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Brazilian and Portuguese guidelines for protecting vulnerable children against violence in the COVID-19 pandemic

Diretrizes brasileiras e portuguesas de proteção à criança vulnerável à violência na pandemia de COVID-19

Directrices brasileñas y portuguesas para la protección de los niños vulnerables a la violencia en la pandemia del COVID-19

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Abstract

Objective: To identify and analyze the protection measures for children/adolescent vulnerable to violence during the COVID-19 epidemic in Brazil and Portugal. **Method:** This documentary research of government guidelines issued between March and September 2020 was carried out. The hermeneutic analysis was based on the principles of health vulnerability of children/ adolescents. **Results:** Articulated support actions and partnerships were recommended at the national, local, and interinstitutional levels. A multi-professional intersectoral action was the most recommended measure to protect those children/adolescents more vulnerable to intrafamily violence. Noteworthy are the stimulus warning, investigation, intervention, and monitoring notified cases. In addition, countries' efforts were invested in expanding the call center channels and encouraging notification violence by society members and social networks. However, few cases were notified justified by advertising campaigns in Portugal that encouraged reporting to the responsible childhood agencies. The protection of family providers' income and work during social isolation and suspension of face-to-face classes were intended to protect them from food safety and contagious disease. **Conclusion:** Official documents determined actions for institutions, health professionals, family members, and society to face intrafamily violence. Regarding the effect of the COVID-19 pandemic on the family nucleus, the State must continue protecting children's and adolescents' rights to life and dignity.

Keywords: Comprehensive Health Care; Health Vulnerability; Primary Care Nursing; Child Health Services; Child Abuse.

Resumo

Objetivo: identificar e analisar medidas de proteção à criança/adolescente vulnerável à violência na epidemia de COVID-19 no Brasil e em Portugal. **Método**: implementou-se a pesquisa documental de diretrizes governamentais expedidas entre março e setembro de 2020. A análise hermenêutica fundamentou-se nos preceitos da vulnerabilidade em saúde e da defesa do melhor interesse de crianças/adolescentes. **Resultados**: recomendaram-se ações articuladas de apoio e parcerias nacionais, locais e interinstitucionais; atuação multiprofissional, intra/intersetorial como medidas de proteção à criança/adolescente vulneráveis à violência intrafamiliar. Destacam-se o estímulo a notificação, investigação, intervenção e acompanhamento de casos. Constatam-se investimentos dos países na ampliação de canais de teleatendimento e estímulo à denúncias pela sociedade e redes sociais. Contudo, há indícios de poucos registros de casos, justificado pelas campanhas publicitárias em Portugal que incentivaram denúncias aos órgãos responsáveis. A proteção à renda e ao trabalho dos provedores da família durante o isolamento social e momento de suspensão das aulas presenciais teve a intenção de protegê-los da insegurança alimentar e do contágio da doença. **Conclusão**: documentos determinaram ações para instituições, profissionais de saúde, familiares e sociedade no enfrentamento da violência intrafamiliar. Na pandemia de COVID-19, é dever do Estado seguir protegendo o direito à vida e à dignidade da criança e adolescente.

Palavras-chave: Assistência Integral à Saúde; Vulnerabilidade em Saúde; Enfermagem de Atenção Primária; Serviços de Saúde da Criança; Maus-Tratos Infantis.

Resumen

Objetivo: identificar y analizar medidas de protección para niños/adolescentes vulnerables a la violencia durante la epidemia del COVID-19 en Brasil y Portugal. **Método:** se realizó una investigación documental de las directrices gubernamentales emitidas entre marzo y septiembre de 2020. El análisis hermenéutico se basó en los principios de vulnerabilidad en salud en la niñez y la adolescencia. **Resultados:** se recomendaron acciones de apoyo articuladas y alianzas nacionales, locales e interinstitucionales; acción multiprofesional, intra e intersectorial como medida de protección para niños, niñas y adolescentes vulnerables a la violencia intrafamiliar. Destacan el fomento de la notificación, investigación, intervención y seguimiento de los casos. Hay esfuerzos de ambos países que invertirán en la expansión de los call center y fomentarán las quejas de los miembros de la sociedad y las redes sociales. Sin embargo, hay indicios de pocos casos denunciados, justificados por campañas publicitarias (especialmente en Portugal) que alentaron las denuncias a los órganos responsables. La protección de los ingresos y el trabajo de los proveedores familiares, durante el aislamiento social y en el momento de la suspensión de las clases presenciales tuve la intención de protegerlos del seguridad alimentar y del contagio de la enfermedad. **Conclusión:** documentos emitidos acciones específicas para instituciones, profesionales de la salud, familiares y sociedad en el abordaje de la violencia intrafamiliar. En la pandemia del COVID-19, es deber del Estado continuar protegiendo el derecho a la vida y la dignidad de los niños, niñas y adolescentes

Palabras clave: Atención Integral de Salud; Vulnerabilidad en Salud; Enfermería de Atención Primaria; Servicios de Salud del Niño; Maltrato a los Niños.

INTRODUCTION

The COVID-19 pandemic (Coronavirus Disease 2019), caused by the new coronavirus (SARS-CoV-2), resulted in more effects on the child population due to the worsening of the global socio-economic crisis due to the direct impact of morbidity on children and adolescents. Social distancing measures have led to the closing of schools, reaching more than 1.5 billion children and adolescents worldwide[1].

A study by the United Nations Children's Fund (UNICEF) found that 104 out of 136 countries stopped providing child protection services against violence during the pandemic, with 83% located in Latin America[2]. As these data refer to countries with low and middle income, little is known about the evolution of the offer of these services in the countries of central-western Europe, which includes Portugal.

In Portugal, the closure of daycare centers, kindergartens, schools, cultural and sports activities was decreed (Decree-Law 14-G/2020) on April 13, 2020. The schools started to remain partially open as of May 2020[3].

In Brazil, there was a total suspension of in-person classes from April 1, 2020. Whether in the total or partial closure regime, teaching activities were transferred from the school to the home environment, leading to the removal of children from living with peers and teachers face-to-face and continuous basis since the schooling process was conducted by videoconference and or TeleSchool. In Brazil alone, 23 million children and teenagers no longer attend primary, primary, and secondary education[3].

With the transference of school-based education to home (or homeschooling), there was an increased length of stay and coexistence of children with their families. While there is no vaccine or safe and effective treatment, on the one hand, confinement is a protective measure for children's health; on the other hand, the extension of this confinement can have negative repercussions for this population group[4].

One of the impacts refers to the notification of violence cases after the closing of schools in Brazil. Comparing data from April 2020 with the same month of the previous year, there is a reduction of 18% in reports of violence perpetrated against children and adolescents through Dial 100 of the Human Rights Dial[5]. Data on reports of violence in the years 2019, compared to 2018, show an increase of 13.9% in most cases. Neglect and psychological, physical, patrimonial, sexual, and institutional violence are types among human rights violations recorded. The majority (90%) of individuals who commit some violation are adults aged between 18 and 59. Children between zero and 11 years of age represent 43% of victims[6].

In Portugal, among the 1,492 reports of violence reported in 2018, 940 were from children up to 10 years of age, with girls (n=628) being more victimized than boys (n=312); and 552 were teenagers between 11 and 17 years old. As for the authorship of violence, the parental relationship corresponded to 27.3%. The places with the highest victimization rate were residences (51.2%), with 20% of the reports being made by the police and 15% by friends/acquaintances/neighbors. These data reveal the vulnerable conditions to which Portuguese children and adolescents who, during the COVID 19 pandemic, remained in social isolation with their families at home were exposed. The most commonly used form of denunciation was telephone contact (75.4%), followed by face-to-face contact (30%); information and communication technologies (12%) reinforced contacts by email or online (social networks) [7]. Another relevant fact was the institutionalization of child victims of violence. In 2019, for the first time in ten years, the number of entries of children and young people into the system was higher than the number of exits. Some of them presented risk situations due to exposure to domestic violence, which increased when compared to 2018[8].

The World Health Organization (WHO), through organizations on its continents (PAHO in Latin American countries), emphasizes that millions of children are susceptible to physical, sexual, psychological abuse, exposed to various types of injuries, disabilities, and death. Although most countries (83%) have data on violence against children, only 21% have used them to outline concrete strategies to prevent and mitigate exposure to violence. Approximately 80% of countries have developed national action plans and policies, yet only 1/5 of them have funding[9].

In this context, little is known about the guidelines for combating violence against children and adolescents and what recommendations and operational strategies to protect them were issued in documents from Brazil and Portugal. Therefore, it is essential to develop studies that seek to understand such measures adopted by both countries that have universal health and social protection systems. Furthermore, both countries follow the same doctrine of protection for children and adolescents, with regulations that ensure children and adolescents' right to social welfare[10]. Despite the disparities in geographic, socio-demographic, and economic dimensions between the two countries, compliance with these legal provisions contributes to the fact that, in practice, Portuguese childhood and adolescence protection initiatives are more effective than Brazilian initiatives[11]. It is known that global health crises have geoeconomics and political impacts that affect the welfare state. Mainly, at this COVID-19 pandemic time, it is necessary to rely on legal provisions issued to ensure the protection of children and adolescents, which can be objects of investigation and analysis. In this sense, this study aimed to identify and analyze measures to protect children vulnerable to violence during the COVID-19 epidemic in Brazil and Portugal.

METHOD

The documentary research was developed, having regulatory provisions as a source of data. All documents were published during the COVID-19 pandemic for protecting children vulnerable to violence. Access to documentary sources was intentional on the websites of public bodies for the protection of children and adolescents in both Brazil and Portugal. The search for documents was carried out in December 2020, while the time frame corresponding to March to September 2020; the first month corresponds to the health crisis decree and the last when the final

regulation related to the protection of children and adolescents during the COVID 19 pandemic was published.

In Brazil, regulations issued by the Ministry of Women, Family, and Human Rights, Ministry of Citizenship and Brazilian National Council for the Rights of Children and Adolescents (CONANDA - *Conselho Nacional dos Direitos da Criança e do Adolescente*) were sought. In Portugal, the same procedure was followed, but on the pages of the Directorate-General of Health (DGS - *Direção-Geral da Saúde*), the Portuguese National Commission for the Promotion of the Rights and Protection of Children and Youth (CNPDPCJ - *Comissão Nacional Promoção dos Direitos e Proteção das Crianças e Jovens*) and the Portuguese National System for Early Childhood Intervention (SNIPI - *Sistema Nacional de Intervenção Precoce na Infância*). In both countries, as documents and other bodies or institutions were cited in the legal sources, new sources were traced to expand the analysis document chart (Chart 1).

In documentary research, the primary source of information (laws, decree-law, ordinances, technical standards, recommendations, booklet, manuals, etc.) answer questions and formulate new questions. In general, the analysis material has the potential to meet the research objectives, but it has not previously been subjected to analytical treatment[12].

Research with documents begins by locating texts that are pertinent, representative, and have the credibility to record the facts they want to investigate. The research procedures involve three steps: a preliminary assessment, document analysis, and interpretation. The context in the text, its dimensions, authors, authenticity and reliability, nature, key expressions, and the text's internal coherence are sought. In analyzing the document, thematic meanings or lexical signifiers are extracted, and the simplest elements of the text are sought.

Then, the words or ideas are systematized into record units that come close, coding them into thematic units to form themes. The significant elements of new knowledge are apprehended through interpretation or inference, based on a theoretical framework of the researcher's free choice.

Based on the above, in the first stage, a preliminary assessment, regulatory provisions, procedure manuals, etc., from the government of both countries were included, specifically related to the protection of children and adolescents vulnerable to violence during the COVID-19 pandemic (Chart 1), issued from March to September 2020.

For the study in focus, Paul Ricoeur's hermeneutic analysis was chosen to treat information extracted from the documentary corpus. In this type of analysis, relationships are determined between the nuclei of meanings extracted from the textual corpus, comparing them with different situations to generate possibilities for hermeneutic interpretation and build new concepts[13].

In this sense, the preliminary and exhaustive reading of the documents was carried out, seeking to answer two questions related to the protection of children and adolescents vulnerable to situations of intrafamily violence during the COVID-19 pandemic, namely: a) what are the programmatic guidelines for monitoring and follow-up?; b) what are the programmatic guidelines for harm promotion and reduction? From this reading, key expressions were extracted that contributed to answering analytical questions (Chart 2).

For each country, four charts were prepared, one for extracting content in response to each question, containing three columns (document source, key expressions, and registration units (RU)). Then, the RU was approximated by the convergence of lexical signifiers to form analytical units, later regrouped by common and singular meanings into nuclei of meanings, according to the guidelines provided for in the hermeneutic analysis.

Based on these guidelines, coding the convergent thematic units of each country resulted in 11 charts (six from Brazil and five from Portugal), grouped into three standard and singular tables for both countries.

In the last step, interpretation, the hermeneutic modality was chosen for the apprehension of emerging concepts. For each of the three charts, the analyst panel strategy was adopted (which makes up the authorship of this text), based on the theoretical framework of social vulnerability to apprehend common and singular meanings. In other words, social relationships can limit people's ability to act, removing the institutional supports that provide them with social security. However, there may be situations that deny the possibility of a person effectively exercising their citizenship rights, generating insecurity in the present and frustration in future projects[14,15].

From a human rights perspective, vulnerability in health implies two collective dimensions (social and programmatic) and an individual.13 In the collective social dimension in the health of children and adolescents, family's social and cultural norms are applied, the family's well-being that has access to full employment and continuous income and that ensures the provision of material conditions of existence and the defense of the children's best interest.

Also, in the collective dimension, fundamental rights (life, health, education, culture, leisure, sports, etc.) must be guaranteed by the family, the State, and society. It also includes access to information and government commitment to families and children's health and social well-being. In the collective programmatic dimension, it is up to governments to commit to responding to people's social and health needs, formulating public policies to protect the children's best interests. In this sense, it is necessary to plan and assess health care. It is also necessary to provide material and human resources that ensure its implementation and sustainability. Institutional and material governance must come together with connections and intersectoral activities. Besides, services should organize the access with quality, multidisciplinary teams that work on interdisciplinary approaches to integrate care. Professionals raised awareness to act as advocates of human rights, who plan and assess the services provided. In the individual dimension, values, interests, beliefs, desires, knowledge, attitudes, behavior, social and friendship networks, parental and family relationships, mental health, and physical constitution stand out[15].

Chart 1. Guiding documents for protecting children and adolescents exposed to violent situations during the COVID-19 pandemic period. Brazil and Portugal, 2020.

BRAZIL	PORTUGAL
(BR.A1. CONANDA_25/03/2020). CONANDA_25/03/2020. Recomendações do Conselho Nacional dos Direitos da Criança e do Adolescente - Available from: https://crianca.mppr.mp.br/arquivos/File/legis/covid19/recomendacoes_conanda_covid19_25032020.pdf	PT.B1. CNPDPCJ, 2020. Comissão Nacional Promoção dos Direitos e Proteção das Crianças e Jovens (CNPDPCJ). Available from https://www.dge.mec.pt/noticias/orientacoes-gerais-para-proteger-criancas-e-jovens-em-tempo-de-covid-19.
(BR.A2. NT MMFDH – 9/2020.) Nota Técnica (NT) n° 9/2020/CGDDCA/DEEVDCA/SNDCA/ Ministério da Mulher, da Família e dos Direitos Humanos [MMFDH). Available from: https://crianca.mppr.mp.br/arquivos/File/legis/covid19/nota_tecnica_sndca_mmfdh_ref_ppcaam_03042020_covid19.pdf	PT.B2. SNIPI_V2_22/04/2020. *SNIPI_V2_22/04/2020.* Segurança Social. Available from http://www.seg-social.pt/documents/10152/16722120/SNIPIFicoemcasa%21.pdf/bd2e2445-10a8-46c3-a8ac-44b583906a6e SNIPI - Sistema Nacional de Intervenção Precoce na Infância.
BR.A3. Lei nº 14.022, de 7 de julho de 2020. Available from: http://www.planalto.gov.br/ccivil_03/_ato2019-2022/2020/lei/L14022.htm	PT.A3. DGS_008/2020, de 26/03/2020. Direção-Geral da Saúde (DGS). INFORMAÇÃO - Programa Nacional de Saúde Infantil e Juvenil e epidemia de Covid-19. Available from https://www.dgs.pt/normas-orientacoes-e-informacoes/informacoes/informacao-n-0082020-de-26032020-pdf.aspx
BR. B4. Enfrentando a violência on-line contra adolescentes no contexto da pandemia de Covid-19. Ministério da Mulher, da Família e dos Direitos Humanos. Secretaria Nacional de Políticas para as mulheres. Available from:https://www.gov.br/mdh/pt-br/assuntos/noticias/2020-2/agosto/68ENFRENTANDO_VIOLENCIA_ONLINE.pdf	PT.A4. *DGS 009/2020*. Direção Geral da Saúde. ORIENTAÇÃO - 009/2020 de 11/03/2020. Available from https://www.dgs.pt/directrizes-da-dgs/orientacoes-e-circulares-informativas/orientacao-n-0092020-de-11032020-pdf.aspx
	PT.A5. DGS 009-A/2020. Direção Geral da Saúde. ORIENTAÇÃO de 07/09/2020 (atualização). Available from https://www.dgs.pt/normas-orientacoes-e-informacoes/orientacoes-e-circulares-informativas/orientacao-n-009-a2020-de-07092020-pdf.aspx
(BR.B5. MMFDH. Disque 100). Disque 100. Available from: https://www.gov.br/mdh/pt-br/acesso-a-informacao/disque-100-1	PT.B6 CNPDPCJ#@_2020. Comissão Nacional Promoção dos Direitos e Proteção das Crianças e Jovens. 2020. # Proteger crianças compete a Tod@s. Available from: https://www.cnpdpcj.gov.pt/documents/10182/14796/brochura+proteger+crianças+compete+a+tod%40s/7cfd8862-864d-4a14-b1c6-5af6db4f9d79
(BR.A6. NT_70, IPEA _22/05/2020). Nota técnica nº 70, de 22 de maio de 2020. Instituto de Pesquisa Econômica aplicada (IPEA). Diretoria de Estudos e Políticas Sociais. Available from: https://www.ipea.gov.br/portal/images/stories/PDFs/nota_tecnica/200522_nt_disoc_n_70.pdf	PT.B7. IAC_SOS_2020). Instituto de Apoio à Criança. Available from https://iacrianca.pt/intervencao/sos-crianca
BR.A7. Portaria nº 86_de 1º de junho de 2020,p.12/20). Portaria nº 86, de 1º de junho de 2020. Ministério da Cidadania/Secretaria Especial do Desenvolvimento Social/Secretaria Nacional de Assistência Social. Available from: https://www.in.gov.br/en/web/dou/-/portaria-n-86-de-1-de-junho-de-2020-259638376	PT.A8. Decreto-Lei nº 10-A/2020 de 13 de março de 2020, Diário da República, 1ª série. Presidência do conselho de Ministros. Available from: https://dre.pt/application/conteudo/130243053
BR.B8. FIOCRUZ_23/04/2020. Saúde Mental e Atenção Psicossocial na Pandemia Covid-19. Violência doméstica e familiar na COVID-19. Ministério da Saúde: Fundação Osvaldo Cruz (FIOCRUZ). FIOCRUZ. 23 Abr., 2020. Available from: https://portaldeboaspraticas.iff.fiocruz.br/wp-content/uploads/2020/04/cartilha_violência_23_04.pdf	
BR. B9. FIOCRUZ_08/05/2020) Saúde Mental e Atenção Psicossocial na Pandemia Covid-19. Available from: https://www.fiocruzbrasilia.fiocruz.br/wp-content/uploads/2020/05/crianças_pandemia.pdf	
BR.A8. Portaria nº 59, de 22 de abril de 2020. Ministério da Cidadania/Secretaria Especial do Desenvolvimento Social/Secretaria Nacional de Assistência Social. Available from: https://www.in.gov.br/en/web/dou/-/portaria-n-59-de-22-de-abril-de-2020-253753930	

Legend: regulatory documents (Letter A): law, decree, ordinance, norms, technical note, government recommendation. Guiding documents (Letter B): manual, guides, guidelines.

Chart 2. Analytical questions and key expressions applied to regulatory frameworks to protect children and adolescents vulnerable to intrafamily violence. Brazil and Portugal, March to September 2020.

Perguntas aplicadas à leitura dos documentos	Keywords
What are the protection agencies and services referred to in the selected documents?	Brazil and Portugal
What was recommended by services to protect children and adolescents at risk for violence during the pandemic?	Protection services: levels (national, regional, local), institutionalization, safe place
What were operational strategies implemented to fulfill the recommendations?	Strategies: National, regional, and local bodies, reporting channels (telephone, applications, social media), national campaigns, social media (access to information), reception, health professionals, and social assistance.
What actions to assist children and adolescents in violent situations were planned by the protection agencies and services during the COVID19 pandemic?	Recommendations: Effective, supportive, protective, monitoring.
	Guarantee of rights: children and youth at risk, family, workers
	Vulnerability: stress, continuous coexistence, the threat of death, violence, domestic violence, family/social conflict, negligence.
	COVID-19 pandemic: social isolation, testing, health measures.

Data interpretation pointed to three nuclei of meanings: *National and local partnerships in protection actions*; *Professional and social support in attentive listening and protection of rights*; *Mode of operationalization of monitoring and follow-up strategies.* The last nucleus was split into three sub-nuclei: *Channels for reporting violence situations; Operational recommendations for health and social care professionals; Recommendations for family surveillance and safety.*

Ethical aspects

According to Resolution 510 of April 7, 2016, of the Brazilian National Health Council (*Conselho Nacional de Saúde*), article 1, sole paragraph, item III[16], regulatory documents in the public domain are sources of information whose research does not need to be assessed by the Institutional Review Board/Brazilian National Research Ethics Commission (CEP/CONEP system (*Sistema Conselhos de Ética em Pesquisa*/*Comissão Nacional de Ética em Pesquisa*)). Therefore, the documental sources of analysis adopted in this documental research do not require an ethical appraisal of the implemented project.

RESULTS

As for the profile of the analysis document tables, 17 documents selected for analysis, nine in Brazil and eight in Portugal, established guidelines and actions to deal with the vulnerability of children to violence during the COVID-19 pandemic. These documents consisted of laws, decree-laws, ordinances, technical notes, manuals containing recommendations from governments and social control bodies for child protection in Brazil and Portugal. At the beginning of the pandemic, the two countries followed the general guidelines of the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the World Health Organization (WHO) to suspend in-person classes in schools to reduce or interrupt the flow of people circulation or even prevent the crowding in that environment, as it is an additional source of virus propagation.

National and local partnerships in protection actions

In Brazil, the national agencies and services for the protection of children and adolescents in vulnerability to situations of violence during the COVID-19 pandemic period involved two public authorities.

> (..) *the Executive and Judiciary. In the judiciary, public safety, the Justice and Public Defender System, the Public Ministry,* (...) *the courts of justice for children and adolescents, and the Guardianship Council. In the executive, the Unified Social Assistance System* (SUAS - *Sistema Único de Assistência Social*), *represented by the protection network services, organized civil society and the third sector; the Unified Health System* (SUS – *Sistema Único de Saúde*), *for public and private services, through inter and intra-sectorial networks (health, social assistance, and education*) (BR. A1; A2; A3, p.2/3; A6, p. 11,13/22; A7, p.12/20; B8, p. 4-5,9/22)

In Portugal, the national child and adolescent protection agencies, at the executive level, included the *Portuguese National Early Childhood Intervention System and the Portuguese National Commission for the Protection of the Rights of Children and Youth.* (PT B2; B6, p.10) Moreover, the Child Support Institute, during the pandemic, participated in efforts to protect them.

> [seeking to] *raise awareness of Community Structures and Society to the Problem of Children/Youths, particularly in situations of danger, disappearance, exploitation, or sexual abuse. There was also the involvement of security*

> *forces and entities of the Portuguese National Support Network for Victims of Domestic Violence.* (PT. B7; B2)

At the local Brazilian level, partnerships were established between the health and social service sectors.

> ... *professionals from Family Health Strategy* (FHS), *networks for the protection and care of children and adolescents... who work in public policies, technical teams and representatives of the Program for the Protection of Children and Adolescents Threatened with Death*. (BR. A1; A2, p.18/20; B8, p. 4-5,9/22; A2)

In Portugal, at the same level, responsibilities were assigned to implement measures to monitor, follow up, and investigate violent situations in children.

> *Support Centers for Children and Young People at Risk, Hospital Centers for Supporting Children and Young People at Risk, Violence Prevention Teams* (teams) (...), *community associations* (parent and patient associations, among others), *and primary health care professionals.* (PT.A3, p.2/5)

In both countries, the State, family, and society fulfilled their respective prerogatives, encouraging and raising awareness of community members to report violence cases. I.e.,

> *... anyone* (neighbor). (...) *parents or another family member* (relatives) (BR. A2, p.18/20; B8, p. 4-5.9/22; A2); *teachers or guidance counselor, trusted friends, doctors, police, firefighters, CPCJ* (Child and Youth Protection Commission) *and court*. (BR. A2, p.18/20; B8, p. 4-5,9/22; A2; PT. B1, p.10)

Professional and social support in attentive listening and protection of rights

Among the strategies recommended by agencies and services for the protection of children and adolescents in Brazil, stand out:

> *Attentive and non-judgmental listening... to the parties, seeking to act on the factors that produced the violence, providing children... with information about what is happening; the search for ways to reduce social vulnerability, ensuring that basic needs are met... support and partnership... in the application of the protective measure of institutional care for children and adolescents without family support. Medical, psychological, legal and social assistance support.* (...)

It was recommended to investigate *information about what is happening* (...), to seek help, *support from friends,* and to report situations of in-person or virtual violence to the *social network administrator*, respectively. Furthermore, the recommendations were prepared for analysis and forwarding of allegations of human rights violations... *to the services of responsible bodies in operation... of the Executive and Judiciary...* (BR. B8, p. 9/22; (...); B9, p. 5, 13, 19, 13/22; A2, p. 2 e 3/3; B5; A1, p. 3/8; B9, p. 5, 13,19/22)

In Portugal, the strategies included the request to entities with whom the child was related in the pre-pandemic period, the assessment and interventions, such as:

> *People from clubs or study rooms, friends, psychologists, child psychiatrists, or somebody who calls children should ask them how they are. They also could ask if they need anything, even talk to them intermittently* (without having agreed on the day and time). Even *listen to them very carefully, record what seems strange or worrisome* [...] *careful assessment, ensuring in advance that the offender is not listening to the conversation* (if they are also at home in isolation), *and asking if there are episodes of violence... intervening for immediate protection* (...) *of children* [in case of suspicion or occurrence of violence]. (PT B2; B1, p.10)

Operational mode of monitoring and follow-up strategies

In Brazil, the mode of operationalization of recommended strategies was:

> *Guardianship Councils assistance on a shift basis, with the Municipalities ensuring the necessary resources for remote work* (internet and equipment), *in the temporary telework system, teleconferences, WhatsApp groups* (...) *telephone on duty; virtual assistance in situations of violence*. (BR. A1, p. 3/8; A2, p. 2 and 3/3)

When in-person, health measures should be preserved to *prevent the proliferation of COVID19*. (BR. A1, p. 3/8; A2, p. 2 and 3/3)

Likewise, in Portugal, it was recommended that face-to-face activity be guaranteed, *in conjunction with the areas of Education and Citizenship and Equality, respecting sanitary measures*. (PT. B1, p.1)

Channels for reporting situations of violence

Both Brazil and Portugal presented concrete measures to protect children against violence. Actions included notification, telephone communication, and social networks to notify cases of suspicion, which could trigger the care line.

> *The notification of suspected violence should be made in the notification form, ... trigger of care line* (...) *communication to the Guardianship Council is mandatory.* (...) *maintenance of rights guarantee network...* (Guardianship Councils,

> police stations, and specialized courts). (BR. A6, p.13/22; B8, p.5/22)

In order to carry out the notification of situations of violence, CNPDCR *has developed a model of communication form for situations of danger and in need of assessment* (PT. B6, p.1)

As part of the actions of agencies and services responsible for protecting children, it was explained how telephone communication channels and social networks could be activated to formalize reports and raise the population's awareness in protecting these children.

> *Calls* (report) *can be made from all over Brazil by... free dialing from any fixed or mobile telephone terminal* (cellular). *Users dial the number 100, go through the electronic service, ... select the desired option, go to the human service. The attendant records the report and provides a protocol number.* (BR. B5)

Reporting channels included providing telephone and e-mail contacts. Some, already existing in the pre-pandemic period in Portugal, to serve as a reporting channel during the pandemic period, such as:

> *SOS Children: 116111* (...) *Children's Hotline: 800206656* (...) *Portuguese National Social Emergency Hotline: 144* (available 24 hours a day) *or through 800202148 or by e-mail violence.covid@cig.gov.pt or SMS line 3036* (7 days a week, 24 hours/day) *... the telephone number 961231111, under the responsibility of the Portuguese National Commission for the Promotion of Rights and Protection of Children and Youth* (PT. B6, p.1;10)

Portugal recommended to society, in general, the use of social networks as a space for formalizing reporting, adopting as a strategy a *national campaign called #protegercriançascompeteatod@s, to raise awareness of society in general to the need not to remain indifferent to what is happening around them.* (PT. B6, p.1)

In Brazil, society was encouraged to report possible social network abuses, indicating *that every network has room for denunciation. By law, it is mandatory to remove content* (...) *inappropriate.* (BR. B4)

The operational recommendations for reporting violence against children, and adolescents involved documental, notary and sanitary registration. In this sense, Brazil sought to

> *Make available... promote the dissemination of reporting channels in the media. That guarantees simultaneous interaction, electronic devices* (... cell phones and computers*) with the possibility of sharing documents. Moreover, people could go to the Notary Office or use Web Content Proof of Authenticity services* (PACWeb), *provided by some websites. Before the image goes off the air* (...) *after "printing" everything... having evidence at the time of the report; contact the Police Station to file the report* (...) *Notify the competent health authority in case of suspicion or confirmation of violence.* (BR. A2, p. 2; 3/3; BR. A6, p. 13/22)

Operational recommendations for health and social care professionals

Recommendations for health and social care professionals to conduct the interviews:

> *... outside the place of threat... following the PPCAAM Procedure Guide, with the MANDATORY presence of a Gateway representative. Planning* (care) *should be done under the Ministry of Health guidelines which means that none of the participants show apparent signs of COVID-19.* (BR. A2, p.2/3)

In Portugal, recommendations included:

> *... maintain articulation with different programs and support structures, update the contacts of caregivers, maintain the activity that involves the survey and identification of children in vulnerable situations* (...) *in the coverage areas of each functional unit of the health service health.* (PT. A3, p. 1/5)

In Brazil, activities and information on positive parenting strategies and practices were recommended for adoption by Family Health Strategy (FHS), to:

> *Minimize the emergence of new situations... of crisis/ stress and conflicts... maintain direct contact with the child in search of indicative signs... of violence, which must be informed to the unit's management for... measures* (...) *... maintain face-to-face care,* (...). *Facilitate the contact of children with the protection network to ask for help, watch over and protect their rights* (...) *assess, monitor* (...) *ensure the maintenance of mechanisms for prevention and repression of domestic and family violence.* (BR. A1, p.3/8; A2, p. 2 and 3/3; A3, p.2/3; A6)

Recommendations for family surveillance and safety

In Brazil, special attention to families with a history of violence against children, street children, included recommendations for:

> (...) *caregivers/relatives who use alcohol and other drugs to* (...) *prepare and ensure follow-up ... of families who have had a violation of their rights or serious situations that could lead to shelter measures. Implement comprehensive physical and mental health care plans for children* (...) *homeless, in a migration process, in a shelter and or*

> *deprived of liberty* (...) *to allow the coexistence between mother and children, their protection, and... the privacy of this family nucleus. Sticking to care and health care for people involved in intrafamily violence ... other possibilities of protecting the child or adolescent under the care of family members or close people with a bond of affection and trust were verified,* (...) *conditions to provide care and protection.* (BR. A, p.3/8; A.7, p.12/19; B8, p.10, 13/22; A11)

In Portugal, recommendations consisted of:

> ... *assess the situations ensuring the necessary and adequate intervention... the promotion of the rights and protection of children and young people, under the law... guaranteed the signaling* (communicate) *of situations of danger/risk of violence to the local structures of the Portuguese National Support Network for Victims of Domestic Violence... monitoring the health situation of these children and families*. (PT. B6, p.1; A4, p.2/5)

Subsequently, with the loosening of the rules for prophylactic social isolation, there was an update of the recommended procedures for the care of children and young people in dangerous situations and shelters to protect children and youth. *Thus, the procedures for carrying out a laboratory test for SARS-CoV-2 and prophylactic isolation do not apply* (…) *for admission to institutions/Shelters for Children and Young People at Risk.* (PT. A5)

Several social protection measures against illness and parenthood were foreseen in Brazil and Portugal, such as subsidies, absence from work, and social security at work.

> *Child and grandchild care allowances... under 12 or, regardless of age, disabled or chronically ill; the attribution of the assistance allowance* (...), *does not depend on the guarantee period*†. (PT. A7)
>
> *Employees are entitled to receive exceptional monthly support, or proportional, ... paid in* (two) *equal parts by the employer and by social security ... received once and not simultaneously by both parents, regardless of the number of children or dependents in charge. Justified absence of workers without loss of rights... of the monitoring of prophylactic isolation* (protected by) *the general social security regime, motivated by situations of serious risk to public health* (...)*; arising from the suspension of classroom activities and non-teaching activities in a school or social equipment to support early childhood or disability* (...). (PT, A8)
>
> *Implement policies to guarantee absence from work for fathers and mothers of school-age children working in essential services* (...) *employment and income, emergency aid and food security for families at risk and social vulnerability.* (BR. B8, p.10, 13/22)

DISCUSSION

As for national and local partnerships in actions to protect children and adolescents, the inter-institutional support for developing actions articulated in the protection of the right to life and dignity stands out. Especially for the protection of children without family support, the involvement of different government sectors in guaranteeing the protective measure of institutional care was recommended.

In times of health crisis, violence in children has a multisystem character and requires intersectoral intervention to mitigate the factors that generate individual and collective vulnerabilities (programmatic and social)[14,15].

In Brazil, to guarantee actions to protect children and adolescents threatened with death, guidelines were established for conducting assessment interviews in a safe place, out of threat, and in the presence of a Gateway representative. The assessment criteria for admission to the Death Threatened Child and Adolescent Protection Program varied depending on the local logistics, including access to the secure location by land or air travel. Temporary accommodation, rental of property, vacancy in institutional care for protection cases without monitoring by a legal guardian, support, and monitoring of the guarantee system for protection rights were also recommended. Furthermore, we sought to ensure the continuity of actions to protect children who live under the threat of death, providing safe access and that professionals who are not from the risk group for COVID-19 or who are taking care of people in this group.

The Committees for the Protection of Children and Youth are structures regulated by Portuguese legislation as a form of social response in tackling programmatic vulnerabilities. In this sense, there is a network of community services that establish a partnership with the State. Portuguese legislation recognizes individual vulnerability and the high risk of harm and negative impact of violence on children's lives, paradoxically perpetrated by adults or legal guardians, caregivers and who, instead of caring and protecting, function as models of negative behavior, likely to perpetrate violence in the present and future. These Commissions guide their work process, adopting the promotion and protection model applied by non-judicial institutions[17].

In this context, the situation of children and their family deserves attention, especially concerning the adaptations imposed during this period that provided significant changes in the relational dynamics, the emergence of new outlines of family routines, reinforcing and or aggravating situations of violence already experienced and bringing other possibilities of exposure to violence[18,19].

† The guarantee period is one of the critical conditions for accessing unemployment benefits. It is a temporal measure that allows knowing if a person is entitled to the benefit while unemployed. Source: subsídio de desemprego [Unemployment allowance] (Updated on 02/15/2021). Segurança Social 2021, 15p. Available from: http://www.seg-social.pt/subsidio-social-de-desemprego

The recommendation to ensure professional and social support with attentive and protective listening to the rights of children and adolescents was a relevant finding in the analysis of regulatory provisions issued by the two countries. However, the non-functioning of daycare centers and kindergartens in Portugal and early childhood education in Brazil represented organized structures to protect the individual vulnerabilities of young children unavailable during the pandemic. In this sense, the intervention of professionals with domain in addressing violence against children was also interrupted with social isolation. This advent made it more difficult to identify cases of violence more promptly. Those children most affected by violence stopped benefiting from specialists in family counseling or programs for the treatment of childhood trauma, expressing emotions, and dealing with post-traumatic stress.

The intervention of the commissions for the protection of children and young people took the place of immediate individual care because it was not possible for the institutions to act adequately and sufficiently to distance children and young people from the sources of threats and danger that they could be victimized. When children, adolescents, and young people are in a vulnerable situation, especially when parents, legal representatives, or guardians are the potential offenders, the institutional intervention of the State is necessary through national and local bodies and professionals (education, health, and social assistance) to protect them[19].

The different normative devices recommended attentive listening, moving away from sources of threats and dangers, institutional care, intervention to promote and protect the rights of children and socially vulnerable families, in addition to monitoring, surveillance, and reporting. Likewise, the documents highlighted the maintenance of face-to-face follow-up and monitoring by both countries' health and social care teams, with a view to follow-up by health services and surveillance of social networks. Communication channels were made available with the competent authorities for reporting and notifying cases of violence.

Regarding the operationalization of monitoring and follow-up strategies, both countries provided face-to-face follow-up to children and adolescents living in violent conditions. Furthermore, those children were monitoring and following up in different contexts of social vulnerability; special attention was recommended to families and children with greater exposure to vulnerabilities and risk of harm. Among those groups, it included a prior victim of violence, children who live on the street and in homes with alcohol and other drug users, and those living on the borders, migrants, and in contexts of agglomeration and family separation.

The Brazilian children most vulnerable to violence are those exposed to domestic conflicts arising from prolonged confinement, reduced income, and scarcity of resources; those who live on the streets; the migrant women; those of the peoples of the countryside, forest, and waters. As for Brazilian initiatives aimed at protecting this group of children, follow-up, and monitoring by the agencies responsible for their protection.

In Portugal, social care responses to children and young people exposed to violence include support institutions, such as centers (some specialized) and service centers, emergency lines. We highlight the dissemination of informational materials and manuals with intervention guidelines to encourage professionals to care for this population group exposed to violence or other risk situations.[17]

Despite the difference in territorial and demographic extension of the two countries, the Latin cultural matrix is expected, which brings us closer to the ideology of "parental authority" in children's education due to paternal-child relations.

In Brazil, the Spanking Law, which amended the Child and Adolescent Statute,10 delimit punishment and discipline in the exercise of parental authority, understanding it as a fundamental obligation to provide support and general training according to the children's needs and not the providers' discretion (father, mother or parents)[20]. Parental practices of child-rearing based on violent acts generate a culture of intrafamily silence. For cultural reasons, the country still faces low Law applicability, which helps explain the low notification when children circulate less in educational and health services[20].

In the same way as in Brazil, violence against children and adolescents in Portugal is associated with the offending parent or significant other (parents or caregivers). The place where the child is most exposed to violence contributes to understanding the complex power relations and reflects the different forms of oppression, inequalities, and discrimination in childhood[21].

There seems to be naturalization of violence as a pedagogical and intergenerational resource. A more remarkable coexistence in the domestic environment often reveals the phenomenon of intrafamily violence. The offender reproduces previous violent actions that are culturally learned as a disciplinary and coercive measure, establishing an unequal power relationship that spans successive generations. It is a multifaceted phenomenon related to social, cultural, and economic factors that affect interpersonal relationships[21,22].

Guardianship Councils, health services, and other services of the social protection network implemented actions to prevent, follow up and monitor sources of conflict that could trigger violence against children. There is also an alert to the need to ensure complete protection for children and treatment for COVID-19. The actions of FHS teams, activities, and information on positive parenting strategies and practices were recommended to reduce sources of conflict and situations of violence in the domestic environment; especially when there was the impossibility of complete social isolation in care institutions, children, in the street situation or domestic violence.

The recommendation for the use of new technologies was strategic to ensure telemonitoring, and in situations where there was a need to intervene for the immediate protection of children, it might be necessary to remove them from home and transfer them to a care institution.

A study carried out in the state of Santa Catarina found a considerable decrease (55.3%) in the records of notifications

of violence against children and adolescents during the COVID-19 pandemic period. Perhaps, it may be linked to some difficulty reporting or accessing protection resources and networks. Also, it could be linked to difficulties in accessing reporting channels or networks of care, protection, health, and social assistance. However, the increase in domestic violence and the reduction of reports can be configured in an irreparable situation that reveals itself beyond the immediate threat of COVID-19, with devastating consequences in the context of global public health[23-25].

Confinement was a potentiator of vulnerabilities that increased health needs and exposure to intra-family and social violence. However, even though the social isolation strategy has been implemented as an effective measure to control the dissemination of COVID-19, social, economic, and psychological repercussions affect people's lives, contributing to violent situations.

Despite the efforts invested by the two countries, there was a greater willingness to reduce the notification of violence cases to responsible bodies. Consequently, there was a greater risk of lack of data, as the spaces for coexistence that facilitate identification and reports were reduced, such as daycare centers and schools, which remained closed during the pandemic period. The invisibility of violence is an adverse effect on the social isolation caused by the pandemic. Therefore, the aggravation of this complex and multidimensional situation carries various sources of tension and daily conflict, which required operational recommendations for health and social care professionals.

UNICEF warns that children in social isolation are more vulnerable to intrafamily violence due to factors that affect the family relational dynamics. There may be increased stress for parents or guardians when seeking alternatives to maintain remote work and care for children in the face of scarcity or interruption of access to family and community support networks, in addition to the loss or reduction of family income[19]. Economic difficulties and scarcity of essential resources for survival add to social distancing and confinement as sources of family stress[19].

Violence against children can be accentuated with the removal of colleagues and teachers from the school, a space for interpersonal relationships, with the availability of safer services. Thus, refugee children, migrants living on the streets, slum environments, conflict areas, and disabilities are more vulnerable[26]. Additionally, the increased economic vulnerability of families may lead to an increase in child labor, among others[27].

Whether countries are more economically developed or not, children living in poverty, homeless, refugees, migrants, slum environments, conflict areas with risk of death, disability, or other specific social and health needs are more vulnerable to violence. Moreover, the increased economic vulnerability of families may lead to an increase in child labor, among others[26-28].

In Brazil and Portugal, there was a concern with notification and investigation of vulnerability of children and adolescents to violence exposure; particularly, those in situations of danger and risk of death. The measures involve attentive listening, without judgment, and recording the change in children's behavior, and should be carried out by all their contacts related to health, school, and recreational activities.

Among the social protection measures in COVID-19 disease, protection for parenting was established, which included child and or grandchildren assistance subsidies in Portugal and emergency aid in the amount of R$600.00 (about US$117,64) for Brazilian families with children and teenagers whose parents were left without a source of income, not discounting the absent workdays, among other measures.

Depending on the policy responses, the risks of a sudden loss of income or access to social protection have consequences that are difficult to estimate and constitute a challenge in identifying all who may become vulnerable, including children.30 Vulnerability in health recognizes the macro-social situations associated with the personal dimension necessary to face vulnerable situations. Such a view does not distance itself from a broader meaning concerning unequal and socially unfair contexts, as it refines the importance of subjects' capacity for elaboration and interest to incorporate this theme in their daily lives[19].

Several tools were made available in a remote environment to report violence against children and monitor cases in both countries (telephone, social networks, awareness campaigns, etc.). Communication channels for reporting violence (Dial 100, applications, email, and Ombudsman) were established to protect against violence against children plan.

There are limitations of protection services themselves, difficulties in moving and accessing the population to communication technology, which can influence the use of channels made available by government structures in these pandemic times. In addition to making the tools mentioned earlier available, it is essential to disseminate them and raise awareness in society about the various reporting and notification channels to protect victims and break the cycle of violence[23].

The consequences of violence can last throughout life, affecting individuals' potential development with irreversible damage and bringing impacts that impact to families and the community[1,28,29]. Violence is a reality with a high risk of occurrence, especially in the acute phase of the crisis, which requires immediate measures to break this cycle.

FINAL CONSIDERATIONS AND IMPLICATIONS FOR NURSING PRACTICE

The COVID-19 pandemic evidenced exposure of children and adolescents to situations of intra-family violence and increased risk of underreporting of cases. In addition, measures of social distancing and confinement at home provided more remarkable coexistence in the family, which, combined with factors that generate conflict, increased the individual vulnerability of children, adolescents, and young people. Among them, those related to children, stress, restriction of mobility and access to social facilities, and interruption of routine at school stand out. On the other hand, those related to the family, which contributed to increasing social vulnerability, were remote work, overload in

housework, and lack of income or unemployment. Facing individual and social vulnerabilities, national and international government agencies published regulations with recommendations, strategies, and guarantees for protecting this social group to minimize programmatic vulnerabilities.

These documents, issued by the governments of Brazil and Portugal, determined actions aimed at institutions, health professionals, family members, and civil society to continue protection, prevention in a multidisciplinary, intra-, and intersectoral perspective. Strategies for interrupting the cycle of violence against children and families in situations of greater vulnerability were also recommended, especially those with a history of violent practices, drug and alcohol use, as well as street children, migration, those living in places of more significant population agglomeration and those threatened with death.

Consequently, as a study implication, it is necessary to strengthen integrated actions, more outstanding commitment, and resolution of competent bodies to intervene early in identifying human rights violations and the effectiveness of guaranteeing comprehensive protection of children and adolescents. In this sense, neighbors, friends, teachers, educators, and other professionals in close contact with children need to remain alert to the various signs and report violent situations through the available channels. These are initiatives that can interrupt cycles of violence, which are often culturally perpetuated. With the vulnerability of the child population in the COVID-19 pandemic scenario, the State must protect children, adolescents, and young people, ensuring the provision of organized services to provide comprehensive health care for children in their physical, psychological and social aspects.

Among the study limitations, the methodological one related to research with documents stands out, without listening to professionals who work to protect children and adolescents vulnerable to violence during the pandemic. The geographical limitation refers to the document base of two Portuguese-speaking countries with universal social protection and health systems, whose results may not apply to other countries.

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