



The Importance of Psychological Support for Healthy Child Development in Situations of Social Vulnerability



***Beatriz Ornellas Alves**

Federal Univeristy of Rio de Janeiro, Brazil

Submission: March 06, 2024; **Published:** March 22, 2024

***Corresponding author:** Beatriz Ornellas Alves, Federal Univeristy of Rio de Janeiro, Rua Fernanda Isabele, Brazil, Email: biaa.ornellas@gmail.com

Abstract

Introduction: In Brazil, there are various realities where children are exposed daily to situations of danger and trauma. In socially vulnerable areas such as communities and shelters, attention to children's mental health is often neglected in view of the more pressing needs faced by their families/caregivers. Thus, it is the responsibility of the government to identify and create a support network to minimize the impact on society. Psychologists play an indispensable role in this coordination, directing efforts to improve patient development, working on mental health monitoring, and assisting as intermediaries in the struggle to guarantee basic rights. **Objective:** To present the importance of the psychologist's role in child development in socially vulnerable places. **Method:** The data presented in the study were selected from a literature review and interviews conducted under the Accessible Psychological Aid Project. **Result:** Initially, the study discusses the psychologist's role beyond consultations, focusing on vulnerable areas. It also presents the professional as a collaborator in efforts to identify psychosocial difficulties of individuals, in this case, minors aged 7 to 16 in communities and shelters. **Conclusion:** It was observed that, despite recent laws supporting the integration of psychosocial support in public networks, the effective exercise of psychological activities and monitoring in the analyzed institutions is hindered by precarious infrastructure and necessary connections to successfully achieve the social well-being objective. It is of utmost importance to extend clinical attention to minors, from improving their understanding of the world to ensuring their basic rights.

Keywords: Social vulnerability; Psychologist; Shelters; Community

Introduction

In the framework of a healthy human development, the care provided in the early years is indispensable for the organization and formation of emotional and social capabilities in an individual. However, in the presence of disturbing experiences, violence, or disruptions and failures in primary relationships, the proper maturation of the individual may be affected, potentially delayed, or interrupted [1]. In the Brazilian scenario, various situations can be found where children are socially vulnerable, exposed to traumas related to violence, prejudices, and the absence of basic rights.

This article focuses on the Senador Camará community in the western zone of Rio de Janeiro, as well as the social shelters in Baixada Fluminense. Both environments, although different in concept, present deficits in their environment regarding the needs of a child. Often connected by structural and social problems, while dependent on state instability, the mental health of the resident children becomes a secondary concern.

Thus, this work aims to analyze the benefits of the involvement of mental health professionals in contributing to the improvement of the lives of children in these environments. Going beyond the stigmatized views surrounding the image of the Rio de Janeiro community, as well as the shelter as a desolate place, the layers that make up the core of the daily life of each of these environments were studied. This was achieved by combining available literature with informal interviews conducted with professionals working in the community and shelters.

The effect of trauma

In the social imagination, trauma is commonly addressed as an event or fact that deeply affects an individual, whether physically or mentally. In psychodynamic theory, a traumatic episode is characterized by exposing the person to a level of excitation that surpasses their ability to understand and process it appropriately [2].

Thus, during the process of human maturation, in the early stages of childhood, a series of care and demands is necessary, as this phase is characterized by learning and absorption of values and experiences that influence behavior. With this statement in mind, the childhood period also presents itself as the most susceptible stage to the development of traumas in the face of situations of violence, neglect, or abuse, given its diminished ability to symbolically express experiences and feelings [1].

In the field of psychology, social vulnerability is understood as “the negative result of the relationship between the availability of material or symbolic resources of the actors, whether individuals or groups, and access to the structure of social, economic, and cultural opportunities originating from the State, the market, and society” [3]. In line with this description, in Brazil, the daily lives of Rio de Janeiro communities and social shelters stand out. Amid exposure to violence, lack of resources, stigmatization, and constant struggle for rights, the mental health of resident children is constantly shaken.

Problems and neglect

According to Winnicott [4], the formation of man cannot be separated from the environment in which he was raised. In his words: “When one talks about a man, one talks about him along with the sum of his cultural experiences. The whole forms a unity” [4]. Therefore, when thinking about the state of the mental health of socially vulnerable children, especially in shelters and Rio de Janeiro communities, it is necessary to observe how it is addressed within the daily context.

Despite the substantial growth in dialogues about the importance of mental health care and the increase in health professionals, before analyzing the consequences of a problem, it is necessary to observe its causes. Taking the example of the Senador Camará community, through monitoring and interviews with a professional participating in accessible reception projects for children aged 7 to 14, and also observing social shelters located in Nova Iguaçu city, Baixada Fluminense, it is possible to discuss both environments that, despite being distant in location, present similar problems within the field of aggravating factors to children’s mental health. Among the problems related to the study, the exposure of children to violence and prejudice, as well as the scarcity of resources and structure, are presented. From these, it is possible to find some of the problems that unite the two socially neglected environments and still provide shelter and home for dozens of children.

Exposure to violence

As stated by Baía [5], the Rio de Janeiro favela can be described as an urban mosaic, illustrating the social disparity of Rio, where chaos and beauty coexist side by side. In agreement, Rio’s communities carry a significant historical weight and heritage of resistance from a people who mirror resistance against prejudice and marginalization on their skin. Each with its identity and

riches, despite the efforts of its residents, the current situation in many communities continues to be marked by violence. Marked by the absence of a consolidated state power, the main force is the agency of drug trafficking, which extends its control over its area or a specific community. In addition to the threat of the drug trade, the population is still a constant victim of police brutality, where their relationship is marked by a historical legacy of violent actions of repression and threats [6].

As a result of this environment, also composed of internal and external conflicts, the resident child is often caught in the midst of conflict. For example, the police operation on May 6, 2021, in the Jacarezinho favela, resulted in a brutal attack, resulting in a total of 28 deaths, characterizing one of the most brutal clashes in the history of Rio de Janeiro.

As a result of this environment, also composed of internal and external conflicts, the resident child is often caught in the midst of conflict. For example, the police operation on May 6, 2021, in the Jacarezinho favela, resulted in a brutal attack, resulting in 28 deaths in total, characterizing the most brutal clash in the history of Rio de Janeiro. As highlighted by Zamora [7], in the favela environment, whether due to the presence of trafficking and the constant risk of internal conflicts and wars or invasions and police violence, the daily life of the resident of Rio’s communities is constantly withdrawn due to dangers, reducing spaces for social circulation.

Affective and basic resource precariousness

Continuing to illustrate the difficulties that make up the framework of social vulnerability experienced by the child and youth community in Brazil, the implicit quality of life is unstable. Whether in structural or affective matters, the precariousness of resources is visible, subjugating the physical and mental integrity of the individual under constant concerns and exclusion, whether of opportunities or experiences. Raising, once again, the scenario of children served by the reception project in the Senador Camará community, as an example, it is possible to address the precariousness of access to basic rights over time. In addition to a heritage of historical exclusion and urban marginalization suffered by peripheral populations, the current reach of community residents to government functions such as basic sanitation, legal aid, and education suffers from gaps in its expression in society.

In primary issues of quality of life, basic sanitation, for example, is one of the absent or insufficient foundations. By observing the document produced by residents, Carta da Maré [8], it is possible to perceive the difficulty of achieving their quality of life through their constant struggles and observations.

“Although the data show the territorial and population greatness that involves the Complexo da Maré, basic sanitation works did not accompany the region’s growth. Even though in some communities houses are connected to the sewage system, these networks are not connected to the main collectors whose function

is to connect the networks and treatment plants, thus sewage is channeled into the canals (rivers extremely polluted by sewage and garbage) that continue to be dumped into Guanabara Bay. The reality in most communities is the channeling of household sewage into stormwater galleries (surface drainage, rainwater, street washing), contaminating the waters of underground galleries that also flow into the Bay. Many streets have open sewage, flooding during heavy rains, and hindering residents' access to education, health, employment, and leisure services. Open dumps are still a reality, hosting impoverished populations in their vicinity who live in precarious food situations and depend on materials found in landfills to survive." Carta da Maré, 2020 [8].

In addition to the clear problematization of the situation against human integrity and dignity, its effects on the psychological also become perceptible, especially in child health. Under the environment of scarcity and difficulty, the discrepancy of realities witnessed throughout the child's residence and growth in the community is rooted early in the infant's imagination. Establishing a clear distance between the experience of urban centers and communities, exposing the young person, from an early age, to an image of "non-belonging." Similarly, as explained in WEB Du Bois' work (1903) [9], when he vividly experiences the "veil" that separated blacks from whites in the United States, as this persisted in his mind, even when very young.

In addition to the prevalence of the precariousness of access to basic structural and social rights, it is possible to highlight the issue of affective precariousness, which translates to nothing more than the absence or scarcity of stable and healthy affective relationships or efforts in an environment.

Despite being one of the pillars for child development [10], a child in a situation of social vulnerability is often exposed to a lack of attention provided with affection, either due to neglect by their caregivers or out of necessity, where the focus of the caregivers may be on long work routines or the challenges of ensuring the means for their survival. In this case, it becomes possible to illustrate the issue by discussing the scenarios presented in social shelters, theoretically characterized by three interaction features: reciprocity, balance of power, and affective relationship [11].

By definition, social shelters, such as those observed in the municipality of Nova Iguaçu, are institutions responsible for the well-being of the physical and mental health of young people and children victims of abuse, neglect, or violation of their rights in general by the responsible caregiver. Through legal action, the minors in question—temporarily removed from their care and shelter—have their needs and demands placed in the hands of the responsible authority, as well as the person in charge of the space.

Despite promising to be an appropriate place for the child's stay, some factors present in Brazilian institutions work against the mission they propose. According to Carvalho (2002) [12], characteristics such as the unbalanced ratio between the

number of children per caregiver, the lack of social and affective support networks, and also standardized care prove incapable of meeting the affective needs appropriate to their age and personal situations.

Drawing attention to the general setting of situations within shelters, the institution itself cannot be entirely judged as bad. Although it does not replace the foundations and security provided in a family home, a shelter with appropriate care, an institution with well-founded structures, can play a healthy role in the healthy establishment of the child. However, in Brazil, through a general study conducted by Yunes et al. [13], it is a common scenario for institutions designated for the care of infants to have their efforts limited by structural precariousness, caused by various reasons.

From the information above, it can be understood that in child institutionalization environments, the presence of affective attention, whether from a caregiver or through the expansion of spaces available for relationship building—such as school, extracurricular activities, among others—is an exponential factor in the development and preservation of the child's emotional well-being. In addition and comparison, observing the study conducted by Tizard et al. [14], whose focus was on the relationship between the quality of work performed by caregivers and the language development of children under their care. It was also noted that the more affective activities—such as play, conversations, and other activities—were conducted between the caregiver and the protected child, the better their performance in language and expression development. Thus, it is possible to understand the role of attention and affection beyond those for basic needs, understanding the needs that surround the set of factors related to child development within the social context of vulnerability.

Prejudice and social exclusion

In addition to the realities expressed above, it is essential to address the negative social aspects that contribute to the degradation of children's mental health under extreme situations. From the presented scenarios, whether in the community and/or social shelter, social exclusion created from stigmas and prejudices formed under individualistic narratives are common factors in the daily lives of the resident children of these layers of society.

When talking about the community observed in the western zone, it is already common in the social imagination to recall the contrast between the wealthy and poor, just as their predecessors, the tenements. In the literary work of Aluísio de Azevedo [15], the suburban environment, home to the poorest and most miserable, subordinates of humble work and exploitation, was described as the core of vice, cunning, idleness, and lust. As described by the author: "And in that soaked and steaming land, in that warm and muddy humidity, a Individualists – those who escape reality world, a living thing, a generation began to sprout, to seethe, to grow, seeming to sprout spontaneously, right there, from that slush, and multiply like larvae in manure.

Today, despite the great social and cultural achievements made by communities over the years, the Rio de Janeiro favela, inheritor of marginal spaces near the urban center that previously belonged to tenements, has become the new target of the stereotyped view of the “ill of society” and “home of scoundrels and criminals.” As stated by Zaluar & Alvito [16], popular social representations of favelas always refer to poverty and marginality, consecrating their residents with the mark of exclusion, saturated by the fear of the “poor, black, and favela dweller” or the famous “malandro” (slick, streetwise person).

Within the context of social shelters, since the beginning of their trajectory, people in shelter situations have always had the stigma of the place they inhabit linked to their person. From this cycle, as contemplated by Rosseti-Ferreira et al. [17], children in shelter situations become the most vulnerable group to stigmatization and prejudice. In the image x society relationship, it is possible to retrieve some values attached to institutionalized people. Regarding the historical phases of social shelters in Brazil, Marcílio [18], distributes them into three: 1. Charitable, dating from the colonial period until the mid-nineteenth century, protagonized by welcoming actions in fundamentally religious institutions, such as Holy Houses of Mercy; 2. Philanthropic, extending from the late nineteenth century to the mid-1960s, where children were interned in total institutions [19], to transform them into good workers and citizens; and finally, phase 3. of the State-protector (beginning in the 1980s), marked by changes in the policy of attention to children and adolescents. From the analysis of each phase, it is possible to perceive the nominative abandonment to refer to that child left to an institution, which, by inheritance, still occurs today. Although, according to the census of the National Survey of Shelters for Children and Adolescents [20], 58% of children in institutions have contact with their domestic nuclei. Such a discrepancy in behavior regarding the image of the institutionalized child demonstrates the effect of stigmatization on the child's image.

The Role of Psychologists and Actors in Mental Health Approach

Currently, mental health has been a widely discussed topic in various areas. Similarly, the role of the psychologist has been rethought and discussed beyond traditional clinics. In daily practice, it is possible to illustrate the above statement from the adherence to the obligation of the psychologist's presence in schools, as shown by the selection of psychology and social service professionals according to Law 13.935. In the decree promulgated on January 16, 2024, which expands the power of action of health and education professionals, creating a political-pedagogical project in public school networks. Allowing the State to identify, catalog, and monitor the social problems that govern educational coexistence.

This action occurs simply because each actor has a fundamental role in the daily dynamics of coexistence in educational centers,

with the teacher identifying the student's difficulty, directing them to the educational psychologist, who will observe whether these difficulties are solely educational or extend beyond learning barriers. If this hypothesis is confirmed, the student is directed to the psychology professional who can analyze through specific methodologies the scenario of difficulty in that student, classifying or not the psychological problem. It may even extract information where the psychologist identifies the root of the problem. If it is confirmed that this problem is derived from results due to abuse or any other situations that imply external coexistence to the school walls, the social service professional must also be notified. It is up to him to combine actions in partnership with the guardianship council, caregivers, or even justice so that the causes of the problem that generated the first identification of difficulty still in the classroom are resolved. With these actions, a cycle is observed where multiprofessionals, each acting within their own reality, can offer results in social and institutional relationships.

Within this coexistence and for the assertive result that closes the link of this configuration is the psychology professional. Unlike any other actors in this scenario, only the psychologist is capable of using appropriate, analytical, and reproducible methods capable of extracting experiences with which he can identify or classify the needs and/or difficulties attributed to his psychology and carry out the treatment and follow-up process with the child through scientific and reviewed approaches to meet the patient's needs. Such information is of utmost relevance to the State, which is responsible for monitoring, welcoming, and resolving, when such problems imply misconduct by third parties. Although the objective of Law 13935, promulgated on December 11, 2019, is solely to develop actions to improve the quality of the teaching-learning process, Law 14819, promulgated on January 16, 2024, “extremely recent,” relies on building strategies for the integration and permanent articulation of the areas of education, social assistance, and health and in the development of actions for psychosocial promotion, prevention, and attention within schools. With this, it is observed that we are consolidating a national policy of attention within school communities, creating a multidisciplinary and intersectoral approach aimed at actions that unite the national mental health policy with the national basic attention policy and the health program in schools. Aiming, among others, at the main result: reports that are shared with a view to implementing public policies for the better exercise of citizenship and respect for human rights. Having as its first objective to promote mental health in the school community.

The Most Used Methodologies for the Care of Children in Social Vulnerability

Continuing the established thought above, psychological support is indispensable since, armed with unique information and practices for the specialized care of the child. From the introduction process to the development of an action plan based on the needs and exclusivities presented by the patient, child

care provided by the psychologist can be approached in many ways. However, as it is not the purpose of this study to delve into all possible methodologies, we will shed light on the most used approach.

The Role of Psychology for Children in Situations of Social Vulnerability

In particular, for children in adverse situations, such as those presented previously, the approach must be carried out with caution, focusing on the child's comfort. Thus, methodologies such as the Cognitive Behavioral Therapy (CBT) approach can be one of the tools in the follow-up process. Based on the principle that behavior is influenced by thought, CBT understands the patient through dynamic strategies aimed at observing behavior. Therefore, when providing support to children in turbulent environments, this approach allows the understanding of their psychological aspects to go beyond the need for dialogue, enabling tools such as play and game activities to be used as a bridge between the child's needs and the professional's assessment [10]. Based on theoretical and empirical foundations, the psychologist can interpret and understand the child's psychological state in a non-invasive, precise, replicable, and documentable manner.

This methodology is capable of generating reports that can later be passed on to state representative institutions, which, when united, can generate a "snapshot" of regional psychosocial difficulties. This allows state agents to visualize an entire panorama and create affirmative actions for change and improvement [21].

The role of the psychologist

According to the analysis of experiences and daily life situations of children in vulnerable situations, the presence of a psychologist is indispensable. As discussed, in general situations like school, the professional plays a unique role in assisting with the mental health of the young. However, when dealing with extreme situations, the problems presented can go beyond the clinic's walls and theoretical science. Thus, the psychologist has the opportunity to play a multiprofessional role, acting from reception to identifying and assisting in problem resolution.

In conclusion, within the proposed discussion of this work, we can discuss the role of the psychologist in environments of young people in situations of social vulnerability. In addition to providing an open and specialized environment for development, study, and support for the suffering and feelings dealt with by these children, the professional plays a key role as a mediator among existing support networks available in the child's routine, allowing the creation of environments so that, despite the problems, they can strengthen their foundation to provide a structured support network focused on the psychological needs latent in the situations experienced.

First and foremost, it is important to emphasize that discussing mental health in socially vulnerable environments is to talk about interpreting and caring for each patient's contexts. Addressing the interview conducted with Juliana, one of the psychologists working on accessible support projects in the Senador Camará community in the West Zone of Rio de Janeiro. According to her experiences as a resident and professional, she points out the importance of being aware of the social context in which the individual is inserted and the different approaches that the psychologist can take to help the patient:

Question: What is your view on the role of psychology in the development of children in situations of social vulnerability?

Juliana: "It depends on each subject there, right, the role of the psychologist in child development depends on the context. I think it can always be a helper in understanding the world and the individual and in the work of caregivers and institutions to create subjectivity there, right (...) And for these children in situations of vulnerability, fragility, right... In addition to mental health, the psychologist is part of integral health. We need to feel safe, eat, have access to basic sanitation, and conditions to develop. Something that is sometimes not possible due to the violence in some territories(...) so I think that for people in this situation, right, who can't even have access to integral basic health, we already start from another starting point than with a child who already has all these devices, right."

As Descartes said, body and mind, in addition to defining human nature, are in constant relation. Under the light of his phrase, the interviewee's view takes shape. In caring for the child's mental health, bodily stress – be it due to hunger, physical or psychological trauma, abuse, among others – hinders the total development of support since the core of the problems experienced by children in degrading situations rarely limits itself to the context of the psyche [22].

Therefore, it is necessary for the psychologist to go beyond clinical barriers, leaving the comfort zone to seek to support, not only the emotional problems faced by the patient but also the problems of society as a whole, in an effort to improve the situation in its broad capacity. As also mentioned by the professional: "So, from these situations of vulnerability, the psychologist's role will be to articulate, claim in public network and social assistance organs that the individual can obtain his rights. And from these rights, build other health issues."

From this perspective, the professional is seen as a connection piece between the patients' adversities and responsible bodies, such as health centers, social workers, among others. As published by the Municipality of Belford Roxo in its transparency board in 2023, which, together with psychologists working in school networks, articulated their functions in favor of reducing violence in schools. In this way, the professionals were instructed to work

by encouraging dialogue, self-esteem, and confidence, while also assisting the municipality in understanding the mental health of children in the municipality.

Regarding the clinical and psychological approach itself, the professional is directed towards the care of welcoming and receiving the child, focusing on teaching and learning emotions in the face of situations experienced in their daily lives. Thus, the procedure must be cautious and light, aiming to be mainly a place of rest and openness for the child to feel comfortable.

In the view of the interviewed psychologist, she emphasizes the importance of considering the social context, in addition to the problems, such as the support networks existing in the child's life – family, school, among others – and working with these, helping in the integration of the patient. According to her: "(...) I think it can always be a helper in understanding the world and the individual and in the work of caregivers and institutions to create subjectivity there, right. And help her develop her potential. In this area, I think there are several fronts, right? Within the school, with caregivers... but the role will depend on the child and their view of that. But in general, the role is to be together, right, and also respecting the context of each of these children."

The Role of Play in Psychological Intervention

In this process, it is ideal that the entire procedure is conducted in a non-invasive manner within the patient's space. The combination of play with the exploration of subjectivity and the meaning of reality can be a valuable option. As Winnicott [23], stated, "While it is easy to understand that children play for pleasure, it is much more difficult for people to see that children play to master anxieties, control ideas, or impulses that lead to anxiety if not mastered."

From the author's perspective, play can be seen as a crucial tool in the process of assigning meaning to reality for the child, serving as a symbolic way to identify and "treat" what they do not yet have the capacity to express in words. Thus, the use of games and play can contribute to the development of trust, sensitivity, and also emotional bonds by communicating and interacting with other children. Additionally, playing can allow the psychologist to identify personality traits and emotional characteristics unique to that specific patient, whether as a result of trauma or not; the way a child plays is their way of translating their experiences, as Winnicott [23] asserts.

Conclusion

This article aimed to analyze the role of psychologists in social shelter institutions and communities in Rio de Janeiro, working in non-clinical support for children aged 7 to 16.

Within this context, it was identified that the psychologist's role acts as a positive factor in the emotional development of children in situations of social vulnerability. Within the presented

framework, it was possible to analyze situations that are already part of the social imagination and their repercussions on the child population of the Senador Camará community and the social shelters in Baixada Fluminense.

However, a critical factor drew attention during the study: the psychologist's work often clashes with the difficulties of support and infrastructure offered by the cores that make up the daily lives of the children in question. In other words, the positive result of applied methodologies is often impacted by the precariousness of the environment in which they are located. As evidence of this, we recall the words of the professional Juliana, who, in other words, finds comfort in the fact of "doing the best with what one has" [24].

From observing their daily lives and afflictions, the psychologist's role must be adapted. Within the sets of problems surrounding the daily lives of the environments in question, the professional has the opportunity to contribute to various cores. Regarding the approach to issues of violence, prejudice, and precariousness, the professional is necessary in the process of welcoming, understanding, and assisting in the construction of the capacity for symbolization and subjectivity of children towards the reality in which they are inserted.

Thus, facing primary issues related to the presented problems, the psychologist also has the opportunity to work on social issues and collaborate with other competent bodies to identify and assist in the resolution of basic structural problems present in the mentioned environments. As a secondary objective, but no less important, this article presented scenarios for future discussions about the psychologist's role, fostering scenarios that can be analyzed in light of the guidelines and laws 14,819 and 13,935 [25-27], still too recent to be widely discussed. Its results can be added to the current article in the near future. I extend an invitation to other professionals who wish to analyze current and future scenarios and continue this article.

References

1. Garland C (2015) Abordagem psicodinâmica do paciente traumatizado. In CL Eizirik.
2. Laplanche J, Pontalis JB (1996) Vocabulário da Psicanálise. São Paulo, Brasil: Martins Fontes.
3. Morais NA, Raffaelli M, Koller SH (2012) Adolescentes em situação de vulnerabilidade social e o continuum risco-proteção. *Avances en Psicología Latinoamericana* 30(1): 118-136.
4. Winnicott DW (1975) O brincar e a realidade. Rio de Janeiro, Imago.
5. Baía PRS (2006) A tradição reconfigurada: mandonismo, municipalismo e poder local no município de Nilópolis e no bairro da Rocinha na região metropolitana do Rio de Janeiro. Tese de doutorado não publicada, Programa de Pós-Graduação em Desenvolvimento, Sociedade e Agricultura, Universidade Federal Rural do Rio de Janeiro, 160pp.
6. Cano I (1997) Letalidade da ação policial no Rio de Janeiro. Rio de Janeiro: ISER.

7. Zamora MH (1999) *Textura áspera: confinamento, sociabilidade e violência nas favelas cariocas*. Tese de doutorado não publicada, Programa de Pós-Graduação em Psicologia Clínica, Pontifícia Universidade Católica do Rio de Janeiro, pp 209.
8. Casa Fluminense, Data_Labe, Redes Da Maré, Carta de Saneamento da Maré (2020) *Contribuições da Maré para o Desenvolvimento de Políticas Socioambientais no Contexto das Eleições Municipais de 2020 e Parte Integrante da Agenda Rio 2030*. Ed. Rio de Janeiro: Associação Casa Fluminense, 2021
9. Dubois WEB (2021) *As almas do povo negro* (Tradução de Alexandre Boide) São Paulo: Veneta
10. Souza CR, Baptista CP (2013) *Terapia cognitivo-comportamental com crianças. Psicoterapias cognitivo-comportamentais: um diálogo com a psiquiatria* 523-534 2001.
11. Bronfenbrenner U (1996) *A ecologia do desenvolvimento humano* Porto Alegre: Artes Médicas (Original publicado em 1979).
12. Carvalho A (2002) *Crianças institucionalizadas e desenvolvimento: possibilidades e desafios*. In: Lordelo E, Carvalho A, Koller SH (Eds.), *Infância brasileira e contextos de desenvolvimento I:19-44*. São Paulo: Casa do psicólogo.
13. Yunes MA, Miranda AT, Cuello SS, Adorno RS (2000) *A história das instituições de abrigo às crianças e concepções de desenvolvimento infantil [Resumo]*. In: Sociedade Brasileira de Psicologia (Ed.), *Resumos de comunicações científicas, XXXII Reunião Anual da Sociedade Brasileira de Psicologia* 213-214.
14. Tizard B, Cooperman O, Joseph A, Tizard J (1972) *Environmental effects on language development: a study of young children in long-stay residential nurseries*. *Child Development* 43: 337-358.
15. Azevedo, Aluísio O Cortiço (1997) *OBJETIVO* pp: 267.
16. Zaluar A, Alvito M (2004) *Um século de favela*. Petrópolis: FGV.
17. Rossetti-Ferreira MC. *Olhando a pessoa e seus outros, de perto e de longe, no antes, aqui e depois*. In: Colinvaux D, Leite LB, Dell'aglio DD (Org.) *Psicologia do desenvolvimento: reflexões e práticas atuais*. São Paulo: Casa do Psicólogo, 2006. p. 19-62.
18. Marcílio ML(1998) *História social da criança abandonada*. São Paulo: Hucitec.
19. Goffman E (1974) *Manicômios, prisões e conventos* (DM Leite, Trad.) São Paulo: Perspectiva (Originalmente publicado em 1961)
20. Silva ER (2004) *O direito à convivência familiar e comunitária: Os abrigos para crianças e adolescentes no Brasil* Brasília: Ipea/Conanda.
21. BRASIL. Lei Nº 13.935, de 11 de dezembro de (2019) *Dispoe sobre a prestação de serviços de psicologia e de serviço social nas redes públicas de educação básica*. Brasília. DF: Diário Oficial da união.
22. Descartes, René. *Discurso do método*. Coleção Os pensadores, vol. XV. Trad. J. Guinsburg e Bento Prado Jr. São Paulo: Abril Cultural, 1973. p. 33-80.
23. Winnicott DW (1977) *Por que as crianças brincam*. In: D. W. Winnicott. *A Criança e o seu Mundo* (pp. 161-165) Rio de Janeiro: Zahar.
24. Cortella, Mario Sergio (2016) *Por que fazemos o que fazemos?*. Editora Planeta do Brasil, 2016.
25. BRASIL. Lei Nº 14.819, de 16 de Janeiro de (2024) *Institui a Política Nacional de Atenção Psicossocial nas Comunidades Escolares*. Brasília. DF: Diário Oficial da união. 2019.
26. Aguiar RW, Schestatsky SS (Orgs.) *Psicoterapia de orientação analítica: fundamentos teóricos e clínicos* (3a. ed.) Porto Alegre, Brasil: Artmed
27. *Educação De Belford Roxo Reúne Psicólogos Para Adotar Medidas Preventivas À Violência*. Prefeitura de Belford Roxo.



This work is licensed under Creative Commons Attribution 4.0 License
DOI: [10.19080/GJIDD.2024.13.555865](https://doi.org/10.19080/GJIDD.2024.13.555865)

Your next submission with Juniper Publishers will reach you the below assets

- Quality Editorial service
- Swift Peer Review
- Reprints availability
- E-prints Service
- Manuscript Podcast for convenient understanding
- Global attainment for your research
- Manuscript accessibility in different formats
(Pdf, E-pub, Full Text, Audio)
- Unceasing customer service

Track the below URL for one-step submission
<https://juniperpublishers.com/online-submission.php>