

DO CONCEPTIONS ABOUT DISABILITY MATTER?¹

CONCEPÇÕES SOBRE DEFICIÊNCIA IMPORTAM?

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ABSTRACT: Literature indicates that, in relation to people with disabilities, conception can influence directly on attitudes. Thus, this study aimed to analyze the conceptions of disability of professionals who work in networks of services for violence prevention and protection against it. Specifically, the objective was to verify whether there is an influence of contexts, training opportunities and professional performance in the (de)construction of disability conceptions. It is a multi-case design research, of experimental character, with quantitative and qualitative analysis. Ninety-seven professionals from four municipalities of the State of São Paulo, Brazil, participated in the research, who responded to the Disability Conceptions Scale (test and retest). The analysis results indicated that: a) conceptions of disability differ significantly among the municipalities; b) professional categories do not necessarily influence the conception; c) there is greater agreement with the social conception of disability and less agreement with the metaphysical conception, when the analysis does not relate the participants to their respective municipalities. Therefore, identifying conceptions of disability matters as the networks of violence prevention and protection against violence need to go through the process of (de)construction of conceptions, which can enhance or minimize discriminatory attitudes towards people with disabilities.

KEYWORDS: People with disabilities. Attitude. Human rights.

RESUMO: A literatura indica que, em relação à deficiência, a concepção pode influenciar diretamente sobre as atitudes. Assim, este estudo objetivou analisar as concepções de deficiência de profissionais que atuam nas redes de serviços de prevenção e proteção à violência. Especificamente, objetivou-se verificar se há influência dos contextos, de oportunidades de formação e de atuação profissional na (des)construção de concepções de deficiência. Trata-se de uma pesquisa com delineamento multicase, de caráter experimental, com análise quantitativa e qualitativa. Participaram da pesquisa 97 profissionais de quatro municípios do Estado de São Paulo, que responderam à Escala de Concepções de Deficiência (teste e reteste). A análise dos resultados indicou que: a) as concepções de deficiência divergem significativamente entre os municípios; b) as categorias profissionais não influenciam, necessariamente, sobre a concepção; c) há maior concordância com a concepção social da deficiência e menor concordância com a concepção metafísica, quando a análise não relaciona os participantes aos seus respectivos municípios. Assim sendo, identificar concepções de deficiência importa na medida em que as redes de prevenção e de proteção à violência precisam atravessar o processo de (des)construção das concepções, as quais podem potencializar ou minimizar atitudes discriminatórias frente a pessoas com deficiências.

PALAVRAS-CHAVE: Pessoa com deficiência. Atitude. Direitos humanos.

1 INTRODUCTION

The latest worldwide report entitled *Human Rights Watch defends the rights of people worldwide* exposes that thousands of people with disabilities, whether or not they are gifted and/or have Autistic Spectrum Disorder (ASD), are confined to institutions where they can face neglect and abuse, sometimes for life (Human Rights Watch, 2019).

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Concomitantly with this scenario, studies indicate that, as adults, this population has a 1.5 times greater risk of suffering violence compared to the others and, when they have intellectual disabilities or mental disorders, the probability increases by 3.7 times, as well as when they are children. Added to these facts, the evidence exposed by the *World Social Report 2020: Inequality in a rapidly changing world*, which shows that this population segment has succumbed to higher levels of poverty in societies (United Nations, 2020).

In this scenario, when we consider a country of continental dimensions such as Brazil, the pluralities of its educational, social, professional, political, economic, normative and cultural spheres, transversalized in its innumerable local, regional and border microcontext, are challenged to resignify from a biopsychosocial perspective, in the sense of legitimizing citizens' rights.

This process is intrinsically related to the predisposition of the actors involved in knowing/recognizing and (de)constructing their conceptions about identities and differences and, based on them, offering themselves and others positive or negative attitudes in line with their relational contexts (Amaral, 2004; Horne, 1985; Mendes, 1995; Omote, 2018).

However, negative attitudes towards people with disabilities are still very present in our societies. According to D'Afonseca et al. (2019), in addition to the violation of rights, negative attitudes have been represented by violence of the most diverse types: negligence (omission of care related to feeding, protection/accountability, cleaning/hygiene, medication/medical assistance and abandonment); psychological violence (threat, slander/injury/defamation, blackmail, hostility, humiliation, childishness, persecution); physical (self-harm, private imprisonment, homicide, robbery, personal injury, mistreatment, kidnapping and attempt of murder); patrimonial violence (financial abuse, destruction of assets, expropriation/appropriation of assets, extortion, theft, retention of wages/assets, theft, subtraction/invalidation/concealment of documents); sexual violence (rape, unwanted touching/caressing, speech involving sexual content) and institutional violence.

Part of this, it should be noted, is linked to the very conception that individuals from the most diverse societies have regarding disability, built throughout history, based on different moral and ethical principles.

Currently, according to Leite & Lacerda (2018), conceptions in relation to disability can be divided into four main categories:

1. organic conception, which interprets disability as an attribute of the individual, considering the deviation from the organic standard of normality or the presence of a malfunction of the organism;
2. historical-cultural conception, which understands disability as a result of a biological dysfunction, which causes limitations and, as a consequence, a social barrier;
3. metaphysical conception, which understands the relationship between disability and spiritual, religious and/or supernatural causes, based on a spiritual matrix; and,
4. psychosocial conception⁵, which interprets disability as an organic condition, associated with environmental factors, centering the analysis on the subject.

⁵The authors adopted the term "psychosocial" in the definition, but in the instrument they agreed on the term "Social".

These conceptions fall (in)directly on the guarantee of the human rights of people with disabilities, through social attitudes and representations. In view of that, it is essential that the concepts of disability that cross the actors of different societies are known and understood. This is because it may be based on them that strategies for the prevention of the most diverse types of violence are designed and implemented to overcome situations of social vulnerability faced and/or suffered by that population segment (Decree no. 6,949, August 25, 2009; Law no. 13,146, July 6, 2015).

Therefore, in addition to identifying these conceptions in the light of the narratives of people with disabilities, their families and their respective social circles, it is important to know those of the professionals of the public service networks for violence prevention and protection against it. This is so because, depending on the conceptions of agents of social assistance, health, education, public security, human rights councils, tutelary councils and civil society organizations, the paths adopted by these networks may even reinforce social stigmas.

In this sense, one of the possible strategies is to offer training or continuing education courses specifically aimed at these professionals. Depending on their planning, content, resources, execution, management and evaluation, these opportunities can foster important reflections and support the (de)construction of conceptions that affect the recognition of human diversity, as knowing the concept formation process, which is a more complex stage in the development of human thinking, clarifies how this concept is appropriated by individuals, which expresses the relationship built between the conception of disability and attitudes towards this population (Mattos, 2016).

Thus, among the various initiatives historically present in Brazil, as indicated by Amaral (2004) and Jannuzzi (2012), who supported human rights policies and affirmative actions, it is important to highlight the current representativeness of the Civil Society Organizations and their respective professionals in the process of guaranteeing the rights of people with disabilities.

1.1 THE ROLE OF THE CIVIL SOCIETY ORGANIZATIONS IN LEGITIMIZING THE HUMAN RIGHTS OF PEOPLE WITH DISABILITIES

Civil Society Organizations⁶ are made up of voluntary partnerships with the public administration, on a non-profit basis, under a mutual cooperation regime, involving or not transfers of financial resources. Their objectives are to stimulate democratic management through the formulation, execution, monitoring and evaluation of policies and actions of public and reciprocal interest for the promotion of human rights. Fundamentally, they dedicate themselves to issues that involve political and social minorities in the areas of health, education, culture, science, technology, agrarian development, social assistance and housing (Institute for Applied Economic Research [IPEA], 2020).

⁶The approval of Law no. 13,019, July 31, 2014, known as the Regulatory Framework for CSO, the main legislation that provides definitions in Brazil is relatively recent and represents a major achievement. Subsequently amended by Federal Law no. 13,204, December 14, 2015, a new legal regime for partnerships between public administration and organizations is established through new legal instruments.

With regard to people with disabilities, the current 781,921 Civil Society Organizations⁷ represent an important reinforcement to the more than 4,000 specialized Brazilian institutions⁸ in the process of breaking stereotyped and negatively discriminatory views, reformulating policies and reframing cultures from different spheres of society. In this sense, through the involvement of people with disabilities and their various professionals, Civil Society Organizations have invested in training human resources, empowering families and public awareness of the rights and services aimed at this population segment.

However, in the context of these experiences, some questions have become more evident: What conceptions regarding disability do professionals from different areas of public services present? Are there differences in conceptions when considering the contexts of the actors, their training and area of expertise? Can training or continuing education courses contribute to changing conceptions?

In the face of such concerns, this study aimed to identify and analyze the conceptions of disability of managers and technicians from different public areas, rights councils and professionals from other similar organizations that work in the service networks of four municipalities in the State of São Paulo. Specifically, the aim was:

1. To identify the conceptions of disability of professionals working in a violence prevention and protection against violence network;
2. To analyze the relationship between professional category and conceptions regarding disability;
3. To understand and discuss whether there are significant differences between the conceptions of disabilities in relation to the contexts of origin;
4. To verify if training courses can influence the variation of conceptions in relation to disability.

The study is justified by the need to foster, together with the scientific, academic, institutional, governmental and social communities, possible paths for the identification and analysis of conceptions in relation to people with disabilities. It is also noteworthy to highlight its direct relationship with cooperative, affirmative and accessibility actions involving the Civil Society Organizations, public, private and non-governmental initiatives, aimed at recognizing the identities and differences of people with disabilities, as political and social minorities, and the protection against violence and its prevention.

⁷ Get to know the Map of Civil Society Organizations through the following website of IPEA: <https://mapaosc.ipea.gov.br>

⁸ Historically, these institutions have been represented by the *Imperial Instituto dos Meninos Cegos* (1854) [Imperial Institute of the Blind Boys], currently called *Instituto Benjamin Constant*; by the *Instituto dos Surdos Mudos* (1857) [Deaf Mute Institute], currently called *Instituto Nacional de Educação de Surdos* (INES) [National Institute of Education of the Deaf (INES)]; by the Pestalozzi Institute (1926); and by the institutions of the *Associação de Pais e Amigos dos Excepcionais* APAE (1954) [Association of Parents and Friends of the Exceptional].

2 METHOD

The research, whose design was based on a multi-case study, of experimental character, with quantitative and qualitative analysis, met all the ethical requirements⁹ for scientific investigations – Research Ethics Committee Opinion number 3.730.077, CAAE 22156719.2.0000.5504. It was developed in the State of São Paulo, Brazil, by a Public Institution of Higher Education in cooperation with a Civil Society Organization (CSO)¹⁰ dedicated to actions aimed at people with some type of disability, who may or may not be gifted and/or have ASD. That being said, next, we describe the research participants; then, we discuss the data collection procedures and instruments used; finally, we outline the treatment and the data analysis.

2.1 RESEARCH PARTICIPANTS

The study was carried out in the scope of four São Paulo municipalities. It was identified¹¹ and selected those: a) that participated in some action of the CSO training program and/or a state program on the theme; b) with a population above 100 thousand inhabitants; c) with more than 100 inhabitants with disabilities, according to the last census carried out by the Brazilian Institute of Geography and Statistic (IBGE, 2012)¹²; d) with geographic distribution within the state (close to the state capital; on the coast; and in the hinterlands of the state).

In these contexts, 97 professionals (46%)¹³ that worked in social assistance, health, education, public security, urban mobility, human rights issues, tutelary council, municipal rights councils, specialized institutions and/or other similar organizations participated. The average age of the participants was 44.65 with a standard deviation of 9.30 and a range between 22 and 70 years old.

2.2 DATA COLLECTION PROCEDURES AND INSTRUMENTS

Using the ethical procedures of the research, the referred professionals who agreed to participate in this research took the training course¹⁴ offered by the CSO. On the occasion, the research subjects performed several activities within the scope of the four training modules

⁹ After appraisal by the Editorial Board, if requested, we will be able to make a detailed reference in the manuscript itself, presenting the data of the Opinion of the Research Ethics Committee.

¹⁰ This CSO is one of the oldest in Brazil, dedicated to the promotion of the human rights of the population with disabilities of all age groups, in addition to adding efforts to the production and dissemination of knowledge.

¹¹ The survey of information from the network services of the municipalities of the state of São Paulo was carried out by internet and telephone, to obtain the name of the service/institution, telephone, e-mail. The contact was made with about 200 professionals, of whom 97 (46%) took all the parts of the course and agreed to participate in the research.

¹² It is the 2010 Population Census: general characteristics of the population, religion and people with disabilities, published in 2012.

¹³ **Municipality 1:** 15 professionals (all female); **Municipality 2:** 22 professionals (5 male and 17 female); **Municipality 3:** 43 professionals (31 females and 13 males); **Municipality 4:** 25 professionals (2 males and 23 females).

¹⁴ With a workload of 16 hours and certification for those with 75% attendance, the course was composed of four modules: Module 1: Presentation of the course; Disability history and definitions; Module 2 - Introduction to Public Policy and legislation; Module 3: Violation of Rights and Prevention of Violence against persons with disabilities and their families; Module 4: Networking: Coping and Prevention; Referral flow in cases of violence; Term of Commitment to guarantee the rights of people with disabilities. Each module was structured with theoretical and practical content, involving lectures, audiovisual content, dynamics and group study, and organized and conducted by the CSO team.

and, among them, responded to the Scale for Conception of Disability (SCD)¹⁵ before the first module (test) and at the end of the last module (retest).

2.3 DATA PROCESSING AND ANALYSIS

The data collected through the SCD were tabulated in the Excel software, respecting their origins in relation to the municipalities investigated. For each municipality, scores¹⁶ for the four dimensions of disability conceptions that make up the SCD were inserted and calculated, which, it should be noted, allows only one answer option for each statement (Table 1):

Table 1

Degree of agreement with the SCD assertions and their respective assigned values to account for the total score

Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree
a=4	b=3	c=0	d=2	e=1

For the quantitative analysis of the data, the software IBM SPSS Statistics Base (Version 21.0) was used. The analyzes were based on the procedures of descriptive and inferential statistics (Dancey & Reidy, 2006). For all data sets, statistical procedures were performed to verify normality¹⁷. In this sense, the application of the Shapiro-Wilk test predominated and, depending on each case, we proceeded with Analysis of Variance (ANOVA), Kruskal-Wallis and Wilcoxon non-parametric tests, Post Hoc Tukey's or Dunn's and Effect Size Calculator (Cohen's D).

Considering the significance level of $\alpha = 5\%$, the quantitative analyzes were discussed with the scientific literature, with a view of understanding the conceptions of disability of the professionals participating in the research and, using tests and retests carried out in the context training courses, identifying their possible relationships with geographical origin (municipalities) and professional categories.

3 RESULTS

The analysis of the perspectives of managers and technicians who work in the service networks of four municipalities in the State of São Paulo, among other aspects, made verifying whether training courses can promote effects on their respective conceptions of disability possible. As highlighted by Leite and Lacerda (2018), it matters to understand how population segments conceive of subjects who, due to different conditions, distance themselves from phy-

¹⁵ The SCD developed by Leite and Lacerda (2018) is composed of a set of 20 assertions that portray four conceptions of disability: social, biological, metaphysical and historical-cultural. There are five sentences for each conception, organized in a non-consecutive way. Each conception has five sentences inserted randomly on the scale. Respondents were instructed that for each statement one of the five answer options was marked, which varies on a Likert scale, thus indicating their agreement with the statement. The response possibilities were: (a) Strongly agree; (b) Somewhat agree; (c) Neither agree nor disagree; (d) Somewhat disagree; (e) Strongly disagree.

¹⁶ The score of the participants can vary in the range of 0 to 20 for each dimension. When there was no response from the participants, it was adopted as a criterion to assign the value referring to neutrality considering the value zero (neither agree nor disagree).

¹⁷ The normality test points out the behavior of a data set. With normality, parametric tests are continued; with no normality, non-parametric tests are applied.

sical, behavioral and/or emotional standards valued and shared culturally, being demarcated as different, when they deviate from a so-called normality, and considered abnormal.

In this process of quantitative and qualitative analysis, it is important to highlight some variables of the participants, such as age group, geographical contexts, education, performance and professional occupation.

3.1 PROFESSIONALS AND THEIR CONCEPTIONS OF DISABILITIES

The disability conceptions of the 97 research participants showed statistically significant differences among them, with greater agreement prevailing in relation to statements associated with social and biological conceptions (Table 2).

Table 2

Descriptive according to each dimension of disability

(n=97)	Social	Biological	Metaphysics	Historical-cultural
Mean	11.76	11.07	9.66	5.97
Standard deviation	3.45	3.73	3.24	2.58

It is possible to notice fluctuations in the values of the means among the conceptions. To verify whether these fluctuations can be considered significant, an Analysis of Variance (ANOVA one Way) was performed and, with a 95% confidence level, the result reported $p < 0.05$. Therefore, it can be said that there is a significant difference among the means of the four conceptions, confirming what the values in Table 2 indicate.

An expected result is considered, given the political context and the understanding of disability in the Brazilian reality. This is so because, even though the Statute of the Person with Disabilities has determined the social perspective, the narratives with a biomedical perspective identified indicate that the classification character and focused on the individual tendentiously predominate.

This result shows that understandings and conceptions can coexist in the same society and that, not necessarily, one is canceled so that the other exists. The understanding about the various social phenomena, as well as the ones of disabilities, is not static and remains in a constant process of changes that, according to Dempsey & Nankervis (2006), occur as “society’s values in general change” (p. 6).

3.2 RELATIONSHIP BETWEEN PROFESSIONAL CATEGORY AND DIMENSIONS OF DISABILITY CONCEPTIONS

The analysis of the relationship between the variables Professional Category (Management; Social Assistance; Special Education; Education; Health; Psychology; and Security)¹⁸ and Dimensions

¹⁸ The Professional Category variable is the composition of the information related to Occupation and Professional Performance Positions, provided by the participating professionals at the beginning of the research. As these positions did not correspond to their duties, the authors individually carried out an analysis and grouping of the data of each participant. When gathering the po-

of Disability Conceptions (Social; Historical-Cultural; Biological; and Metaphysics) was carried out under the hypothesis that, for the same conception, there would be different agreements, depending on the participants' duties. In fact, at first, when the data average was specifically considered, it was possible to infer differences among professionals (Table 3).

Table 3

Categories constructed and the respective conceptions of disability measured considering the dimensions available in the SCD

Professional category	Dimension							
	Social		Historical-Cultural		Biological		Metaphysics	
	Mean	Standard deviation	Mean	Standard deviation	Mean	Standard deviation	Mean	Standard deviation
Management (n=21)	12.52	4.20	12.33	3.77	10.81	3.40	6.52	3.06
Social assistance (n=21)	10.90	3.68	10.19	3.49	10.05	3.40	5.67	1.83
Special Education (n=18)	11.94	2.58	10.56	3.76	9.22	3.39	6.72	2.70
Education (n=13)	11.46	2.47	10.77	3.77	8.85	2.54	5.62	2.53
Health (n=11)	12.64	3.67	12.82	3.03	8.87	3.07	5.45	2.81
Psychology (n=9)	12.22	3.38	10.89	3.41	10.11	3.41	5.33	2.55
Security (n=3)	8.00	3.46	7.33	6.35	10	1.73	5.33	3.51

However, it was necessary to verify the significance of this variation, for which we proceeded with the normality test (Shapiro-Wilk) and the homogeneity of variance. According to the result, we proceeded with the appropriate test, in that case the Analysis of Variance (ANOVA) and the Kruskal-Wallis test. Based on these procedures, the data presented in Table 4 are the comparisons between the Professional Category and intra-dimensional factors.

Table 4

p value for comparing dimensions between categories

Professional category	<i>p value</i>			
	Social Dimension	Historical-cultural dimension	Biological Dimension	Metaphysical Dimension
Management	0.341	0.151	0.353	0.844
Social assistance				
Special Education				
Education				
Health				
Psychology				
Security				

The data indicate that the distribution of scores measured for each Dimension of Conception of Disability behaves practically homogeneously among the Professional

sitions of the authors, consensus prevailed and, when there were disagreements, it opened up for discussion. For each participant, duties information predominated rather than position, for the definition of the "Professional Category", since one of the hypotheses was that the (de)construction of a disability concept would be linked to practical performance and coexistence.

Categories. This means that the Occupation Position factor does not significantly influence the agreement or disagreement of statements of a certain disability conception. Thus, the hypothesis that the professional's performance could influence their conception of disability could not be corroborated, which may indicate that "definitions of disability describe not individuals but society's perceptions and expectations of people associated with that definition or classification" (Dempsey & Nankervis, 2006, p. 7).

3.3 RELATIONSHIP BETWEEN THE DIMENSIONS OF CONCEPTIONS OF DISABILITIES AND MUNICIPAL CONTEXTS

From the perspective of the Policy Cycle Approach, the micro-contexts (training of participants, management of the municipality, municipal policies, etc.) of the participating municipalities and the understandings of professionals regarding disability were considered. The hypothesis in which it was conceived that the same dimension of conception (dependent variable) would diverge (agreement/disagreement) significantly among the four participating municipalities (independent variable) was verified.

In this sense and based on the Analysis of Variance (ANOVA) and the Kruskal Wallis test¹⁹, the data presented in Table 5 indicate the descriptive values for each municipality in relation to each dimension of the SCD, as well as their respective *p* values, which indicate conclusive test results.

Table 5

Descriptive values and p value for each municipality by dimension of the SCD

Dimension	Municipalities	Descriptive		p value
		Mean	Standard deviation	
Social	1	12.38	4.06	0.865
	2	11.86	4.78	
	3	11.50	3.16	
	4	11.64	3.26	
Historical-cultural	1	11.00	3.62	0.735
	2	11.23	3.82	
	3	11.50	3.83	
	4	10.40	3.72	
Biological	1	10.38	3.46	0.032
	2	9.09	3.38	
	3	10.65	2.80	
	4	8.36	3.16	
Metaphysics	1	5.75	2.77	0.002
	2	4.68	2.28	
	3	7.03	2.34	
	4	5.80	2.57	

¹⁹ The Kruskal Wallis test was necessary to be performed only for the metaphysical dimension, as it did not show normal behavior in its distribution.

Fundamentally, the highlighted results indicate statistically significant differences for the Biological and Metaphysical conceptions, that is, it corroborates our hypothesis that the same conception of disability may not show agreement among the municipalities. Through Post Hoc tests it is possible to accurately interpret where this difference is found.

The Post Hoc Tukey's test specifies that the descriptive results of Municipalities 3 and 4 differ from each other in relation to the biological conception, with the first municipality tending to agree more with this conception according to the descriptive data. The Post Hoc Dunn's test, in turn, reveals that the difference in metaphysical conception is present in Municipalities 2 and 3, and this occurs in greater agreement in the second municipality. The unreported municipalities showed practically similar values.

However, when considering all study participants, without relating them to their respective municipalities, a greater agreement with the social conception of the disability and less agreement with the metaphysical conception was found. This result indicates that the actors who work in the services of the network for the violence prevention and protection against it seem to be in line with the social perspective, advocated by the International Convention on the Rights of Persons with Disabilities (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2006) and the Brazilian Inclusion Law (Law no. 13,146, July 6, 2015).

3.4 DISABILITY CONCEPTIONS: COMPARISON BETWEEN TEST AND RETEST

The comparison among the conceptions of disability of all study participants considered the data from the first application of the SCD (test), carried out at the beginning of the training course and, at its conclusion, from the second application of the SCD (retest), using descriptive and inferential statistics. This is so because, if we considered in this comparative analysis only the mean and the standard deviation of the participants' disability conceptions, at the time of the test and the retest, it could be inferred that the training course does not influence the change in disability conceptions, especially when we find that the variations between the data do not indicate major changes (Table 6).

Table 6

Descriptive values of Conception Dimensions by municipalities, before and after training

Municipality 1	Mean (test)	Standard deviation	Mean (retest)	Standard deviation
Social	12.38	4.06	13.06	3.32
Biological	10.38	3.46	9.75	2.91
Historical-cultural	11	3.62	12.50	4.15
Metaphysics	5.75	2.77	5.50	1.75
Municipality 2	Mean (test)	Standard deviation	Mean (retest)	Standard deviation
Social	11.50	3.16	10.88	3.40
Biological	10.65	3.80	9.15	3.27
Historical-cultural	11.50	3.83	10.76	3.93
Metaphysics	7.03	2.34	6.20	2.37

Municipality 3	Mean (test)	Standard deviation	Mean (retest)	Standard deviation
Social	11.64	3.26	11.96	3.58
Biological	8.36	3.16	8.32	3.30
Historical-cultural	10.40	3.72	11.96	3.58
Metaphysics	5.80	2.57	5.44	2.83
Municipality 4	Mean (test)	Standard deviation	Mean (retest)	Standard deviation
Social	11.86	3.78	10.73	4.18
Biological	9.09	3.38	8.32	3.47
Historical-cultural	11.23	3.82	10.95	5.03
Metaphysics	4.68	2.28	4.86	1.35

When proceeding with inferential statistics, in turn, the Normality test indicated that the data set did not follow normal-type distributions and, therefore, we proceeded with Wilcoxon’s non-parametric test, in order to support the comparison between the pairs of measures of test/retest conceptions, considering each dimension in each municipality (Table 7).

Table 7

Wilcoxon test for comparative analysis between the four conceptions of disability measured in the test and retest, in all municipalities

Municipality 1	Social	Historical-Cultural	Biological	Metaphysics
<i>p value</i>	0.454	0.162	0.587	0.436
Municipality 2	Social	Historical-Cultural	Biological	Metaphysics
<i>p value</i>	0.253	0.169	0.021	0.147
Municipality 3	Social	Historical-Cultural	Biological	Metaphysics
<i>p value</i>	0.624	0.045	0.963	0.466
Municipality 4	Social	Historical-Cultural	Biological	Metaphysics
<i>p value</i>	0.112	0.745	0.249	0.242

When considering, in comparing the four conceptions of disability measured in the test and retest of all municipalities, the 5% index (<0.05) as a parameter of statistical significance by the Wilcoxon test, it is noted that there is a significant difference only for the Biological conception (Municipality 2) and for the Historical-Cultural conception (Municipality 3).

Specifically for these two measures, the effect size was calculated and, considering the parameters indicated by the literature, the differences cannot be considered as having an effect of great magnitude²⁰. Thus, this result reinforces that the training carried out promoted simple changes in the conceptions of some participants, but without great effects on those of all participating professionals.

²⁰ In the calculations for the effect size, it was obtained: $d = 0.42$ for the comparison of the test and retest of municipality 2 for the Biological conception; and $d = 0.06$ for the comparison of the test and retest of municipality 3 for the historical-cultural conception.

It should be noted, however, that most professionals had a tendency, since the beginning of the training course, to agree with the social concept of disability (Tables 3, 4 and 5), even though the agreement/disagreement rates in relation to the same concept of disability have not been homogeneous among the municipalities.

These indications converge with those found by Baglieri et al. (2011), Mattos (2016) and Carballo et al. (2019), who identified the dominance of social conception in social discourses, due to more recent historical-cultural influences, even with some remnants of agreement with understanding biological disability.

In addition to these results, the study revealed that the professional categories, in themselves, do not influence the conception, even though the tests have indicated that the conceptions of disability differ significantly among the municipalities. These nuances contribute to support the statement that the conceptions of disability may not be an easily observable phenomenon. However, improving strategies to identify them in different social spheres is a fundamental action to encourage the expansion of scientifically based debates and initiatives.

Identifying and deconstructing negatively discriminatory conceptions about the phenomenon of disability is essential in the process of overcoming potentially violent attitudes, in their most diverse faces, present among the most diverse social actors.

4 FINAL CONSIDERATIONS

The expansion of the debate about human rights and the equalization of opportunities for political and social minorities, in recent years, has contributed to the (de)construction of meanings and interpretations about people with disabilities. Possible influences of social, cultural, political, geographic, economic and educational factors of the different micro-context are added to this scenario, which may corroborate the gradual overcoming of conceptions based on capacitism, often identifiable in narratives of a biomedical character (Mello, 2014).

Nevertheless, it is suggested that the visibility promoted by social networks has influenced the narratives of different social actors, especially in the last decade. Consequently, socially and politically “accepted” or considered “correct” speeches, depending on the moralities present in each context, may tend to interfere in the results of research, culminating in an ethical dilemma not always sensitive to data collection instruments: the coherence of the participants between what is said and what is actually done and /or thought.

In view of this, it is important to understand that the networks for the violence prevention and protection against it, of those involving different contexts, need to go through the process of identification and (de)construction of the present conceptions, albeit veiled, with attention to the fact that social, historical and cultural elements can enhance or minimize discriminatory attitudes towards people with disabilities.

Therefore, there is an urgent need to plan, elaborate, develop, manage and evaluate, cooperatively, under the biopsychosocial and accessibility perspective, orchestrated actions that influence the various micro-context in the review of their conceptions of disability. In a sustainable way, it is indicated that this process involves not only Civil Society Organizations, universities, public spheres and professionals who work specifically with the population with

disabilities, but all social actors, in a collective surveillance for violence prevention and protection against it.

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