

## FAMILY NEEDS AND PROFESSIONAL PRACTICES IN INTRAFAMILY DOMESTIC VIOLENCE

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### ABSTRACT

This study aimed to identify, from a professional point of view, the needs of families assisted by the network of services that take care of children and adolescents who suffer domestic violence, as well as to list the actions taken by professionals to address such needs. It is a qualitative study, whose data were collected between 2008 e 2010, through semi-structured interviews, carried out with fourteen professionals who work in three institutions that take care of domestic violence victims. Through thematically analyzing the data, the results demonstrate as priority the parents' needs for clarification, support, basic resources for survival with dignity and protection of children and adolescents. The practices developed by the professionals include service request, referral of the family to other services, reception, team meetings, anamnesis and family assessment. The conclusion is that, although professionals work intensely and demonstrate willingness to help, their actions do not generally fulfill the families needs.

**Keywords:** Health services. Domestic violence. Determining the Needs for Health Care. Nursing.

### INTRODUCTION

The domestic violence in childhood and adolescence is a serious public health problem, capable of compromising the development and life of all the people involved in the situation, whether they are victims or aggressors. The range of possible consequences of violence suffered within the family is very broad, including not only the physical compromises as a result of physical, sexual assaults and negligence applicants, but also the victim's relationships with other people and with themselves<sup>(1)</sup>.

In Brazil, every year grows the number of children and adolescents subjected to physical, psychological and sexual abuse, negligence, exploitation. The data of Laboratory of Child Studies at the University of São Paulo point out that, between the years of 1997 to 2007, were notified in Brazil 159,754 cases of violence against children and adolescents<sup>(2)</sup>. Currently, about 18 thousand children are victims of some kind of violence every day<sup>(3)</sup>.

In Rio Grande/RS, according the specialized reference Center for social assistance (SRCSA), 775 were reported cases of violence against children and adolescents, in the period 2002 to 2011. Of these, 336 of sexual abuse; 187 of physical abuse; 123 of negligence; 73 of psychological abuse<sup>(4)</sup>. It is important to register that these data refer to a single service, based in the city, whose population is estimated 197,000 inhabitants. In addition, it is necessary to take into consideration that the underreporting is a serious limitation when it comes to domestic violence and, therefore, the official data do not reveal the exact scale of the problem faced by children and adolescents.

Anyway, these data point to the complexity that involves the phenomenon of domestic violence against children and adolescents, especially because reveal a major dysfunction in the family and in the society. Is mentioned, too, the need for violence to be considered as an emergency to be countered through systematic actions addressed to various dimensions of individual and collective life. At the same time, justify the accomplishment of this study

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developed with focus on the priority needs of families and in the practices carried out by professionals in services where these families are attended.

Particularly, nursing has been producing studies that seek to plan care to victims, with the purpose of promoting safety, hospitality, respect and satisfaction, both individual and collective needs. In Rio Grande/RS, study developed between 2004 and 2006 with children and adolescents' graduates of shelter-institutions pointed intervention strategies to favor the process of family and social reintegration of young people. Among these, the highlights were the guidance provided by the professionals, who assist parents in the performance of their roles and contribute to who can respond more appropriately to the needs of children<sup>(5)</sup>. Another study sought to discuss the process of revelation and notification of sexual abuse involving children and adolescents, from the analysis of publications related to the theme. The results indicate the importance of an integrated work in attendance to victims and strengthening the network of support for families in the confrontation of extreme situations of the genre<sup>(6)</sup>.

These studies<sup>(5,6)</sup>, in addition to presenting different intervention strategies at both prevention and treatment, also stimulate reflection about the relevance of the professionals know and understand the priority needs of families involved in extreme situation as domestic violence. Similarly, highlight the important role of social support network of family, especially the social and health services in the confrontation of the problem. In addition, point out important weaknesses in the way as how is organized the network protection services to victims of violence in the city. One of the weaknesses is the lack of effective communication between the various services that integrate this network that compromises the continuity of the service to families and, consequently, the efficaciousness of the actions of the professionals.

We highlight the importance of having a consensus between workers, users and managers about practices that imply the notion of complementarity and continuity of the actions developed for the families. Mainly, the services

must be organized to work for long periods of time, since the effects of domestic violence, in any of its modalities, impact on the health and the global development of human beings, not just in the moment that happens, but, also, in the long term, and may seriously compromise the future of the people<sup>(7)</sup>.

Thus, it is imperative that the programs, services and professional practices are structured based on the needs of families and the emergency character of the situation that experience, since violence exposes the victim to constant risk of death and diseases that can affect its development<sup>(8)</sup>.

Based on these considerations, this study was developed with the following objectives: to identify, from the professionals' point of view, the needs of families in the network of services for the protection of children and adolescents victims of domestic violence; enroll the actions developed by the professionals to attend the needs of families.

## METHODOLOGY

This is a qualitative study, developed with fourteen professionals, consisting of six (6) social workers, five (5) psychologists, one (1) pedagogue and two (2) tutelary counselors who act in Tutelary Council, in Shelter-House and Specializing Reference Centre in Social Assistance (SRCSA) hosted in a medium-sized municipality, located in the south extreme of Brazil.

The Tutelary Council is a public agency, governed by a statute that, among other duties provides: attendance to situations involving threats or violations of rights of children and adolescents; application of protective measures; attendance and counseling of parents or guardians and inspection of entities linked to the problem; order services and make referrals to the service network. The team is composed of nine professionals, of which only two have agreed to participate in the research.

The Shelter-House is a philanthropic institution maintained with government resources and the support of the community, in order to assist children in situation of vulnerability, between zero and twelve years in boarding school. The goal of the institution is to

rescue the citizenship and the self-esteem of the children and adolescents institutionalized, as well as putting into practice the precepts laid down in the Statute of the Child and Adolescent, through technical support psycho-social and pedagogical and partnerships with various sectors of the community, as well as work with the public social policies that aim to give greater autonomy to children and adolescents and their families. The shelter-home team is composed of two pedagogues, a psychologist for individual psychotherapeutic, a social worker, two coordinators, a receptionist, a driver, a physiotherapist, a Yoga teacher for staff and children and a social worker. In this study, participated only the psychologist and social worker, the other professionals did not expressed agreement.

The SRCSA is a service destined for the care and protection of children and adolescents between zero and eighteen years, elderly and women victims of violence. It develops, among other actions, the social protection of young people in fulfillment of socio-educational measure of freedom and assisted to provide community services. The team is composed of five social workers, four psychologists and a pedagogue, all of which have agreed to participate in this study.

The data were collected between the end of 2008 and the beginning of 2010, through semi-structured interviews that were recorded and subsequently transcribed. This study was submitted to the Research Ethics Committee of the institution to which it is linked, having been registered and approved under the number 23116.004268/06-13. For the signature of Informed Consent Form, the objective of research were explained to the participants and the involved ethical aspects. It was clear, too, that to ensure the anonymity would be identified only by the initials of the services where they operate, thus encoded: Specializing Reference Center in Social Assistance (SRCSA), Tutelary Council (TC) and Shelter-Home (SH). Once the study involves humans, its development was marked by resolution 196/96.

The professionals were interviewed in days, locations and times previously scheduled. The interview was guided by a set of questions carefully elaborated and tested in order to meet

the objectives of the study. After transcription, the data were submitted to thematic analysis of content<sup>(9)</sup>, resulting in the generation of two categories that link the needs of the families, that professionals consider as priorities, and professional practices developed in services that attend families in situation of violence.

## RESULTS AND DISCUSSION

### Characterization of the respondents

Among the fourteen professionals who participated in this study, eight were aged between 27 and 36 years and five between 41 and 51 years. The professional education time ranged between one and 27 years, and the time to bond with the service ranged from one month to four years. Are professionals who serve families from all social and economic classes, although the predominance is of poor families, without income, with mostly single-parent configuration, whose mothers are responsible for education and the maintenance of the child, without the presence and support of the father and of other structures, such as crèches, which makes difficult to assume commitments with work on a regular schedule.

### Needs of families from the point of view of professional

Based on the concept of necessity as a trial or an assessment that shows that the given resource is required by the family to reach a goal, to solve a problem or answer a goal<sup>(10)</sup>, the needs identified by the professionals as priorities for families can break down into: "need for clarification and parents support"; "need of basic resources for the survival of the family with dignity"; and "protection of children and adolescents".

Regarding to the need for clarification and support, four professionals consider that most parents are weak and disoriented, especially the first few times that are serviced in the services. On that occasion, the need for clarification regarding the conduct and procedures that will be submitted are intensify, with a view to situating the family in circumstances in which it is after the complaint.

Families are informed about why they are attending the service. After the complaint they get

a little lost, they don't know why they are here then. All this work of enlightenment serves to situate the family in the context of the service. (SRCSA 1)

Subsequently, the explanations assume the format of orientation with emphasis on the roles and tasks under the responsibility of the parents, i.e. the parenting skills.

The needs are emotional issues, their roles in relation to family, to the role of mother, father relative to the attention, to the care with the children. (SRCSA 3)

The support, according to the professionals, is integrated into the process of clarification and guidance of parents and enables them to review its organization, taking questions about how to educate and establish limits on the behavior of children. These actions can cause modifications in the context of the relationships between family members <sup>(11)</sup>. Parental education is prioritized in families who find themselves in situations of violence and live in low levels of schooling and economic. Similarly, those who find themselves in a situation of single parenthood, since this condition can commit the development of children and adolescents. The support for the exercise of parenting should not, therefore, ignore the needs and resources of the parents, children and the family <sup>(12)</sup>.

With respect to the need of basic resources for the survival of the family with dignity, indicated by six professionals, we must take into consideration that most families in the services have low purchasing power. Under these conditions, the professionals demonstrate as priority the issues related to adequate food and clothing, resources for transportation, including to move up to the services, healthy housing, especially in relation to appropriate physical space and basic sanitation.

The vast majority have not even their basic needs attended. Most of them have very low income or no income. They have needs of food, clothing, need transportation, everything. (SRCSA 5)

These needs were also evidenced in a study that characterized the sexual abuse in children and adolescents attended on a SENTRY service. About 80% of cases occurred in low-income families, which ends up contributing to many of

these families being unable to supply their basic needs <sup>(13)</sup>.

Concurrently to these difficulties, the professionals demonstrate also the need to create opportunities for families to live with greater dignity. To include families in educational and social support programs and income generation is one of the proposed alternatives:

I would say: need of Socio-Educational Support amid open, for children, creche, employment condition for these families. (SRCSA 2)

The insertion of families in social policies and income generation programs would allow them to become transformers agents of the condition in which they are, contributing also to reduce the poverty of its members. Violence must be recognized as a public health problem, requiring social and governmental interventions through public policies capable of responding to the needs of families who live with the problem <sup>(13,14)</sup>.

As the need for protection of children and adolescents, pointed by four professionals, specifically refers to the creation of a secure family environment, capable of providing security and protection.

In families where there are children with rights violated, the Tutelary Council search cease this violation. If the child is suffering mistreatment, beatings, the Council will take action to remove that child from the attacker, the attacker of the house or if it is a school that's neglecting or violating rights, the tutelary council will apply measures to cease the violation. (TC 2)

The professionals involved in assisting families recognize that violence constitutes a negative experience in the lives of children and adolescents. The need for protection is due to the fact that, among the consequences generated by violence, there is the possibility of coming to the extreme, that is, to death. In addition, domestic violence is able to produce aggressive behavior and transgressors, that put at risk the process of development of children and adolescents <sup>(15)</sup>.

### **Professional practices developed in services that attend families in situation of violence**

Professional practices that have been developed to supply the needs identified in families with which they work include: reception; realization of anamneses; evaluations

regarding the socio-economic conditions of families, of affective relations among its members; team meetings; and referrals of families to other social services.

In the context of the Tutelary Council, the speech of councillors shows that they perceive as being defined by the own role of the council, which is established in its Status. Thus, the most often performed practices with families are the service request, with a predominance of those relating to the obtaining of vacancies in schools, medical consultations and food assistance:

The Council acts in the negative, i.e. in denial of a vacancy of school or some service. (TC1).

The Tutelary Council attends only when there is a denial of service, which would have to be provided and it wasn't. (TC 1)

As ordered in article 136 of the SCA, the Tutelary Council is a public agency, permanent, autonomous, governed by a statute which among other assignments includes: attendance to situations involving threats or violations of rights of children and adolescents; application of protective measures; attendance and counseling of parents or guardians requiring the fulfillment of their duties; supervision of entities linked to the problem; service request and performance of referrals to the service network<sup>(16)</sup>.

It is noted that the practices performed by councillors are restricted to two tasks established for the service. Nevertheless, through the account of those workers, it can infer that they have clarity that its activities should be ample and demand as required, therefore, demonstrate a certain discontent with what they're doing.

The Council only applies measures and forwards, but if you take the Statute of the Child and Adolescent you will see that the role of the Council is to receive the family, hear, guide and apply measures, but here we do what? We hang organs that did not. (TC 1)

The Councillor is doomed to fail, because in the end we're going to have to become bureaucratic, we have to do a report and conduct it directly to the judiciary. I don't think that fully responds to the needs of families. (TC 2)

It was possible to observe that the professionals seem to feel dissatisfied with the performance of the service in the face of domestic violence against children and

adolescents. Such a feeling may originate in the absence of infrastructure and resources necessary for the full development of the functions envisaged by the SCA, or, still, on fragmentation and disarticulation of the service network to families in situations of violence, as compliance with the tutelary counselor function depends, in large part, the execution of measures of referrals and requests for services performed by professionals<sup>(17)</sup>.

The referral of the family to other services is also a practice referred by tutelary councillors. However, the lack of effective communication between the various services that integrate the service network to families, who face the problem of violence among its members, makes this Council action unproductive, as can be proven through the statement:

I conduct a child for a service, but if I don't go out there to know, nobody tells me. There is not a network service really, and this type of service, as it is today, doesn't solve. The way how these services are organized, do not work, do not give results. (SRCSA 4)

From the point of view of social workers, psychologists and educational advisor that are bound to the SRCSA, the professional practice more often held with families forwarded to the reception service. Defined by professionals as being a set of actions performed since the first moments that people arrive at the service, which includes fundamentally to familiarize them with the SRCSA environment, with workers, listen to them, gather as much information possible, guide them about what is evaluation. This is a practice that requires the professional to understand that the person did not come to the service for pleasure, but because it happened, or is happening, a situation that someone reported. In this context, according to professionals, the reception is something that seek to do well, not to lose the family.

I hear mainly, to know what's going on with that family and, somehow, guide these people to reflect on their attitudes toward their children. (SRCSA 1)

The reception of children and adolescents, in general, is performed by the pedagogue, in order to familiarize them with the environment. With adolescents, are directed to meet the interests and preferences in such a way that they can

relax, especially because they feel inhibited, and in that first moment, they have not quite sure why they are in attendance at the service. As time passes, both the child and the adolescent aware that something serious happened to them and, therefore, are under protection service assistance. Gradually, begin to realize that this is a space for exchange and safe interaction.

My part which is pedagogical, in this first contact of welcome, I let the child as comfortable as possible. I invite them to know what's different here, the florets, these things that are a look of childhood, a look of joy, a look of care that we have. (SRCSA 3)

Another practice developed with families, referred by all professionals, were the team meetings. In these, the problems and the needs of families are discussed and the actions to be taken are decided among the professionals from each of the services. Are periodic meetings that occur two to three times a week, recognized as a source of support and support for professionals, since they help to show the therapeutic possibilities for each family.

What we have done is discussed in the team, debate among the team. (SRCSA 2)

The realization of anamnesis and evaluation, both of socioeconomic conditions as affective relations of families, is also a practice developed by professionals. From the first moments of the arrival to the service, the social workers carry out the assessment of social and economic conditions, while the psychologists psychological undertaking assessment of victim and also of family dynamics. After defined the diagnosis is formulated a report and forwarded to the Public Ministry, to the Tutelary Council or even the Police. According to professionals, the elaboration of the report is the result of a request of these bodies and has the purpose of subsidizing the decisions that will be taken by the judge or prosecutor in relation to what should be done with children, adolescents and the aggressors.

This report we build after evaluation will respond to the needs of the family in the sense of can help the justice to decide what will be the best for family at that time. We give our vision, because the judge and prosecutor really know. And this report and

our assessment help to this family needs be attended and the treatment of these victims. (SRCSA 5)

The performance of services and their results should be aimed to the needs of customers, demonstrating that the satisfaction of users is of fundamental importance as a measure of quality, and a valuable tool in the management of services, especially with regard to the treatment offered and the effectiveness of interventions<sup>(18)</sup>. In this perspective, the data indicate that although professionals often work intensively in order to help these families, their actions do not always address the needs of families, since there is no integration between the various services that constitute the social support network.

Thus, understanding the family within a context marked by violence is a complex task, which requires the need for a thorough review of beliefs and concepts that guide the professional practice and the organization where services network are attended. In addition, rethink the family health under current conditions of life marked by violence and, at the same time, the make of the nurse who works with families, constitutes a continuous learning exercise under the responsibility of all sectors involved.

## FINAL CONSIDERATIONS

The results of this study show that the professionals seem to meet the priority needs of the families, however, their actions and speeches are guided more by the rules and procedures defined institutionally, in a generic way, without taking into account the particularities of each family. This favors the establishment of a rupture with the reality of families.

It is important to highlight that the practices developed by professionals, within the network of services, are articulated around the real needs of the family, which need to be evaluated and set out constantly. The professionals who participated in this study expressed the desire to develop actions able to produce changes in the lives of the people with whom they work, however, they found obstacles related to the own organization of the services where act, which hinder the production of convergent practices with the needs of families. The fragmentation, between the various services that make up the

service network to family attendance, also constitutes an obstacle for the professionals as they fail to give continuity to the recovery actions and promotion of health of these families.

It should be noted that, although the nurse didn't integrate services teams that served as a scenery in the realization of this study, the developed practices are strongly associated with the process of care, essential to the profession. Living with a child or adolescent victim of violence and its family enable the nurse to build a support relationship, having as purpose the health promotion and protection of children and

adolescents. In addition, the nurse can act in the formulation of plans of care linked to the real needs of the families, able to promote changes with positive repercussions on family life, and help them to identify and mobilize internal and external resources.

To interrupt the cycle of domestic violence it represents a major challenge for nurses and other professionals, in that sense, this study considers essential to rethink and review the work that has been developed in services to victims of domestic violence, since the situation requires punctual actions and concrete.

## NECESSIDADES DAS FAMÍLIAS E AS PRÁTICAS PROFISSIONAIS NA VIOLÊNCIA INTRAFAMILIAR

### RESUMO

Este estudo teve como objetivos identificar, a partir do ponto de vista dos profissionais, as necessidades das famílias atendidas, na rede de serviços de proteção às crianças e adolescentes vítimas de violência intrafamiliar, e arrolar as ações desenvolvidas pelos profissionais para responder às necessidades das famílias. Trata-se de um estudo qualitativo, cujos dados foram coletados entre 2008 e 2010, através de entrevistas semiestruturadas, realizadas com quatorze profissionais que trabalham em três instituições de proteção a vítimas de violência intrafamiliar. Mediante a análise temática dos dados, os resultados apontaram como prioritárias as necessidades dos pais de esclarecimentos, apoio, recursos básicos para a sobrevivência com dignidade e proteção das crianças e adolescentes. As práticas desenvolvidas pelos profissionais incluem requisição de serviços, encaminhamento da família para outros serviços, acolhimento, reuniões de equipe, realização de anamneses e avaliação da família. Conclui-se que, embora os profissionais trabalhem intensamente e demonstrem desejo de ajudar, suas ações, em geral, não são convergentes com as necessidades das famílias.

**Palavras-chave:** Serviços de saúde. Violência doméstica. Determinação de Necessidades de Cuidados de Saúde. Enfermagem.

## NECESIDADES DE LAS FAMILIAS Y LAS PRÁCTICAS PROFESIONALES EN LA VIOLENCIA DOMÉSTICA

### RESUMEN

Este estudio tuvo como objetivos identificar, a partir del punto de vista de los profesionales, las necesidades de las familias atendidas, en la red de servicios de protección a las niñas y adolescentes víctimas de violencia intrafamiliar, y arrolar las acciones desarrolladas por los profesionales para responder a las necesidades de las familias. Trata-se de un estudio cualitativo, cuyos datos fueron recolectados entre 2008 y 2010, a través de entrevistas semiestructuradas, realizadas con catorce profesionales que trabajan en tres instituciones de protección a víctimas de violencia intrafamiliar. Mediante el análisis temático de los datos, los resultados señalaron como prioritarias las necesidades de los padres de aclaraciones, apoyo, recursos básicos para la supervivencia con dignidad y protección de las niñas y adolescentes. Las prácticas desarrolladas por los profesionales incluyen solicitud de servicios, derivación de la familia a otros servicios, acogida, reuniones de equipo, realización de anamnesis y evaluación de la familia. Se concluye que, aunque los profesionales trabajan intensamente y demuestran deseo de ayudar, sus acciones, en general, no son convergentes con las necesidades de las familias.

**Palabras clave:** Servicios de salud. Violencia doméstica. Determinación de Necesidades de Cuidados de Salud. Enfermería.

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