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Comprehensive protection for children and adolescents in situations of violence: a structured review**Proteção integral a crianças e adolescentes em situação de violência: uma revisão estruturada****Protección integral de niños y adolescentes en situaciones de violencia: una revisión estructurada****Received: 20/10/2019****Approved: 05/07/2020****Published: 05/08/2020****Hugo Henrique dos Santos¹****Flávia Fernandes Trevisan²****Regiane Máximo Siqueira³****Ailton de Souza Aragão⁴**

This is a structured review aimed to identify and systematize academic production on violence, identifying possible gaps in studies. Held in October of 2019, timeless, it was adopted as descriptors violence against children, protection network, referrals, treatment, child protection and, protection system. Studies were categorized into seven dimensions: type of violence, treatment and acceptance of the case, citations to safety nets, display or not of protocols, research method, training of professionals and the most studied sector of activity. In the main results, the following stand out: professionals are unaware of networking; no flows according to the types of violation; predominance of studies in the health sector; and presence of barriers that interfere with networking. It is concluded that sexual violence remains a challenge for protective networks and that there is training for professionals who do not include network protocols.

Descriptors: Child; Violence; Intersectoral collaboration.

Esta é uma revisão estruturada que teve como objetivo identificar e sistematizar a produção acadêmica sobre a violência, identificando possíveis *gaps* nos estudos. Realizada em outubro de 2019, atemporal, adotou-se como descritores *violence against children, protection network, referrals, treatment, child protection e, protection system*. Categorizou-se os estudos em sete dimensões: tipo de violência, tratamento e acolhimento do caso, citações às redes de proteção, exibição ou não de protocolos, método de pesquisa, capacitações de profissionais e o setor de atuação mais estudado. Nos principais resultados destacam-se: que os profissionais desconhecem o trabalho em rede; inexistência de fluxos conforme os tipos de violação; predomínio de estudos no setor saúde; e, presença de barreiras que interferem no trabalho em rede. Conclui-se que a violência sexual se mantém como desafio para as redes protetivas e que, há capacitação dos profissionais que não contempla protocolos em rede.

Descritores: Criança; Violência; Colaboração intersectorial.

Esta es una revisión estructurada que tuvo como objetivo identificar y sistematizar la producción académica acerca de la violencia, identificando posibles *gaps* en los estudios. Realizada en octubre de 2019, intemporal, se adoptó como descriptores *violence against children, protection network, referrals, treatment, child protection, y protection system*. Los estudios se clasificaron en siete dimensiones: tipo de violencia, tratamiento y recepción del caso, citas a redes de protección, exhibición o no de protocolos, método de investigación, capacitación de profesionales y el sector de actuación más estudiado. Los principales resultados fueron: que los profesionales desconocen el trabajo en red; la ausencia de flujos según los tipos de infracción; el predominio de los estudios en el sector de la salud; y la presencia de barreras que interfieren con el trabajo en red. Se ha llegado a la conclusión de que la violencia sexual sigue siendo un problema para las redes de protección y que se está capacitando a los profesionales que no contemplan los protocolos en red.

Descritores: Niño; Violencia; Colaboración intersectorial.

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INTRODUCTION

Violence against children and adolescents is an important issue in the field of human rights, public health and development. In addition to the physical, emotional, social and economic impacts on victims, violence also involves high investments in the field of public health. Violence is a major cause of morbidity and mortality, requiring a wide network of protection and prevention for people in situations of violence¹⁻³. In addition, the violence perpetrated against children has serious consequences and requires exaggerated investments in the field of public health⁴.

According to the United Nations (UN), one of the Millennium Development Goals (MDGs) with a horizon for 2030 is “to promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive at all levels”⁵. This objective has a specific sub-item on violence against children: “ending abuse, exploitation, trafficking and all forms of violence and torture against children”⁵. The forms of prevention, promotion of rights and assistance to families inserted in this scenario of violence are challenges for world societies on the path to a more just and resilient world.

In order for these proposals to be achieved by 2030, those responsible for ensuring public protection policies must understand, in their local context, what are the main drivers of violence perpetrated against children and adolescents, as well as establish effective strategies regarding the prevention and responses to the problem⁴.

The phenomenon of violence against children and adolescents is not exclusive to developing countries^{6,7}. In addition to the importance of aspects of violence prevention, as it is dealt with in the MDGs, other important aspects are victim protection policies and responses to cases of violence⁸. To understand the most studied types of violence, how the cases are handled, the presence of protective systems or networks, the professionals directly involved in welcoming the victims, the tools used for the correct care and the presence or absence of awareness and training professionals are important variables that must be considered.

It is observed the importance of systematizing studies about the exposure of violence against children and adolescents and the analysis of the forms of protection presented in different contexts and locus. Thus, this study aims to identify and systematize academic production on violence, identifying possible gaps in studies.

METHOD

This is a structured review conducted in October 2019, based on the method proposed by the work of Lage and Godinho Filho⁹ and subsequently applied by Jabbour¹⁰, Mariano, Sobreiro and Rebelatto¹¹. The proposed methodology is presented in the steps below:

- 1) Search for articles in the databases according to defined keywords;
- 2) Select articles by reading their abstracts;
- 3) Develop and use a classification system for articles;
- 4) Provide an overview of scientific production;
- 5) Identify the gaps in the study and point out guidelines for future research in the area.

The search keywords used were: violence against children, protection network, referrals, treatment, child protection, protection system and, the term “violence against children” was used, since searches with the terms violence and children separated return articles with themes distinct from the purpose of this research.

The database used to search for the articles was Scopus, due to the rigorous indexing of works¹² and with the option “title; abstract; keywords”. Only works carried out in Brazil were included in the analysis, for some reasons: the terms protection networks/systems are more explored in the Brazilian context, mainly by the establishment of the Child and Adolescent Statute (*Estatuto da Criança e do Adolescente - ECA*)¹³; the current moment of public protection policies; the shattering of social rights; the reduction of investments in health, education and

social protection on a preventive basis and the considerable increase in violence perpetrated against children and adolescents in recent years¹⁴.

After the selection of articles, a classification system was established. This classification was based on seven dimensions and are shown in Table 1, based on the definitions proposed by Dahlberg and Krug¹:

Classification 1 - Type of Violence: physical violence (1A), sexual violence (1B), psychological violence (1C), negligence (1D), all violence (1E) or not specified (1F);

Classification 2 - Treatment adopted by the protection sectors when the case of violence is found, which can be: direct treatment of children who have suffered violence through conducting interviews (2A), information collection with direct witnesses (2B), if reported in the health sector with immediate medical care and then notified to other sectors (2C), case analysis through a multidisciplinary protection network (2D) or the non-characterization of treatment (2E);

Classification 3 - Displays whether the works mention, at any time, the use of safety nets;

Classification 4 - Informs if the works refer to different protocols for each type of violence, as presented in Santos' work; Souza and Aragão¹⁵, who created specific care flows, according to the violation committed against children and adolescents;

Classification 5 - Understand which type of study was used in each work, qualitative (5A), quantitative (5B) or quali-quantitative approach (5C), being a typical classification of this systematic review model⁹⁻¹¹;

Classification 6 - Explains if the studies analyzed mention any type of training and/or qualification developed with professionals and the

Classification 7 - It presents if the sector of activity of the professionals who participated in the research: Legal Sector (7A), Social Assistance (7B), Health (7C), Education (7D), NGOs or other institutions (7E), Guardianship Council (7F)), Not specified (7G), being sectors that most welcome victims of violence¹⁶.

RESULTS

Table 1 shows the word combinations, the number of articles in each combination, the results after reading the abstracts, exclusions of duplicate articles and the total number of articles considered for analysis. Thus, 17 articles were reached.

Table 1. Search results and after exclusions. Bauru, 2019.

Keywords	Search results	Results after exclusions or duplicate articles
"violence against children" AND "child protection"	9	6
"violence against children" AND "protection network"	3	3
"violence against children" AND referrals	8	3
"violence against children" AND treatment	9	1
"violence against children" AND "protection system"	1	1
Non-structured search		3
Total	30	17

Production overview on the topic

The study is timeless in terms of the selection of articles, seeking to elucidate the evolution of publications over the years, despite this, a greater scientific production on the topic occurred from the year 2015. Approximately 52% of the articles selected for analysis were published in the between 2015 and 2018.

The journals that had more than one publication were: Cadernos de Saúde Pública and Texto Contexto Enfermagem.

Most studies do not show predominance of a specific type of violence, considering that 64.7% encompass all possible types of violation (physical, psychological, sexual, negligence).

Analysis of the dimensions specificity of violence

The classifications of the articles are shown in Table 2, which presents the analysis of the 7 dimensions.

Table 2. Codification of articles considered about violence against children and adolescents, according to Dahlberg and Krug¹. Bauru, 2019.

Authors	Types of violence	Case treatment	Protection network	Specific protocols	Search method	Training of professionals	Work sectors
Acioli et al. ¹⁷	1E	2C	3B	4B	5A	6A	7C
Alberto et al. ¹⁸	1B	2B	3A	4B	5A	6A	7A, 7B, 7E
Andrade et al. ¹⁹	1B	2C	3B	4B	5A	6B	7C
Bazon ²⁰	1E	2E	3B	4B	5A	6B	7F
Carlos et al. ²¹	1E	2E	3A	4B	5A	6A	7C
Costa et al. ²²	1B	2E	3A	4B	5A	6B	7F
Deslandes, Mendes e Pinto ²³	1E	2E	3A	4A	5B	6A	7A, 7B, 7C, 7D, 7F
Egry; Apostolico e Morais ²⁴	1F	2A	3A	4B	5B	6A	7C
Faraj et al. ²⁵	1F	2E	3A	4B	5A	6A	7A, 7F
Gonçalves et al. ²⁶	1E	2B	3A	4A	5A	6A	7C
Leite et al. ²⁷	1E	2B	3A	4B	5A	6A	7C
Mascarenhas et al. ²⁸	1E	2C	3A	4B	5C	6B	7C
Santana e Santana ²⁹	1E	2C	3B	4B	5A	6B	7C
Santos; Souza e Aragão ¹⁵	1E	2B	3A	4A	5B	6A	7A, 7B, 7C, 7D, 7E, 7F
Scheck et al. ³⁰	1E	2B	3A	4B	5A	6B	7B, 7C, 7F
Valente et al. ³¹	1E	2B	3A	4B	5A	6A	7C
Zambon et al. ³²	1A	2E	3B	4B	5A	6B	7C

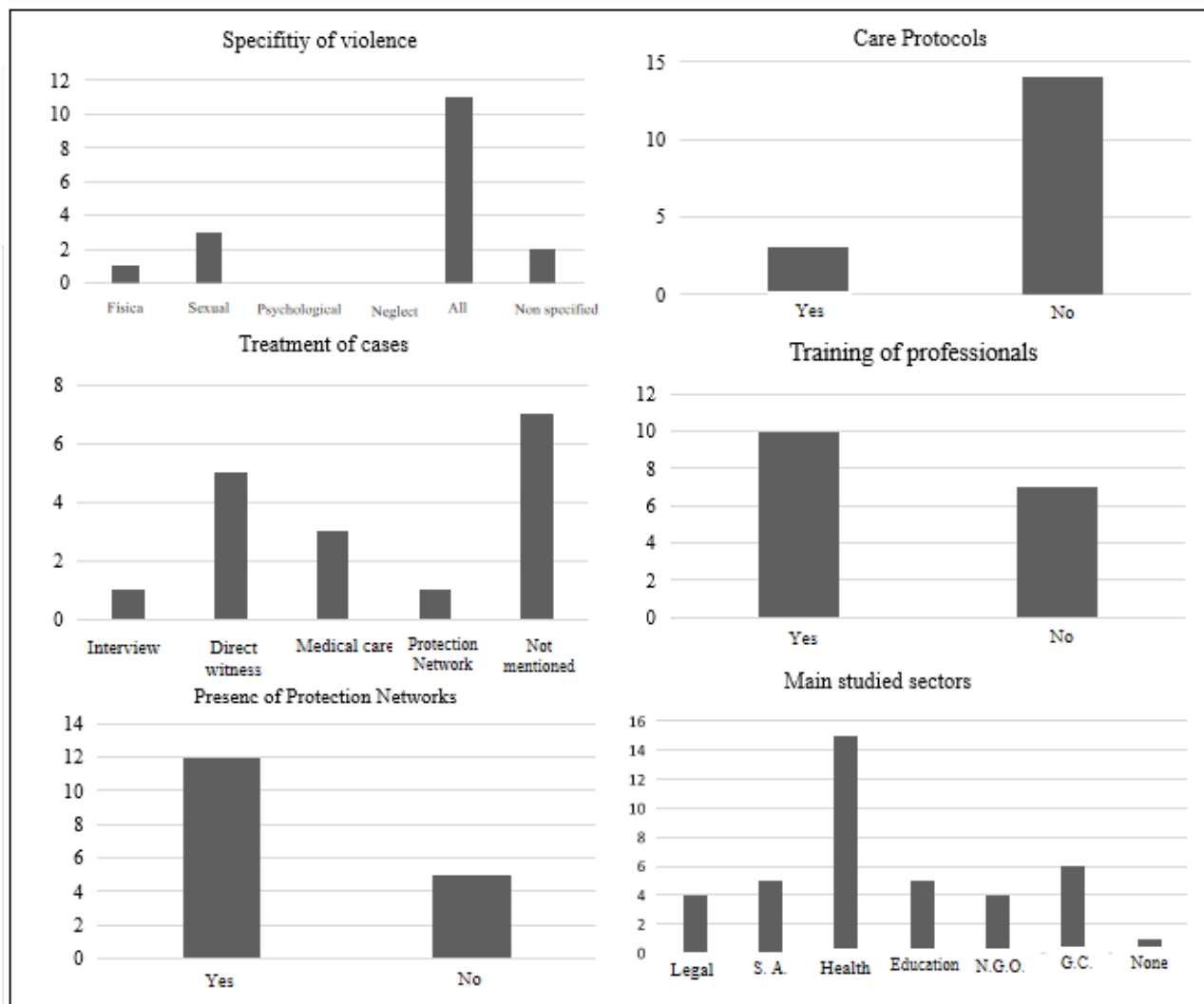
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Treatment of cases

One of the main dimensions of the study is the way in which children and adolescents in situations of violence are received by the sectors responsible for care. Figure 1, in the Case treatment graph, shows the classification of this dimension in which 41.2% of the studies do not mention the method of how victims receive care or how care flows are established, based on the sector in which the case it was received. There is a lack of detail on the strategy adopted when the professional is faced with one of the four types of violence.

The collection of information with direct witnesses was the most adopted strategy expressed in the researched works. The use of safety nets for reception is still scarce.

Figure 1. Dimensions proposed for analysis according to articles considered about violence against children and adolescents. Bauru, 2019.



Presence of protection network

This variable sought to determine whether the studies mention the functioning of a protection network, given the importance of working in a network with multidisciplinary teams and with the performance of various sectors. Five studies mention the presence of a safety net (Figure 1).

Specific care protocols for each type of violence

This dimension presents the potential of using specific care protocols for each type of violence. Consolidated and shared flows with all sectors would facilitate the idea of networking (Figure 1).

Research methods

Research on violence is predominantly of a qualitative nature (76%). Quantitative methods were applied to three articles collected for analysis (Figure 1).

Training of professionals

The training of professionals responsible for receiving the cases made up another dimension for analysis. It is noted that approximately 60% of the studies cite the importance of training professionals to work with cases of violence (Figure 1).

Main sectors studied

In relation to the study sectors, the Health sector was mentioned in most studies (7C) and this demonstrates the importance that the sector's institutions present in a protection network (Figure 1).

Lifting barriers for the effectiveness of safety nets

The barriers identified and their references based on a structured review were:

- Lack of consolidated flowcharts and service protocols³⁰⁻³²;
- Disarticulation of services in the system or in the protection network^{18,22,27,30};
- Lack of professionals^{19,26};
- Failures in the case notification process^{32,33};
- Lack of formal records or need to improve existing records^{20,24,28,30};
- Service overload²⁷;
- Lack of security for notification of cases and possible social reprisals^{19,27};
- Lack of knowledge or training of network professionals^{19,24};
- Lack of a coordinated, computerized and intersectoral network^{15,20,24,26,28};
- High turnover of professionals²⁵;
- Lack of knowledge about the sectors that make up the safety net²³;
- Uniformity of working methods²⁵;
- Lack of financial resources²⁴;
- Lack of knowledge about "what networking is"²⁴;

DISCUSSION

A research that analyzed the notifications²⁰ received by the Guardianship Councils (Ribeirão Preto, in the state of São Paulo) presented all variables that the present study proposed to study (type of violence, treatment adopted, presence or absence of the term "protection network", presence of specific protocols) for each violation, type of research, citation to training or qualification of the professionals and sectors involved). The debate was broadened by including structural, domestic or infraction violence and exposed the urgency of accountability to the responsible bodies, as recommended by ECA¹³: the State, society and the family.

The legal-political assumption that conducts the analysis for intersectoral and multidisciplinary action as a way of implementing the doctrine of comprehensive protection through the effectiveness of the safety net¹⁵ was not observed in the studies researched here, or in some cases, professionals only know others sectors¹⁷. This scenario does not guarantee effectiveness of care and monitoring, intersectoral communication and equitable distribution of services.

The need for networking in cases of violence indicates that a limited application of the National Policy for the Reduction of Morbidity and Mortality from Accidents and Violence predominates³⁴ when demonstrating emergency, punctual, fragmented actions that focus on the victims, minimize the social determinants of both health and health. violence.

An observable limitation was the low supply or even the lack of training of professionals to deal with the facts of violence. Situation that can cause the underreporting of violence, influence the wrong referral to the attendance services and result in the re-victimization³².

Research shows that it is for the health sector that the majority of those involved in the events of violence are directed^{1,2,17,24,26} to the point of developing a national policy to face the causes and structure care protocols³⁴. Violence is considered by the World Health Organization as a public health problem, since the number of victims it produces each year has a decisive influence on a country's economy by affecting the supply of qualified labor for the labor market, state social and social protection, the penitentiary and public security systems and also the impacts on families^{1-3,21}.

Among the barriers to network work raised in the study, it can be seen that the absence or even the fragility of referral flows makes the full protection, promoted by the ECA, unfeasible, which results in the re-victimization of children and adolescents^{30,32,33}. The overcoming of this barrier is favored by the adoption of improved communication processes between sectors and actors that allows to follow the processes, such as the standardization of protocols through standardized forms as well as the existence of a common access database^{22, 27}.

The barrier of professional turnover or even the reduction in the number of professionals limits the field of operation of the protection network services. Whether in health, social protection or education, this scenario promotes an overload for professionals responsible for facing violence^{19,26}. This overload can result from mistaken care, incorrect referrals, as well as producing insecurity in professionals regarding fear of threats and reprisals when they report or notify violence^{19,27}.

This insecurity regarding decision-making and the protection of professionals refers to the absence of training and qualification programs. Exemplified by the difficulty of accessing information, data analysis and monitoring of victims^{19,24,30}; fragmentation of protective actions^{26,28} that challenge intersectorality. The absence of this aspect was evident to the extent that professionals know about the protection network, however, they do not know the sectors and services that integrate it when referring children and adolescents who are victims of violence^{21,24}.

Another barrier manifested in the studies is counter-reference. If intrasectoral, such as health, the exchange of information is facilitated, as it follows the same logic of data registration. However, if extra-sectoral, which requires the exchange of information between services, the same logic of data recording and interpretation predominates. The use of different methods is an expressive difficulty in most safety nets^{20,24,25}.

The reduction of public investments in public policies also influences the effectiveness of the safety net²⁴. The budget for the protection of children and adolescents comes from several sectors: health, social protection, education, human rights, among others. In other words, these are budgets of ministries and secretariats that together make up a budget to enable actions to prevent violence, train professionals, structure services, produce a database, and others³⁵.

As for prospecting for future research, the present investigation demonstrated the relevance of carrying out specific studies with each type of violence, considering the level of complexity involved in understanding each violation. The contexts of manifestation of violence require epidemiological studies based on sources of information as close to the possible reality, given that the proposition of coping strategies requires an accurate reading of the phenomenon. In this sense, studying each type of violence and how it manifests itself allows to expose more precise results and accountability processes^{1,6-8}.

The analysis of safety nets requires problematizing diagnosis, study and promotion of safety nets. The networks^{16,20,23} demonstrate their fragility when the different manifestations of violence are not sufficiently clear to professionals and neither do referral flows in the face of diversity. At the same time, safety nets, whether institutional or proximal, become protective factors⁷ for many families and communities.

Making this premise effective is possible with the creation, improvement, operation and evaluation of care flows for each type of violence. These four aspects reveal the necessary identification of the existence of service points in a network, such as the Health network, and how it connects with that of Social Assistance, with the Justice System, with the Guardian Council for example^{16,34}.

At the same time, how they work, regarding their human, architectural and sustainability infrastructure, whether as a public or civil society organ¹⁷. In addition, the constant evaluation of its effectiveness in guaranteeing protection for the victim of violence through effective access to social rights that guarantee their integral development²²⁻²⁴. The

effectiveness of institutional networks in a given municipality or country reveals the potential of public policies to enforce constitutional rights, in the Brazilian case, ECA, for children and adolescents¹³⁻¹⁵.

There was a need for the multiprofessional health team to investigate and analyze the context of violence perpetrated against children and adolescents considering the representations and experiences of various sectors responsible for facing violence. However, studies show that health professionals are frightened by the notification and possible social reprisals and end up omitting important information, making networking difficult^{19,32}.

This finding distances the network recommended with health professionals²⁴. Thus, in the territorial context, civil society organizations and public bodies, such as schools, Basic Health Units, Reference Centers in Social Assistance should be considered as key informants in the face of a possible itinerary of care that favors the construction of care plans appropriate to the scenario. Strategy that minimizes old practices adopted by professionals, such as referring to "get rid of the problem"¹⁷⁻²¹.

The barriers exposed by the studies reveal the importance of building criteria to identify them²³. In other words, construction of historical series, documentary analyzes by national and municipal bodies; interviews and questionnaires combined with quantitative and qualitative methodologies can favor the identification of the different contexts in which the actions of a protection network are developed - or not - as well as its structuring in the face of different types of violence against children and adolescents^{10,11,21-24}.

CONCLUSION

The need for greater integration and partnership between existing sectors and institutions is emphasized, including budgeting and distribution of different profiles of professionals in relation to the points of the network, according to their complexity, in relation to the types of violence.

The historic fragmentation of networking should be proactively addressed by professionals in these sectors, in order to guarantee effectiveness of the protection system in dealing with violence.

As it is a bibliographic study, there are limitations regarding the keywords established in the search and the databases. For the present, the publications of the Scopus database were focused. In turn, there were needs and gaps for investigations in this work, which contributed to the criticism of the theme.

The main difficulties in tackling violence were pointed out from the perspective of safety nets. These difficulties can be faced and overcome with the construction of strategies in the form of public policies that can contribute to ensuring the full protection of children and adolescents who are victims of violence.

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CONTRIBUTIONS

Hugo Henrique dos Santos and **Flávia Fernandes Trevisan** contributed with collection and analysis of data. **Ailton de Souza Aragão** participated in collection and analysis of data, and revision. **Regiane Máximo de Sousa** collaborated with data analysis.

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