

Protective Factors from the Perspective of Victimized and Institutionalised Adolescents

Fatores de Proteção sob o Olhar de Adolescentes Vitimizados e Institucionalizados
Factores de Protección desde la Perspectiva de Adolescentes Victimizados e Institucionalizados

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Abstract

Theoretical framework: Violence is present throughout society and has a major impact on the health of the population. It is the leading cause of death among children and adolescents in Brazil.

Objectives: To identify and analyse the protective factors to which victimised and institutionalised adolescents are subjected or have access, from the perspective of these adolescents.

Methodology: A qualitative study, designed as a strategic social research, was conducted with adolescent victims of domestic violence who were institutionalised. Data were collected using semi-structured interviews and analysed through the meaning interpretation method.

Results: Two cores of meaning have emerged: (1) *Context of the best institution*, where the adolescents developed a strong bond of trust with the staff; and (2) *Social Support*, where the professionalising activities offered at the institution and in other social environments in which adolescents socialise have become an important source of support for them.

Conclusion: The results highlighted the need for victimised and institutionalised adolescents to establish affective bonds with people, symbols, and a welcoming external social environment.

Keywords: Adolescent; domestic violence; protection; institutionalization

Resumo

Enquadramento: A violência está presente em toda a sociedade e causa grande impacto na saúde da população, sendo a principal causa de morte entre crianças e adolescentes no Brasil.

Objetivos: Conhecer e analisar os fatores de proteção a que adolescentes vitimizadas e institucionalizados estão submetidos ou têm acesso, sob o olhar destes adolescentes.

Metodologia: Estudo com abordagem qualitativa, delineando-se como pesquisa social estratégica, realizado com adolescentes vítimas de violência doméstica e acolhidos institucionalmente. Os dados foram coletados por meio da técnica de entrevista semiestruturada, e analisados pelo método de interpretação de sentidos.

Resultados: Emergiram dois núcleos de sentidos: (1) *Contexto da instituição de acolhimento*, onde os adolescentes desenvolveram forte vínculo de confiança com os funcionários; e (2) *Apoio social*, onde as atividades profissionalizantes oferecidas pela instituição e outros ambientes sociais nos quais os adolescentes conviviam tornaram-se um importante núcleo de apoio a eles.

Conclusão: Os resultados obtidos evidenciaram a necessidade dos adolescentes vitimizadas e institucionalizados de estabelecer vínculos afetivos com pessoas, símbolos e com um ambiente social externo acolhedor.

Palavras-chave: Adolescente; violência doméstica; proteção; institucionalização

Resumen

Marco contextual: La violencia está presente en todas las sociedades y causa un gran impacto en la salud de la población, por lo que es la principal causa de muerte entre niños y adolescentes en Brasil.

Objetivos: Conocer y analizar los factores de protección a los que los adolescentes victimizados e institucionalizados están sometidos o tienen acceso desde su perspectiva.

Metodología: Estudio cualitativo que se delinea como una investigación social estratégica desarrollado con adolescentes víctimas de violencia doméstica y acogidos institucionalmente. Los datos se recogieron mediante la técnica de la entrevista semiestructurada y se analizaron por el método de interpretación de sentidos.

Resultados: Emergieron dos núcleos de sentidos: (1) *contexto de la institución de acogimiento*, donde los adolescentes desarrollaron un fuerte vínculo de confianza con los funcionarios; (2) *apoyo social*, donde las actividades vocacionales ofrecidas por la institución y otros ambientes sociales en los cuales los adolescentes convivían se volvieron una importante fuente de apoyo para estos.

Conclusión: Los resultados obtenidos demostraron la necesidad de que los adolescentes victimizados establezcan vínculos afectivos con personas, símbolos y con un ambiente social externo acogedor.

Palabras clave: Adolescente; violencia doméstica; protección; institucionalización

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Introduction

Violence is present throughout society and has a major impact on the health of the population, being the leading cause of death among children older than one year and adolescents in Brazil. In this age group, violence is mostly perpetrated at home, representing 58% of the cases reported (Ministério da Saúde, Secretaria de Atenção à Saúde, 2010). This scenario highlights the need to deal immediately with the situation, making it essential to study the dimension and extension of violence against children and adolescents and fully unveil this reality for society (Martins, 2010).

In this study, the concept of domestic violence was understood as being the actions or omissions that may harm the well-being, the physical and psychological integrity or the freedom and the right to development of any member of the family, which can be perpetrated by members who lack blood ties with the victim, but share the same domestic space (Secretaria da Educação do Estado de São Paulo, Fundação para o Desenvolvimento da Educação, 2009).

The Brazilian legislation, through the Statute of the Child and Adolescent (ECA - *Estatuto da Criança e do Adolescente*; Câmara dos Deputados, 2012), considers that adolescents are individuals aged between 12 and 18 years. Despite the criterion of chronological age being important for the purposes of epidemiological studies, elaboration of public policies, social programs and collective health actions, the individual characteristics should be considered, namely the biological, psychological and social criteria of the different subjects which vary from culture to culture and according to the specificities of different societies and social groups (Ministério da Saúde, Secretaria de Atenção à Saúde, 2007).

An important aspect of the ECA is the conceptual change about the public intervention with children and adolescents. The ECA recommends that the situation of children who are institutionalised or with foster families should be reassessed every 6 months, and the institutional time cannot exceed 2 years. Preferably, the child should be reintegrated into his/her family and family/community, with the placement in a foster family and institutionalisation being used in exceptional conditions. Also according to the ECA, "Institutional shelter and family shelter are temporary and exceptional measures that can be used as a

means of transition to family reintegration or, this not being possible, to placement in a foster family, without implying a deprivation of freedom" (Câmara dos Deputados, 2012, p. 47). The host institution should have a personalised care, with good physical conditions, adequate safety and education, and ensure the respect and the necessary care of children and adolescents; it is a welcoming, rather than a segregating, environment (Souza, 2002).

The nurse, as member of the health team, has an important role in caring for the health of children and adolescents. For this professional to have a more active and welcoming attitude, he/she needs to acquire new knowledge and practices to provide specific care to children and adolescents who are victims of domestic violence, given the magnitude of this phenomenon in this age range. Aiming at a deep understanding of this theme, the object of study of this research was the perceptions of adolescents who were victims of domestic violence and are institutionalised about the protective factors to which they are subjected or have access.

The review of the literature published in the past 15 years highlighted the need to carry out new studies about violence against children and adolescents to substantiate nursing actions in this context. Based on searches in the databases of the Regional Library of Medicine (*Biblioteca Regional de Medicina - BIREME*), such as the Scientific Electronic Library Online (SciELO) and Virtual Health Library (VHL), using the descriptors *criança* (child), *abrigo* (shelter) and *violência* (violence), 14 studies were found in Portuguese: three published in 2003, two in 2007, one in 2008, four in 2010, and the others in 2001, 2005, 2009, and 2011. Topics covered included: (a) the perspective of children victim of intrafamily violence about institutionalisation; (b) the assistance received by institutionalised children; (c) the importance of the therapeutic toy; (d) the adjustment of children who live in a shelter house; (e) the factors related with the institutionalisation of children who suffered with domestic violence; (f) the symptoms of adolescent victims of sexual abuse who are institutionalised or not; (g) the functioning of the host institutions, the training received by the monitors, and the impact of their behaviours on foster children and adolescents; (h) the perceptions of institutionalised children and adolescents about the meaning of care; (i) the role of nursing in relation to the violence experienced by

children who live on the streets; and (j) the situation of women victims of violence who are in a shelter house. This revealed the lack of studies involving institutionalisation and nursing and its role in that context.

The objective of this study is to identify and analyse the protective factors to which victimised and institutionalised adolescents are subjected and/or have access, from the perspective of these adolescents.

Background

Protective factors are characteristics which reduce the likelihood of a negative outcome to happen in the presence of a stressor, reducing its incidence and severity. There are three types of protective factors for the child or adolescent: individual factors, family cohesion, and external social support. These factors interact and are inter-related with the aim of mitigating the negative effects of the risk (Rutter, 1994; Habigzang, Koller, Azevedo, & Machado, 2005; Poletto & Koller, 2008).

The key characteristic of protective factors is that they cause a catalytic change in the individual's response to the risk processes. These factors have four main functions: To reduce risk impact; to reduce negative chain reactions following risk exposure; to establish and maintain self-esteem and self-efficacy through secure attachment relationships and the successful performance of tasks; and to open up opportunities to reverse the effects of stress (Rutter, 1994; Poletto & Koller, 2008).

Research questions

This study has the following guiding question: What are the protective factors to which adolescents victim of domestic violence and institutionalised are subjected and/or have access?

It is assumed that the family is the first and main source of protection of children and adolescents. However, when it becomes silent in its role, other types of support should be provided for these individuals to cope with the adversities experienced. It is believed that, in the development of this process, there is still a dichotomy between what is recommended and experienced in the daily life of

victimised and institutionalised adolescents and the effective fulfilment of the protective role of these subjects by the institutions aimed at the protection of childhood and adolescence.

Methodology

In order to understand the reality reported by the adolescents, this study used a qualitative approach. Objective data were collected by means of a documental analysis of medical records and reports, whereas subjective data on the values, attitudes and opinions of the subjects were obtained through semi-structured interviews (Minayo, 2010). Data were analysed using the Meaning Interpretation Method, which is a perspective of the comprehensive movements of social sciences that analyses words, actions, set of interrelationships, groups, institutions and situations, among other analytical bodies (Gomes, Souza, Minayo, & Silva, 2005).

The research subjects were six adolescents (three girls and three boys) victimised and institutionalised in the *Centro de Assistência à Criança e ao Adolescente Victimizado/Travessia* (CACAV/Travessia), located in the city of Ribeirão Preto - SP, Brazil. Three individuals were 12 years old, and the others were 13, 14 and 17 years old. The period of institutionalisation ranged from 3 months to 5 years.

The CACAV is an institution of municipal management, linked to the *Secretaria Municipal de Assistência Social*, which cares for victimised children and adolescents aged between 4 and 18 years, both boys and girls, living in the city of Ribeirão Preto, who are not drug users and are not involved in serious offenses. The main objectives of the institution are to welcome victimised children and adolescents, and provide them psychological, psychopedagogical, therapeutic and social care, with a view to meeting their needs and preserve their identity and life story. The CACAV has a total of 62 staff members: A coordinator, three social assistants, a psychologist, an occupational therapist, an intern, an administrative officer, five cooks, a butler, six cleaning staff (one hired and five outsourced), a general service staff, five drivers, and 36 educators. Among the educators, one is from the nursing area, one is from the education area and four are in charge of shifts.

Data were collected through semi-structured interviews to the adolescents, based on an interview guide that addressed questions on the experiences of institutionalisation; relationships with the family, teachers and peers; and the resources and institutions that help them in their daily life. To come closer to the adolescents, in January and February 2012, workshops and visual acuity tests were performed with all children and adolescents admitted to the CACAV. The interviews, with a mean duration of 30 to 45 minutes, were held between March and May 2012, by means of individual talks in a room booked for that purpose within the institution itself, so that the conversations could not be heard outside of the room. The interviews were tape-recorded and the names of the subjects were identified by the letters A, B, C, and beyond, in alphabetical order.

The study protocol, registered under no. 1341/2011, was approved by the Research Ethics Committee of the Ribeirão Preto College of Nursing of the University of São Paulo, taking into account Resolution no. 196/96 of the National Health Council. First, permission was requested from the person in charge of the host institution which is provisionally responsible for the custody of the adolescents. This person signed the Free and Informed Consent Form as being responsible for the adolescents. Subsequently, the adolescents were invited to collaborate on a voluntary basis, being assured that they were not obliged to participate and that the collected data would remain anonymous and confidential. The invited adolescents accepted to participate and also signed a Free and Informed Consent Form.

Results and Discussion

Characteristics of the research subjects

The adolescents institutionalised at the CACAV lived in the city of Ribeirão Preto and were referred to the institution by means of a court order, which stipulated that the individuals would remain there until they could return to their families or be received by a foster family. The reasons for which they were referred to the institution were related to negligence, physical and psychological violence, and abandonment.

The adolescents attended local schools and could be included in vocational courses to acquire autonomy and be integrated into the job market after turning

18 years old, also resuming the community life. Their health needs were met by the health services available in the area of coverage of the CACAV. To provide recreational moments outside of the institution and promote the contact and (re)insertion in the family life, the individuals were allowed to spend the weekends with their own family or with voluntary families, the so-called *affective godfather/godmother*. Article 19 of the ECA recommends that the child and the adolescent remain in an institutional shelter program up to a period of 2 years, and that each individual situation should be reassessed every 6 months by a legal authority, with a view to analysing the possibility for family reintegration (Câmara dos Deputados, 2012). In this study, the adolescents' period of institutional shelter exceeded the one recommended by the ECA, reaching 5 years. The family reintegration was not possible in some cases, due to negligence and the lack of interest by the family members, which extended the adolescents' stay at the host institution. In line with previously published results (Carlos, Ferriani, Silva, Roque, & Vandrúscolo, 2013), the host institution became, in most cases, a permanent home, although it was legally considered as a provisional home for victimised children and adolescents who were deprived of a family life.

Cores of Meaning

The analysis of the adolescents' reports and the data collected through participant observations allowed to identify two cores of meaning: (1) Context of the host institution and (2) Social support, which will be discussed separately below.

Context of the host institution

The host institution has the meaning of hiding place, retreat, shelter, refuge, housing, welcoming. These terms convey the notion of recollection, containment and social distancing. In the past, the host institution for children and adolescents had the political intention of keeping the individuals who represented a risk to public order and human dignity away from society (Cavalcante, Magalhães, & Pontes, 2007). This perception, which is often directed to common sense, contributed to the understanding that the welcoming of children and adolescents in institutions was the most appropriate way of solving situations of risk to the population, without considering the importance of other protection networks, which play a key role

in the life of children and adolescents (Carlos et al., 2013).

The host institution is a protective method that is adopted when the attempts for the rehabilitation of families have failed (Câmara dos Deputados, 2012). The child and the adolescent are removed from the family life in exceptional situations, with the aim of protecting the victims, when all other protective methods were ineffective, and also to raise the parents' awareness about the best way of taking care of their children (Martins et al., 2007). It should be emphasised that, although the institution provides protection and care to children and adolescents, it will never be able to replace the family environment.

In the context of the host institution, the adolescents managed to establish bonds of trust with some staff members, which is considered a protective factor, as shown in the following accounts: "I even think that it's good for me because I've already gotten used to it, I enjoy staying here at the CACAV" (E; April, 2012) and "And what do you think that helps you in this institution? [Question of the interviewer] The educators and my psychologist" (C; March, 2012).

In addition, the established relationships were differentiated and more solid when adolescents realised that people cared about them, shared their dreams and that they could truly trust them. It is worth emphasising that the adolescents found in staff members a way of meeting some of the needs that their family members could not meet, such as the lack of affection and dialogue. These results corroborate the research carried out by Carlos et al. (2013). Thus, it is essential for the environments welcoming children and adolescents to develop a new perspective, providing greater trust and empathy and creating environmental conditions for them to develop their full potential with greater subjective and social support (Oliveira, 2006).

Another relevant point in this study is that, although they were able to establish bonds with the staff members, the adolescents questioned the rules and limits: "If you don't wash the bathroom, they put your name on the list to take to the judge, that's why I want to go way" (A; March, 2012).

The disciplinary rules and strategies in the host institution were contested by the adolescents, being present a discussion about their real effectiveness and adequacy. Such discussion shows that the host institution, in addition to being part of the public

policies of social protection of various societies, is still an institution with characteristics of the total institutions (prisons, orphanages, mental institutions, convents), despite all contemporary efforts (Goffman, 1974).

These results corroborate those obtained in studies that analysed the concepts present in institutions caring for children and adolescents, which do not only fulfil the objectives of social protection, but promote the modelling of the subjects' subjectivity through mechanisms that alternate between punishments and rewards, reducing the identity of these subjects to a stigmatising attribute, considered by the institution as the desirable and ideal one. In addition, it limits personal choices and decisions, controlling the environmental variables according to the convenience of the institution (Benelli, 2003; Carlos et al., 2013).

Social Support

The violence experienced at home was striking, emerging spontaneously during the life story reported by adolescents in this study, where the family was pointed out as the main risk factor for the healthy growth and development of the subjects. Thus, it was evident that the family context is the one that can better protect or expose children and adolescents to violence. The fact that violence occurred in the domestic space significantly compromised the family relationships, since maintaining these bonds is essential for the affective, psychological and social development of children and adolescents (Martins et al., 2007).

Although the family has been seen as a threatening environment, the adolescents considered it to be very important and revealed the desire for it to be included in the monitoring work during their stay in the host institution, with a view to strengthening the affective ties. The need felt by the institutionalised adolescents to feel that they belonged once again to the family environment was evident when these individuals expressed the desire to spend more time with, or be physically closer to, their families, as well as to obtain a more stable family dynamics: "I wanted to go away. . . To stay with my grandmother. . . I miss my aunt" (F; April, 2012). "People should stay with their families, that's it, not in the shelter, I would like to stay with them, we will be ok" (E; April, 2012).

The results are similar to those found by Carlos et al. (2013) and in a study carried out with the aim

of analysing how parents and children involved in domestic violence perceive the concept of family (Martins et al., 2007). In these studies, the need felt by institutionalised children and adolescents to belong once again to the family microsystem was evident, despite the presence of violent relationships in these nuclei. These studies also revealed a feeling of returning to an idealised family that would provide them protection, safety and affection, meaning the opposite of their experiences in the respective homes. The adolescents' accounts showed ambivalent feelings towards the family, where the host institution provided something better than what they could have at home: "I didn't like my mother's house. I would rather be here than with her" (A; March, 2012); "I have the caregivers and my girlfriends from school, I really trust them, I rely on them for everything I do" (E; April, 2012).

The activities performed and the environments attended by the adolescents during their stay at the host institution were highlighted as other aspects of social support:

I like them (the teachers). One of them quarrels, but I understand him, because there are a lot of quarrels between teachers and parents. Parents who threaten the teachers because of their children. I think this is wrong; they teach their children to be violent at home and that's why there are so many students yelling at teachers. (E; April, 2012)

The adolescents also emphasised the importance of formal education and of the vocational courses offered by the institution, which prepare for integration into the job market: "Here we work, we embroider, we do a lot of things here" (D; April, 2012). "And what are you doing here that helps you? [Question of the interviewer] The bakery course that I am attending" (A; March, 2012).

This study portrays the distancing and loss of bonds between the institutionalised adolescents and their families, as already discussed above, and the community:

I want to go to my friends' house, but I won't go. And I don't bring them here also, because this is not my house, it has many people with problems, another reality that is not a part of their life. I don't have the courage to bring them here, if this was my home I would bring them here, I want to. (E; April, 2012)

The adolescents felt that they did not belong to the reality of institutionalisation, and their right to the maintenance of family and community ties is not ensured, as in accordance with recent legislation (Ministério do Desenvolvimento Social e Combate à Fome, Secretaria Especial dos Direitos Humanos, 2006). The situation at an institutional shelter keeps the subject in a place of passage, where the bonds become temporary and the relationships unstable. Fear and helplessness are present from the moment children or adolescents go to an institution, because fear and insecurity are also present there. The child does not understand exactly the reason for having been sent to the host institution and will tend to consider this as a desire or arbitrary decision of someone else. Sometimes the mother, the father, or some other relative are held responsible for their institutionalisation; other times, the child believes to be responsible for her/his own condition, blaming herself/himself for being transferred to a host institution (Parreira & Justo, 2005; Carlos, Ferriani, Silva, & Leite, 2011; Carlos et al., 2013).

The limitations of the study were mainly related to the fact that its results cannot be generalised, that they showed particularities of the sampled subjects, but also due to the need for complementarity of information through other data collection techniques.

Conclusion

Based on the analysis of the collected data, with a view to identifying and analysing the protective factors to which victimised and institutionalised adolescents were subjected and/or had access, from these adolescents' perspective, two cores of meaning emerged: Context of the host institution and Social support.

In the first core of meaning, the study subjects were institutionalised for a period up to 5 years, exceeding the legally recommended period. The accounts and the previous daily life of adolescents showed that the family environment emerged as the main risk factor, with the situations of abandonment, negligence, and physical and psychological violence by the family being the main trigger of the institutionalisation at the CACAV. These adolescents showed contradictory and confused feelings, underlining, in some moments, the desire to be reintegrated into their family of origin,

and in other moments, the satisfaction for being at the shelter. In the shelter, most adolescents managed to establish bonds and relationships of trust with the staff members, but questioned the rules established by the institution. Despite these differences, the adolescents stressed that the shelter represented the prospect of a better life than that provided by their families, due to the psychopedagogical support and the vocational courses.

In the second core of meaning, the activities offered by the CACAV and the socialisation in other environments proved to be an important source of support for the adolescents. The desire for spending more time or for being in closer physical proximity with their family and to obtain a more stable family dynamics, with affection and tolerance, confirmed the need felt by institutionalised adolescents to feel that they belonged once again to the family environment, indicating ambivalent feelings towards the family nucleus.

It is reinforced that the main contribution of the study walks alongside the prerogatives of the new laws in force which prioritise the analysis of the family and community nucleus, seeking to change violent dynamics and avoid the often violent separation between children and adolescents and their families. New studies analysing the integral care provided to families involved in domestic violence against children and adolescents, as well as the community empowerment in this scope are recommended. For nurses and health professionals, a more in-depth knowledge of this issue will translate into better actions to care for victimised children and adolescents and the adoption of health promotion, prevention and damage recovery practices in the host institutions, which are more consistent with the demands of this population and focus on integral care.

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