and the impairment of victims' academic and social development. Difficulty concentrating is one of the earliest manifestations observed, resulting from the emotional burden imposed by trauma and the constant need to remain vigilant toward one's surroundings. According to Briere and Scott (2015), the persistent state of alert characteristic of victims of sexual violence interferes with executive functions, such as attention and working memory, which are essential for academic activities, ultimately leading to poor academic performance.

In addition to cognitive difficulties, sexual violence gives rise to behavioral changes in the school setting that may culminate in school dropout. School disengagement is often preceded by a gradual process of withdrawal, driven by fear, shame, and feelings of insecurity within the educational environment, which frequently fails to recognize signs of psychological distress or to provide appropriate support for victims (UNICEF, 2021). Silva, Figueiredo, and Lacerda (2024) emphasize that when schools fail to respond effectively to victims' needs, they contribute to their marginalization and the weakening of their bond with the educational institution, creating a cycle of educational exclusion that perpetuates social inequalities.

With regard to social functioning, victims of sexual violence may experience severe impairments in their ability to establish and maintain interpersonal relationships. The persistent fear of further abuse, combined with generalized distrust toward adults and peers, hinders the development of secure emotional bonds and full participation in school activities (Bowlby, 1984). Bowlby's Attachment Theory provides an essential framework for understanding this phenomenon by asserting that early traumatic experiences can

compromise the development of secure internal working models, thereby fostering social isolation and withdrawal.

The school environment, which should serve as a privileged setting for the development of social competencies, is often not perceived as such by children who have experienced sexual violence. Instead, it may be experienced as threatening and hostile, particularly when the institution lacks a culture of care, inclusion, and respect for diversity. Silva, Figueiredo, and Lacerda (2024) argue that school climates characterized by authoritarian and punitive practices tend to reinforce victims' isolation, further hindering their social integration and the development of supportive relationships.

From both behavioral and emotional perspectives, sexual violence produces profound changes manifested through excessive fear, aggression, and hypervigilance. Exaggerated fear is an adaptive response intended to protect the child from future threats; however, it simultaneously restricts the child's autonomy and limits full participation in school activities (Van der Kolk, 2016). Aggression, in turn, may be understood as an attempt at self-protection in response to a constant perception of danger. Educators often interpret such behavior as disruptive or defiant when, in reality, it constitutes an expression of profound psychological distress (Briere & Scott, 2015).

Hypervigilance, characterized by the persistent expectation of imminent danger, compromises not only the quality of the child's engagement at school but also their capacity to embrace new learning experiences and participate in activities that promote holistic development. According to Ferreira and Ortega (2024), this continuous state of alert, which is typical among trauma survivors, is associated with dysfunctional activation of the stress-response system, producing harmful effects on both cognitive and emotional functioning. Within the educational context, hypervigilance manifests through avoidance behaviors, social withdrawal, and resistance to interpersonal interaction, thereby limiting the child's access to opportunities for learning and socialization.

The literature further indicates that, in many cases, schools fail to recognize these manifestations as indicators of psychological suffering, instead treating them as disciplinary issues or learning problems

(Silva, Figueiredo, & Lacerda, 2024). Such an approach, based on medicalization or punishment, not only exacerbates the victim's distress but also reinforces their social and educational exclusion. Consequently, teacher education should include content that enables educators to understand sexual violence as a complex phenomenon requiring a sensitive, trauma-informed, and multidimensional approach.

Finally, it is important to emphasize that the effects of sexual violence within the school context extend beyond academic performance and social skills to encompass the child's overall well-being and mental health. The presence of symptoms such as anxiety, depression, guilt, and shame significantly undermines the educational experience, creating additional barriers to engagement and learning (UNICEF, 2021). By recognizing and responding appropriately to these manifestations, schools can become therapeutic environments, contributing to the reframing of traumatic experiences and fostering resilience among victims (Van der Kolk, 2016).

METHODOLOGY

This study adopted a systematic literature review, following the methodological principles discussed by Motta-Roth and Hendges (2010), who emphasize the importance of critically synthesizing existing knowledge for scientific advancement. The qualitative approach made it possible to analyze academic publications addressing the psychological and educational impacts of sexual violence on children and adolescents, integrating multidisciplinary perspectives from psychology, education, and public health.

The selection criteria prioritized peer-reviewed studies, specialized books, and official documents. The review included works addressing: (1) the psychological consequences of trauma, including fear, stress, and Post-Traumatic Stress Disorder (PTSD); (2) manifestations within the school environment, including school dropout, learning difficulties, and behavioral changes; and (3) institutional support strategies, such as the role of schools and public child protection policies (Deslandes & Campos, 2015;

Silva, Figueiredo, & Lacerda, 2024). Studies lacking methodological rigor or not directly related to the research topic were excluded.

The literature search was conducted using the SciELO database, employing descriptors such as *child and adolescent sexual violence, trauma and learning, PTSD in children and schools, and support and care*. These sources were complemented by normative documents, including the Brazilian Child and Adolescent Statute (ECA) and reports published by the Brazilian Public Security Forum (FBSP, 2023).

RESULTS AND DISCUSSION

Sexual violence against children and adolescents is an extreme form of trauma that profoundly compromises victims' emotional, psychological, social, and educational development. It is a complex phenomenon shaped by historical, cultural, and structural factors that extends far beyond the abusive act itself, with consequences that often persist throughout the victim's lifetime. Exposure to sexual violence during childhood activates intense mechanisms of fear, stress, and dissociation, directly interfering with psychological development and the formation of secure emotional and cognitive relationships (Van der Kolk, 2016).

From a clinical perspective, substantial evidence demonstrates that childhood sexual abuse is associated with the development of a wide range of mental disorders, including depression, anxiety disorders, suicidal ideation, dissociative disorders, and Post-Traumatic Stress Disorder (PTSD). According to Briere and Scott (2015), childhood sexual violence disrupts the neurobiological mechanisms responsible for regulating fear, memory, and emotion by producing hyperactivation of the amygdala and reduced functioning of the prefrontal cortex. As a result, victims may exhibit behaviors such as hypervigilance, emotional dissociation, agitation, or social withdrawal.

In his formulations on trauma, Freud (2010) had already argued that intense experiences that cannot be symbolically processed remain as pathological nuclei within the unconscious, later reemerging in the form of repetitive symptoms. Herman (1992) expands upon this understanding through the concept

of complex trauma, commonly observed among victims of chronic abuse, which is characterized by profound alterations in self-esteem, body image, and the capacity to trust others. Children and adolescents who experience sexual abuse frequently develop chronic feelings of guilt, shame, fear, and diminished self-worth.

From a neuroscientific perspective, Yehuda and LeDoux (2007) emphasize that chronic traumatic stress disrupts the regulation of the hypothalamic-pituitary-adrenal (HPA) axis, promoting excessive cortisol release that impairs hippocampal functioning and compromises learning and memory processes. Ferreira and Ortega (2024) argue that these alterations are not merely temporary but structural, potentially producing long-lasting effects on cognition and emotional regulation. Therefore, childhood sexual trauma should not be understood solely as a psychological issue but rather as a condition that affects the child's overall functioning.

The impact of sexual violence is also strongly manifested within the school environment. As a central setting for socialization and cognitive development, the school becomes a place where the child's psychological suffering is often expressed with particular intensity. Silva, Figueiredo, and Lacerda (2024) report that symptoms such as declining academic performance, difficulty concentrating, aggression, apathy, and school dropout are common among victims of sexual abuse. These signs are frequently misinterpreted as disinterest or indiscipline when they are, in fact, manifestations of profound psychological distress.

In developing Attachment Theory, Bowlby (1984) demonstrated that the disruption of secure emotional bonds during the early years of life compromises the formation of positive internal working models, which are essential for healthy socialization and the development of self-esteem. Children who experience sexual abuse often internalize beliefs characterized by guilt, worthlessness, and distrust, negatively influencing the way they relate to peers and teachers. Within this context, aggression may represent an attempt at self-protection, whereas social withdrawal functions as a defensive response to perceived hostility.

Against this backdrop, school dropout emerges as a common consequence of inadequate institutional support. Souza (2020) argues that, when their suffering remains invisible, many children and adolescents begin to avoid the school environment because of fear, shame, or feelings of insecurity. This lack of effective institutional response not only perpetuates the cycle of victimization but also reinforces social inequalities by preventing full access to education.

Nevertheless, schools can also assume a protective and therapeutic role. When equipped with protocols for listening, support, and referral, they become environments in which traumatic experiences can be reinterpreted and reconstructed. Minayo (2013) and Deslandes and Campos (2015) advocate for schools as integral components of the child protection network, emphasizing the importance of interdisciplinary collaboration among educators, psychologists, and social workers. Initiatives such as support groups, conflict mediation programs, and partnerships with mental health services can promote appropriate support for victims and help prevent the chronicization of psychological suffering.

The Brazilian Public Security Yearbook (2023) indicates that the majority of cases of child rape occur within the family environment and involve perpetrators known to the victim, making spontaneous disclosure particularly difficult. This finding reinforces the role of schools as one of the few environments where indirect signs of abuse can be observed and the cycle of silence interrupted. To fulfill this role effectively, it is essential to invest in the training of educators, who often lack knowledge about the signs of trauma or are uncertain about how to respond to suspected abuse (Souza, Pereira, & Lima, 2022).

Teacher education should encompass not only legal and procedural aspects but also content related to trauma psychology, trauma-informed communication, and emotional management. Cyrulnik (2009) emphasizes that emotionally stable figures, such as empathetic teachers, can act as agents of resilience, helping victims reconstruct their personal narratives and develop a renewed sense of emotional security. However, for this to occur, educators themselves require institutional support in the form of supervision, continuing professional development, and strong support networks.

Finally, it is important to recognize that addressing sexual violence cannot be the sole responsibility of teachers or schools. Rather, it requires an integrated, intersectoral network that brings together education, healthcare, social assistance, the justice system, and families. Strengthening child protection networks, improving referral procedures, and fostering an institutional culture grounded in care, attentive listening, and protection are fundamental steps toward ensuring every child and adolescent the right to a safe, dignified life free from violence.

CONCLUSION

The analysis conducted in this study made it possible to understand the impacts of sexual violence on the development of children and adolescents, particularly with regard to its psychological and educational consequences. The findings demonstrate that the trauma resulting from sexual violence triggers significant neuropsychological changes, directly affecting young victims' capacity for learning and social interaction. Chronic fear and stress manifest not only through clinical symptoms, such as Post-Traumatic Stress Disorder (PTSD), but also through tangible difficulties within the school environment, including declining academic performance, behavioral problems, and an increased risk of school dropout.

Schools emerge as fundamental settings for both the early identification of cases and the provision of appropriate support for victims. However, the findings reveal a concerning gap in the preparation of education professionals to address these situations, as well as shortcomings in the establishment of effective support networks. The absence of clear protocols and the lack of specialized training in trauma psychology limit the potential of educational institutions to function as protective environments.

Although this study was limited to a systematic literature review, its findings underscore the urgent need for concrete action. It is essential to invest in the continuing professional development of educators, develop intersectoral public policies, and implement monitoring systems that ensure the effectiveness of child protection measures. Future research should focus on evaluating specific

interventions within the school context, with the aim of identifying best practices for supporting victims of sexual violence.

In summary, the findings of this study reinforce the need for a collective commitment to transforming schools into genuinely supportive environments that are adequately prepared to address the complexities of trauma. Only through an integrated approach involving educators, healthcare professionals, public administrators, and society as a whole will it be possible to guarantee the right of every child and adolescent to full development and a high-quality education, especially those who have experienced situations of sexual violence.

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