

# Factors that interfere with the confrontation of child violence by guardianship counselors

## *Fatores que interferem no enfrentamento da violência infantil por conselheiros tutelares*

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**ABSTRACT** This research aimed to present perspectives of guardianship counselors on the action in cases of violence against children. To that end, 16 professionals were interviewed acting in the city of Palmas (TO), Brazil. The data was submitted to content analysis. It was identified that they interfere with the confrontation of child violence, by these actors, the lack of knowledge and skills to identify children at risk or situation of violence, the involvement of families in cases, precarious material resources, insufficient number of professionals, failures in the network of child protection, cultural stereotypes, professional devaluation and impunity of the aggressor. Thus, in order for the Guardianship Council to be able to fully exercise its functions and contribute to the interruption of the cycle of child violence, investments in various areas are required, such as qualification of guardianship counselors, through the provision of periodic courses, and the implementation of work environments with sufficient material and human resources, in order to contribute to the implementation of integrated, intersectoral and resolute actions.

**KEYWORDS** Children. Child abuse. Violence. Child protection services.

**RESUMO** A presente pesquisa objetivou apresentar perspectivas de conselheiros tutelares sobre a atuação nos casos de violência contra a criança. Para tanto, foram entrevistados 16 profissionais atuantes no município de Palmas (TO), Brasil. Os dados foram submetidos à análise de conteúdo. Identificou-se que interferem no enfrentamento da violência infantil, por esses atores, a falta de conhecimento e habilidades para identificar crianças em risco ou situação de violência, o envolvimento das famílias nos casos, a precariedade de recursos materiais, o quantitativo insuficiente de profissionais, falhas na rede de proteção à criança, estereótipos culturais, a desvalorização profissional e a impunidade do agressor. Sendo assim, para que o Conselho Tutelar consiga exercer plenamente suas funções e contribuir para a interrupção do ciclo de violência infantil, são necessários investimentos em diversas áreas, tais como a qualificação dos conselheiros tutelares, por meio da oferta de cursos periódicos, e a implantação de ambientes de trabalho com recursos material e humano suficientes, de modo a contribuir para que se exerçam ações integradas, intersectoriais e resolutivas.

**PALAVRAS-CHAVE** Criança. Maus-tratos infantis. Violência. Serviços de proteção infantil.

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## Introduction

Violence is characterized by human actions of individuals, groups, classes and nations that, intentionally, may provoke intimidation and physical, moral, spiritual and psychological damages, inclusively, leading to death. It has been present in the world since the early days of society and represents a serious health hazard, since it results in harmful consequences for the victim and the people involved<sup>1</sup>.

In the national and international scenarios, violence is identified as a public health problem that violates human rights<sup>2-6</sup>, being represented by multiple causalities in different social environments, and perceived in the relations between different groups and cultures<sup>4</sup>.

It is estimated that, among adult individuals, at least one in four have suffered physical abuse in childhood; one in five women was exposed to sexual violence as a child; and one in three, subjected to physical or sexual violence, perpetrated by an intimate partner at some point in her life<sup>6</sup>.

In the children's age group, violence reaches expressive numbers, is responsible for physical and psychosocial losses to children<sup>3,7,8</sup> and may negatively reflect the health of the individual as an adult<sup>7,8</sup>.

Researches indicate that, despite efforts to prevent it, child aggressions are still an alarming reality in several countries<sup>5,6,9,10</sup>. In 2014, for example, only in Brazil 30.324 cases of violence against children under 10 years of age were reported<sup>11</sup>. It should be noted that the quantitative record represents only the tip of the iceberg of the daily violences that actually take place. Under this visible quantity, there is an enormous number of maltreatment that does not reach social visibility<sup>12</sup>.

As a strategy to change these indicators, in Brazil, notification of suspected or confirmed cases of child maltreatment is mandatory. They should be communicated

to the Guardianship Council, an institution created on the basis of the Statute of the Child and Adolescent (ECA), and which has the very important function of ensuring the fulfillment of the rights of this clientele<sup>13</sup>.

With the purpose of protecting children, various activities should be developed by guardianship counselors, such as serving children and adolescents with violated rights; guide parents or guardians; solicit public services in the various areas, such as health, education and social security; deliberate notifications and assist in the elaboration of the budget proposal of the municipality to ensure that the services that guarantee the rights of the child are made available<sup>14</sup>.

For each Brazilian municipality and administrative area of the Federal District, it is foreseen the operation of, at least, one Guardianship Council as a member of the local public administration, composed of five members chosen by the population and with a four-year mandate<sup>13</sup>.

Brazil has about 5.472 Guardianship Councils, with coverage of 98.3% of the municipalities. However, despite this wide scope, this body still faces common challenges, such as achieving universalization of care, both in large urban centers and in remote and small municipalities, and to qualify the services provided<sup>10</sup>. In general, it is possible to identify numerous failures in the functioning of such an entity<sup>15,16</sup>.

Faced with these data, the following question guided the development of this research: 'Are guardianship counselors prepared to identify and act in situations of violence against children?' Here, the objective was to present perspectives of guardianship counselors on the action in cases of violence against children.

It is believed that the results found provide visibility to the experiences and difficulties of these social actors, collaborating for the implementation, by the public power and responsible institutions, of actions that

effectively qualify the work of the guardianship counselors and, consequently, favor the prevention, identification, handling of cases and interruption of the cycle of violence perpetrated against the child.

The origin of the history of violence dates back to the pre-civilizing period, therefore, its deconstruction requires awareness and commitment of society to the iniquities of the contemporary world. In this perspective, the universalization of the guarantee of the rights of the child, expressed in constitutions and declarations all over the world, must be a search for social movements, professionals related to the area and the entire population<sup>17</sup>.

## Material and methods

This is a descriptive and exploratory research, with a qualitative approach, carried out in the Guardianship Councils of Palmas (TO), Brazil, in which guardianship counselors acting in the municipality were interviewed, individually.

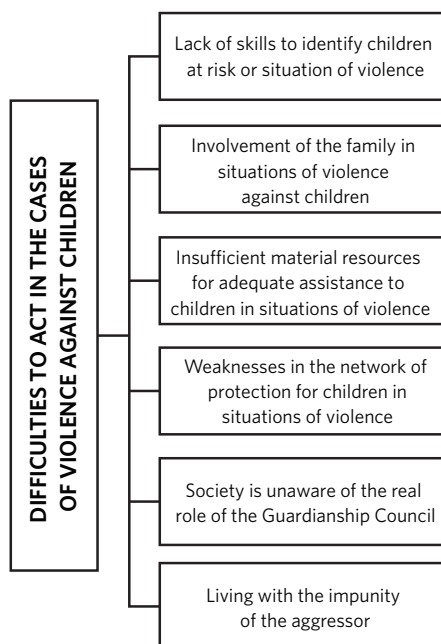
To serve children and families at risk or situation of violence, this municipality has four Guardianship Council units, two covering the north and central regions, and two in the southern region. There are, in each unit, five guardianship counselors, responsible for serving an estimated population of

approximately 242 thousand inhabitants, with 64,468 (26.63%) children up to 14 years of age<sup>18</sup>.

For the data collection stage, a researcher contacted the guardianship counselors and scheduled the interviews, which occurred in the service, in a private room, always respecting the availability of the subjects. The interviews were semi-structured and recorded in digital media, with the consent of the individuals, carried out from September 2015 to January 2016, and transcribed at the end of the recording.

The data were submitted, in order to understand the totality of the information collected, to content analysis<sup>19</sup>. For this purpose, the material exploration was carried out, by means of an exhaustive and comprehensive reading, in order to systematize the initial ideas. Subsequently, these ideas were aggregated and systematized into units, which allowed the description of the contents. The procedure was finished with the treatment of the obtained results and interpretation, by means of the elaboration of texts and formation of the category 'Difficulties to act in the cases of violence against the child' and its subcategories, that present the experiences that contribute to characterize and to understand the limits, challenges and potentialities of the guardianship counselor profession (*figure 1*).

Figure 1. Category and subcategories related to the analysis of testimonies of guardianship counselors. Palmas (TO). 2016



Source: Own elaboration based on research data.

Of the 20 guardianship counselors working in the municipality of Palmas (TO), 16 met the criteria for inclusion (have been acting for, at least, six months as guardianship counselor) and 4 were excluded because they were away from work activities due to vacations, health treatment or others.

In the results, the interviewees were represented by the letter 'I' and alphanumeric system, in order to maintain secrecy regarding the identity of the participants and to avoid exposure and embarrassment.

This research met the ethical precepts proposed in Resolution n° 466/2012 and was approved by the Municipal Health Department and the Guardianship Council of the municipality of Palmas (TO) and, also, by the Ethics Committee in Research with Human Beings of the Federal University of Tocantins (UFT), under protocol n° 008-02/2015.

## Results and discussion

The age of the interviewees ranged from 24 to 54 years; all (16; 100%) were female and presented complete elementary education; four (25%) presented higher education. The actuation time ranged from three to ten years, and the majority (13; 81.3%) was exercising the function for at least five years.

The analysis of the testimonies allowed to identify factors that interfere in the practice of guardianship counselors. Although these professionals strive for effective action, it has been noted that a number of aspects can jeopardize the implementation of actions and collaborate for fragmented and inadequate assistance to children and families at risk or in situations of violence, as evidenced by the subcategories below.

## Lack of skills to identify children at risk or situation of violence

In this research, although guardianship counselors reported having no difficulties identifying physical violence situations, especially in cases where it is possible to observe marks on the body of the child that indicate aggression, in speeches, it was consensual that they face difficulties in identifying the other types of violence.

*Well, those of apparent injuries, physical injuries, we did not find difficulties - neither I, nor the Guardianship Council and nor the other organs of care, such as hospitals, MLI [Medical-legal Institute]. Now, psychological violence, it is already much more complex to be identified. [11].*

*Physical injuries, they are perceptible. So, you looked at the child, you already see that she has been mistreated or been assaulted by some family member or, then, by a third party. The psychological, it is more difficult because it already requires a follow up of professionals in the field of psychology and social worker to identify. [14].*

*[...] because psychological violence there is no way we can identify, because we don't have a preparation, we don't study, we don't have a technical preparation. [10].*

The Guardianship Council is a permanent, autonomous, non-jurisdictional institution responsible for guaranteeing that the rights of children and adolescents are ensured. In order to apply for membership in this institution, the individual must have a recognized moral qualification, aged over 21 years and resides in the municipality where he/she will be acting<sup>13</sup>, that is, knowledge related to the ECA and strategies to identify and act in coping with violence are not required from the candidates.

In this sense, it can be inferred that guardianship counselors are not always prepared for professional practice, since the lack of

knowledge and skills is configured in obstacles to prevent, identify and act in cases of child aggression<sup>20-22</sup>. It should be stressed that not having the competence to recognize children in situations of violence contributes to the maintenance of the cycle of aggression and to the invisibility of this aggravation to health<sup>23</sup>.

In this perspective, it is essential the training of guardianship counselors, so as to give them technical and scientific conditions to identify and act in the various cases of violence, and not only in those where it is possible to visualize injuries<sup>20</sup>. There are several types of violence that can be perpetrated against the child, and most do not leave bruises or lesions in the body. Far beyond the physical sequels, are the emotional, social and psychological damages to which, regardless of the type of violence, the child in this situation is exposed, and that can generate damages that negatively compromise their present and future life.

## Involvement of the family in situations of violence against children

Studies conducted in different countries<sup>9,21,24,25</sup> point to the family as the main perpetrator of child aggression. This situation presents itself as a challenge for the professional performance of the guardianship counselors, as it makes it difficult to identify and manage this health problem, as demonstrated by the following statements:

*[...] they try to hide anyway, right? Like this: he tells the child not to speak certain things. But we, with experience, when we arrive, we end up identifying, right? No matter how much the father tries, threatens, but the child, she always lets something scape. [15].*

*[...] most of the issues of sexual abuse are from the family itself. They are uncle, stepfather. So, the mother herself does not accept, she thinks the child has fantasized. So we have this difficulty. [19].*

*[...] when 'some kind of violence is happening inside a house or inside a place', the parents, they, their tendency is to hide. They don't let this child talk to someone, a school principal, the teacher, the guardianship counselor. So, that's the biggest difficulty. [112].*

It is noted that, in cases where the aggressor is a member of the family, it is common for the child to deny the situation of violence, including, under duress, because he/she is forced to hide and lie about facts that can prove the aggression. It is perceived, thus, that the confrontation of violence remains a current challenge, especially since it is a complex phenomenon, involving cultural, economic and social aspects<sup>2</sup>.

In this scenario, in which the family participates in the circle of violence against the child, whether by committing acts of aggression, omitting them or even denying them, the guardian counselor is perceived as an invader, as a figure capable of causing some harm to the family. As a consequence, routinely, these professionals need to deal with the lack of receptivity on the part of the community and, often, with disrespect and threats, as evidenced by the following statements:

*[...] in the care, there is family that does not like our presence, not at all. We get there, they get us out of the house right away. So, that is my difficulty: keeping in touch with a person, who avoid us, our presence. [18].*

*Often threatened; often seen with other eyes. [...] if he enters the Guardianship Council saying 'I just want a job', he will get frustrated. The first time someone picks up a knife and shows it to him or says, 'get out of here, bunch of bitch!'. [112].*

*[...] because when we arrive at the person's house, he is already frightened: 'Who was the one who denounced, was the neighbor? I'm going to kill this guy'. They turn to violence soon. [114].*

It is noticed that the interaction between guardianship counselors and family members is permeated by complex experiences, in which the professional is, often, not treated with dignity and as an indispensable social actor to interrupt the cycle of child violence. Thus, actions are needed that give visibility, for society, to the role played by the tutor, in order to contribute to the appreciation of this professional and to the effectiveness of the actions performed by him/her<sup>16</sup>.

It also poses a challenge for guardianship counselors that violence against children – in particular, physical and psychological aggression – presents itself as a phenomenon that is culturally accepted by society. Corporal punishment, for example, although it can cause numerous losses to the development of the child, is a familiar and tolerant practice.

In the reports, it is possible to note that families do not perceive themselves as aggressors, since they believe that punishment is part of the education process of the child.

*[...] they don't understand that what they are practicing with the child and the adolescent is violence. [...] so, that violence, especially psychological violence, is naturalized within the family, that is, they create that rhythm of ... rhythm of coexistence. [11].*

*[...] and we have a culture that is very like that, passed on from generation, that thinks that the question of spanking is normal, right? It says 'is not spanking, I'm beating', right? But, in fact, it's spanking. [115].*

The cases of violence, usually, present themselves with cultural and social normativity<sup>26</sup>, and the family, which should play the role of protecting the child, is one of the main providers of aggression, compromising his/her welfare and the psychosocial performance<sup>7,27,28</sup>.

It is perceived, thus, that the efforts of various social actors, such as education, health, justice and public management professionals

are urged, to implement actions capable of collaborating to deconstruct the ideology of violence as an educative mechanism, and to empower families and society for the promotion and protection of healthy child development. Activities of guidance, lectures, campaigns and dissemination of the rights of children and adolescents, by different means, are actions that can collaborate in the prevention of child violence<sup>23</sup>.

It is worth noting, also, that violence is a matter of socio-political praxis, and its overcoming requires knowledge of the conditions that engender it. The opposite of violence is not nonviolence, but citizenship and the appreciation of human life in general, and of each individual, in the context of his/her group<sup>1</sup>.

### **Insufficient material resources for adequate assistance to children in situations of violence**

In addition to knowledge and skills to act in situations of violence against children, guardianship counselors also need adequate working conditions<sup>22</sup>. However, in this research, the interviewees mentioned that the physical structure of the units of the Guardianship Councils is inappropriate, not allowing the minimum of privacy and comfort to the children and families served, and that there is no equipment necessary for the work, as the following statements show:

*[...] which today is our biggest problem here in Palmas: we don't have a specific information system in the care of the Guardianship Council. [...] the care of the Guardianship Council becomes very slow because counselors still do practically everything by hand. So, we face this great difficulty. [11].*

*[...] the physical space is not adequate. We have a good, broad room, but what is advocated by the Conanda [National Council on the Rights of Children and Adolescents], is that the place of care of the Guardianship Council must be a*

*house, because when the child comes in, he/she has to feel as if he/she's entering his/her own house, and it has to be a cozy environment. [...] and there is no privacy here. [113].*

*[...] and the physical structure is not adequate. Even the secretary came here this week and we talked about the little waiting room, which is open on the top. If you go in there to say something, whoever's out here listens to everything. [...] the bathroom without a lamp, no one has never turned on the lamp. [114].*

*[...] let's talk about the matter of space: this space that we are here, it leaves much to be desired. [115].*

The literature corroborates the findings of this research by presenting that guardianship counselors are required to perform their activities without satisfactory conditions for work<sup>16,20</sup>. Often, professional performance is hampered by the inadequacy of physical infrastructure, and by the lack of financial incentive and transport means to deal with cases of aggression<sup>22</sup>.

Besides the inadequate physical structure of the places where the Guardianship Councils are located, another aspect that compromises the work is the non-implementation of a computerized system, in which professionals can register their activities, as well as seek information from other instances that act in the child protection. Such a situation makes service difficult, making it slow and, even, not very decisive.

Although the current legislation points to the Guardianship Councils as important tools for the protection of the rights of the child<sup>13</sup>, it was noted the precariousness of this institution, which may reflect on professional dissatisfaction and inadequate care for children and families at risk or situation of violence<sup>16,20,22</sup>.

It is perceived that, in general, guardianship counselors care about children, but they are not always able to act according to the ECA. The failures in the functioning of the

Guardianship Councils are related to the precariousness of different types of resources and corroborate the suffering and sickness of their workers, especially, for experiencing routinely situations of violations of the various rights of the child and of professional devaluation<sup>16,20</sup>. Therefore, it is indispensable, to the public power, to invest in conditions worthy of work for these professionals.

### **Weaknesses in the network of protection for children in situations of violence**

The literature indicates, as problems present in the network of coping with child violence, the slowness of the system of defense and accountability (public security, Public Prosecution and Justice), insufficient socio-educational and educational policies, scarcity and, even, lack of existence of several fundamental services and actions, especially, mental health services, in addition to the small number of professionals working in organizations and services<sup>15</sup>. These aspects were also identified in the speeches of the participants of the present study.

*[...] we have four Guardianship Councils, we have 20 guardianship counselors serving the population and making protective measures and referrals to a single place, which is for Creas [Specialized Reference Center for Social Assistance], for a single psychologist and two social workers. So, the demand is too big for a single service to meet. [11].*

*[...] lack of psychologist, lack of technical staff, sometimes, in Creas. So, sometimes, that is what, sometimes, leaves much to be desired. [13].*

*There is always a slowness, on the part of the organs, because ... I don't know... like, especially Creas. It is just one local and it seems there is one psychologist on duty. [...] the demand for Palms, the population, the trend, the number is very high. [115].*

It is noted that there is only one specialized center in the municipality to which children and families are referred in a situation of violence, and the number of health professionals working in this place is insufficient. This fact corroborates the fragmented and few resolute assistance.

It is worth noting that providing high-quality care and support services to victims, with sufficient numbers of professionals and competent to deal with this health problem, is an important tool for reducing child trauma and preventing the recurrence of aggression<sup>10</sup>.

It was also possible to identify, in the testimonies of guardianship counselors, that there is no effective communication between the institutions responsible for caring for children and families in situations of violence. It is noted that the lack of a specialized and interconnected network can favor the recidivism of violence, the non-implementation of precautionary measures to the aggressors and the lack of resolution of the cases, as the following statements show:

*[...] another difficulty is the system's function. Because it's really nice to say that the system works, but whoever works on it knows that it does not work. [14].*

*[...] the referrals made by the Guardianship Council arrive in the larger instances and get tied [...] the Council is the gateway of the families that need the work of the Council. When you refer there to the larger instances, it stops there. [16].*

*[...] we make our application of measure, and there, the organ of the front, has to give continuity. And there, it gets lost. [111].*

The disarticulation between child protection services makes it difficult to carry out the activities of guardianship counselors. As a consequence, frustrated professionals and children and families who are underserved by the public authorities are perceived<sup>15,16</sup>.



It is emphasized that, in order to face child violence, it is necessary to overcome the weaknesses of the network and promote integrated and effective actions among the various services and social actors<sup>10,20-23</sup>. To overcome these conditions, intense and continuous movement, articulation of wills, permanent dialogue among the actors, search for partners and permanent training for collective and intersectorial work are required<sup>15,29,30</sup>.

### Society is unaware of the real role of the Guardianship Council

In day-to-day practice, guardianship counselors need to deal with a lack of recognition regarding their role as a protective agent for the rights of the child. For society, this professional plays the role of repressor, who should be feared<sup>16,22</sup>.

In addition, the population and other social facilities see guardianship counselors as solvers of all community problems, and the institution as a mini 'police station', a prison for disobedient children or aggressive parents<sup>22</sup>.

The findings of this research corroborate these data. According to the interviewees, families, education and health professionals, among others, demonstrate a lack of knowledge regarding the responsibilities of the Guardianship Council and its role in protecting the rights of the child. Such a situation contributes to the fact that these social actors do not support the actions developed by the guardianship counselors and to create stereotypes related to these professionals.

*[...] even people often talk to their children: 'Oh, I'm going to give you to the Council', 'The Council will get you!', right?, that, in fact, is a distorted vision, right? [...] that the Guardianship Council is that organ that it is more to punish, right?, that is a repressive organ. [12].*

*[...] Guardianship Council, it is not well seen in the community. The community does not see the*

*Council as a protective body. Both the community and the institutions; the schools themselves do not have us as partners, as protection, as a guarantee of rights; they have the Guardianship Council as an organ of punishment. [17].*

*[...] the view of the community is a bit distorted, understand? As much as we explain how the Council acts, they do not understand, they think that the Council is an organ of punishment, that the Council is only to protect bandit. [16].*

Society perceives the Guardianship Council as an institution of repression and uses the figure of the guardianship counselors to frighten the children. In this sense, it is important that the public power implements actions that effectively clarify the role of this institution in the community<sup>15,20</sup>, such as media disclosures, training of teachers and health professionals, among others, contributing to give visibility to the actions developed by these professionals and their importance in fighting child violence.

### Living with the impunity of the aggressor

Guardianship counselors reported that, despite all efforts to protect children in situations of violence and to act as provided by the ECA, they perceive themselves to be powerless in the face of situations of impunity, in which no punishment is applied to perpetrators, as evidenced by the statements below:

*[...] a person who assaulted a child and that person was arrested, when you see, he is already 'out, is already inside the family. So, what didn't work? Was it the network? [13].*

*[...] the aggressor has to be removed, taken away from the house, but who ends up being removed from the house itself is the victim itself. So, for us, that makes it very difficult, that's it. We end up taking the child out of the house, even putting it in shelter. [19].*

*The statute says that whoever has to leave is the aggressor, but our law, it ends up being failure, because the one who remains in the residence is the aggressor. [110].*

The speeches show that, often, the ECA is not respected, because the rights of the child are not assured by the public power and society. Faced with the impunity of the aggressor, counselors are frustrated, leaving them with the option of adapting to the innumerable failures of the system and having resilience to live with the feeling of impotence in their daily work<sup>16</sup>.

This interferes negatively in the role of the guardianship counselor, contributing to the impunity of the aggressors and the non-resoluteness of the referred and notified cases. The bureaucracy of the system and the lack of evidence and reliability to the child's speech contribute to the aggressors not responding to their actions<sup>15</sup>.

In this scenario, it is valid to point out that the punishment of the aggressor is one of the social means to undo the cycle of child violence. Thus, coping with violence must include revealing-notifying-attending-protecting and making the perpetrators responsible for the aggression<sup>15,31</sup>. The promulgation and enforcement of legislation on violence are fundamental to the establishment of acceptable and unacceptable standards of behavior, and to the creation of safe and peaceful societies<sup>10</sup>.

## Final considerations

The Guardianship Council is a legitimate space of society, an institution of social control that has the role of protecting the rights of children and adolescents provided constitutionally. However, several factors interfere in the confrontation of child violence by professionals working in this area, especially, the lack of knowledge and skills to identify children at risk or situations of violence, the involvement of families in cases, the precariousness

of material resources, the insufficient number of professionals, failures in the child protection network, cultural stereotypes, professional devaluation and impunity of the aggressor.

Therefore, in order for the Guardianship Council to be able to fully exercise its functions and contribute to the interruption of the cycle of child violence, investments are required in several areas, such as the qualification of guardianship counselors, through the provision of periodic courses, and the implementation of working environments with sufficient material and human resources, in order to contribute to the implementation of integrated, intersectoral and resolute actions.

The proper prevention and management of cases of child violence requires joint actions by society, the Guardianship Council and other child protection institutions. For this purpose, it is necessary that each social actor recognizes himself/herself as a fundamental piece in this process and has adequate conditions to act, in a systematized and integrated way, having respect for the other as the guiding principle of actions.

In view of the results, it is suggested the implementation of public policies aimed at clarifying the population, in relation to the various forms of expression of violence and its consequences, aiming to change culturally rooted patterns, in which violent behaviors are commonly and mistakenly implemented as strategies for the education of the child.

It is also reinforced the need for partnerships between various sectors, such as health and education, in order to collaborate to clarify the population in relation to the real role of the Guardianship Council and to give visibility to the importance of the professional of this institution to face violence against children and the protection of children's rights.

It is presented, as a limitation of this research, the non-inclusion of other social actors, which could give greater visibility to the potentialities and limitations of the protection network of the child's rights.

## Collaborators

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draft, critical review and final approval of the article.

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## References

1. Minayo MCS, Souza ER. Violência e saúde como um campo interdisciplinar e de ação coletiva. *Rev. Hist. Ciênc. Saúde-Manguinhos*. 1997; 4(3):513-531.
2. Minayo MCS, Souza ER, Silva MMA, et al. Institucionalização do tema da violência no SUS: avanços e desafios. *Ciênc. Saúde Colet*. 2018; 23(6):2007-2016.
3. Santini PM, Williams LCA. Parenting Programs to Prevent Corporal Punishment: a Systematic Review. *Paidéia (Ribeirão Preto)*. 2016; 26(63):121-129.
4. Dodge KA, Malone PS, Lansford JE, et al. Hostile attributional bias and aggressive behavior in global context. *Proc. Natl. Acad. Sci. USA*. 2015; 112(30):9310-9315.
5. Lansford JE, Deater-Deckard DK, Bornstein MH, et al. Attitudes justifying domestic violence predict endorsement of corporal punishment and physical and psychological aggression towards children: a study in 25 low- and middle-income countries. *J. Pediatr*. 2014; 164(5):1208-1213.
6. World Health Organization (WHO). Global status report on violence prevention 2014 [internet]. Geneva; 2014 [acesso em 2018 ago 31]. Disponível em: <http://www.undp.org/content/dam/undp/library/corporate/Reports/UNDP-GVA-violence-2014.pdf>.
7. Platt VB, Back IC, Hauschild DB, et al. Violência sexual contra crianças: autores, vítimas e consequências. *Ciênc. Saúde Colet*. 2018; 23(4):1019-1031.
8. Servin AE, Strathdee S, Muñoz FA, et al. Vulnerabilities faced by the children of sex workers in two Mexico-US border cities: a retrospective study on sexual violence, substance use and HIV risk. *AIDS Care*. 2015;27(1):1-5.
9. Malta DC, Bernal RTI, Teixeira BS, et al. Fatores associados a violências contra crianças em Serviços Sentinela de Urgência nas capitais brasileiras. *Ciênc. Saúde Colet*. 2017; 22(9):2889-2898.

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\*Orcid (Open Researcher and Contributor ID).

10. Fundo das Nações Unidas para a Infância (UNICEF). Agenda pela infância 2015-2018: desafios e propostas eleições 2104 [internet]. Brasília, DF; 2014 [acesso em 2018 ago 31]. Disponível em: [https://www.unicef.org/brazil/pt/UNICEF\\_agenda2014.pdf](https://www.unicef.org/brazil/pt/UNICEF_agenda2014.pdf).
11. Brasil. Ministério da Saúde. Frequência por Região de notificação segundo faixa etária, período 2014 [internet]. Ministério da Saúde; 2014 [acesso em 2018 ago 31]. Disponível em: <http://tabnet.datasus.gov.br/cgi/tabcgi.exe?sinanet/cnv/violebr.def>.
12. Ribeiro IMP, Ribeiro AST, Pratesi R, et al. Prevalence of various forms of violence among school students. *Acta Paul. Enferm.* 2015; 28(1):54-59.
13. Brasil. Lei nº 8.069, de 13 de julho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. *Diário Oficial da União*. 14 Jul 1990.
14. Brasil. Ministério da Saúde. Notificação de maus-tratos contra crianças e adolescentes pelos profissionais de saúde: um passo a mais na cidadania em saúde [internet]. Brasília, DF: Ministério da Saúde; 2002 [acesso em 2018 ago 31]. Disponível em: [http://bvsms.saude.gov.br/bvs/publicacoes/notificacao\\_maustratos\\_crianças\\_adolescentes.pdf](http://bvsms.saude.gov.br/bvs/publicacoes/notificacao_maustratos_crianças_adolescentes.pdf).
15. Deslandes SF, Campos DS. Guardianship Councilors' views on the effectiveness of the existing network in providing full protection to children and teenagers in situations of sexual violence. *Ciênc. Saúde Colet.* 2015; 20(7):2173-2182.
16. Moreira MCN, Bastos OM, Bastos LC, et al. Violência contra crianças e adolescentes com deficiência: narrativas com conselheiros tutelares. *Ciênc. Saúde Colet.* 2014; 19(9):3869-3878.
17. Rates SMM, Melo EM, Mascarenhas MDM, et al. Violência infantil: uma análise das notificações compulsórias, Brasil 2011. *Ciênc. Saúde Colet.* 2015; 20(3):655-665.
18. Brasil. Ministério da Saúde. Estimativa dos dados da população residente no município de Palmas em 2012 [internet]. Brasília, DF: Ministério da Saúde; 2012 [acesso em 2018 ago 31]. Disponível em: <http://tabnet.datasus.gov.br/cgi/tabcgi.exe?ibge/cnv/pop-to.def>.
19. Bardin L. *Análise de conteúdo*. Lisboa: Edições 70; 2010.
20. Silva SR, Carvalho ER. A atuação do Conselho Tutelar com crianças e adolescentes vítimas de violência. *Org. Soc.* 2017; 6(6):126-137.
21. Nunes AJ, Sales MCV. Violência contra crianças no cenário brasileiro. *Ciênc. Saúde Colet.* 2016; 21(3):871-880.
22. Batista DSM, Cerqueira-Santos E. Um estudo sobre conselheiros tutelares diante de práticas de violência sexual. *Rev. Psicol. Saúde.* 2012; 4(2):116-125.
23. Moraes RLGL, Sales ZN, Rodrigues VP, et al. Actions of protection for children and teenagers in situations of violence. *Rev. Pesqui. Cuid. Fundam.* 2016; 8(2):4472-4486.
24. Souto DF, Zanin L, Ambrosano GMB, et al. Violência contra crianças e adolescentes: perfil e tendências decorrentes da Lei nº 13.010. *Rev. Bras. Enferm.* 2018; 71(supl3):1313-1323.
25. Sena CA, Silva MA, Falbo Neto GH. Incidência de violência sexual em crianças e adolescentes em Recife/Pernambuco no biênio 2012-2013. *Ciênc. Saúde Colet.* 2018; 23(5):1591-1599.
26. Mandelbaum B, Schraiber LB, d'Oliveira AFPL. Violence and family life: psychoanalytic and gender approaches. *Saúde Soc.* 2016; 25(2):422-430.
27. Costa DKG, Reichert LP, França JRFS, et al. Concepções e práticas dos profissionais de saúde acerca da violência intrafamiliar contra crianças e adolescentes. *Trab. Educ. Saúde.* 2015; 13(supl2):9-95.
28. Nakaya N. Mother's attributions regarding children's behavior and maltreatment. *J. Shinrigaku Kenkyu.* 2016; 87(1):40-49.

29. Egry EY, Apostolico MR, Morais TCP. Notificação da violência infantil, fluxos de atenção e processo de trabalho dos profissionais da Atenção Primária em Saúde. *Ciênc. Saúde Colet.* 2018; 23(1):83-92.
30. Deslandes SF, Vieira LJES, Cavalcanti LF, et al. Atendimento à saúde de crianças e adolescentes em situação de violência sexual, em quatro capitais brasileiras. *Interface (Botucatu)*. 2016; 20(59):865-877.
31. Arpini DM, Savegnago SDO, Witt CS. O ponto de vista de adolescentes em situação de vulnerabilidade social sobre o agressor sexual. *Pesqui. Prát. Psicossociais.* 2017; 12(2):247-262.

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