



Contents lists available at ScienceDirect

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

A qualitative analysis of child protection professionals' challenges during the COVID-19 pandemic

Sidnei R. Priolo Filho^{a,*}, Hana Chae^b, Ayesha Bhakta^b, Bárbara Renata Moura^a,
Bianca Borges Correia^a, Jackeline da Silva Santos^a, Thaisy Luana Sieben^a,
Deborah Goldfarb^b

^a Laboratório de Pesquisa, Prevenção e Intervenção em Psicologia Forense, Universidade Tuiuti do Paraná, Curitiba, Brazil

^b Florida International University, Miami, FL, United States of America

ARTICLE INFO

Keywords:

Covid-19
Pandemic
Child protection
Child protection professionals
Child protective services

ABSTRACT

Purpose: Child Protection Professionals (CPPs) play a key role in providing insights into the child protection system and how it can best support children's right to personal security, particularly during trying times like the COVID-19 pandemic. Qualitative research provides one potential tool to tap into this knowledge and awareness. This research thus expanded earlier qualitative work on CPPs' perceptions of the impact of COVID-19 on their work, including potential struggles and barriers, into the context of a developing country.

Methods: A total of 309 CPPs from all five regions in Brazil answered demographics, pandemic-related resilient behaviors, and open-ended questions regarding their profession during the pandemic.

Results: Data went through a three-step process of analysis: (1) pre-analysis; (2) category creation; and (3) coding of responses. Five categories emerged from the analysis: the Pandemic's Impact on CPPs' Work; the Impact of the Pandemic on CPP-Involved Families; Occupational Concerns during the Pandemic; Politics and the Pandemic; and Vulnerability due to the Pandemic.

Conclusions: Our qualitative analyses showed the pandemic resulted in increased challenges for CPPs across several fronts within their workplace. Although each of these categories is discussed separately, they all influenced one another. This highlights the need to continue efforts to support CPPs.

1. Introduction

The COVID-19 pandemic placed an incredible strain on both Child Protective Services (CPS) and Child Protection Professionals (CPPs). A study by Katz, Katz et al. (2021) found deleterious impacts of the pandemic on child protection systems in different countries worldwide, indicating a global phenomenon caused by COVID-19. When considering how CPPs face adversities and challenges under contexts such as the COVID-19 pandemic, qualitative research provides unique insights into CPPs' perspectives and opinions about the challenging task of protecting children. Hearing CPPs' voices and perspectives in prior research created opportunities for change within the child protection system, enabling it to better serve the children and families it seeks to support (Katz, Katz, et al., 2021; Katz,

* Corresponding author.

E-mail addresses: sdpriolo@gmail.com (S.R. Priolo Filho), hchae001@fiu.edu (H. Chae), abhak001@fiu.edu (A. Bhakta), deborah.goldfarb@fiu.edu (D. Goldfarb).

<https://doi.org/10.1016/j.chiabu.2023.106229>

Received 21 November 2022; Received in revised form 17 April 2023; Accepted 30 April 2023

Available online 5 May 2023

0145-2134/© 2023 Elsevier Ltd. All rights reserved.

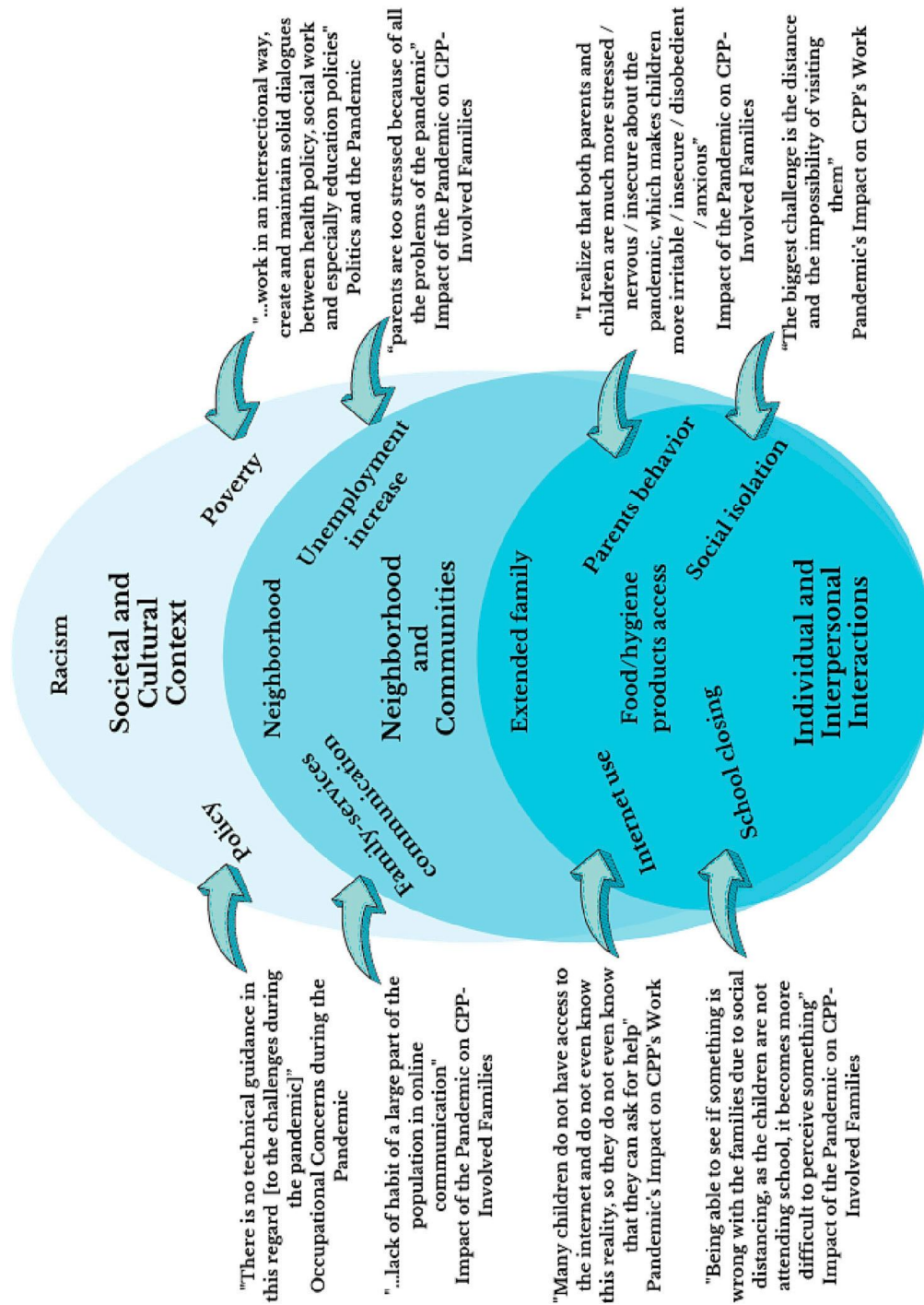


Fig. 1. Model by Katz, Priolo Filho et al. (2021) adapted with participants' quotes.

Priolo Filho, et al., 2021; see Fig. 1). For example, Whitt-Woosley et al. (2022) investigated how foster care parents and professionals in the United States described the impact of COVID-19 on their lives and professional practice in 2020. The authors reported 15 different themes, showing both increased pressure and challenges faced by the system and its professionals during the pandemic. What is unclear from the current research, however, is whether such themes would replicate within the context of a developing nation, such as Brazil.

CPPs have become an increasingly vital part of Brazilian society since the democratization of Brazil in 1990, which led to greater legal recognition of children's right to personal safety (Lopes & Ferreira, 2010). Brazil currently has an integrated child protection system with professionals from different fields, such as child protection, healthcare, education, and law, responsible for assessing, responding to, and maintaining children's safety in their homes. CPPs have mandatory reporting regarding suspicious cases of child abuse (Ministry of Health, 2002; Rates et al., 2015). As mandatory reporters, these CPPs must be trained on and able to provide the child and family with access to care across different professionals realms and areas (i.e., social work, healthcare), including the specialized Conselho Tutelar (Child Protective Services). Legislation created since democratization in the 1980s was an attempt to build a coordinated protection network in which health, education, social work, and the legal system prevent, intervene, and improve the condition of child maltreatment (Prinz, 2016). Despite its centralized structure, child protection varies across Brazil. Funding, number of services, and number of professionals vary according to local city council decisions.

Brazil's child protection system has a federal governing body that oversees state and local CPS (Gonçalves & Garcia, 2007). Suspicious cases of child abuse must be reported by professionals to their local CPS or police corps, with the possibility of providing an anonymous report (Ministry of Health, 2002; Rates et al., 2015). CPS must investigate the case, sometimes with the support of the police, and ultimately report whether the report was founded or unfounded. During this period of investigation, CPS may provide referrals for the family, including medical support and social welfare support. CPS also works with schools to obtain information to guide their investigation and future interventions.

The novel coronavirus (COVID-19) pandemic placed a strain on this nascent but promising Brazilian system. Due to concerns about viral spread and to protect public health, new measures and actions in the child protection system were necessary. For example, home visits in a time of social distancing were not possible, even though assessments of the 'home condition' are considered vital in child neglect and maltreatment investigations (Ferguson, 2009). In Brazil, the lack of proper funding for CPS before and during the pandemic, and the absence of a national policy during the pandemic for those professionals, compounded the CPPs' struggles to provide services. Priolo Filho et al. (2020) and Goldfarb et al. (2022) surveyed Brazilian CPPs about their working conditions during 2020 and 2021 COVID-19 pandemic. They found that CPPs reported an increase in work hours, a lack of information regarding the number of child abuse cases during the pandemic, and that resilience predicted lower mental distress during those enduring times. No work yet, however, has qualitatively analyzed CPPs' beliefs about the impact of the COVID-19 pandemic in their activities on a developing nation and compared those to results found in a developed nation, such as the United States (Whitt-Woosley et al., 2022).

1.1. Present study

Here, we sought to address that gap. Specifically, we conducted a qualitative analysis of CPPs' perceptions of the protection of children and their working conditions during the COVID-19 pandemic. The ongoing pandemic provides a unique context within which to study CPPs' perceptions of the struggles and barriers they face during a time of acute crisis. Additionally, given that Brazil's government has undergone many political and structural changes in recent years, there is no historical precedence on how CPPs manage their work in a challenging time like the COVID-19 pandemic. Such data can help improve CPPs' working environment during the pandemic, as well as provide guidance to CPPs in the event of a future catastrophic event (e.g., natural disaster). This will enable professionals to better secure children's right to safety.

Surveys are a useful method for gathering qualitative data, especially when a larger sample is necessary, as was the case here, to investigate social norms and social experiences that were differentially experienced depending on participants' occupation, education, and geographic location (Braun et al., 2021). Given that this data was gathered during times of social isolation and were on topics that had previously not been studied, an online survey permitted longer responses without requiring the increased bandwidth necessary for online video interviews (Burton et al., 2012; Torrentira, 2020). Surveys also allowed us to reach a large number of participants, while still maintaining privacy in smaller communities with fewer CPS workers. Privacy was particularly important here as we were exploring a sensitive theme during the pandemic (Braun et al., 2021; Burton et al., 2012; Sousa & Santos, 2020). Online qualitative data collection balanced the needs arising from pandemic data collection with the weaknesses of such an approach (Braun et al., 2021; Burton et al., 2012; Sousa & Santos, 2020; Torrentira, 2020).

2. Method

2.1. Participants

Three hundred and nine professionals, all of whom worked in child protection-related fields (e.g., psychologists, social workers, teachers, pediatricians, nurses, and legal professionals), participated in this study (89.05 % female). Participants were recruited from five different regions in Brazil (i.e., North, Northeast, Central, Southeast, and South). The average age of participants was 40.26 years ($SD_{age} = 10.27$), with a mean of 14.17 ($SD_{age} = 10.19$) years of experience. A majority of the participants worked as educators (38.5 %), followed by psychologists (27.5 %), healthcare professionals (17.5 %), legal professionals (9.4 %), social workers (5.2 %), and other professionals (2.5 %). Further details about the sample can be found in Priolo Filho et al. (2020).

2.2. Measures

2.2.1. Demographic measure

Participants answered demographic questions about their age, gender, profession, the number of years that they had worked in the child protection-related field, and weekly workload during the COVID-19 pandemic.

2.2.2. State of CPP practice in the pandemic

The survey was created by the authors and contained a qualitative and a quantitative section. The quantitative area contained the CPPs' Perceptions of Work Conditions during the Pandemic and Professional Resilient Behaviors Measure. Quantitative analyses are available in Priolo Filho et al. (2020) After the quantitative questions, the participants answered the two open-ended questions that asked CPPs about their current practice during the COVID-19 pandemic. Specifically, participants were asked: "In your opinion, what are the biggest challenges for Brazilian child protection professionals during the pandemic?" and "Would you like to tell us more about protecting children, your work, or the pandemic, or anything else that we have not addressed?". All questions and instructions to participants were in Brazilian Portuguese.

2.3. Procedure

Participants were invited to participate in the study through social media and professional networks. Participants were asked to send the study invitation to their colleagues or coworkers through a snowball sampling that is thought to be particularly beneficial for reaching participants with unique characteristics, such as CPPs (Baltar & Brunet, 2012). The study invitation included a link to the consent form. Once consent was obtained, participants were redirected to the demographic questionnaire, a measure of pandemic-related resilient behaviors (see Priolo Filho et al., 2020 for further details), and the two open-ended questions regarding their professional experiences during the pandemic. At the end of the survey, participants received links to resources on resilience such as relaxation videos, crossword puzzles, and a research paper about resilience importance and engagement (Priolo Filho & Rodrigues, 2018).

2.4. Data analysis

A qualitative content analysis was used here (Bardin, 2011; Sousa & Santos, 2020). The methodology has been used in previous studies of professionals' perceptions of child maltreatment (see Dahlbo et al., 2017); The specific qualitative content analysis here has three phases (pre-analysis, category creation, and coding, and interpretation) and involves frequent team discussions regarding the coding process (i.e., consensus workshops). During the pre-analysis phase, the coders reviewed the participants' responses to gain familiarity with the content within and across responses. Second, in the category creation and coding phase, the five coders (authors on this paper) each independently reported the categories they thought emerged from the responses and then met to develop a consensus as to the categories the team saw in the data. In the end, the coders reported five categories (see Table 1 for the five categories). The coders then divided participants' responses into registry units (e.g., a sentence, a fragment of a sentence, a whole paragraph). Coders identified 232 units in the participants' responses to the first question (i.e., the biggest challenges for CPPs in the pandemic) and 89 units in response to the second question (i.e., tell us more about protecting children, your work, or the pandemic).

Next, the five coders categorized each unit into the five identified categories, with every unit only being able to be classified into one category. The coders then met again to determine whether all 5 coders agreed on the categorization of the units. Raters revealed a high rate of agreement in categorization, with 98 % agreement across all five coders across all the codes.

The third and final phase of the analysis, the interpretation of the results, includes the interpretation of the coding. The same five judges as in the second phase analyzed all of the responses, codes, categories, and stages of categorization and discussed their interpretation of the results. The responses, the categories, and the interpretation are all discussed below.

3. Results

The average length of each response was 21.24 words. Table 2 shows the percentage of the CPPs' responses that addressed each of

Table 1
Five categories and definitions obtained after data analysis procedure.

Categories	Definition
Pandemic's Impact on CPPs' Work	Impact of the pandemic on the CPPs' ability to engage in their work to protect children and adolescents.
Impact of the Pandemic on CPP-Involved Families	Assessments regarding the needs and difficulties faced by the families with whom the CPPs work. Assessments of the role of family protection during the pandemic.
Occupational Concerns during the Pandemic	Responses related to pandemic's impact on the workplace, including work overload and psychological consequences of their work.
Politics and the Pandemic	Assessments of the role of politics in the pandemic. Aspects related to infrastructure and political expectations regarding the pandemic.
Vulnerability due to the Pandemic	Vulnerabilities faced by children during and after the pandemic and the role of public actors and society in protecting children.

the five categories. Responses are further divided into the five different CPP fields represented in our sample. This division permitted insight into which of the categories was most frequently addressed depending on the participants' professional field. For instance, overall, professionals most frequently discussed the *Pandemic's Impact on CPPs' Work*, except for social workers who focused on Vulnerability due to the Pandemic. Each of the categories is addressed below. The original responses were provided by the participants in Portuguese and translated into English. We attempted to maintain the participants' original words and phrasing. Due to this fact, minor grammatical issues may persist in the quotations below.

3.1. Pandemic's impact on CPPs' work

The *Pandemic* category refers to responses concerning the impact of COVID-19 on CPPs' work and/or CPP-involved families. For example, CPPs mentioned that they had *not been able to assess children's safety in the children's homes because of social distancing guidelines*. One participant stated, "Being able to see if something is wrong with the families due to social distancing, as the children are not attending school, it becomes more difficult to perceive something" (ID13, Female, 33-year-old, Teacher, Paraná, Human Development Index (HDI) 0.655). Similarly, CPPs expressed their frustration with not being able to have face-to-face monitoring of children's safety: "The biggest challenge is the distance and the impossibility of visiting them" (ID249, Male, 22-year-old, Teacher, Santa Catarina, HDI 0.755); "Not having access to the children and monitoring their development, not knowing if they are in a toxic environment or not" (ID52, Female, 62-year-old, Pre-school teacher, Paraná, HDI 0.672). This same concern was expressed by two legal professionals: "In my work, we are avoiding home visits and face-to-face contacts, but it is very difficult to observe a family from whom there are reports of ill-treatment without any direct contact" (ID299, Female, 23-year-old, Lawyer, São Paulo, HDI 0.700); "Professional structure and equipment for monitoring, monitoring and assistance for these children, as well as for the families" (ID175, Female, 39-year-old, Lawyer, Paraná, HDI 0.699). The professionals stated that the lack of active monitoring due to the pandemic could have devastating consequences on children's safety.

Another concern expressed in the responses that fell under the *Pandemic* category was *the loss of the school system as an avenue for reporting maltreatment and an agent of prevention of maltreatment*. "There is, then, a reduction in access to public and institutional support systems, such as schools, daycare centers, churches, which makes it difficult to seek help and protection" (ID82, Male, 46-year-old, Prosecutor, Paraná, HDI 0.782). Another participant, a teacher, similarly expressed concerns that they were unable to physically assess children in the neutral school environment: "When you see the child at school, for example, it is sometimes possible to notice a bruise or behavioral change" (ID56, Female, 33-year-old, Pre-school Teacher, Paraná, HDI 0.823). CPPs were thus concerned about how the pandemic has negatively affected safety measures that are used to protect children.

Lastly, CPPs mentioned that they have been *increasingly focusing on children's mental health during the pandemic*. "The social isolation itself. Many children staying at home can get anxiety and thus demanding more from their parents" (ID159, Female, 23-year-old, Psychologist, Paraná, HDI 0.823); "I would include how to deal with the stress of these children inside the house without leaving for anything" (ID36, Male, 36-year-old, Juvenile Correction Officer, São Paulo, HDI 0.823). Medical professionals also noted increasing concerns about mental health: "I am a pediatrician and I realize that both parents and children are much more stressed/nervous/insecure about the pandemic, which makes children more irritable/insecure/disobedient/anxious" (ID53, Male, 53-year-old, Pediatrician, Paraná, HDI 0.782). CPPs reported teaching children the value of having a daily routine to prevent or decrease acute anxiety and stress during uncertain times, including setting a wake-up time, scheduling mealtimes, doing daily activities, then going to bed.

3.2. Impact of the pandemic on CPP-involved families

The *Impact of the Pandemic on CPP-Involved Families* category captured CPPs' difficulty in assessing families during the pandemic and the challenges families faced during this particular time. Some professionals noted that *the pandemic was increasing stressors that were, in turn, hampering families' abilities to meet their children's needs*. For instance, one professional mentioned struggling with helping families adjust to their new environment and was focusing on teaching parents how to interact with their children in isolation, "Playing with children, understanding their fun and how parents can interact" (ID276, Male, 26-year-old, Lawyer, Rio de Janeiro, HDI 0.716).

CPPs also expressed concerns about *families' current living situations, particularly where children were now living full-time with their alleged aggressor*. Indeed, CPPs often used phrases like "increased time with the 'abuser' at home" (ID197, Female, 30-year-old, Nurse, São Paulo, HDI 0.778). They were also concerned that children being restricted to their homes decreased children's ability to access resources ("Absence from school and the time the child spends at school/daycare helps to stimulate development and social

Table 2
Participants' responses in each category by profession.

Category	Health	Psychologists	Legal	Education	Social workers
Pandemic's Impact on CPPs' Work	22 (33.3 %)	32 (32.3 %)	10 (43.04 %)	51 (45.9 %)	4 (18.1 %)
Impact of the Pandemic on CPP-Involved Family	11 (16.6 %)	11 (11.1 %)	2 (8.6 %)	7 (6.03 %)	1 (4.5 %)
Occupational Concerns During the Pandemic	18 (27.2 %)	31 (31.3 %)	8 (34.7 %)	19 (17.01 %)	6 (27.2 %)
Politics and the Pandemic	8 (12.1 %)	18 (18.1 %)	11 (47.8 %)	12 (10.08 %)	3 (13.6 %)
Vulnerability due to the Pandemic	7 (10.6 %)	7 (7.1 %)	2 (8.06 %)	22 (19.8 %)	8 (36.3 %)
Total	66	99	23	111	22

Note: the numbers outside the parentheses are raw frequencies.

relationships, in addition to providing access to meals. Often, the domestic environment does not provide adequate conditions for development and the school partially compensates for this” (ID245, Female, 32-year-old, Nurse, São Paulo, HDI 0.785), while also damaging family dynamics and increasing risk (“...increase in anxiety and stress experienced by adults is also dangerous for the children, which can decrease patience and increase physical and psychological violence” (ID48, Female, 40-year-old, Psychologist, Paraná, HDI 0.823)). Indeed, many CPPs reported that “parents and children are way more stressed during the pandemic than before” (ID116, Female, 56-year-old, Pediatrician, São Paulo, HDI 0.750), and that “parents are too stressed because of all the problems of the pandemic, and that stress carries to us, professionals” (ID194, Female, 44-year-old, Nurse, Santa Catarina, HDI 0.827).

3.3. Occupational concerns during the pandemic

The *Occupational Concerns during the Pandemic* category captured professionals’ workplace challenges in general, as well as those attributable to the pandemic. Many CPPs reported *the need for additional training to respond to the challenges arising from the pandemic*. A significant number of CPPs expressed the need for more training on identifying and intervening in violent situations. For example, a professional stated, “Unfortunately, some professionals fail to notice the small warning signs that a child gives in their actions and even in their parents’ complaints” (ID30, Male, 52-year-old, Nurse, Paraná, HDI 0.823). Another professional responded, “Knowing how to identify warning signs that a child experiences during contact with them” (ID298, Female, 55-year-old, Educational Psychologist, Minas Gerais, HDI 0.789). As a result of a lack of training, CPPs are concerned that cases of child maltreatment end up not being identified and reported.

Participants also described the *lack of teamwork, collaboration, and support between child-protection-focused agencies*. For example, a professional stated, “Work in an intersectional way, create and maintain solid dialogues between health policy, social work and especially education policies. Make these dialogues reach the top workers in the form of more effective actions, in the reduction of bureaucracies, etc.” (ID47, Female, 27-year-old, Child Protective Services Agent, São Paulo, HDI 0.840). Another professional mentioned, “The biggest challenge is not being able to count on some agencies of the safety net, as some of them do not even attend the meetings to discuss the referrals to be taken in situations of social vulnerability” (ID83, Female, 46-year-old, Prosecutor, Paraná, 0,763). One key aspect noted by the CPPs was the need to grow such support from leaders in their organization: “support from the managers, in the sense of seeking to understand the role of each tool/service and professional, so that they validate the necessary actions” (ID54, Female, 31-year-old, Lawyer, Santa Catarina, HDI 0.681).

Professionals also expressed *concerns as to their workplaces adequately responding to and preparing them for the COVID-19 pandemic*. One professional detailed the lack of Personal Protective Equipment (PPE) in her workplace– “there is protection, but it is not enough, because they often spend many hours with the same PPE” (ID272, Female, 47-year-old, Teacher, Paraná, HDI 0.742). Others were concerned about the lack of support for remote working. In addition, disparities in access to new technology among professionals interfered with CPPs’ responsibilities. Professionals mentioned the “lack of skill in the use of online platforms” (ID207, Female, 57-year-old, CPS agent, Rio de Janeiro, HDI 0.716) and “lack of habit of a large part of the population in online communication, even though the technology is present in most homes, including smartphones” (ID217, Male, 48-year-old, Lawyer, São Paulo, HDI 0.781).

3.4. Politics and the pandemic

The responses in the *Politics and the Pandemic* category reflect *criticisms of public policies*. For instance, a professional reported, “There is no technical guidance in this regard [to the challenges during the pandemic]” (ID32, Female, 52-year-old, Teacher, Paraná, HDI 0.823). Another professional stated, “I would like there to be greater national mobilization and a look at this demand” (ID256, Female, 42-year-old, Lawyer, São Paulo, HDI 0.800). CPPs also pointed out that public policies for child protection need more attention. For instance, a professional responded, “May the safety services network actually work, even when we report the child protective services network act slowly or do not even take notice of cases when we contact them to discuss it” (ID215, Female, 34-year-old, Nurse, São Paulo, HDI 0.805). One CPP noted the explicit connection between public policies and potential harm for families and children: “The lack of public policies increases the vulnerabilities of families, and children” (ID220, Female, 56-year-old, Teacher, Paraná, HDI 0.823).

3.5. Vulnerability due to the pandemic

The *Vulnerability Due to the Pandemic* category included *responses indicating potential risks of increased violence and vulnerability to children*. One participant mentioned, “Many children do not have access to the internet and do not even know this reality, so they do not even know that they can ask for help” (ID48, Female, 48-year-old, Nurse, São Paulo, HDI 0.805). Another participant reported, “Many do not have access to technology and those who do, do not always have quality internet access” (ID258, Male, 37-year-old, Psychologist, Rio Grande do Sul, HDI 0.805). CPPs also were concerned that delays and failures in resolving cases resulted in sending victimized children back home making the children more vulnerable to violence: “The mismatch of information leads to delays in resolving situations presented in the CPS” (ID153, Female, 45-year-old, CPS Agent, São Paulo, HDI 0.798). For instance, one participant mentioned, “The biggest challenge is the mismatch of information. It takes a long time to resolve the situations presented in the Protection Network. Complicated when the victim returns to the aggressor’s house” (ID29, Female, 42-year-old, Pediatrician, Paraná, HDI 0.700).

4. Discussion

Here, we qualitatively analyzed over 300 CPPs' reflections on the struggles and barriers faced by their profession during the COVID-19 pandemic. Our analyses revealed five key categories across the statements, many of them centered on concerns about protecting children's right to safety. Below, we review the key findings from these analyses, discuss how the research aligns with prior work, and note the interrelated nature of these five categories. Finally, we discuss the application of this research to professional and research settings.

Across all five categories (*Pandemic's Impact on CPPs' work; Impact of the Pandemic on CPP-Involved Families, Occupation Concerns During the Pandemic; Politics and the Pandemic; and Vulnerability Due to the Pandemic*), CPPs reported a concern that the pandemic was hampering their ability to adequately do their job, potentially decreasing their ability to protect children from an increasingly alarming situation. These findings align with prior quantitative analyses within the same sample (Priolo Filho et al., 2020) and theoretical and empirical research with CPPs internationally (Katz, Katz, et al., 2021; Renov et al., 2021; Teo & Griffiths, 2020; Whitt-Woosley et al., 2022). Indeed, despite cultural and organizational differences between CPS in Brazil and the United States, similar categories were identified here and in Whitt-Woosley et al.'s (2022) qualitative analysis of American CPPs. CPPs in both countries noted that it was more difficult to conduct assessments, the pandemic negatively impacted cases, and that it was a challenge to balance work and home life. Politics did not appear to be mentioned as frequently by the CPPs working in the United States, with Brazilian CPPs presenting complaints regarding the lack of guidelines from the government during the pandemic. This might be due to a centralized child protection system and a more centralized response to the COVID-19 pandemic, which may have led to more of a uniformity in experience in the connection between the two for CPPs in Brazil.

Our sample has a wide range of types of professionals who were interviewed as CPPs. However, this study shows that despite working in different fields, such as education, law, or medicine CPPs in Brazil still share similar concerns and challenges during the pandemic. We believe this is because all CPPs are part of the centralized child protection system in Brazil (Ministry of Health, 2002), therefore, their responsibilities as CPPs shares areas of overlap even though they would be dealing with children in different circumstances. Thus, this study highlights the impact of a unified response while investigating different professional categories during the pandemic.

Brazil has one of the highest numbers of cases and deaths due to COVID-19 (Johns Hopkins, 2022) and concerns have been raised regarding whether the government sufficiently responded to the pandemic (The Lancet, 2020). Although finding commonalities in struggles across CPPs throughout the world can be disheartening, it is also a reminder of the value and strength of international research. Hearing the voices of CPPs from one country can also be informative and a source of insight for professionals in other countries.

Fig. 1 presents the model by Katz, Priolo Filho, et al. (2021) with quotes from our participants placed within the relevant category of the ecological model. Katz and colleagues' proposed ecological framework encourages researchers to consider the interrelated and interdependent nature of individual and interpersonal interactions (e.g., school closings, parent' behavior), neighborhood and communities (e.g., family-services communication), and societal and cultural context (e.g., policy) on CPPs' and the families that they serve. Although each of our five categories were discussed separately above, many of the CPPs' responses reflect the interrelated nature encouraged by this framework. For instance, one CPP noted that the lack of policies had a direct impact on failures to protect children. Others, however, noted that the decrease in community-level services had impacted parent's behavior, which in turn could have resulted in decreased safety for children. These results highlight that a single-component response to the pandemic's effects on CPPs cannot capture the full impact of such a crisis on both the professionals themselves but also on the families that they support.

Across both our qualitative and quantitative analyses (Goldfarb et al., 2022; Priolo Filho et al., 2020), CPPs noted the central importance of the workplace in bolstering their resiliency to this pandemic. CPPs here provided further insight into how they thought that such change might be necessary on a policy level to help increase coordination of agencies and professionals who protect children. Such policy change within Brazil may be particularly powerful given the federal nature of child protection and the geographic size of the country.

Although the data here was gathered during the pandemic, which provided a unique lens through which to study CPPs' work environment, it is vital to note that resolving this international health crisis is not a panacea for these issues. CPPs deal with families during crises and must support and guide children through one of those most difficult times in their life; such work has consistently been found to be stressful and to potentially lead to burnout (Bride et al., 2007; Drake & Yadama, 1996; Griffiths et al., 2018; Tavormina & Closssey, 2017). The pandemic may have exacerbated many of these issues, but these problems existed prior to the outbreak of COVID-19. Policies thus must bolster support for CPPs. One potential pathway for support may be a continued focus on providing CPPs with space to practice resilient behaviors and analyzing the unmet needs of CPPs both during and after the pandemic concludes (Goldfarb et al., 2022; Liu et al., 2017, 2020; Priolo Filho et al., 2020).

5. Conclusion

As evidenced by the responses gathered from CPPs, the COVID-19 pandemic highlighted and exacerbated the vulnerabilities of the child protection system in Brazil. The five categories compiled in this study aim to bring attention and awareness to the struggles faced by the CPPs during a time when vulnerable populations were placed even more at risk. The qualitative analysis here, however, has the additional benefit of allowing professionals to state their concerns in their own words and allows the identification of themes that may not be apparent in quantitative research. Providing CPPs with a voice to talk about their work may bolster CPPs' mental health and decrease burnout (Griffiths & Royse, 2017; Tavormina & Closssey, 2017). As one professional stated, "Everything I have answered in

this research is important to me. We have to take care of our minds before, during, and after the pandemic. Thank you for this” (ID139, Female, 39-year-old, Teacher, São Paulo, HDI 0.805). This work, hopefully, provides a powerful window into the incredible value of the work conducted by these professionals and allows us to hear the reforms that can further enable them to protect children’s safety.

Declaration of competing interest

The Author(s) declare(s) that there is no conflict of interest or funding provided for this research.

Data availability

Data will be made available on request.

Acknowledgments

We want to thank the participants for their continuous effort during COVID-19 to protect children and families.

References

- Baltar, F., & Brunet, I. (2012). Social research 2.0: virtual snowball sampling method using Facebook. *Internet Research*, 22(1), 57–74. <https://doi.org/10.1108/10662241211199960>
- Bardin, L. (2011). *Análise de conteúdo [Content analysis]*. São Paulo: Almedina.
- Braun, V., Clarke, V., Boulton, E., Davey, L., & McEvoy, C. (2021). The online survey as a qualitative research tool. *International Journal of Social Research Methodology*, 24(6), 641–654. <https://doi.org/10.1080/13645579.2020.1805550>.
- Bride, B. E., Jones, J. L., & MacMaster, S. A. (2007). Correlates of secondary traumatic stress in child protective services workers. *Journal of Evidence-Based Social Work*, 4(3–4), 69–80. https://doi.org/10.1300/J394v04n03_05
- Burton, W. B., Civitano, A., & Steiner-Grossman, P. (2012). Online versus paper evaluations: differences in both quantitative and qualitative data. *Journal of Computing in Higher Education*, 24, 58–69. <https://doi.org/10.1007/s12528-012-9053-3>.
- Dahlbo, M., Jakobsson, L., & Lundqvist, P. (2017). Keeping the child in focus while supporting the family: Swedish child healthcare nurses experiences of encountering families where child maltreatment is present or suspected. *Journal of child health care*, 21(1), 103–111. <https://doi.org/10.1177/1367493516686200>.
- Drake, B., & Yadama, G. N. (1996). A structural equation model of burnout and job exit among child protective services workers. *Social Work Research*, 20(3), 179–187. <https://doi.org/10.1093/swr/20.3.179>
- Ferguson, H. (2009). Performing child protection: Home visiting, movement and the struggle to reach the abused child. *Child & Family Social Work*, 14(4), 471–480. <https://doi.org/10.1111/j.1365-2206.2009.00630.x>
- Goldfarb, D., Zibetti, M. R., Liu, J. J., Priolo Filho, S. R., & Aznar-Blefari, C. (2022). Resilience during times of enduring challenge: Brazilian Child Protection Professionals’ resilience and psychological distress one year into the COVID-19 pandemic. *Child Abuse & Neglect*, 134, Article 105925. <https://doi.org/10.1016/j.chiabu.2022.105925>
- Gonçalves, H. S., & Garcia, J. (2007). Youth and rights system in Brazil. *Psicologia: Ciência e Profissão*, 27, 538–553. <https://doi.org/10.1590/S1414-98932007000300013>
- Griffiths, A., & Royse, D. (2017). Unheard voices: Why former child welfare workers left their positions. *Journal of Public Child Welfare*, 11(1), 73–90. <https://doi.org/10.1080/15548732.2016.1232210>
- Griffiths, A., Royse, D., & Walker, R. (2018). Stress among child protective service workers: Self-reported health consequences. *Children and Youth Services Review*, 90, 46–53. <https://doi.org/10.1016/j.childyouth.2018.05.011>
- Johns Hopkins. (2022). *COVID-19 dashboard*. Johns Hopkins – Coronavirus Resource Center. <https://coronavirus.jhu.edu/map.html>.
- Katz, I., Katz, C., Andresen, S., Bérubé, A., Collin-Vézina, D., Fallon, B., Fouché, A., Haffeejee, S., Masrawa, N., Muñoz, P., Priolo-Filho, S. R., Tarabulsky, G., Truter, E., Varela, N., & Wekerle, C. (2021). Child maltreatment reports and child protection service responses during COVID-19: Knowledge exchange among Australia, Brazil, Canada, Colombia, Germany, Israel, and South Africa. *Child Abuse & Neglect*, 116, Article 105078. <https://doi.org/10.1016/j.chiabu.2021.105078>
- Katz, C., Priolo Filho, S. R., Korbin, J., Bérubé, A., Fouché, A., Haffeejee, S., Kaawa-Mafgiri, D., Maguire-Jack, K., Muñoz, P., Spilsbury, J., Tarabulsky, G., Tiwari, A., Levine, D. T., Truter, E., & Varela, N. (2021). Child maltreatment in the time of the COVID-19 pandemic: A proposed global framework on research, policy and practice. *Child Abuse & Neglect*, 116, Article 104824. <https://doi.org/10.1016/j.chiabu.2020.104824>
- Liu, J. J., Reed, M., & Fung, K. P. (2020). Advancements to the Multi-System Model of Resilience: Updates from empirical evidence. *Heliyon*, 6(9), Article e04831. <https://doi.org/10.1016/j.heliyon.2020.e04831>
- Liu, J. J., Reed, M., & Girard, T. A. (2017). Advancing resilience: An integrative, multi-system model of resilience. *Personality and Individual Differences*, 111, 111–118. <https://doi.org/10.1016/j.paid.2017.02.007>
- Lopes, J. P., & Ferreira, L. M. (2010). Breve Histórico dos Direitos das Crianças e dos Adolescentes e as Inovações do Estatuto da Criança e do Adolescente – Lei 12.010/09 [Brief history of children and adolescents rights and innovations in the statute for children and adolescents – law 12.010/09]. *Revista Do Curso de Direito*, 7(7), 70–86. <https://doi.org/10.15603/2176-1094/rcd.v7n7p70-86>
- Ministry of Health. (2002). Notificação de maus-tratos contra crianças e adolescentes pelos profissionais de saúde [Child and adolescent abuse Reporting by healthcare professionals]. Ministério da Saúde, Brasília Available at: https://bvsms.saude.gov.br/bvs/publicacoes/notificacao_maustratos_crianças_adolescentes.pdf.
- Prinz, R. J. (2016). Parenting and family support within a broad child abuse prevention strategy: Child maltreatment prevention can benefit from public health strategies. *Child Abuse & Neglect*, 51, 400–406. <https://doi.org/10.1016/j.chiabu.2015.10.015>
- Priolo Filho, S. R., Goldfarb, D., Zibetti, M. R., & Aznar-Blefari, C. (2020). Brazilian child protection professionals’ resilient behavior during the COVID-19 pandemic. *Child Abuse & Neglect*, 110, Article 104701. <https://doi.org/10.1016/j.chiabu.2020.104701>
- Priolo Filho, S. R., & Rodrigues, M. B. (2018). Resilience and healthy development promotion on childhood, adolescence and adulthood: new discussions on psychological definitions. *Psicologia Argumento*, 36(92), 163–174. <https://doi.org/10.7213/psicolargum.36.92.A002>
- Rates, S. M. M., Melo, E. M. D., Mascarenhas, M. D. M., & Malta, D. C. (2015). Violence against children: an analysis of mandatory reporting of violence, Brazil 2011. *Ciência & Saúde Coletiva*, 20, 655–665. <https://doi.org/10.1590/1413-81232015203.15242014>
- Renov, V., Rissler, L., Berger, R., Hurley, T., Villaveces, A., DeGue, S., Ragavan, M., ... (2021). The impact of the COVID-19 pandemic on child protective services caseworkers and administrators. *Child Abuse & Neglect*, 105431. <https://doi.org/10.1016/j.chiabu.2021.105431>
- Sousa, J. R., & Santos, S. C. M. (2020). Content analysis in qualitative research: Way of thinking and doing. *Pesquisa e Debate em Educação*, 10(2), 1396–1416. <https://doi.org/10.34019/2237-9444.2020.v10.31559>
- Tavormina, M., & Clossey, L. (2017). Exploring crisis and its effects on workers in child protective services work. *Child & Family Social Work*, 22(1), 126–136. <https://doi.org/10.1111/cfs.12209>

- Teo, S. S. S., & Griffiths, G. (2020). Child protection in the time of COVID-19. *Journal of Paediatrics and Child Health*, 56(6), 838–840. <https://doi.org/10.1111/jpc.14916>
- The Lancet. (2020). COVID-19 in Brazil: “So what?”. *Lancet*, 395(10235), 1461. [https://doi.org/10.1016/S0140-6736\(20\)31095-3](https://doi.org/10.1016/S0140-6736(20)31095-3). London, England.
- Torrentira, M. (2020). Combating COVID-19 pandemic: The best management practices of a designated hospital in southern Philippines. *Journal of Business and Management Studies*, 2(2), 11–15. Retrieved from <https://al-kindipublisher.com/index.php/jbms/article/view/462>.
- Whitt-Woosley, A., Sprang, G., & Eslinger, J. (2022). Foster care during the COVID-19 pandemic: A qualitative analysis of caregiver and professional experiences. *Child Abuse & Neglect*, 124, Article 105444. <https://doi.org/10.1016/j.chiabu.2021.105444>