

ORIGINAL ARTICLE

Guardianship Counselors' Perceptions of Violence Against Children and Adolescents

Aline Cammarano Ribeiro¹; Fernanda Ilha Pedrosa²; Jaqueline Arboit³
Fernanda Honnef⁴; Cristiane Cardoso de Paula⁵; Tiffany Colomé Leal⁶
Cintia Vanuza Monteiro Bugs⁷; Gabriele Schek⁸

Highlights

- (1) Guardianship Counselors as the protection network for children and adolescents.
- (2) The experience of Guardianship Counselors to identify situations of violence.
- (3) Perpetrators of violence are usually family members themselves.

ABSTRACT

Objective: To understand the perceptions of Guardianship Counselors regarding situations of violence against children and adolescents. **Method:** Exploratory-descriptive research with a qualitative approach. Eighteen Guardianship Counselors from two municipalities in the central region of the state of Rio Grande do Sul, Brazil, took part in the study. Data was collected in 2021 using the Focus Group technique, after clearance by the Research Ethics Committee. The data was systematized and analyzed using Thematic Content Analysis. **Results:** The Guardianship Counselors' perceptions of situations of violence against children and adolescents are related to feelings of sadness, vulnerability and helplessness on the part of the child. These situations occur from pregnancy to after birth, including physical, psychological and sexual violence perpetrated within the family. The identification of situations of violence comes through spontaneous complaints, via telephone contact, and is based on professional experience. **Final considerations:** Guardianship Counselors need spaces to discuss the feelings that arise in this practice, constant qualifications, due to the complexity surrounding this issue and the consequences it has on children's lives.

Keywords: violence; children; adolescents; qualitative research.

¹ Universidade Federal de Santa Maria. Santa Maria/RS, Brasil. <https://orcid.org/0000-0003-3575-2555>

² Universidade Federal de Santa Maria. Santa Maria/RS, Brasil. <https://orcid.org/0000-0001-6386-8075>

³ Universidade Federal de Santa Maria. Santa Maria/RS, Brasil. <https://orcid.org/0000-0002-6610-5900>

⁴ Universidade Federal de Santa Maria. Santa Maria/RS, Brasil. <https://orcid.org/0000-0002-1866-1611>

⁵ Universidade Federal de Santa Maria. Santa Maria/RS, Brasil. <https://orcid.org/0000-0003-4122-5161>

⁶ Universidade do Estado de Santa Catarina. Chapecó/SC, Brasil. <https://orcid.org/0000-0003-0018-5757>

⁷ Universidade Federal de Santa Maria. Santa Maria/RS, Brasil. <https://orcid.org/0000-0001-7594-5242>

⁸ Faculdades Integradas Machado de Assis. Santa Rosa/RS, Brasil. <https://orcid.org/0000-0001-8476-788X>

INTRODUCTION

Violence against children and adolescents is prevalent, multi-causal and global phenomenon that went hand-in-hand with humanity from the earliest times to the present day, having a negative impact on the social, health, economic and sustainable development of communities and nations¹. Worldwide, 15 million adolescents between the ages of 15 and 19 have suffered forced sex at some point in their lives. Among children, it is estimated that three out of every four children between the ages of 2 and 4 are regularly subjected to violent discipline by their caregivers¹. In Brazil, the number of reported cases of interpersonal/self-inflicted violence in 2022, among children under the age of 1 to 19, is 188,560 cases and, in the state of Rio Grande do Sul, it was 10,6462.

Children and adolescents are more vulnerable to violence than the general population. Their early exposure to these situations can trigger damage and aggravation of a biopsychosocial nature, resulting in deficits in their growth and development^{3,4}. As a consequence, short- and long-term impacts can be seen in the lives of this population, such as post-traumatic stress^{5,6}, symptoms of insomnia, shorter sleep duration and nightmares⁷ and permanent disability⁶, requiring continuous interventions in order to provide for the well-being of future generations of victimized children and adolescents⁵. Considering these impacts, the Sustainable Development Goals call for an end to abuse, exploitation and all forms of violence and torture against them by 2030¹.

Looking at the Brazilian context in particular, initiatives to ensure the rights of children and adolescents have been underway for decades. One of these initiatives was the enactment of Law No. 8,069 in 1990, which created the Statute of the Child and Adolescent (ECA in the Portuguese acronym), aimed at protecting this population from exploitation, violence, cruelty and oppression⁸. This statute established the Guardianship Council, a permanent and autonomous body that is part of the care and protection network to provide comprehensive care for children and adolescents in situations of violence, backing up its actions by catalyzing complaints of violations, referrals and monitoring of victims and their families⁸.

Against this backdrop, violence against children and adolescents is considered to be a public health problem of multifactorial origin and must be tackled within an intersectoral network, and there is an urgent need to discuss it from the point of view of the different actors involved. In this way, this study seeks the perceptions of Guardianship Counselors, who are often the professionals who initiate the investigation of cases and make the necessary referrals. We therefore started with the following guiding question: What are the perceptions of Guardianship Counselors confronting situations of violence against children and adolescents? In order to answer this question, the aim is to find out the perceptions of Guardianship Counselors when faced with situations of violence against children and adolescents.

METHOD

This is an exploratory-descriptive study with a qualitative approach⁹. The setting was the Guardianship Councils of two municipalities in the central region of the state of Rio Grande do Sul, Brazil. In these municipalities, there were four teams of Guardianship Counselors, three of them in one of the municipalities where the research took place, and the other team in the other municipality. These totaled 20 Guardianship Counselors who were invited to be part of the research population, constituting a convenience sample. It should be noted that, although all the Guardianship Counselors agreed to take part in the study, two of them were unable to be present on the dates previously scheduled for data generation, due to emergency appointments. Therefore, 18 Guardianship Counselors took part in this study.

The inclusion criteria were: being a Guardianship Counselor in the municipality and having been in the position for more than six months. The exclusion criteria included: being on vacation, on leave of any kind during the data collection period, or unavailable on the date scheduled for data collection due to demands from the Guardianship Council itself.

In the data generation stage, carried out in 2021, the Focus Group was used, a qualitative research technique based on moments of group discussion in order to collect information about the object studied, from a group of participants selected for their homogeneity. Group interaction favors the emergence of points of view and meanings in relation to a specific topic, which, without the collective experience, might not occur¹⁰.

Prior to the start of the field research, the coordinators of each Guardianship Council team were contacted by telephone to present the proposal and invite the professionals to take part in the study. The dates and times of the group sessions were agreed. In accordance with the ethical aspects of research with human beings, at the beginning of the sessions the counselors were informed about the objectives, methods, risks and benefits of the research by reading and clarifying the Informed Consent Form (ICF). The counselors who agreed to take part in the study were given the ICF in two copies so that, once they had signed both, one copy would be kept by the participant and the other would be filed by the researcher in charge.

In order to respond to the proposed objective, two focus group sessions were held with each team of Guardianship Counselors, totaling eight group sessions, guided by a script whose topics dealt with the perceptions of Guardianship Counselors regarding situations of violence against children and adolescents. Each group session was attended by three to five Guardianship Counselors, a number that varied according to their availability. It is important to mention that, due to the pandemic, the Covid-19 prevention protocols adopted by each municipality and its health care services were taken into account when holding the sessions.

In order to ensure the best conduct by the research team, the sessions were organized into the following moments: opening and group agreement; questioning and group discussion, followed by validation and synthesis of the information; and closing. The research team consisted of the lead researcher and a research assistant. The former acted as moderator of the sessions, ensuring a cordial and dynamic environment for the participants to verbalize, always returning to the focus of the group to debate the topic, enhancing the space for group production. The second had the role of observer, from which she learned the participants' non-verbal reactions and recorded them in a field diary. She was also responsible for handling the tape recorder.

Each session lasted an average of 1 hour and 30 minutes and was recorded using a digital recorder, with the aim of transcribing the data faithfully. The end of the field research was defined when the internal logic of the object of study was understood¹¹.

Along the data systematization and analysis phase, the content of the group sessions was first transcribed verbatim using the online program oTranscribe. Subsequently, the transcribed content was included in a text editor program, making up the research corpus. It was then submitted to thematic content analysis, consisting of three phases: pre-analysis; exploration of the material; treatment of the results obtained and interpretation⁹. Pre-analysis involved listening to the recordings and floating reading the transcribed material, which allowed initial impressions of the empirical material to be generated. This was followed by new readings, followed by the application of the chromatic technique, from which excerpts from the Tutelary Counselors' speeches were highlighted according to similar ideas, making up material to be subjected to more in-depth analysis. In the material exploration phase, common information found in the content of the statements was cut out, which made it possible to create the thematic category Perceptions of Guardianship Counselors in relation to violence against

children and adolescents, made up of three subcategories: Feelings related to situations of violence; Types of violence and their perpetrators; and Identification of situations of violence. In the processing and interpretation phase, inferences were made about the results and they were compared with national and international literature.

The study complied with the recommendations set out in Resolution 466/2012 of the National Health Council regarding research with human beings. It was therefore assessed and cleared by the institution's Research Ethics Committee under Opinion 4.671.367 and CAEE No. 45213821.1.0000.5346.

RESULTS AND DISCUSSION

The Guardianship Counselors participating in the study, were mainly female (n=16) and self-declared white (n=11). They were aged between 31 and 63. As for level of education, there was a predominance of complete higher education (n=14). The length of time they had worked for the Guardianship Council ranged from 1 year to 10 years.

The following is the thematic category: Perceptions of Guardianship Counselors in relation to violence against children and adolescents, including the following subcategories: Feelings related to situations of violence; Types of violence and their perpetrators; and Identification of situations of violence.

Guardianship Counselors' perceptions of violence against children and adolescents

Feelings related to situations of violence

The word cloud (Figure 1), created using the Wordart online platform, expresses the essence of the Guardianship Counselors' ideas about situations of violence against children and adolescents. A total of 16 words were evoked.



Figure 1 – Representation of the word cloud by emphasizing the context of the words. Santa Maria/RS, Brazil, 2021

The analysis of the word cloud, allows to conjecture that the Guardianship Counselors highlighted violence against children and adolescents with feelings of sadness, fear, pain and despair. They also related it to helplessness, care and vulnerability. The testimonies allow us to illustrate the words that were mentioned most emphatically by the Guardianship Counselors and which made up the word cloud.

The child brings a lack of protection and this generates pain. Internal pain, physical pain, psychological pain [...] they feel unprotected. (C1)

Fear is a feeling that children live with all day, all their lives. They never know when they're going to suffer [violence] again, it's always imminent. (C2)

It's helplessness. The child feels helpless by those who should be supporting them. (C4)

I feel sad. I feel this way because I see that, to get to the point where a child or adolescent suffers violence, many things have failed. (C6)

I see it as a lack of commitment from society, because violence isn't just a problem for us [the Guardianship Counselors]. Violence is a problem for all bodies and for society. (C7)

Behind violence there is usually vulnerability. It's usually a vicious circle. (C9)

Desperation [...] I remembered a situation I dealt with five years ago. I remember looking at their faces [children and adolescents] and seeing the despair. The desperation is so great in these situations [...] there's nowhere to run." (C13)

It is possible to infer from the statements that violence against children and adolescents is an issue that enable the mobilization of many feelings, both for those who directly experience the problem and for the professionals who have a duty to act on it. Pain, fear, anguish and helplessness are some of the feelings reported by victims who live with violence. In this direction, a meta-synthesis developed by researchers in Australia on the impact of domestic and family violence on children's lives showed that children also describe the domestic violence they have suffered through feelings such as fear, helplessness and sadness, characterizing what they have experienced as a difficult experience which, most of the time, results in disturbances, losses and challenges in their significant relationships¹².

Sadness and feelings of powerlessness, on the other hand, stand out as being part of some professionals' accounts of dealing with situations of violence^{13,14}. These are closely related to the very characteristics involved in dealing with situations of violence, since they emerge from a broad and complex combination of personal, social, cultural and economic factors that make it a problem that is difficult for professionals to resolve. From this perspective, an international study aimed at revealing the experiences of professionals who protect children from violence found that among the main challenges they face at work are ensuring quality at work, emotional experiences at work, the need for psychological support, the ability to manage stressful situations, parental aggression and the resistance of children and parents to accepting help.¹⁵

Types of violence and their perpetrators

The participants mentioned that situations of violence against children manifest themselves from pregnancy onwards, when prenatal care is not carried out. And after birth, it is evidenced by negligence in relation to the care of the newborn, such as failure to carry out immunizations and lack of food.

We start working when they are still in the womb. Despite having the ESF [Family Health Strategy] and UBS [Basic Health Unit], people often find it hard to believe that prenatal care is necessary. And after it's born, there's hunger and a lack of care. (C1)

They usually say they forgot their vaccinations. Now with the pandemic, they claim they're not vaccinating. (C4)

Of all the types of violence to which a child or adolescent can be subjected, neglect is one of the most doubtful for professionals. Many are still unable to differentiate between the omission of care by parents or guardians and the lack of financial resources to provide the necessary care. In this context, the ECA stipulates that the rights of children and adolescents must be guaranteed with absolute priority, and that it is the responsibility of the family, society and the state to ensure that these rights are complied with. When one of these rights is violated, as in situations of violence and neglect, the family must be the focus of state intervention, through the services that make up the Unified Health System, whether specialized or not⁸.

It is therefore necessary to investigate the factors that affect situations of neglect in an attempt to correct them, as a strategy for preventing possible problems in childhood and adolescence. To this end, professionals and managers must act urgently to establish health actions, prevent violence and protect the rights of children and adolescents¹³, such as access to basic needs, including food, access to health and education.

Still in relation to situations of violence, the participants related them to the lack of an affective bond with the family, the adultization of children and adolescents, the lack of boundaries in education and illiteracy.

We work a lot with illiteracy. Family members don't send them to school. We still have a society that is alien to education and knowledge. (C3)

There has been a reversal of roles in society and parents are not taking on their real role. Violence also lies in not respecting the child, letting them take on the role of an adult and getting into these conflicts. (C7)

The boundaries between parents and children no longer exist. Parents don't know how to set limits with love and responsibility. Either they impose them and treat them like animals, or they give the child everything they want, to make up for it. (C8)

[...] the child had no affection, no emotional bond. (C15)

The negligent behavior of caregivers is generally attributed to a lack of emotional attachment⁶, which is in line with the findings of this study. In relation to the family, various aspects can favor or interfere with the process of forming an affective bond and protecting children and adolescents, such as previous experiences of mistreatment by parents or caregivers, revealing the need to understand the patterns of intergenerational transmission of the problem in order to prevent it¹⁶.

With regard to the different types of violence perpetrated against children and adolescents, the Guardianship Counselors pointed to physical, psychological and sexual violence. They also mentioned other acts or omissions that could trigger a problem in the child or adolescent's development.

Physical violence is very cultural. (C3)

The child or adolescent is a little being in development, as if they were a sponge that sucks up everything in the environment. So, I understand violence to mean any action or omission that in any way harms the development of these beings. (C6)

Psychological violence is very widespread, especially with separated couples, due to parental alienation. (C16)

In line with the findings of this investigation, a study that reported on the experiences and perceptions of adolescents in relation to the family violence they have suffered or witnessed shows that there is a cultural aspect to the act of deliberately inflicting physical injuries on them⁶. Physical violence stems from the exaggerated use of authority that adults consider they have over children and adolescents, and is related to a social representation of the practice of education as a way of imposing limits, which is often naturalized and socially acceptable. However, this physical aggression represents a major global problem, which affects more and more children from the most different cultures, causing damage to physical and mental capacity, and can even result in death¹⁷.

Psychological violence is sometimes imperceptible, as it leaves no physical marks, and is often mistaken as an acceptable way of disciplining and educating children. A study carried out in a municipality in the northeast of Brazil, which analyzed the profile of reports of violence perpetrated against children and adolescents, found that the most common type of violence was psychological/moral violence, through threats made at the victim's home by people known to them¹⁸.

Children and adolescents who are victims of sexual violence suffer consequences that affect their development and quality of life. An international study that explored sexual violence, specifically

in the population of children, its risk factors and impacts, found that it is influenced by poor parental protection, socio-economic problems, reduced access to education, especially with regard to reproductive health. As a result, these children find it difficult to protect themselves from physical, biological, psychological and social risks and problems¹⁹, such as sexual violence.

When it comes to the aggressors of children and adolescents, according to the reports of the participants in this study, the majority of cases occur within the family. With regard to violence in general, the family members cited as aggressors were mother, father, stepmother and stepfather. As for sexual violence in particular, grandfathers, uncles, stepfathers and brothers were cited as the main aggressors, and girls as the main victims.

Violence usually happens in family relationships, with fathers, mothers, stepmothers and stepfathers [...] sexual violence against girls by fathers, stepfathers, brothers and grandfathers is striking. (C1)

Parents don't have the maturity to resolve the issue they're going through in another way and start taking it out on the weakest, which are the children. (C14)

The complexity of cases of violence is directly linked to the violation of the fundamental rights of children and adolescents⁸. Protection against any form of neglect, cruelty and exploitation should take place, especially in the family environment. However, studies show that family members or people close to children and adolescents are among the main aggressors^{18,20}.

Abuse committed by family members, acquaintances and/or trusted people confuses the reality and worldview of children and adolescents, since the environment in which they should feel safe becomes a place of opportunity for aggressive acts. One difficulty observed in relation to violence, when committed by the family, is the child or adolescent's own apprehension of reporting what happened, fearing future punishment. A study that investigated the experience of health professionals in managing child violence showed that, among the factors that compromise care, the interference of the family stands out, as they try to keep silent and hide the situation, since the aggressor is often a member of their own family²¹.

In cases where the aggressor is a family member, it is common for the child or adolescent to deny the occurrence of violence, even under duress, as they are forced to hide and lie about facts that could prove the aggression. A study that analyzed nursing students' perceptions of the care given to family aggressors pointed to the power relations between aggressor and victim, which prolongs the victim's suffering²².

Society, represented by public bodies and the general population, was also cited as a perpetrator of violence against children and adolescents, especially when it comes to cases of neglect.

The society that doesn't take enough care, for example, of that [child or adolescent] who is on the street. (C3)

If the theory worked in practice, if it weren't for this reflection of the lives of parents and society, we could reduce this [referring to cases of violence against children and adolescents]. (C9)

It's disrespect and disregard on the part of everyone, including society. The ECA [national law establishing the Statute of the Child and Adolescent] states that it is society's duty to look after the rights of children and adolescents. (C11)

Thus, children and adolescents at risk are those who live in situations of personal and social vulnerability in various contexts, such as on the streets, at home or due to the absence or ineffectiveness of public policies, as well as the lack of a welcoming look from society. Some indicators that help to identify risk contexts are: the quality of health care and food or the population's schooling²³.

In this scenario, it is clear that the ECA is not respected, as the rights of children and adolescents are not guaranteed by public authorities and society. Faced with the impunity of the aggressor, the

Counselors feel frustrated, leaving them with the option of adapting to the numerous flaws in the system and developing the resilience to live with the feeling of powerlessness in their day-to-day work.

It is therefore essential to point out that punishing the aggressor is one of the social means of breaking the cycle of child violence. Enacting and enforcing legislation on violence is fundamental for establishing and enforcing standards of acceptable behavior and, consequently, for creating safe and peaceful societies.

In this context, it is understood that the prevention and proper handling of cases of child violence requires joint action by society, the Guardianship Council and other child and adolescent protection institutions, such as social assistance, health services and the justice system. With this in mind, it is necessary to aim for each social actor to recognize themselves as a fundamental part of this movement, and to have a coherent structure to act in a systematized way, emphasizing respect for others as the guiding principle of actions²⁴.

Identifying situations of violence

Regarding the identification of situations of violence, the Guardianship Counselors reported that most of the information comes in through spontaneous complaints via telephone contact, Disk100 (Dial 100), e-mail, the protection network or people who come to the Guardianship Council headquarters. The professionals also mentioned that it is common for these complaints to be made anonymously.

The council only works when it is called upon. So this is usually through spontaneous complaints, by telephone, by Dial 100, by email, by the protection network or by neighbors, relatives and friends who come here and don't want to identify themselves. (C1)

We usually work with complaints. Only then do we check out the situation, knowing that this is happening. (C16)

Another possibility of identification mentioned by the participants refers to the attitudes and verbal and non-verbal expressions of the children and adolescents they work with. In this sense, it was reported that, as a result of the feeling developed through the experience of working with them, the professionals are able to identify certain words, gestures and looks that may indicate a situation of violence.

In a good service, when the person comes here, we can identify, by their words, whether they are lying or not. (C3)

Sometimes, with a glance that the child casts at the family, mother, father, we can tell. And when we do, we call them again and follow up. (C8)

It's a job of observation. We go to the first home visit and think everything is wonderful. On the second, you start to see strange activity there, some things, and you pick up on it. (C11)

Sometimes we can see through a look, a gesture, a child's way of expressing themselves; even their eyes widening can tell us that there's something there. (C13)

Another thing is when a child is very quiet, very shy, doesn't express themselves, speaks more with their eyes. We already realize that we have to look at them differently. (C15)

From these aspects, it is possible to understand the importance of professionals being able to identify the main characteristics of victims of violence and being able to make the necessary referrals to the care and social protection network. In this context, they should promote coordination between different types of professionals, services and sectors, as this is a necessary condition for the development of comprehensive child protection actions. From this perspective, it is essential and necessary to train the Guardianship Counselors in order to give them the technical and scientific conditions to identify and act in the most diverse cases of violence²⁴.

A systematic review investigating the psychological consequences of children's exposure to domestic violence found that these can be short or long-lasting, moderate or severe. The child may show school deficits and impairment in social activities, depression, post-traumatic stress and aggression. In this way, it points to educational programs for parents, and the qualification of political managers and those working in education, in order to reduce and prevent the consequences of domestic violence on children²⁵. It is considered that all professionals involved in situations of violence against children need targeted training and constant qualifications, due to the complexity surrounding this issue and the consequences it has on children's lives.

In this environment, the work of the Guardianship Counselors is fundamental, and their actions need to be visible to society, in order to contribute to valuing this professional and to the effectiveness and safety of the conduct they carry out²⁴.

Although the findings of this study are significant for practice and public policy, their limitations must be taken into account when interpreting the results. This refers to the characteristics of the research at a local level, as it was carried out with Guardianship Advisors from just two cities in the same region of Brazil, and may not reflect the reality of other scenarios.

FINAL CONSIDERATIONS

Guardianship Counselors' perceptions of violence against children and adolescents are associated with feelings of sadness, vulnerability, lack of protection and helplessness of the child, failures and lack of commitment on the part of society. It manifests itself at different times, from pregnancy, when prenatal care is not provided, to after birth. The different types of violence perpetrated against children and adolescents are physical, psychological and sexual.

Most cases of violence occur within the family, with the perpetrators being the mother, father, stepmother and stepfather. Society was also cited as a perpetrator of violence in situations of neglect against children and adolescents. As for the identification of situations of violence, most of the information comes in through spontaneous complaints via telephone contact and from professional experience, and can occur through the verbal and non-verbal expressions of the children and adolescents assisted.

Given these aspects, it is worth highlighting the importance of analyzing the perceptions of Guardianship Counselors, given that they are key professionals in the protection network for children and adolescents in situations of violence, carrying out actions that range from recognizing situations of violence to making referrals to other services in the network.

REFERENCES

- ¹Unicef. United Nations Children's Fund. Violence against children. 2020 [cited 2023 Nov. 21]. Available at: <https://www.unicef.org/protection/violence-against-children>
- ²Brasil. Sistema de Informação de Agravos de Notificação. Dados Epidemiológicos SINAN. Brasília, DF, 2022 [cited 2023 Nov. 21]. Available at: <http://tabnet.datasus.gov.br/cgi/tabcgi.exe?sinanet/cnv/violebr.def>
- ³Brasília. Secretaria de Atenção à Saúde. Ministério da Saúde. Linha de cuidado para a atenção integral à saúde de crianças, adolescentes e suas famílias em situação de violências. Brasília: MS; 2010.
- ⁴Eriksson M, Broberg AG, Hultmann O, Chawinga E, Axberg U. Safeguarding Children Subjected to Violence in the Family: Child-Centered Risk Assessments. *Int. J. Environ. Res. Public Health.* 2022;19:13779. DOI: <https://doi.org/10.3390/ijerph192113779>
- ⁵Lünnemann MKM, Luijk MPCM, Van der Horst FCP, Jongerling J, Steketee M. The impact of cessation or continuation of family violence on children. *Child. Youth serv. rev.* 2022;140:106565. DOI: <https://doi.org/10.1016/j.childyouth.2022.106565>

- ⁶ Addae EA, Tang L. How Can I Feel Safe at Home? Adolescents' Experiences of Family Violence in Ghana. *Front Public Health*. 2021;9:672061. DOI: <https://doi.org/10.3389/fpubh.2021.672061>
- ⁷ Schønning V, Sivertsen B, Hysing M, Dovran A, Askeland KG. Childhood maltreatment and sleep in children and adolescents: a systematic review and meta-analysis. *Sleep med. rev*. 2022; 63:101617. DOI: <https://doi.org/10.1016/j.smr.2022.101617>
- ⁸ Brasília. Presidência da República. Lei nº 8.069, de 13 de julho de 1990. Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. Brasília; 1990.
- ⁹ Minayo MCS, Deslandes SF, Gomes R. Pesquisa social: teoria, método e criatividade. Minayo MCS (org.). 7ª reimpressão, Petrópolis, RJ: Vozes; 2023.
- ¹⁰ Kinalski DDF, Paula CC, Padoin SMM, Neves ET, Kleinubing RE, Cortes LF. Focus group on qualitative research: experience report. *Rev. bras. enferm*. 2017;70(2):424-429. DOI: <https://doi.org/10.1590/0034-7167-2016-0091>
- ¹¹ Minayo MCS. Amostragem e saturação em pesquisa qualitativa: consensos e controvérsias. *Rev. pesqui. qual.* 2017 [cited 2023 Nov. 21];5(7):1-12. Available at: <https://editora.sepq.org.br/index.php/rpq/article/view/82>
- ¹² Noble-Carr D, Moore T, McArthur M. Children's experiences and needs in relation to domestic and family violence: findings from a meta-synthesis. *Child & family soc. work*. 2020;25(1):182-191. DOI: <https://doi.org/10.1111/cfs.12645>
- ¹³ Batista MKB, Quirino TRL. Debatendo a violência contra crianças na saúde da família: reflexões a partir de uma proposta de intervenção em saúde. *Saúde soc*. 2020;29(4):1-13. DOI: <https://doi.org/10.1590/S0104-12902020180843>
- ¹⁴ Budler LC, Stricevic J, Kegl B, Pevec M, Klanjsek P. Caring for children and adolescents victims of domestic violence: a qualitative study. *J. nurs. manag.* 2022;30(6):1.667-1.676. DOI: <https://doi.org/10.1111/jonm.13512>
- ¹⁵ Štuopytė E, Linkienė K. Experiences of Professionals Ensuring the Protection of Children from violence. *Public policy and administration*. 2022;21(3):292-304. DOI: <https://doi.org/10.5755/j01.paa.21.3.30893>
- ¹⁶ Armfield JM, Gnanamanickam ES, Johnston DW, Preen DB, Brown DS, Nguyen H, Segal L. Intergenerational transmission of child maltreatment in South Australia, 1986-2017: a retrospective cohort study. *Lancet public health*. 2021;6(7):e450-e461. DOI: [https://doi.org/10.1016/S2468-2667\(21\)00024-4](https://doi.org/10.1016/S2468-2667(21)00024-4)
- ¹⁷ Ferreira CLS, Cortes MCJW, Gontijo ED. Promoção dos direitos da criança e prevenção de maus tratos infantis. *Ciênc. saúde colet*. 2019;24(11):3.997-4.008. DOI: <http://dx.doi.org/10.1590/1413-812320182411.04352018>
- ¹⁸ Silva SBJ, Conceição HN, Câmara JT, Machado RS, Chaves TS, Moura DES, Borges LVA, Moura LRP. Profile of notifications of violence against children and adolescents. *Rev. enferm. UFPE on-line*. 2020;14:1-7. DOI: <http://dx.doi.org/10.5205/1981-8963.2020.244171>
- ¹⁹ Etrawati F. Identification of risk factors and consequences of sexual violence in children: a literature review. *Jurnal Ilmu Kesehatan Masyarakat*. 2020;11(1):1-9 DOI: <https://doi.org/10.26553/jikm.2020.11.1.1-9>
- ²⁰ Pedroso MRO, Leite FMC. Recurrent violence against children: analysis of cases notified between 2011 and 2018 in Espírito Santo state, Brazil. *Epidemiol. serv. saúde*. 2021;30(3):e2020809. DOI: <https://dx.doi.org/10.1590/S1679-49742021000300003>
- ²¹ Santos LF, Javaé ACRS, Costa MM, Silva MVFB, Mutti CF, Pacheco LR. The experiences of health professionals with the management of violence against children. *Revista baiana de enfermagem*. 2019;33:e33282. DOI: <https://dx.doi.org/10.18471/rbe.v33.33282>
- ²² Fernandes H, Brandão MB, Castilho-Júnior RA, Hino P, Ohara CVS. The care for the persistent family aggressor in the perception of nursing students. *Rev. latinoam. enferm*. 2020;28:e3287. DOI: <https://doi.org/10.1590/1518-8345.3991.3287>
- ²³ Souza LB, Panúncio-Pinto, MP, Fiorati RC. Children and adolescents in social vulnerability: well-being, mental health and participation in education. *Cad. bras. ter. ocup*. 2019;27(2):251-269. DOI: <https://doi.org/10.4322/2526-8910.ctoAO1812>
- ²⁴ Santos LF, Costa MM, Javae ACRS, Mutti CF, Pacheco LR. Factors that interfere with the confrontation of child violence by guardianship counselors. *Saúde debate*. 2019;43(120):137-149. DOI: <https://doi.org/10.1590/0103-1104201912010>
- ²⁵ Doroudchi A, Zarenezhad A, Hosseinezhad H, Malekpour A, Ehsaei Z, Kaboodkhani R, Valiei M. Psychological complications of the children exposed to domestic violence: a systematic review. *Egypt J forensic sci*. 2023;13(1):26. DOI: <https://doi.org/10.1186/s41935-023-00343-4>

Submitted: March 22, 2023

Accepted: December 16, 2023

Published: May 9, 2024

Authors' contributions:

Aline Cammarano Ribeiro: Project administration, Supervision, Visualization, Writing – original draft, Writing – review & editing.

Fernanda Ilha Pedrosa: Conceptualization, Formal analysis, Investigation, Methodology, Writing – original draft.

Jaqueline Arboit: Project administration, Supervision, Visualization, Writing – original draft, Writing – review & editing.

Fernanda Honnef: Writing – original draft.

Cristiane Cardoso de Paula: Writing – original draft.

Tiffany Colomé Leal: Writing – original draft.

Cintia Vanuza Monteiro Bugs: Writing – review & editing.

Gabriele Schek: Writing – review & editing.

All the authors have approved the final version of the text.

Conflict of interest: There is no conflict of interest.

Financing: Does not have financing

Corresponding author:

Aline Cammarano Ribeiro

Universidade Federal de Santa Maria

Av. Roraima 1000, CEP 97105-900 – 1,7 km. Santa Maria/RS, Brazil.

aline.cammarano-ribeiro@ufsm.br

Editor-in-Chief: Adriane Cristina Bernat Kolankiewicz (Ph.D)

This is an open access article distributed under the terms of the Creative Commons license.

