

Homeless children: the lives of a group of Brazilian street children

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Aim. To evaluate the life trajectories of a group of school-age street children frequenting two São Paulo city public shelters.

Background. A large proportion of the Brazilian child population suffers extreme disadvantage, although the Brazilian government gave the issue ‘absolute priority’ in 1990. Maternal and Under 5 mortality rates remain unacceptably high. In the metropolitan region of São Paulo an estimated 200 000 minors do not live with their mothers. Brazilian street children live lives of extreme personal and social risk. **Study method.** The data were collected through individual, semi-structured interviews, with 14 school age (7–12 years) participants frequenting two city public refuges, with their legal guardians’ consent. Data analysis was based on Social Representation Theory and used content analysis.

Findings. The children’s most meaningful experiences were grouped into the thematic categories of family, the street, friends, drugs, the police, the shelters and the future. Synthesis of these categories showed the lives of these children to be permeated by violence, resulting in experiences restricting their full development.

Conclusion. The solution to their problems depends on pressure being put on the State by the civilian community in order to establish social and health policies that conform to the Child and Adolescent Statute (ECA). We consider that assisting street children involves attitudes that go beyond professional performance and demands acts of citizenship.

Recommendations. The development of an ethical-political attitude by professionals to the problems of homeless street children is essential, and educational curricula should be appropriately constituted. Political projects to develop health and welfare policies and education should be directed to these children and their relatives, and include participation by health professionals to provide the necessary preventive and curative services.

Keywords: homeless youth, child welfare, development, health policy, domestic violence, public health, children’s nursing

Introduction

At the beginning of the 1990s, the then-president of Brazil, promulgated the Child and Adolescent Statute – ECA (Costa *et al.* 1990) – by giving a public speech announcing that children and adolescents would become ‘the Government’s absolute priority’. He showed figures depicting the misery, abandonment and ostracising of Brazilian children, revealing that Brazil had about 65 million children and adolescents up to 19-year-old. Annually, 250 000 children died before completing their first year of life and there were 120 maternal mortality cases in each 100 000 births. Thirty percent of total admissions to the public hospital network were children under 2 years old and, of these, one in four suffered from malnutrition. Sixty-one percent of those between 1 and 4 years lived in houses lacking adequate basic sanitation. Over 4 million children between 7 and 14 years were excluded from classrooms and, of those who enrolled in the first year of primary school, only 18% completed 1st. Grade (first 8 years of the education system). The national illiteracy rate between 7 and 14 years was 28%, 51% of which was in the north-east. Of the children who abandoned their studies to work for a living, 26% belonged to families whose income was less than one quarter of the minimum salary. Four percent of children in the main cities did not live with their mothers. In the metropolitan region of São Paulo (including São Paulo and the 38 cities around), 200 000 minors were in this situation (Costa *et al.* 1990).

These statistical data give an overview of the Brazilian family’s socio-economic situation, making it clear that a large proportion of the child population is denied access to life’s dignifying conditions. The figures that the President gave in 1990 have not changed substantially as the ECA promulgation. The situation of misery that some families endure explains the high number of children who resort to the streets as an alternative for their survival and socialization. Hence, only by enlisting in the struggle to respect children’s rights will this situation be changed.

The United Nations Children’s Fund – UNICEF – has been striving for this goal since its establishment in December 1946. It presently aims to guarantee for children the same set of rights (civilian, social, cultural and economic) as adults. This step forward took the shape of an international law on September 2nd 1990, in accordance with the Convention on the Rights of the Child adopted by the United Nations General Assembly (Bellamy 1997). This has as been ratified by 96% of the participating countries, thus ensuring that children’s rights are legally protected (United Nations High Commissioner for Human Rights (1997–2000)).

However, as recorded by UNICEF:

The effort to modify these children’s lives will be complex, demanding a continuous offensive against poverty’s and underdevelopment’s basic causes...The new era for the child’s rights will still need the support of popular pressure...Unhappily, the need for a passionate defence in favour of all the world’s children is not less today than it was half a century ago...adequate policies will be adopted only in response to a large and insistent demonstration of public indignation (Bellamy 1997, p. 9).

The ex-president’s speech in 1990 suggested a ‘passionate defence’ in favour of Brazilian children, calling on society to participate in establishing the new statutory measures. He said:

We have to say: ‘Enough!’ We cannot continue being the Brazil of unacceptable and inhuman privations affecting our children. We cannot be the Brazil of *pixotes* (slang for street children)...Democracy is also the universe of shared responsibilities, and there is no nobler responsibility or clearer expression of common goodness than the redemption of our under-aged. The proposal I now make is to rid them, once and for all, of all forms of violence and abandonment... This is why I call upon the Nation, each Brazilian, to enter body and soul in the struggle for the child (Costa *et al.* 1990, p. 13).

These words marked a historical milestone in the struggle for support for children. However, much more has proved to be needed subsequently than mere words; improvement of the socio-economic situation of Brazilian families demands political changes. This means that the Government must allot an important part of the State’s budget to finance social and health policies.

After a decade, the indices of human development in Brazil and the increase in social exclusion and poverty are still unsatisfactory. In 1999, the rate of infant mortality was 34.6 per thousand (Rede Interagencial de Informações para a Saúde 1997) and the maternal mortality rate was 63.4 per 100 000 births (UNICEF 2001). In 1996, the rate of under 5 years mortality was 65.7 per thousand (UNICEF 2001). The Secretary for Child, Family and Social Welfare – São Paulo conducted a survey on 10 October 1993, between 4 and 7 p.m., in places where the children generally stayed and found 4520 children alone in streets (Rosemberg 1994).

It is obvious that the efforts undertaken by the governments of our country still have been insufficient. The contradictions between words and actions are clear, as in speeches the statute is defended but social policies are not implemented to allow the aims to be achieved.

The ECA has been a victory, because it recognizes children as citizens and regulates their social rights, but the struggle is not yet finished. Statutory efforts will be in vain without the next step of developing and implementing a social policy for

children, chiefly for those in a 'situation of personal and social risk'. These people are excluded from basic frontline social policies and rendered second class citizens. This is the biggest challenge – to put pressure on the Brazilian authorities to commit themselves in practice to the ECA principles.

Street children live lives of intense personal and social risk. Among a multitude of other problems, the absence of a specific health policy directed to this social group contributes to denying health professionals access to those children who most need their help. Street children are so excluded from the Brazilian health care system that their existence is seldom considered in these professionals' work and these children have only sporadic access to health care during occasional attendances at emergency services in hospital. Moreover, because the special needs of this social group are not recognized, the assistance offered is no different from that offered to other children who live in totally different realities. But street children need personalized attention that responds to their acute necessities and specific sets of problems.

The study

The lack of specific health policies for children in a 'personal and social risk situation', and health professionals' consequent exclusion from providing assistance for these children justifies the development of a profile to describe their lives within their adverse context. Hence, the starting point of the study reported here was an attempt to know how children who live in such a hostile environment comprehend their own reality, particularly with regard to health. The objective was to 'identify the social representations of a group of school-age street children's life trajectory'.

Research methods

At 7 years of age, children have mental abilities allowing them to think, express and act according to their conscience. They develop the capacity to transmit their own opinion on the reality by which they are surrounded. The development of a cognitive and moral conscience (Piaget 1972, 1977), as well as the shaping of identity (Erikson 1971, 1987), are the requisites that enable children to construct their own thoughts and elaborate representations related to self, others and to their surroundings. This is why school-age children were chosen as subjects for the study.

Data collection and sample

Data were collected by individual semi-structured interviews with children using the São Paulo city streets as means of

survival and space for their development. Fourteen school-age children (10 boys and four girls, from 7 to 12-year-old) who were frequenting two city public refuges participated in the investigation. All were aware of the use of a tape-recorder and very much liked to hear themselves on the tapes after the interviews were over. The refuges consisted of a shelter (a state semi-closed public institution accepting 60–70 children per day), and an overnight hostel (night shelter only, run by a nongovernment organization with 80–90 children and adolescents per day). The number of children participating in the investigation was limited by their presence in the shelters. In addition the criterion of data saturation was used, so that data collection was ended when further histories began to reflect the trajectory already described in previous interviews. The resultant group then took the role of spokesperson for other children who rely on the street as alternative solution to their problems.

Ethical issues

Permission to conduct interviews with the children was obtained in two ways: first, from the person responsible for each refuge (legal guardian) and second, from the children themselves. The objective of the study and use of the information were carefully explained to them, as well as ensuring the anonymity and confidentiality of the refuges and the children by omitting names from the data or substituting fictitious names. Hence, they gave their free and informed consent according to the ethical principles of research with human subjects (Conselho Nacional de Saúde 1996).

Data analysis

Analysis of the data was underpinned by the theoretical perspectives of Social Representation Theory, as described by Moscovici (1978), Jodelet (1986) and Spink (1993). According to these authors, representation is an act of thinking resulting from the relationship between subject and object (whether this be thing, person, event or idea). This focus allows an observer to become aware of an individual's subjective reality. Through the qualitative method of investigation, it is possible to perceive latent contents not amenable to quantification. This content analysis technique was used to capture, through the children's perception, the themes that they delineated in their stories.

To ensure rigour, the interviews were fully transcribed and the texts were organized meticulously according to the thematic analysis procedure (Bardin 1979), whilst still

retaining the essential content of the thoughts and meanings in each child's story.

Findings

This systematic organization of the data created the following categories: *the Family, the Shelter, the Street, the Friends, the Drugs, the Police, and the Future*. These categories represented very meaningful themes to the children, and the thematic analysis brought into the open what was implicit in their words. This strategy, to change the implicit into the explicit, made it possible to recognize values, ideologies, behaviour patterns and judgements relevant to the aims of the study.

The thematic categories

The categories were laid out in the sequence narrated by the children. It was thus possible to learn that the starting point of their accounts of their lives' trajectories was running away from home. On the street, they established very meaningful ties and relationships (positive or negative) with their friends, drugs and the police. It was obvious that, when in need of some of the basic necessities, they turned to the semi-closed shelters. Some children, before running away, had already had experience of living on the streets. Their paths were characterized by a coming-and-going movement from the streets, returning home or to the shelters, fleeing once again from these, following an aimless path, without any clear perspective as to their future.

The family

The reasons given for running away from home were 'mother's absence', 'violence at home', and 'family misery and disintegration'. In general terms, the children referred to a history of crisis and rupture in family structure. They then resorted to the alternative of running away to rid themselves of the austere treatment, negligent or aggressive behaviour exhibited by their parents or guardians. The children told of various running away situations resulting from the authorities returning them to their homes when they were found on the street. In this process of returning home without any support from the family, they faced the same problems and so returned to the streets.

It was obvious that the mother's absence, whether by her death, abandonment, or separation of the parents, was one of the major causative crises in the lives of some children. The mother's loss became a problem when the substituting figure (stepmother, grandmother, aunt or father) failed to meet the

child's needs, or when the child was treated carelessly and aggressively. For these children, the fairy tale myth of the bad stepmother was a reality:

My mother (stepmother) beat me. She beat me a lot, she used me as a maid, and she didn't let me stay in my house. So I fled, I fled. I didn't want to go back home.

One of the children disclosed this conflict with a stepmother when questioned on the meaning of *health*. He explained the word by relating it to the family, expressing that health is to be taken care of by the parents. The healthy life that had been, was emptied by the mother's loss, resulting in the child running away from home.

Child: Health...is when one is with one's parents, one's mother. When they take good care of us. When they feed us.

Int: Does this happen with you?

Child: It used to, but my mother passed away...then my father...then my stepmother started beating me up, so I ran away from home.

Some children fled because their natural parents ill-treated them. In some cases, a mother was unable to protect a son because the father was violent with both her and the child. There were some cases when the mother died and the child remained in the care of an aggressive father. But there were also stories of children whose mothers were the ones to ill-treat them. Of the children interviewed, those suffering abuse since early childhood had been in semi-closed shelters for a long time. They had become characterized as institutional children without any prospect of a return to family life. One clearly expressed hostility towards all his family members. He had strong resentment and was determined to cut all ties with his family, apparently being quite willing to eliminate all obstacles that might stop him from achieving his purpose.

Int: Has it been a long time since you have seen your family? Do you feel like seeing them?

Child: I don't want to hear of them...If I happen to see my mother here some day, and if I have a knife, I'll kill her...I might go to the Febem (institution that shelters delinquent children), I might go any place, but I'll kill her to get her out of my life, I'll do it. She only likes my brothers. If it weren't for my grandmother, to take me and bring me up, I would already have been with another person. When I was small, she was going to give me to somebody else (Pause).

The street

There were children for whom it was implicit that the street was part of their daily routine, as if it were an extension of their home. These children revealed information that showed

the level of family poverty and degradation. They generally belonged to multiple, disaggregated families, with a history of some member involved in crime.

The children described the street in an ambiguous way, sometimes as the only haven, and sometimes as a very bad experience. The discomfort (hunger, cold, lack of hygiene) caused them such ill feeling that they thought about returning home. Some only returned home sporadically, because they missed their families or were just tired of the streets. However, because of the hostile ambience that they were sure to find at home, some decided to remain on the street or in the shelters, in spite of their inconveniences.

The friends

What seemed to comfort the children and relieve their suffering was their friends. Even so, they rarely shared with them the intimate details of their lives. They kept to themselves life's history, their pains, and their fears. Yet, they talked of solidarity when they said that they tried to protect their friends. The way to do this presented itself in different guises: facing their opponents, praying for them, avoiding dangers, nursing them when sick and keeping secrets. Some children considered their street colleagues as their only true friends; those in the shelters were not much valued. They described quarrels and intrigues with their shelter colleagues. Some, however, managed to form a cycle of friendships, but with reservations.

When the link between friends was very strong, the children established family ties between themselves. They created a 'make-believe' family. The group elected one to be the mother and another the father and each had a role in the idealized family (son, uncle, etc.). But, unlike children playing 'house', the 'street family' was no mere fiction. To these children it represented the family they lacked.

However, to belong to a group they had to do things together: inhale glue, beg, and commit petty thefts and crimes. They also experienced many conflicts because of the rivalry between groups. Thus they lived daily with the feeling of abandonment, in spite of belonging to a group, because they could not break away from the violence.

The drugs

All the children were dependent on glue. Inhaling glue seemed to be a condition of acceptance in any group. The consumption of glue led some children to start on other heavier drugs, such as crack or cocaine. Once addicted, they were unable to reintegrate into their own family or substitute family. They did not accept restrictions and resisted

discipline, and so they encountered difficulties if they tried to go to school. They lived in permanent conflict in relation to drug dependency.

The police

The police emerged as the most difficult and frightening experience in the world of the street and the children considered them to be their worst enemy. This is why the group rejects the child that becomes an ally of the police. The children were very vulnerable to the arrogance and indifference of unscrupulous police officers. They were afraid to tell us specifically what the police had carried out to them and shied away when asked about their personal experiences. Some described in veiled words the deliberate and overpowering treatment of the police and referred to their cruelty when describing rating how the police beat them up, using a deliberately humiliating approach. If, when ordinary children are playing the police are represented as heroes, to children in street situation they appeared as evildoers:

Child: Many police there, you're not doing anything, you're tagged (booked), you're beaten (in the face), and you're humiliated. They call you a thief in front of everyone...they throw you to the ground... they take you...(sighs) they take you to the back...they take you into the dark, they beat you, they give you black eyes, they leave you all beaten up, with your legs all marked.

Children who were on the street were pursued by the police and sent to SOS Criança (SOS Child: a public service for the protection of children who have been maltreated or abandoned). From there they could be transferred to a shelter and then they might be taken home or to another refuge. Hence, it was commonplace for street children to have already resided in several different refuges.

The shelters

The children complained about aggressive treatment by their colleagues and of the indifference of guards and teachers in the shelters (when these were not the aggressors themselves). They also complained about the conditions of their detention and of delays in reaching judicial decisions about their future. They showed intolerance with this situation, and this was why they escaped from the shelters. Another reason why they decided to live on the street was to maintain friendships that, according to them, were more solidary and which they considered as their substitute family.

Children declared that they could tolerate staying in a place with closed regime for a short period of time, but knew that in reality their stay could be long. Therefore, they accepted

staying intermittently at the shelters only when they were drained by their frustrated experiences of searching to satisfy their needs. Hunger, cold and lack of hygiene made them resort to the shelters. Once these physical necessities were satisfied, they appeared to take heart again to provide for other necessities such as relating to the outside world and moving around freely.

The limitations on freedom and privacy in the shelters impaired children in shaping their own identities. The shelters appeared to function for them as a 'total institution' as Goffman (1987) describes in relation to mental homes, jails and convents. In these institutions a 'mortification of the id' occurs, as a series of debasements, degradations and humiliations lead to the rupture of previous social roles.

Individualized care in small groups and participation in local community life are principles of the Statute of the Child and Adolescent. To assist these children, according to ECA, a set of measures must be taken by the shelters such as: ensuring favourable conditions for returning home (including support to the family), treatment for drug dependency, systematic educational activities, going to school in the local community, and more personalized and affective treatment.

The future

The children, with their lack of satisfactory outlooks, hesitated when asked what direction they wanted their lives to take. Those who had no history of domestic violence thought of the possibility of returning home some day. Those without this alternative expressed a preference for living with a relative. Those who had neither of these alternatives, after long hesitation, thought of resorting to some shelter of their own choice where they would feel less restrained. None pondered on the possibility of adoption.

Some expressed the desire to become policemen. They seemed to wish for a more advantageous position than that of their present circumstances. They were aware that their choice of profession would be restricted and, faced with the limited options; the alternative they saw was to become policemen. This possibility satisfied the need for social progress as it inverts the role of oppressed to that of oppressor. One of the children craved for a firearm to achieve supposed power:

Int: What would you like to be when you grow up?

Child: I don't know yet. Reporter, policeman, let me see...security. Working with a gun.

Int: You want to work with a gun? Why?

Child: Because I like it. I like the feeling of a gun in my hand.

At school age, children feel the need for adults to acknowledge their achievements but street children do not have the opportunity to produce work that can be praised: their time is either free or filled with illicit activities. Failure in meeting this need leads children to develop feelings of inferiority, compromising their self-esteem:

Int: What would you like to be when grown up?

Child: I want to be an honest man (pause)

Int: Aren't you an honest boy? How are you now?

Child: To me, I'm just a street urchin

Int: What is it like to be a street urchin?

Child: Ah! It's nothing.

The cruelty to which children are subjected on the street, together with the frustration of being unable to accomplish something of which they can be proud, are reasons enough for them to wish for a change in life. Generally, they knew that to be able to reach any goal they had first to overcome the great challenge of dependency on glue. Finally, although they did not set themselves a definite direction, they expressed the hope that 'one day everything will be different'. The lack of outlook shown by one of the children had led him to give up his own childhood. According to him, the solution to his problem was to 'grow up quickly, very quickly'. He implied by this that the solution to his problem was to achieve independence something that is only possible when one reaches adulthood. Knowing that it would be a long time before this was achieved, he invoked divine help:

I started out on the street, on the street, on the street. I'm now inhaling glue, smoking stone (crack) and am already in, I'm in...I'm lonely. Here I already made lots of friends. I practise lots of capoeira (Brazilian martial art). I don't know what's going to happen to me now. I wish I could grow up very quickly, quicker so that I can find work quicker. To help my friends, my girlfriend, my father, my aunt, my uncle and everybody else (street family) who needs me. and I need lots of help. (Pause) Now my mother (a girl who is his friend) is looking for me. I'm here (at the refuge). Everybody...here taking care of me. and I don't know...Let's see if God stops me from inhaling glue, smoking stone (crack), but I hope I can find myself a place to stay.

Discussion

From the analysis of the children's reports of their experiences on the streets it could be seen that during their lives' trajectories they had lived in many different situations, but in all of these violence was the protagonist. They had a history

of rejection or maternal absence and of paternal ill treatment since early childhood, and violence was always present in their current personal relations with their families, peers, police or other adults.

The children involved in this study showed growth deficiencies, low self-esteem or retarded schooling, demonstrating the unfavourable conditions endured during their development. The literature describes important factors linked to the growth and development process. According to Whaley and Wong (1982), children who suffer maternal deprivation may have deficient growth due to endocrine imbalance induced by psychological factors. According to Bowlby (1981, 1993), depending on the age at which a child suffers maternal deprivation, disadvantages in the development of language and abstract reasoning occur. Personality development may also be affected, resulting in inability to establish and maintain deep and meaningful interpersonal relations, as well as difficulty in controlling motivation towards far-reaching goals. The younger the child, the more serious is the damage caused by maternal deprivation. But generally speaking loss of maternal care can generate an adult unable to trust others.

For Erikson (1971), when children are successful in their developmental achievement, they acquire abilities fundamental to the constitution of personality: *basic trust* in the first year of life; sense of *autonomy* between 1 and 3-year-old; sense of *independence* from 3 to 6 years; and sense of industry (being useful) at school age. The basis for the acquisition of these qualities is found in the interactions children establish with the environment and in the capability of the people surrounding them to understand and offer adequate opportunities to meet their physical, emotional and social needs. Failure to acquire these fundamental need for healthy growth and development results in a sense of mistrust in oneself and others; feelings of exaggerated shame and doubt; a sense of guilt, generating fear, anxiety and rage; and a sense of inferiority, generating low self-esteem.

Another major factor compromising these children's development is the use of drugs, as these cause not only physical and mental damage, but also hamper children's social relations and their chances of returning to family life.

Conclusions

The distressing findings that emerged from this study indicate that urgent and effective measures need to be taken. Two types of action are required in order to keep children away from the street situation. Firstly, political action is needed to develop social policies that recognize and

attempt to meet the children's and their families needs. Secondly, attention must be given to the children already on the streets through health and welfare programmes, education, and the development of further research in order to generate intervention proposals. In the first case, it is necessary to put pressure on the State to identify financial resources in order to implement social and health policies in keeping with the Child and Adolescent Statute. In the second case, it is necessary to increase the participation of professionals from different areas of practice in projects for this social group. Nurses can act in both spheres: by defending children's and adolescents' rights; by identifying risk families and implementing interventions; and by participating in drug relief and drug addiction programmes; as well as in projects for children's reintegration in their original or substitute families.

The essence of the nursing profession is 'care'. Boff (1999, p. 33) defines this as follows: 'Caring is more than an act; it is an attitude. It, therefore, extends to more than a moment of attention, of zeal and of dedication. It represents an attitude of occupation, worry, responsibility and affective involvement with the other'. It is this broad definition that nurses must adopt if they are really to care for street children like those represented in this study.

References

- Bardin L. (1979) *Análise de Conteúdo*. Edições 70, Lisboa.
- Bellamy C. (1997) *Situação Mundial Da Infância 1997*. UNICEF, Brasília.
- Boff L. (1999) *Saber Cuidar: Ética Do Humano – Compaixão Pela Terra*. Vozes, Petrópolis.
- Bowlby J. (1981) *Cuidados Maternos e Saúde Mental*. Martins Fontes, São Paulo.
- Bowlby J. (1993) *Separação: Angústia e Raiva*, 2 edn. Martins Fontes, São Paulo.
- Conselho Nacional de Saúde (1996) Resolução no. 196/96 Sobre Pesquisa Envolvendo Seres Humanos. *Bioética* 4, 15–25.
- Costa A.C.G., Silva A.F.A., Rivera D., Moraes E.S., Cury M. (1990) *Brasil criança urgente: a lei 8069/90*. Columbus Cultural, São Paulo.
- Erikson E.H. (1971) *Infância E Sociedade*. Zahar, Rio de Janeiro.
- Erikson E.H. (1987) *Identidade, Juventude e Crise*, 2nd edn. Guanabara, Rio de Janeiro.
- Goffman E. (1987) *Manicômios, Prisões E Conventos*, 2 edn. Perspectiva, São Paulo.
- Jodelet D. (1986) La representación social: fenómenos, concepto y teoría. In *Psicología Social* (Moscovici S. ed.), Paidós, Barcelona, pp. 469–494.
- Minayo M.C. de S. (1993) *O Desafio Do Conhecimento: Pesquisa Qualitativa Em Saúde*, 2 edn. Hucitec, São Paulo.
- Moscovici S. (1978) *A Representação Social da Psicandlise*. Zahar, Rio de Janeiro.

- Piaget J. (1972) *El Juicio Y El Razonamiento En El Niño: Estudio Sobre la Lógica Del Niño*. Guadalupe, Buenos Aires.
- Piaget J. (1977) *O Julgamento Moral na Criança*. Mestre Jou, São Paulo.
- Rede Interagencial de Informações para a Saúde (1997) *Indicadores básicos de mortalidade para 1997*. Brasil: [online] www.datasus.gov.br/cgi/ldb98/mort.htm.
- Rosemberg F. (1994) *Contagem de crianças e adolescentes em situação de rua na cidade de São Paulo*. Secretaria da Criança, Família e Bem-Estar Social, São Paulo.
- Spink M.J. (1993) *O Conhecimento No Cotidiano: As Representações Sociais Na Perspectiva Da Psicologia Social*. Brasiliense, São Paulo.
- UNICEF (2001) *Situação da infância brasileira 2001*. www.unicef.org/brazil.
- United Nations High Commissioner for Human Rights (1997–2000) *Declaration of the rights of the child*, Geneva: www.unhchr.ch/html/menu3/b/25.htm
- Whaley L.F. & Wong D.L. (1982) Children: their environment and development. In *Essentials of Pediatric Nursing* (Whaley L.F. & Wong D.L.), Mosby, St Louis, pp. 14–37.