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# INSTITUTIONAL CARE AND ITS IMPLICATIONS FOR CHILD SOCIAL AND AFFECTIVE DEVELOPMENT

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Abstract: Over the centuries, care for orphaned or abandoned children prioritized only food and hygiene. However, studies in the field of Psychology have substantiated the importance of affective exchanges and the bond with care figures for the healthy development of children, thus driving changes in Brazilian and international legislation. The present study sought to discuss the elements that involve the measure of institutional care and possible implications for children's social and affective development. It is noteworthy that, although the institutional care measure prioritizes protection and well-being, other forms of intervention, such as family care, can present themselves as more effective alternatives and with less damage to global child development.

The literature indicates that, for some centuries, the care provided to orphaned or abandoned children and adolescents prioritized food and hygiene (Belsky, 2010). This was a Brazilian reality, but it was also something that happened in other countries around the world. Bowlby's studies (1982/2006), which showed worrying results regarding the negative effects of such practices child development, are considered fundamental to this day. They are important, as they provided the basis for the understanding that the survival and healthy development of an individual must also include affective exchanges and the link with the caregivers.

In this context, the Bucharest Early Intervention Project – BEIP (Nelson, Fox, & Zeanah, 2014) stands out. This is a randomized controlled trial conducted in Romania that began in the 2000s and investigated the development of children who had been abandoned and placed in institutions or in a foster care service. Some of the results obtained by the BEIP suggest that institutionalization can lead to deficits in behavioral, cognitive,

socio-emotional, neurological and psychiatric disorders, among others.

In Brazil, Brazilian legislation considers family and institutional care as a protective measure for children and adolescents who have been removed from their families of origin, for various reasons. Among the most frequent are family neglect, physical, psychological and sexual abuse, parents who are alcoholic or drug addicts, or who are in prison or have mental disorders.

The most frequent reasons for institutionalization changed, mainly after the establishment of the Child and Adolescent Statute (ECA), in the 1990s. In the current molds, these measures prioritizes the protection, well-being and healthy development of children and teenagers. The most recent data from the National Council of Justice - CNJ (2022) present a total number of 30,152 children and adolescents in institutions throughout Brazil, with only 5% of this number living in foster families.

Considering the aspects raised, this study sought to discuss the elements that involve the measure of institutional care and the social and affective development of children. In this sense, firstly, the historical and contemporary factors of the institutionalization of children in Brazil and in the world were highlighted; then, the sociocultural panorama that permeates this measure was presented; finally, in a third moment, light was shed on socio-affective issues, according to a discussion based on the theoretical model of Affective Social Competence, developed by Halberstadt, Denham and Dunsmore (2001), with a brief discussion about new practices.

# INSTITUTIONALIZATION OF CHILDREN: HISTORICAL AND CONTEMPORARY FACTORS

The institutionalization of children in Brazil, for many centuries and even today, can

be considered a serious social problem that is linked to so many others lived in a country with a history of colonization. Furthermore, insufficient investment by the government in education, health and security intensifies social vulnerability and marginalizes a large part of the Brazilian population.

Although this is not, in itself, a reason for institutionalization, considering the statistics in this context, it is known that the vast majority of children and adolescents sheltered come from families with low financial resources. According to a survey carried out by the Brazilian Institute of Economics of Fundação Getúlio Vargas (Ibre/FGV), based on data from the Brazilian Institute of Geography and Statistics (IBGE), Brazil has 4.4 million children in extreme poverty (2022). Both IBGE and Unicef (United Nations Children's Fund) agree that as a result of the New Coronavirus Pandemic, this number tends to grow even more, due to the critical socioeconomic situation in which the country finds itself.

Over the last few decades, sociopolitical movements, external influences and the advancement of the discussion on the importance of investing in the quality of care aimed at children and adolescents have enabled the improvement of Brazilian legislation and the creation of public policies aimed at assistance and protection (Medeiros & Martins, 2018). However, it must be mentioned that legislation, by itself, is not a guarantee of rights and that it depends on a strong and competent performance of the institutions and actors involved in working with children so that something is materialized and executed in an effective way.

The removal of the child from his/her family of origin configures an occurrence present in several places around the world. In many developing countries, civil strife, war and disease such as HIV/AIDS are the main

causes of orphanhood. However, countries like the United States and England also face similar problems, which indicates that this problem is not restricted to emerging countries.

Although the number of those living in institutional care is high, the priority of this type of care, currently, is to protect and preserve the integrity of children and adolescents, a fact that has not always been a concern of the State or those responsible for assisting this public. It is a responsibility of the public power, which for a long time was in charge of religious institutions and philanthropic organizations.

It can be seen in the literature that from the Middle Ages onwards, there were already orphanages in some Eastern European countries that were largely financed by donations from wealthy families. For a long time, religious institutions were in charge of receiving and caring for orphaned children, as argued by Nelson et al. (2014). However, until the 18th century, many countries still did not conceive of this type of practice and, therefore, abandoned children lived on the streets or in asylums for poor people, without any type of differentiated care.

In the United States, the first orphanage was founded in 1729, at the initiative of nuns of an order located in the US state of New Orleans. In Romania, the scene of many studies related to the damage that institutionalization could cause to child development, records show that its first orphanage was built in 1798. In both North America and Europe, orphanages began to become more common at the end of the century. nineteenth and early twentieth century. This is because, in this period, the increase in the population of immigrants began – as a result of the great world wars – and the industrialization of cities (Nelson et al., 2014).

Institutions for children and adolescents

in Brazil date back to colonial times and conceived a practice far from the present-day. The literature indicates that the first institution of this type, at the national level, appeared between 1550 and 1553 and welcomed children from villages, who were removed from their families to serve the purposes of the Portuguese colonizers, such as assisting in communication between Portuguese and Indians., translating their dialogues. Later, these same places began to receive orphans and foundlings from Portugal (Baptista, 2010). It can be speculated that abandoned children already constituted a serious social issue in Portugal and, therefore, were sent to the Portuguese colonies in order to seek a solution to the problem.

With the increase in the population in Brazil and the arrival of European families and other parts of the world, the number of children abandoned by their parents also grew. Many of these individuals were the result of relationships condemned by society at the time, such as relationships between single women and married men or between men and enslaved women and, therefore, in order to avoid a negative repercussion of the case, the paternity of babies. Baptista (2010) reports that these issues caused a major social problem since, over the years, the number of children who lived on the streets begging and stealing to survive increased considerably.

In the 18th century, with the objective of reducing the number of abandonments and protecting children who lived on the streets, some institutions were installed in Brazil following a model already consolidated in Europe, known as Roda dos Expostos. Initially, they were opened in Salvador, Rio de Janeiro and, later, in Recife. These consisted of places that had a kind of hollow cylinder that had an opening positioned towards the outside of the building. After the person placed the baby in the cylinder, he rotated it, allowing the

child to have contact with the interior of the institution and, thus, be collected by one of the nuns. This practice ensured the secrecy of the person who delivered the baby and, over the years of its implementation, reduced the number of children abandoned on the streets and alleys of these cities.

After the Proclamation of the Republic, an institution was created to carry out a complementary work to that of the Rodas dos Expostos, which until then only received newborn babies. On the initiative of the Catholic Church, the Casa de Acolhimento dos Expostos was created, which housed children aged between three and seven years old and then sent them to family homes (Marcílio, 1998). In the 19th century, the high mortality rate among babies and children who were accompanied by nurses and by some institutions began to be investigated. According to Baptista (2010), with the loss of autonomy of the Casas de Misericórdia, the responsibility for the administration of issues related to children came to be under the State, which in turn, promoted actions that served as a basis for the creation of the first public policies aimed at abandoned or orphaned children and adolescents.

However, the legislation that emerged from this discussion did not distinguish abandoned or orphaned individuals from those who had committed some type of crime. This was the case of law no. 4,242 of 1921, which dealt with public expenditure, authorizing, among other expenditures, the government to organize the assistance and protection service for abandoned and delinquent children. The same could be observed in Decree no. 16,272 of 1923, which regulated assistance for the protection of "minors", this one also providing that there was an institution to receive abandoned children and adolescents and those called "delinquents" until they had a definitive destination, which was not specified

(Baptista, 2010).

The Minors' Code, which was in force until the 1980s, was heavily influenced by the first Declaration of the Rights of the Child and was considered a major advance in policies related to childhood and youth. However, he used stigmatizing and pejorative terminology to name children, classifying them as "sluts", "beggars" and "libertines". It also created the State Foundation for the Welfare of Minors (Febem), transferring the responsibility of administration to the states and no longer to the Federal Government, and provided for the structuring of programs that could resocialize juvenile offenders. However, despite changes in legislation and the establishment of public policies to protect children and youth, many of the practices adopted involved the exclusion of these individuals from society. It allocated them in confined spaces and away from the local community, which increased the stigma and prejudice against this population.

The concern with more individualized care, the preservation of children's affective and fraternal bonds and the importance of them being raised in healthy environments can be considered relatively recent and underwent significant changes in the 1990s. Studies and research developed in several areas of knowledge, especially in Psychology, which pointed to the impacts that the establishment and maintenance of affective and emotional bonds, and the influence of the social context and the way with children were created by their parents and caregivers could negatively or positively affect child development, depending on how they were constituted (Bowlby, 1969/1984; Wallon, 1942/2008; Winnicott, 1987/2014; Nelson et al., 2014).

A change in social thinking related to people's conception of children from different relationships has also changed due to new family configurations that no longer necessarily fit the nuclear family model -

father, mother and children. The question, although not so well accepted socially, about men and women who have children with other partners outside a stable union and the decrease in prejudice about this type of event, contributed to a progressive reduction in the number of abandoned babies. or given up for adoption.

Together, due to the increase in scientific knowledge disseminated to the general public, coercive practices, such as physically assaulting children as a way of educating them, neglecting basic care and different types of abuse (physical, psychological and sexual) have become be socially condemned and considered crimes. This way, since parents are considered a risk factor for their children, it is considered the removal of the child or adolescent from this family nucleus and their placement in an extended family or, in the absence or impossibility of this, in a family or institutional care program.

Changes in the social environment and the increase in the discussion of issues related to the protection of childhood and adolescence, such as those already mentioned, boosted the creation of the Child and Adolescent Statute (ECA), law n. 8,069 of July 13, 1990, which brought a new paradigm of protection and care for children and adolescents at risk and social vulnerability. In its article 98, the ECA lists some protection measures to be applied whenever the rights of children and adolescents are threatened or violated by the action or omission of society or the State, for lack, omission or abuse of parents or guardians or due to of his conduct (Brasil, 1990).

### CHANGES IN LEGISLATION AND SOCIOCULTURAL ISSUES

In the current form, orphanages ceased to exist as places for abandoned and orphaned children and gave way to care institutions that, in turn, receive babies, children and adolescents at risk or social vulnerability. Institutional care and Foster Care has become a measure that aims to protect babies, children and adolescents who were abandoned, neglected or abused by their parents or caregivers, as well as those who were orphaned. The ECA recommends that the individual be referred to an institution or a foster care family only when there is no other person in the family to perform the care functions. In these cases, the law provides that this measure must not be longer than the period of eighteen months, since that removal of the child from home and from a family can be harmful to their development (Brasil, 1990).

Several terminologies started to be adopted from the establishment of the ECA and other norms and resolutions related to this theme. Caregivers, social educators, social fathers/mothers and monitors refer to those professionals who are responsible for the most direct care of children and adolescents residing in an institution: food, hygiene, routine organization, guidance, supervision, affection, attention, among others. Social fathers or mothers are those people who are responsible for care in home-based institutions, where care for children and adolescents tends to be more individualized (Brasil, 2009).

Shelter and care institution are terms considered synonymous by some authors (Moré & Sperancetta, 2010), however, with the changes made by Law 12010, of 2009, the denomination shelter (or institutional shelter) was replaced by care institution. Therefore, although present in scientific and academic studies and texts, and widely used by professionals working in this area, the term shelter must no longer be used.

Based on what the ECA recommends, the National Council for the Rights of Children and Adolescents (Conanda) prepared the Technical Guidelines for Shelter Services for Children and Adolescents (Brazil, 2009). The

main objective of this report was to present the main characteristics of Brazilian shelter services. In it, four possible modalities are highlighted: institutional shelter, house-home, foster family and republic. As characteristics common to the different modalities, it can be mentioned that they can be governmental or non-governmental; are institutions to which children and adolescents of both sexes are sent, who are away from living with their family of origin, because they have suffered abuse, mistreatment or neglect, among other reasons, and who, therefore, are under the State guardianship. It is advised that such places must have the appearance of a house, with architecture close to the surrounding residences and without a sign that identifies them as an institution. With the exception of the republic, which only receives young people from 18 to 21 years old, the others can receive children and adolescents from zero to 18 years old.

Care institutions must be close to the child's former residence so that ties with the school. friends and community are maintained, except in special cases where the child is under threat from a member of their community. Although there is guidance regarding the maximum number of children and adolescents who must be welcomed, institutions are subject to judicial determinations and cannot fail to receive individuals referred by the Childhood and Youth Courts. Regarding the proximity to the place where they lived, some municipalities have only one institution care and, therefore, it is not always feasible to keep the children in the same schools they attended. Similarly, the issues of displacement are considered and, mainly, the financial resources available in each place, since the institutions receive and support themselves with public funds and donations.

Home care services must be homes that receive a small number of children and the

professionals responsible for their care are called social fathers and mothers. It aims at an even more individualized treatment than the other modalities, stimulating children's autonomy and a greater proximity to the figures of care. You can receive a maximum of ten children and/or adolescents. In the home, in addition to caring for the child's basic needs, the social parents live in the home and are also responsible for financially managing the place. Houses tend to play a different role from that of an institution, as the name implies, and must be places that promote greater affective interaction between those who live there (Prada, Williams, & Weber, 2007).

Young people who are in the process of leaving the institution are referred to the so-called republic modality, that is, those aged between 18 and 21 years. There, they receive supervision from a technical team, which helps them in the formulation of an individual project, with the central objective of stimulating their autonomy so that they can manage their lives, independently. However, it is limited only to those young people who have broken ties with family members and who are unable to support themselves. Young people must be distributed according to gender, with a total of up to six residents per household. The rent expenses, when applicable, are gradually divided and assumed by them (Brasil, 2009).

All types of institutions mentioned are accompanied by psychologists and social workers from the Childhood and Youth Court, from their districts, as well as by professionals linked to the device itself. There is also a municipal protection network that involves the Social Assistance Reference Center (CRAS), Specialized Social Assistance Reference Center (CREAS), Psychosocial Care Center (CAPS), Family Health Centers and other public bodies that aim to work together to support children and their families.

## AFFECTIVE SOCIAL COMPETENCE AND MODELS OF CHILD PROTECTION

Development is understood as a continuous process that occurs from birth to the end of life and that is the result of the imbrication of biological, social and cultural factors to which individuals are circumstantiated throughout ontogeny. The theoretical model of Affective Social Competence (Halberstadt et al., 2001) seeks to articulate the notion of emotional competence and its manifestation at the heart of social interactions. Such an approach states that individuals are required to express themselves emotionally already in childhood, and as they are tested to respond to similar situations in other stages of life, they tend to become more experienced and, in turn, to develop skills that make them gradually more competent.

Affective Social Competence encompasses components: sending affective messages; receiving affective messages; and the experience of affection. In each of these components, four skills are indicated as progressively important for success in social interactions: awareness; identification; functioning in a complex and constantly changing social context; and management and regulation. The components work in a complementary and systemic way within a context, being intelligible to the partners involved in the interaction. Some factors, such as the rules for displaying emotions, family and cultural expectations, and the continuous change of context directly influence the way an individual will face a situation (Halberstadt et al., 2001). In this sense, the authors consider insufficient the ability to identify emotion only when it is manifested in a certain way or in a specific context, since there must be an adaptation to the context that presents itself at each moment or situation experienced.

Although the institutionalization of

children is a practice adopted in similar cases around the world, Brazilian legislation recommends that this is an exceptional measure and it is recommended, first, that an attempt be made to keep the child under temporary custody (or definitive) of a member of the extended family so that there is no break in affective ties with family members, school and the local community.

Starting from reflections and evidence that indicate the possibilities of negative consequences resulting from institutionalization, it is perceived as important a work that investigates the affective and emotional issues of the sheltered individuals. Above all, the psychological, social and cultural aspects that permeate institutional care must be considered. This way, the study of children's emotional and affective skills is essential to elucidate a series of issues related to child development.

understood It is that personal characteristics, including personality, family and institutional characteristics, as well as the practices used by parents and caregivers, and the physical and sociocultural environment with which each child relates can constitute factors of great influence for socio-affective development. Good affective relationships and strong bonds established with peers and social educators can also help children to deal better with the adversities and problems they are facing.

Scholars from different areas (Bowlby, 1982/2006; Nelson et al., 2014; Oliveira et al., 2015) note the fact that institutionalization can be harmful to development, since care in a collective environment tends to prioritize group and not individualized service. At the same time, institutional care is indicated for those children who, in the period prior to referral, lived in a family environment considered inappropriate or at risk for their development.

For Ijzendoorn et al. (2011), children living in institutions receive less stimulation and nutrition compared to children who grew up with their natural families. However, it is worth noting that, in Brazil, many of the children who have been institutionalized have already gone through a period living in unhealthy homes, being neglected and/or abused by their caregivers. Some of them are accepted with a previous diagnosis of neurological, psychological, among others.

The foster care service is one of the least used alternatives in the country, but it has gained strength in recent years. It is indicated for children and adolescents who have a great chance of returning to their natural or extended family, and also for babies. Another specificity is that the foster family only receives one person at a time, with the exception of cases where there is a group of siblings. Such families are registered and receive a term that grants them temporary custody of the child or adolescent, being accompanied by the technicians of the shelter services (Brasil, 2009).

Despite other options that allow children and adolescents to live in a family and environment recommended community by Brazilian legislation, as a foster family, institutional care has still been the most used measure in Brazil. This has also been an issue in Portugal, where only 4% of children and adolescents away from their parents live in the care of temporary families. Unlike what happens in other European countries that prioritize foster care, as is the case of Spain, which sends 30% of children to this type of service, while France and the United Kingdom prioritize it, referring 66% and 77%, respectively., from children and adolescents to family homes. However, as suggested by the ECA (1990), the inclusion of a child or adolescent in a foster care program takes precedence over the institutional type. It seems that the low percentages of inclusion in the first alternative can be explained by the lack of investment or low adherence to this type of service.

When family or institutional care is the only possibility found for the case, some principles are considered by the ECA to minimize the damage that can be caused by the removal of the child from their environment, such as care in small groups, integration with the local community, preparation gradual approach to the separation and non-dismemberment of groups of brothers (Brasil, 1990).

The relationship between siblings who are sheltered in the same host institution and who, therefore, live together daily, is also of paramount importance for the child. The literature shows that the relationship between them can provide support, providing emotional support and favoring learning through possible exchanges (Cavalcante, Costa, & Magalhães, 2012). This seems to be one of the arguments that supports the importance of keeping groups of brothers in the same institution, as they tend to care for and protect each other.

The National Plan for the Promotion, Protection and Defense of the Right of Children and Adolescents to Family and Community Living (Brasil, 2006) stands out for being a public policy that emphasizes work with families. Many of these have difficulty dealing with internal conflicts, of emotional or social origin, on their own and need external mediation.

Some factors such as the absence of a support network, lack of vacancies in public day care centers and unemployment contribute to the adoption of negligent parenting practices, which can pose a risk to children. However, in the absence of action by the State and the public power, in many cases, situations take on large proportions and a more invasive measure ends up being necessary. However, the exceptionality of the institutionalization measure must be observed and the understanding that the distance from the family and the community, as well as the practices adopted in collective care institutions may not be very favorable to the socio-affective development of babies, children and adolescents.

In addition, attention must be paid to the preservation and maintenance of family ties. For this to occur, from the reception of the child, work with the family is indicated, which must be carried out by the technical team of the institution and the Court of Childhood and Youth in partnership with the support network of the municipality, such as CRAS, CREAS, CAPS, among others (Brazil, 1990). It is necessary to identify and evaluate conflict situations and the main factors that motivated the institutionalization and act on them. Thus, unless parents or family members are considered a direct risk to the child, there is a stimulus for visitation, which, in turn, can bring many benefits to the strengthening of affective bonds and the quality of interactions.

Family visits are a very important point for the child's readaptation to their home. In the view of Silva, Cavalcante and Cardoso (2018), during the visit, the family has the opportunity to participate with the child in playful and care activities that promote affective exchanges. According to the authors, the institution's technical team (psychologists and social workers) have the opportunity to appreciate how the interaction between childfamily takes place and whether it is positive or negative. The removal and/or avoidance of the child's contact with the family member is an important data for the basis of an evaluation. According to Mastroianni, Sturion, Batista, Amaro and Ruim (2018), the frequency of visitation is among the reasons considered for family reintegration, as it indicates interest on the part of family members to maintain the

bond and regain custody.

The importance of living in the community, highlighted in the legislation (Brasil, 1990), may be hampered. Considering that the environment presents institutional opportunities for stimulation for children (Heumann & Cavalcante, 2018), possibilities for interaction with the external environment must be presented. Many host institutions receive frequent visits from people who are interested or curious about the work being carried out. Schools, people linked to religious movements, companies and the general public show interest in making a "social action", donating financially and/or their time to be with children and adolescents. The holding of parties and activities by people from the community allows for integration with the external environment and allows for exchanges, albeit punctual, with people from different places and influences. However, it is worth mentioning that the institution is the equivalent of the children's home. With frequent events and daily visits by the external public, children also have little chance of engaging in activities with social educators and other children who live at the institution. It is important to balance, so that there is not an excess of visits, allowing the children to have a free moment of rest and relaxation.

The legal situation of a baby, child or teenager who was taken in was only held every six months in concentrated hearings (held within the institutions), with the participation of the judge, the technical team of the Childhood Court, the staff of the host institution and other collaborators. With the change in legislation, hearings remain every six months, but the situation of each one of the inmates must be reassessed every three months, with detailed reports being sent to the court (Brasil, 2017).

In these assessments, it is initially decided whether the child can return to their parents or extended natural family. If there is no such possibility, according to the situation of each one in particular, it is decided to forward the individual for adoption. However, in cases where there is a possibility of returning to the parents, when they are still not able to receive the child, it is generally decided that the institutionalization must be maintained for another period until the parents adapt. or promote the conditions necessary to regain custody or referral for adoption.

#### FINAL CONSIDERATIONS

The literature indicates that affective bonds and interaction with caregivers, not necessarily parents or family members, are of fundamental importance for the socio-affective development and social skills that are being acquired, especially during childhood. However, there is a lack of research trying to identify the possibilities of emotional expression and skills related to the socio-affective development of children who are going through or have already been through an institutional care situation.

Institutional care is considered to be a protective measure for children and adolescents who had to be separated from their families of origin, for different reasons. Although, it is not the most recommended model in the literature, given the damage highlighted to the global development of children, it is still demonstrated as a necessary measure for groups of siblings and older children.

Foster Care has been pointed out as the alternative that can favor development in a healthy way, especially in early childhood, a period that is presented as critical for the development of various neurobehavioral skills. Also noteworthy is the ability to establish and maintain positive affective bonds with caretakers and even with peers. However, in Brazil, family care is still taking short steps,

although this measure is being widely debated in the international scenario.

Research and intervention programs are of fundamental importance for the improvement of care and the environment of host institutions. This is because institutions must be seen as a development niche in which protective and risk factors for the

socio-affective development of children and adolescents are placed, depending on how the environment and care practices of social educators will be constituted. Therefore, it is believed that greater emphasis and dedication to research that seek to contribute to interventions that may increase or favor such conditions are of great relevance.

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