

Professional practices in situations of child abuse: an integrative review

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Abstract *Child abuse is a problem that affects children all over the world. The present study therefore aimed to identify and analyze the main findings relating to professional practices for dealing with situations of child maltreatment in articles published in Brazil. To this end, we conducted an integrative literature review of articles published between 2017 and 2022 based on searches of the following databases: Google Scholar, SciELO Brasil, the periodicals database of the Agency for the Improvement of Higher Education Personnel (CAPES), MEDLINE, the Virtual Health Library, and Electronic Journals in Psychology (PePSIC). A total of 24 publications were selected for the review after screening the titles and abstracts. The findings reveal several challenges to ensuring the protection of children caused by shortcomings in professional training, which have a negative influence on the identification and reporting of child maltreatment. The present study reveals the lack of priority given to the issue of child maltreatment in professional training and provides important inputs to inform future research on professional practices for dealing with child violence.*

Key words *Violence against children, Professional practices, Child protection, Mandated reporting, Integrative review*

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Introduction

Child maltreatment is characterized by the use of physical force or power by a parent or caregiver against a child. It constitutes the abuse of power and neglect of the duty to protect by the adult, as well as the delegitimization of the rights of the child, who becomes an object in the hands of those who should provide care and protection¹.

What makes violence against children a delicate situation is the fact that children are vulnerable, having limited capacity to defend themselves and a high level of emotional and physical dependence on adults^{2,3}. Violence against children is widespread, affecting the lives of millions of children all over the world, regardless of socioeconomic status³. According to data from the United Nations Children's Fund (UNICEF)⁴, up to one billion children around the world aged 2-14 years are victims of violence, with long-lasting consequences. In Brazil, in 2019, the human rights abuse hotline, *Disque 100*⁵, received 86,837 reports of child abuse involving neglect (38%), psychological violence (23%), and physical violence (21%).

These figures are of grave concern, given that exposure to violence has an array of harmful physical and psychological consequences that can endure into adulthood, including depression, aggressivity, anxiety, and social interaction and learning difficulties⁶. Hillis *et al.*⁷ point out that experiencing violence during childhood can impair brain architecture, metabolic systems, immune status, and inflammatory responses.

Brazil's Federal Constitution⁸ became an instrument of child protection by recognizing children as subjects of rights⁹. In the same vein, the Child and Adolescent Statute¹⁰ provides for the development of a network dedicated to the comprehensive protection of children¹¹ and makes it mandatory for health and education professionals to report maltreatment to child protection services.

The work of professionals who are trained and sensitized to identify and intervene in situations of violence against children is therefore essential to guarantee comprehensive protection and minimize suffering^{12,13}. However, research shows that the everyday practice of professionals involved in the care and education of children are not always geared towards protection and the prevention of child maltreatment^{6,13,14}.

Practice is understood as a processual concept whereby an individual actively transforms

or reproduces an existing standard. A practice is the expression of a network formed of the individual's own actions, motivations, desires, resistance, discourse, and meanings¹⁵. Hence, the study of practice provides important insights into how professionals recognize, produce, and formulate the scenes and regulations of everyday work¹⁶.

Most studies of child maltreatment in Brazil focus on the categorization and description of types of violence, procedures, and the institutions responsible for child protection. Qualitative research addressing intervention practices to prevent and respond to child violence is therefore scarce^{1,14}. Nunes *et al.*³ undertook a study to characterize child violence in Brazil according to type, victim, perpetrator, and place of occurrence.

However, there is a lack of literature in Brazil on professional practices and child maltreatment. Maia *et al.*¹⁷ carried out an integrative review of the practices of in-home caregivers of children, older people, and women in situations of violence, while Rosa *et al.*¹⁸ investigated the conduct of dental surgeons in the face of child abuse, identifying a lack of guidelines for dealing with such situations. In the same vein, Wyzykowski *et al.*¹⁹ concluded that weaknesses in nurse training result in deficiencies in dealing with violence against children.

Given the complex nature of child maltreatment, interventions to address this problem require coordination and cooperation between the different institutions and practitioners who are working to strengthen a network capable of protecting children's rights^{2,6}. This article seeks to contribute to understanding practices across different professions by answering the following question: "How are professional practices in situations of child maltreatment addressed in Brazil?" The aim of this study was to identify and analyze the main results of articles published in Brazil addressing the practices adopted across different professions for dealing with situations of child maltreatment.

Method

Study type

An integrative review is a method that draws together empirical or theoretical studies to gain a more comprehensive understanding of and indicating new directions for future research^{17,20}.

Data collection

The study was conducted following a protocol describing the different a particular phenomenon by analyzing existing knowledge on the topic stages of an integrative review²⁰. First, we defined the topic and then formulated the problem, which guided the other stages.

The second stage of the review was conducted in accordance with the recommendations of the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) statement, comprising a 27-item checklist and stages to be followed in systematic reviews²¹.

We then searched for health science descriptors (DeCS/MeSH) on the website <https://decs.bvsalud.org/> to identify suitable keywords for the review. Keywords are useful research tools as they permit the identification of terms used to index articles and perform database searches²².

The following keywords were used in combination with the Boolean operators AND and OR: Child maltreatment; Intervention; Prevention; Professional practices. First, we performed a search using the term Child maltreatment combined with the Boolean operator OR and Child abuse to increase the breadth of the search, followed by a search using the keyword Child maltreatment combined with the Boolean operator AND and the other terms.

We searched for articles in multidisciplinary databases (Google Scholar, SciELO, and the periodicals database of the Agency for the Improvement of Higher Education Personnel - CAPES), and health and medical databases (MEDLINE, the Virtual Health Library - VHS, and Electronic Psychology Journals - PePSIC). The searches were performed between August 2021 and October 2022.

In the first stage of the article selection process, we screened the article titles. We then screened the article abstracts to assess whether the publications met the following inclusion criteria: a) studies whose central theme was child maltreatment associated with some type of professional practice (identification, reporting, referrals, care, interventions); b) studies conducted in Brazil; c) target population were children aged 0-12 years; d) full-text version of the article written in any language available online or for download; e) peer-reviewed articles; and f) articles published in the last six years (2017 to 2022). Studies conducted outside Brazil, involving both children and adolescents, and focusing on child-on-child violence or the consequences of child maltreat-

ment in adulthood were excluded. Duplicate articles were then excluded.

The following data were extracted from the abstracts: title, author(s), year of publication, periodical, type of article, and study region in Brazil.

Data processing and analysis

The studies were characterized after reading the full-text version of the selected articles, focusing on the following aspects: study objective, sample, main results, and themes related to the role played by professionals in situations of child maltreatment. The reading of the full-text versions of the articles allowed us to extract relevant information and create categories, comparing studies to identify similarities and differences²³ using Microsoft Excel and ATLAS.ti version 7.3.

Results

The database searches identified 40.146 records: Google Scholar (n = 34.919), SciELO Brasil (n = 66), CAPES periodical database (n = 3.034), MEDLINE (n = 1.571), VHL (n = 523), and PePSIC (n = 33). A total of 254 articles were selected for screening of the titles. Of these, 71 were duplicates, 21 addressed non-relevant topics, and 58 were not freely accessible, resulting in 104 publications.

The abstracts of the selected articles were screened to assess whether they met the inclusion criteria, resulting in the selection of 24 articles for reading of the full-text version. The article selection process is summarized in Figure 1.

Characterization of the articles

The main study characteristics are shown in Chart 1. With regard to year of publication, the years that accounted for the most and least articles were 2019 (six articles) and 2022 (with only two articles), respectively.

The articles were published in different national and international journals, with the *Revista Ciência & Saúde Coletiva* publishing 5 articles²⁴⁻²⁸ and *Revista da Abeno* (journal published by the Brazilian Association of Dental Education) publishing three articles²⁹⁻³¹. Three of the studies published by the *Revista Ciência & Saúde Coletiva* were conducted with health professionals working with children^{24,27,28}, while the *Revista da Abeno* published two studies with dental graduates^{29,30} and one with dental surgeons³¹.

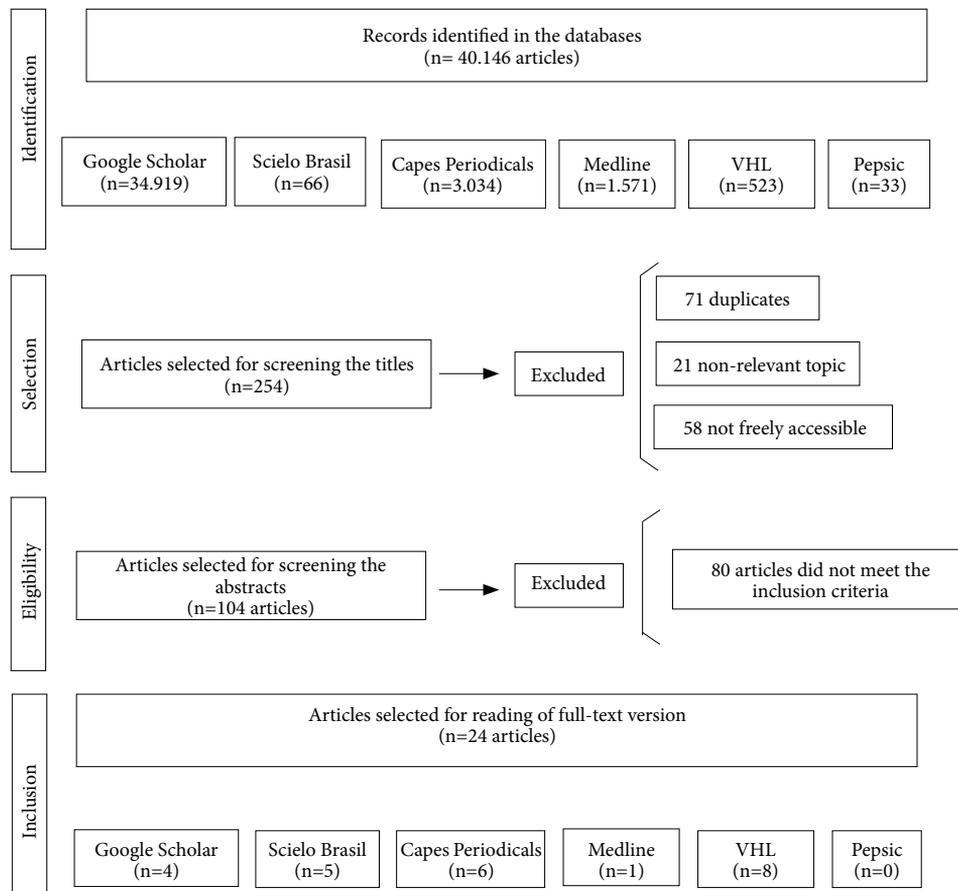


Figure 1. Flowchart of the study selection process.

Source: Authors.

Brazil's South region accounted for the largest number of publications (nine articles^{25,31-38} plus two studies in the South and Southeast^{29,39}). The North region accounted for only two articles^{40,41}.

The studies encompassed the areas of education, health, public security, social services, and child protection networks. The area of health accounted for the largest number of studies, with 12 articles^{24,27-31,39,41-45} plus two articles involving both health and social services^{32, 35}. The areas of education³⁶ and public security³⁸ accounted only for 1 article each.

Thematic categories

The similarities between the studies are presented in the following categories: a) factors associated with the identification and reporting of child maltreatment; b) work-related difficulties; and c) deficiencies in professional training.

Factors associated with the identification and reporting of child maltreatment

The identification and reporting of suspected or confirmed child maltreatment was one of the central themes of articles. The studies^{27,28,30,39,42,43,46} reveal that most professionals are not adequately trained to identify violence against children, showing difficulties diagnosing child maltreatment due to lack of theoretical information on the theme and poor knowledge of the child, his/her history, and family relations. Two studies^{41,43} reported that professionals diagnose predominantly physical and sexual violence.

Once abuse has been identified, professionals face difficulties in filing a mandated report (MR) of violence to the child protection services. Most professionals showed that they were either unaware of the requirement or did not know how to fill in the form correctly or possible types of re-

Chart 1. Characterization of the articles.

Nº	Author(s)/year of publication/journal	Title	Sample	Objective
01	Silva Junior GB, Rolim ACA, Moreira GAR, Corrêa CRS, Vieira LJES. 2017 <i>Trab Educ Saude</i>	Identificação e notificação de maus-tratos em crianças e adolescentes por médicos de família o Ceará	227 doctors	To analyze the factors associated with the identification and reporting of child maltreatment during the everyday practice of primary care doctors
02	Apostólico MR, Egry EY, Fornari LF, Gessner R. 2017 <i>Rev Esc Enferm USP</i>	Acurácia de diagnósticos de enfermagem para o enfrentamento da violência doméstica infantil	26 nurses	To assess nurses' diagnoses of a hypothetical situation of domestic violence against children and respective degree of accuracy
03	Schek G, Silva MRS, Lacharité C, Bueno MEM. 2017 <i>Rev Lat Am Enferm</i>	Organização das práticas profissionais frente à violência intrafamiliar contra crianças e adolescentes no contexto institucional	15 health and social service professionals	To analyze the organization of practices for dealing with intrafamily violence against children and adolescents based on professionals' perceptions
04	Hohendorff JV, Patias ND, N. D. 2017 <i>Rev Barbarói</i>	Violência sexual contra crianças e adolescentes: identificação, consequência e indicações de manejo	Not applicable - narrative review	To describe the concept of sexual violence against children and adolescents, its consequences, and guidance for managing the problem
05	Egry EY, Apostólico MR, Morais TC. 2018 <i>Cien Saude Colet</i>	Notificação da violência infantil, fluxos de atenção e processo de trabalho dos profissionais da atenção primária em saúde	25 health professionals	To analyze child violence identification, reporting, and care protocols and referral decisions
06	Platt VB, Back IC, Hauschild DB, Guedert JM. 2018 <i>Cien Saude Colet</i>	Violência sexual contra crianças: autores, vítimas e consequências	Not applicable - document analysis	To identify the characteristics of child sexual abuse reported in a referral service, including victim and perpetrator profile and associated factors
07	Silva PA, Lunardi VL, Meucci RD, Algeri S. 2018 <i>Invest Educ Enferm</i>	Protection of children and adolescents victims of violence: the views of the professionals of a specialized service	12 professionals working in a specialized social assistance referral center (CREAS)	To understand the barriers to working in networks faced by professionals and the challenges of working in a CREAS in a municipality in the extreme south of Brazil
08	Busato CA, Pereira TCR, Guaré RO. 2018 <i>Rev Abeno</i>	Maus-tratos infantis na perspectiva de acadêmicos de Odontologia	363 dentist students	To assess the knowledge of dentist students regarding child maltreatment
09	Ferreira CLS, Côrtes MCJW, Gontijo ED. 2019 <i>Cien Saude Colet</i>	Promoção dos direitos da criança e prevenção dos maus tratos infantis	Not applicable	To identify the main characteristics of the victims and perpetrators of domestic violence against children and evaluate the efficacy of judicial interventions
10	Martins-Júnior PA, Ribeiro DC, Peruch GSO, Paiva SM, Marques LS, Ramos-Jorge MLR. 2019 <i>Cien Saude Colet</i>	Abuso físico de crianças e adolescentes: os profissionais de saúde percebem e denunciam	62 health professionals	To assess whether health professionals recognize and report physical abuse of children and adolescents

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Chart 1. Characterization of the articles.

Nº	Author(s)/year of publication/journal	Title	Sample	Objective
11	Santos LF, Costa MM, Javae ACRS, Mutti CF, Pacheco LR. 2019 <i>Saude Debate</i>	Fatores que interferem no enfrentamento da violência infantil por conselheiros tutelares	16 professionals working in child protection services	To present child protection officers' perceptions of their role in cases of violence against children
12	Silva PA, Lunardi VL, Meucci RD, Algeri S, Silva MP, Franciscatto FP. 2019 <i>Invest Educ Enferm</i>	(In) visibilidade das notificações de violência contra crianças e adolescentes registradas em um município do sul do Brasil	10 professionals working in the child support network for victims of violence against children	To understand health, education and social service professionals' perceptions of reporting and recording violence against children and adolescents in a municipality in the south of Brazil
13	Costa AP, Tinoco RLR. 2019 <i>Rev Abeno</i>	Maus-tratos infantis no currículo dos cursos de Odontologia do Rio de Janeiro	200 dentist students	To assess whether the curriculums of dentist degree courses in Rio de Janeiro equip students with the necessary knowledge and skills to deal with child maltreatment
14	Cota ALS, Queiroz AMC, Remígio MMCJ, Reis DA, Kabengele DC. 2019 <i>J Health Sci</i>	Conduta do cirurgião-dentista frente à suspeita de maus-tratos contra crianças e adolescentes	Not applicable - integrative review	To provide guidance on the identification and reporting of child maltreatment to dentists
15	Guimarães APA, Machado L, Ormeño, GIR. 2020 <i>Rev Dialogia</i>	Conhecimento de educadoras a respeito dos maus-tratos infantis: identificação e notificação de casos	2 elementary school teachers	To assess educators' knowledge of child maltreatment
16	Trindade AA, Hohendorff JV. 2020 <i>Cad Saude Publica</i>	Efetivação da Lei Menino Bernardo pelas redes de proteção e de atendimento a crianças e adolescentes	16 professionals working in support networks for children in situations of risk	To assess whether the support networks for children in situations of risk are organized to effectively implement the Boy Bernardo Law (Law 13010/2014)
17	Costa VS, Aguiar RS. 2020 <i>Res Soc Dev</i>	Percepção da equipe multidisciplinar acerca dos cuidados à criança e ao adolescente vítima de violência	Not applicable - integrative review	To understand the perceptions of the members of a multidisciplinary team regarding the care provided to victims of child violence
18	Corrêa F, Hohendorff JV. 2020 <i>Estud Pesq Psicol</i>	Atuação da delegacia de proteção à criança e ao adolescente em casos de violência sexual	10 professionals working in a child protection office	To understand the actions taken by a child protection office to deal with cases of sexual violence
19	Batista MKB, Quirino TRL. 2020 <i>Saude Soc</i>	Debatendo a violência contra crianças na saúde da família: reflexões a partir de uma proposta de intervenção em saúde	62 health professionals	To bring family health team members closer to discussions about violence against children with a view to developing strategies to address the problem
20	Demarco GT, Silva-Júnior IF, Azevedo MS. 2021 <i>Rev Abeno</i>	Conhecimentos e atitudes de cirurgiões dentistas da rede pública de Pelotas-RS frente aos maus-tratos infantis	45 dentists	To identify and analyze the knowledge and attitudes of dental surgeons working in the public health service in Pelotas-RS towards maltreatment

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Chart 1. Characterization of the articles.

Nº	Author(s)/year of publication/journal	Title	Sample	Objective
21	Marques DO, Monteiro KS, Santos CS, Oliveira NF. 2021 <i>Rev Enferm UFPE</i>	Violência contra crianças e adolescentes: Atuação da enfermagem	215 nurses	To analyze the role family health nurses play in the identification and reporting of cases of violence against children and adolescents
22	Nunes LS, Silva-Oliveira F, Mattos FF, Maia FBF, Ferreira EF, Zarzar PMPA 2021 <i>Cien Saude Colet</i>	Prevalence of recognition and reporting of child physical abuse by dental surgeons and associated factors	181 family health strategy dentists	To determine the prevalence of the identification and reporting of physical abuse of children by primary care dentists and associated factors
23	Ricks L, Tuttle M, Ellison SE. 2022 <i>The Professional Counselor</i>	Child Abuse Reporting: Understanding Factors Impacting Veteran School Counselors	303 veteran school counselors	To examine veteran school counselors' knowledge of procedures and experiences with child abuse reporting
24	Rios EB, Rodrigues GS, Rocha SA, Oliveira LFB. 2022 <i>Rev APS</i>	Conhecimento dos cirurgiões dentistas que atuam em unidades básicas de saúde frente aos abusos e maus-tratos infantis	62 primary health care dentists	To assess knowledge of child maltreatment among primary health care dentists in Montes Claros - MG

Source: Authors.

ferral for victims^{25,28,31,42,43}. In addition, one of the studies⁴⁵ found that professionals were unaware of which institution they could refer cases of child maltreatment to.

Some studies^{24, 29, 44} reveal that when child maltreatment is diagnosed, professionals file a MR, recognizing the importance of this process for protecting the child and resolving the situation. In contrast, other studies show that many professionals undervalue the importance of MR, being skeptical that this type of intervention would help the victim^{30,34,35}.

Sometimes professionals failed to file a MR for fear of retaliation by family members, the perpetrator, or the community, or because they were afraid that it would harm the victim given that the child may remain with the perpetrator even after filing a MR due to lack of intervention^{36,43,46}.

Work-related difficulties

Caring for victims of child maltreatment is a complex process. A number of obstacles arise in practice, such as lack of communication between professionals³⁴ and scarce human and material

resources, hampering the provision of adequate care. An example is the lack of a computerized system in child protection services, which slows down the intervention process and restricts follow-up, compromising effectiveness⁴⁰.

Caring for victims of child maltreatment can have an impact on professionals. The studies show that professionals often felt irritable, powerless, sick, and pressured when dealing with cases^{32,38,40}, seeing themselves as unable to care for and protect the victim³⁴. In this respect, the existence of professional support networks was seen as a positive factor that can improve interventions to address child abuse⁴⁶.

Moreover, professional practice is often based on power relations, with some professionals not seeing themselves as responsible for intervening or filing a MR^{32,36} and simply passing on the responsibility to colleagues, leading to fragmented and ineffective interventions³².

Deficiencies in professional training

Twenty of the 24 articles analyzed by this study mentioned deficiencies in professional

training and lack of continuous training on child maltreatment. Shortcomings in professional training begin to emerge at degree level, where the topic of child maltreatment is undervalued and often not included in course curriculums^{28,29,31,33,42,45}.

Two studies^{30,31} show that despite receiving training on child maltreatment during their degree, some professionals do not see themselves as responsible for identifying and reporting the problem. Furthermore, the inclusion of child abuse on undergraduate and postgraduate course curriculums does not necessarily guarantee the adoption of best practices as professionals may feel capable of recognizing violence against children but do not know what to do or how to act^{31,45}.

Three studies^{25,28,34} highlighted the need for continuous training due to the complex nature of working with victims of child violence, one of which²⁸ mentioned that childcare training and experience with caring for children were factors that facilitated the identification and reporting of violence. Most studies concluded that professional training should encompass protocols for service providers to recognize types of violence and make sure that professionals are prepared to communicate violence and refer cases through the correct channels to protect the victim^{24-28,34,36,38,39,42,44,46,47}.

Professional training is also weak when it comes to network and multidisciplinary approaches. Studies^{24,26,27,33,34,40} show that victim protection is provided by a network of professionals but that actions are fragmented. This hinders the continuity of interventions and solutions, indicating an urgent need to strengthen interdisciplinary working. Studies²⁸ also highlight the need to incorporate a broader and integrative approach to health into professional training to help promote the development of actions in coordination with other assistance services and institutions.

The lack of a protocol of actions or guidelines for the flow of victim assistance also emerged as a weakness in everyday practice^{35,44,46,47}. However, even when guidelines did exist, professionals often failed to follow the guidance²⁴ and observe relevant legal provisions^{31,37}, creating their own flow within their respective organizations.

Discussion

The analysis of the selected articles shows that professional practices for dealing with violence against children were investigated mainly from a health perspective, with this area accounting for

the largest number of publications.

The Child and Adolescent Statute¹⁰ provides for mandated reporting of cases of child maltreatment by health and education professionals. The larger number of publications in the area of health demonstrates that health professionals seek a broader understanding of child maltreatment and the intervention process, while the scarcity of studies in the area of education may indicate that professionals in this field pay less attention to this issue.

Dornelles *et al.*⁴⁸ highlight that although hospitals and primary care facilities account for the largest number of reports of child maltreatment, many care providers do not know what procedures to follow in cases of maltreatment and fail to file MR, compounding underreporting^{6,14,18}.

Most of the selected articles address child abuse in a general manner^{24,26,29-32,34-36,39-47} without specifying the type of violence. In the studies that reported type of violence, the most common types were physical^{27, 28,37} and sexual^{25,33,38} violence. The literature shows that while there are various types of maltreatment (physical, psychological, sexual, institutional violence, and neglect^{14,49}), professionals tend to be more aware of physical violence and view it differently as it leaves visible marks on the victim's body or triggers feelings of disgust, especially in cases of sexual violence, which can have an even greater emotional impact on professionals².

Research highlights that the victims of sexual violence are predominantly girls², which is confirmed by some of the studies in our sample^{25,33}. Researchers stress that while physical violence is more easily recognizable, it is seen as a way of disciplining children, making it a socially acceptable, and often underreported, practice^{2,50}.

With regard to neglect, professionals are largely unaware or fail to identify this type of violence. This is shown by one of the studies²⁹, in which professionals recognized only physical, psychological, sexual violence, and abandonment. In this regard, the literature shows that neglect is the type of maltreatment that professionals find hardest to recognize and value least^{2,48}.

Some of the studies show that deficiencies in professional training and continuous professional development are a weakness in efforts to combat child maltreatment, highlighting that most professionals did not receive training or information on child maltreatment during their degree^{29,31,42,45}. In this regard, Nilchian *et al.*⁵¹ presented data from a study in Korea showing that nurses with adequate knowledge of violence against children

showed higher levels of detection and reporting of abuse.

Weaknesses in professional training pose a barrier to identifying violence and often mean that practitioners are unaware of the existence of child protection services and/or the role they play in child protection, indicating the need to address this issue on degree and specialist training courses^{29,30,39,45}. One of the articles³⁶ reported that a pedagogy degree failed to address child maltreatment and violence against women, people with disabilities, and older persons when addressing violence in general.

Other factors that contribute to the detection of child maltreatment include complementary childcare training and experience with caring for children, as shown by one of the studies²⁸. Green⁵² suggests that limited experience can generate uncertainty, which may make the professional defer suspected cases of child abuse and reporting to colleagues who are usually more experienced or senior in rank. Tiyyagura *et al.*⁵³ also reported that one of the barriers to recognition is uncertainty about the diagnosis of maltreatment and fear of wrongly reporting a case.

According to Maia *et al.*¹⁷, a correct diagnosis is essential for the professional to decide the appropriate measures and referral for maltreatment. In this regard, the effective communication of child maltreatment via a MR enables professionals to coordinate actions to ensure the child receives adequate care and assistance¹⁰.

Despite being mandatory, it appears that many professionals lack of knowledge of MR, given that they often fill out the form incorrectly or fail to complete it, hampering not only interventions but also the characterization of violence and development of strategies to address the problem^{2,14}. It is important to highlight that some studies^{35,41-43} showed that many professionals were unaware of or unfamiliar with mandated reporting of child maltreatment or that MR forms were not available in their workplace, making it impossible to communicate violence.

In addition, sometimes professionals do not see themselves as part of the child protection network, deferring the responsibility for reporting to colleagues^{6,18}. This happens in the case of dental surgeons and nurses, who pass on the decision to file a report to doctors because they do not see themselves as responsible for reporting violence^{31,32}.

Article 83 of the Child and Adolescent Statute¹⁰ provides for the creation of the *Sistema de Garantia de Direitos* or “rights guarantee system”,

which consists of a network of government and non-governmental actors who come together to implement joint actions to promote child defense and assistance⁹. Child protection therefore involves education, health, social assistance, public security services, and the justice system working together in a planned manner^{10,14}. However, it is interesting to note that the areas of education³⁶ and public security³⁸ accounted for only one article each in this review and that none of the articles investigated the justice services, indicating possible weaknesses in these areas of the protection network.

The literature^{9,14} shows that the child protection network is disjointed, fragmented, and ineffective in preventing child maltreatment, holding perpetrators accountable, and protecting victims. Some of the studies analyzed by this review^{33,34,42,34} point out that the network faces a number of challenges because it depends on a series of actions coordinated by a range of different professionals, with fragmentation across services hampering the continuity of actions.

Many professionals view the network as an independent institution responsible for receiving referrals and promoting child protection, demonstrating their lack of knowledge of the *Sistema de Garantia de Direitos* and the role it plays in the protection network¹¹. This lack of knowledge results not only in difficulties in everyday practice, but also the need for multidisciplinary training and development for professionals, prioritizing the coordination of violence prevention actions and harm reduction, as shown by two studies^{24,35}.

In the same vein, one of the studies reported that the lack of access to or knowledge of identification and reporting protocols represented a weakness in professional practice and that this knowledge can help improve outcomes among maltreated children⁴⁷. One of the articles³⁰ highlighted that the absence of protocols guiding actions and explaining what to do and how to approach situations of child maltreatment generated uncertainty and undermined legal requirements. On the other hand, gaps between the guidance set out in protocols and actual practice suggest weaknesses in training, as shown by one of the studies²⁴.

Finally, it is worth noting that one of the studies³⁷ suggests that combating violence goes beyond improvements in professional training, also involving parent education and public awareness campaigns. Another study⁴⁶ highlights that strengthening parent-child relationships

and actions that bring together families and communities are factors that facilitate the work of professionals dealing with child violence and promoting child protection.

Final considerations

Despite being the topic matter of integrative reviews^{3,17-19}, there is a lack of literature on practices for dealing with violence against children in Brazil. This review therefore provides important new insights into these practices across different professional contexts. Our findings show that practices have been investigated predominantly from the perspective of health professionals, with other areas being underrepresented in the literature, which may hamper the promotion of interdisciplinary working.

The results also show that professional practices have a fragile structure and are marked by deficiencies, indicating that, despite public policies^{8,10,49} designed to protect children, shortcomings in training and lack of professional development hamper the prevention of this type of violence. Professionals whose task it is to protect children are therefore ill-equipped to identify and report child maltreatment, contributing to the underreporting and perpetuation of violence.

The articles analyzed in this review show that most professionals do not follow theoretical or practical guidance, either due to the lack of identification, reporting and care protocols or

lack of knowledge/non-compliance with these guidelines when they do exist. Our findings indicate directions for future research, including how violence against children is approached in the curriculums of undergraduate and postgraduate degrees taken by professionals involved in caring for children and further in-depth studies to understand professional practices for dealing with violence against children, identifying initiatives to develop or strengthen protocols that can serve as a frame of reference.

It is also essential to investigate professionals' perceptions and degree of certainty regarding the reporting of violence as well as the dynamics of the violence that pervades Brazilian society and the consequences for tackling child maltreatment. Finally, it is important to assess how distrust in child protection agencies and the justice system contribute to the underreporting of child maltreatment.

This study contributes to a broader understanding of professional practices for dealing with child maltreatment in Brazil, underlining barriers to comprehensive child protection and the provision of care and assistance that minimizes the suffering of victims and their families. It is important to highlight that given the scarcity of publications in different professional areas, this study focused mainly on articles in the area of health. This is a potential limitation insofar as the sample may not represent a full understanding of professional practices for dealing with violence against children.

Collaborations

BP Silva contributed to study conception, data collection, analysis and interpretation, and writing the article. D Camargo contributed to study conception, data collection, analysis and interpretation, and writing the article, and approved the final version to be published.

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Article submitted 02/09/2022

Approved 08/11/2022

Final version submitted 10/11/2022

Chief editors: Romeu Gomes, Antônio Augusto Moura da Silva

