Child Abuse & Neglect xxx (xxxx) xxx

Contents lists available at ScienceDirect

Child Abuse & Neglect

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

Experiences and responses of child protection professionals during COVID-19: Lessons learned from professionals around the globe

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ARTICLE INFO

Keywords:
COVID-19
Child protection professionals
Responses to child maltreatment
Children's rights

ABSTRACT

Background: COVID-19 significantly worsened already challenging circumstances for children and their families and globally increased the likelihood of child maltreatment. This risk heightened the urgency of child protection professionals in preventing child maltreatment and defending children's rights. The vast and growing body of research on protecting children from child maltreatment during COVID-19 has emphasized practitioners' tremendous difficulty in this arena.
Objective: The current international study sought to identify the experiences and responses of child protection professionals to child maltreatment during COVID-19.
Participants and setting: Five real-time, virtual focus groups were conducted among professionals who work with children from countries around the globe.

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https://doi.org/10.1016/j.chiabu.2024.106688
Received 28 September 2023; Received in revised form 10 December 2023; Accepted 31 January 2024
Available online 14 February 2024

Method: Reflexive thematic analysis was employed to analyze the focus group transcripts.
Results: The participants identified their experiences and challenges in performing their role of protecting children. Additionally, they shared context-adapted and innovative responses to child maltreatment, while emphasizing self-care and their mental health.
Conclusions: The results highlighted that child protection was significantly more challenging during the COVID-19 pandemic. Furthermore, they underlined the importance of establishing practices and policies for child protection in crisis times as well as ensuring both children's and professionals' well-being and mental health.

1. Introduction

The World Health Organization (WHO) declared COVID-19 a global pandemic on March 11, 2020 (WHO, 2020). Although the viral threat has decreased worldwide, its lasting impact on the welfare and protection of children remains a central arena for investigation. A growing trend in child maltreatment (CM) reports during COVID-19 was supported by research that found a rise in child injury admissions to pediatric hospitals (Garstang et al., 2020; Kovler et al., 2021), online abuse testimonials (Babvey et al., 2021), and calls to hotlines related to CM (Petrowski et al., 2021). A systematic review that analyzed and summarized the prevalence rates of CM found that pandemic rates for physical abuse, psychological abuse, neglect, and sexual abuse were, respectively, 0.1 %–71.2 %, 4.9 %–61.8 %, 7.3 %–40 %, and 1.4 %–19.5 %. A decrease in reports of CM was observed during the COVID-19 pandemic, although a rise in cases of severe child abuse occurred. The review also found that the primary risk variables that contributed to CM were lockdown procedures and their adverse effects (Huang et al., 2022).

Child protection professionals (CPPs) play a crucial role in protecting children and ensuring their right to life without violence. In times of crisis, such as the pandemic, their role of protecting children holds even greater importance. In the context of humanitarian disasters, child protection involves the "prevention of and response to abuse, neglect, exploitation and violence against children" (Alliance for Child Protection in Humanitarian Action, 2019, p. 19). However, the pandemic harmed all public services, and the social safety net for preventing violence suffered serious disruptions (Katz, Katz, et al., 2021). Professionals and administrators in child protection were faced with difficult moral and practical decisions regarding responses to children and families within the new challenging context (Ferguson et al., 2021). With service interruptions, increased workload, and a lack of staff during the pandemic, many scholars and professionals expressed concerns about the ability of child protective services to protect children successfully (Lavié et al., 2021).

A scoping review summarized the impact of COVID-19 on CPPs both at the individual and professional levels (Katz et al., 2023). The reviewed studies revealed that the pandemic affected CPPs' everyday lives and negatively impacted their wellness, leading to worry, anxiety, and exhaustion. The studies discussed aspects of the workplace that affected CPPs' well-being during the pandemic, including supervision, collaboration, finding a balance between work and personal life, and modifications to the nature and scope of their job. The review also addressed how CPPs responded to the pandemic's effects by coping and adapting. Individual coping and adaptation strategies mostly involved CPPs' personal lives and how they adapted to the new norm, including self-care activities like working out, going on walks, reading, and so forth. Furthermore, the studies discussed how CPPs had to adapt to new work routines and obstacles, such as creating innovative and unique ways to engage with families and stay in contact while adhering to COVID-19 guidelines (Katz et al., 2023).

Studies concluded that government policies like lockdowns and the move to working remotely established barriers between child protection services and the children and families they served, limiting CPPs ability to keep an eye on children's well-being (Marmor et al., 2021). For instance, one study emphasized how the COVID-19 pandemic affected the way child protection system workers conducted investigations and assisted families, as numerous services were modified to take place online, posing challenges such as dealing with burnout, working remotely, and having difficulties getting personal protective equipment (Renov et al., 2022).

1.1. The current study rationale, aims and context

Since the pandemic's onset, CPPs have been working under dynamic, unclear, and disruptive conditions while attempting to safeguard children and themselves (Banks et al., 2020). However, few studies have explored how professionals adapted to COVID-19 restrictions when working with families. For instance, some studies observed the inventive efforts of CPPs who tried to forge ties and trust with children and families through arts, crafts, and games (e.g., Ferguson et al., 2021; Ferrari et al., 2021).

The current international study aims to identify the experiences and responses of CPPs to CM during COVID-19. This unique investigation was feasible as part of an international effort of the International Consortium of Professionals Protecting Children from Maltreatment during COVID-19, with the continuous support of the International Society for the Prevention of Child Abuse and Neglect [ISPCAN]. Leading academics from 13 countries (Australia, Brazil, Canada, China, Colombia, Germany, Israel, Japan, South Africa, Sweden, Uganda, United Kingdom, and USA) are involved in this project, which aims to develop a cutting-edge platform to advocate for the protection of children from abuse while conducting cutting-edge research. In their studies, the international group has revealed evidence of how government policies in numerous countries neglected children during the COVID-19 pandemic (Katz, Priolo Filho, et al., 2021; Katz et al., 2022), such as policies of shutting down out-of-home placements and the rapid return home of children in out-of-home care, which were enacted in several countries (Wilke et al., 2020). The international group of scholars has also proposed a

framework outlining critical risk and protective elements that must be considered in child protection, both during and after the pandemic (Katz, Priolo Filho, et al., 2021). Their findings have stressed the urgent need to better comprehend child maltreatment and emphasized society's duty to safeguard children from abuse.

2. Method

2.1. Data collection

The data for the current study was collected using focus groups. Focus groups were chosen to gather information and observe the group interactions while conducting informal interviews on the study topic, which is particularly helpful for exploratory research (Morgan, 1996). With the assistance of ISPCAN, CPPs who were members of the international organization received an e-mail explaining the research. Those who expressed interest and provided online informed consent were invited to attend the focus groups. Additionally, Israeli members of the International Consortium of Professionals Protecting Children from Maltreatment during COVID-19A invited CPPs to take part in three focus groups conducted in Israel. In total, five focus groups were held via Zoom in real time between December 2021 and April 2022.

Each focus group was conducted through Zoom by two researchers who were moderators of the discussion. There were different moderators for each focus group, aside from the two focus groups with Arab participants, which were conducted by the same two Arab researchers. The interviewers explained to the participants that the purpose of focus groups was to find out about child protection challenges and experiences during COVID-19. Prior to participation, the participants were informed that all answers would be acceptable, that each participant's experiences and opinions are important, and that it is important to allow a wide range of viewpoints and experiences to be expressed. Technical assistance was provided when necessary. Research assistants transcribed the focus group discussions and compared them to the digital recording for accuracy. The focus groups conducted in English were transcribed verbatim. The focus groups conducted in Hebrew and Arabic were first transcribed verbatim in the original language, then translated to English and back-translated to the original language to ensure the content and meanings were preserved. Identifying information about participants was deleted to protect their confidentiality.

The focus groups were 1.5–2 h in duration. In each focus group, the participants were invited to discuss several topics, focusing on their professional perspectives and experiences protecting children during COVID-19. The primary goal was to provide the participants with a respectful and safe space to reflect on their experiences. The a priori thematic questions included: (1) What are the experiences and challenges faced by CPPs in protecting children from maltreatment during COVID-19? and (2) How did CPPs handle these challenges to continue to protect children from maltreatment during COVID-19?

Furthermore, several key questions and prompts were presented in all focus groups: (1) Tell me about yourself and your profession. (2) Tell me about your role in protecting children from maltreatment during COVID-19. (3) What are your experiences in protecting children from maltreatment during COVID-19? (2) What challenges do you face in your role to protect children during COVID-19? (4) How did you handle these challenges during the pandemic, and how did these challenges affect you as a professional (subjective well-being, acts/practices, etc.)? (5) Please share your recommendations and conclusions for how child protection professionals can better protect children during the pandemic.

2.2. Sample

The participating CPPs were individuals with diverse training and country affiliations. Two focus groups ($n = 17$) comprised social workers, mental health professionals, physicians, psychologists, language therapists, and regional advisors for child protection from the USA, Greece, Nepal, Argentina, Mexico, and Guatemala. Of the three focus groups conducted among professionals in Israel, one group included Jewish professionals working for an NGO ($n = 9$), one group was composed of Arab psychologists ($n = 8$) working within the Arab community, and one group comprised Arab educators ($n = 13$) working in various schools.

2.3. Ethical approval

The study was approved by Tel Aviv University Ethics Committee and by Externado University Ethics Committee in Colombia.

2.4. Data analysis

The data coding and analysis were carried out using a qualitative thematic analysis approach (Braun & Clarke, 2006). Following the reflexive thematic analysis (Braun & Clarke, 2022), oriented to the study of experience and subjectivity, the current study aimed to examine the lived experiences of CPPs protecting children from maltreatment during COVID-19. According to Braun et al. (2019) and Braun and Clarke (2006, 2021), this approach directs the iterative process of finding, analyzing, interpreting, and reporting themes or meaningful patterns within a qualitative data set. These reasons make this analytical method a good fit for an interpretive qualitative design and the current research questions. Furthermore, the researcher's subjectivity in the coding and analysis and active involvement in developing themes and coding are the primary tools for reflexive analysis.

Using the six stages of analysis for data interpretation (Braun & Clarke, 2006), the researchers reviewed the focus group transcripts and took numerous field notes to become familiar with and interact with the data. Word documents were used to store, organize, code, and manage the transcripts and data. Identifying and labeling text segments containing words or sentences related to the study's

objectives and questions was the first step in the coding process. An emphasis was put on participants' experiences during COVID-19, while taking into account their different contexts. The codes were then grouped to represent the patterns of meaning. The initial themes were produced through an iterative process of interpreting specific data sets and how they connected as a whole. The authors conducted an ongoing in-depth analysis, with numerous revisions and theme discussions to support reflexivity and rigor. The themes were further developed and clarified during this process until they clearly expressed the main organizing idea and acknowledged the significant aspects of the data that addressed the goal of the study. Two themes were determined. These themes highlighted the CPPs' common experiences, challenges and coping. In addition, they emphasized the participants' various contexts and their impact on the participants' experiences and coping strategies while ensuring children's wellbeing during COVID-19.

The researchers implemented self-awareness and reflexivity throughout the study phases. The researchers also held lengthy reflection sessions and made great efforts to maintain the participants' points of view throughout the study. Transferability of the results was ensured by giving readers access to rich, in-depth descriptions of both the results and the study's context, enabling them to assess their applicability in other contexts. The researchers also used critical and reflective dialogues to counteract subjectivity's influence at every stage of the analysis. The researchers used peer debriefing and member checking to verify confirmability.

3. Findings

A reflexive thematic analysis was applied to the five focus groups' transcripts, generating two main themes: 1) CPPs' experiences and challenges in protecting children from maltreatment and 2) Handling challenges to continue protecting children during COVID-19 (Fig. 1 illustrates the themes and subthemes).

3.1. CPPs' experiences and challenges in protecting children from maltreatment

Participants shared and highlighted the experiences, challenges and dilemmas they faced in their role of protecting children during COVID-19. Their experiences included guilt, struggling in a context of chaos, traumatic circumstances, and new challenges to practice.

3.1.1. The experience of guilt

Participants shared their experiences of guilt in protecting children during COVID-19. Based on their accounts, this guilt stemmed from multiple reasons. One reason described by some participants was their restricted ability to monitor and follow up with children, as one participant who worked in residential care in Guatemala shared:

> We worked during the pandemic, and it was very difficult because we worked directly with the children who had already been reunified in their family environment. So, the follow-up that we gave them as family reform or a case process was quite complicated because it was personalized, so for us to just communicate by phone and see that the child's rights were going to be violated was very difficult for us to verify if this was really the case.

Some participants shared difficult experiences that contributed to their guilt and negative self-perception when they shared about children who passed away due to severe child abuse or suicide. Such experiences impacted their professional self-concept, as an Arab psychologist from Israel shared:

> We had a very difficult emergency, which was the suicide of one of the girls that left behind empty spaces and hurt us all […] There is something in me that is paralyzed and less able to cope. It affected me as a professional who learned about myself that I'm not good enough to deal with anything that happens in an emergency […] When I think about COVID-19, I don't only think about the virus, but also about […] the girl who committed suicide […] Maybe in two years, I will find scars [referring to emotional wellbeing] due to this.

Furthermore, the initial COVID-19 requirements reshaped the roles of CPPs, as they began to provide food packages, do COVID-19 tests, and try to close the educational gap, which was experienced by some of the professionals as missing the vital role of protecting children and giving emotional and psychological assistance. One Arab teacher from Israel who worked with children from a low socioeconomic village stated:

> I think they were exposed to a lot of things, especially in this area [referring to an Arab village with a low socio-economic level] […] there is a lot of drug addiction […] in this area children raise children, and there is no supervision […] And we as teachers are guilty of the fact that instead of studying, we needed to make a program to raise awareness about how the child can cope in such a difficult environment and what things he might be exposed to.

Another Israeli Jewish participant who works in an NGO with asylum seekers shared her experience with the role shift as "weakening the underprivileged":

> And we have sinned a little in the sin of further weakening the underprivileged. I mean, in retrospect, there were places we could have acted differently. Like acting with the community and thus also strengthening the [community] strengths, being the way we like to be… we are not the principals, we are not the kindergarteners. We are the supporters, we are actually a team that supports. And I think, my voice sometimes changes in, but really in this story of the coronavirus, I think that the distress also very much seeped into us, the acuteness, our desire to be doing. As if to act, to bring the food boxes to the door of the house.

One participant, who was the coordinator and supervisor of a 24/7 hotline, stated that the hospitals in her country were used as

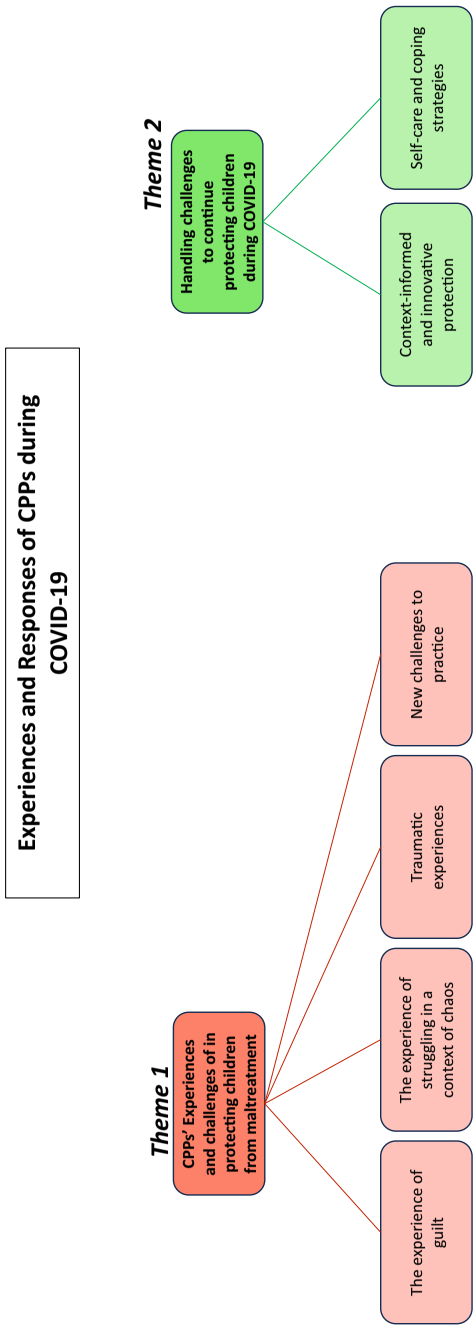

Fig. 1. Main findings.

short-term shelters until the end of the social investigation before the pandemic. However, at the onset of the pandemic, these hospitals could no longer be used as shelters for abused children, leaving the professional with no alternative than sending the child back to the perpetrator:

> Short-term shelter here […] These shelters are the hospitals for children. We don't have any other shelter short-term for children. So during COVID, the hospitals didn't accept children because they had the ill children, so they closed the doors for the abused children […] So sometimes we feel – we take the call. We respond to the call. We try to make the child feel strong and that there are solutions. And then, at the end of the day, we send them back to their perpetrators. So, I don't know. It's food for thought and thinking and efficiency of our jobs at what are we doing here, really?

Access to services and resources differed between countries and regions, which had the potential to impact CPPs' work and experiences differently, as emphasized by a pediatrician:

> I can tell you that in Argentina different realities are experienced depending on the place where you live. I'm in a city on the Atlantic coast […], and the performance was different from how it was in the capital city, Buenos Aires. In the city of Buenos Aires, after one month declaring total isolation, they already had an internet system, they already had digitized clinic histories and from the mental health department were able to attend, assist patients through video calls. Instead, we, even if we work in a hospital that is regional […] we still use medical records on paper, that means, that people could not move because of isolation; they did not even have access.

The participant went on to give a specific example illustrating how the notable variations in resources and services across regions could have put children at risk:

> For example, children receiving pharmacological treatments did not even have access to prescriptions, they were not accepted [digitalized prescriptions] […] There were cases of violence because when these children were left without their pharmacological treatments, families didn't know how to keep them under control besides applying physical violence, they even ended with judicial intervention, because there were complaints of mistreatment, but in reality, it was due to the abandonment of the institutions that could not quickly address solutions or find solutions to this problem.

Other participants shared that the fear of contracting the virus and their reluctant to be in direct interactions with children and other clients caused them to question their professionalism and share ethical dilemmas:

> We question ourselves whether we are being professional in delivering our tasks. Are we professional enough in doing our job to provide the intervention to the clients, to the children? Because they need our assistance, they need our help, they need our aid. But we cannot do that because we're also in fear of going out. We're also in fear of contracting it. We're also in fear of being in physical contact close with the public because we are not being prepared.

The participants shared their experience of 'not feeling calm' when elaborating on the risk factors of CM and the restricted protection due to the guidelines and health instructions:

> We asked the families, "look, pass me the child" to talk to the one we were following up. We talked to him, but it is not the same, and we said, "I did not feel calm," as someone said there. I did not feel calm to turn off my phone and sit down to watch a series. I did not feel calm, and I told my partner, because we work in pairs, a psychologist and a social worker, my partner said "I am not calm. I need to see the children. I need to see that they are well."

3.1.2. The experience of struggling in a context of chaos

The participants noted that they were struggling to understand the new situation, its limits and challenges, and how to act to protect children under the imposed COVID-19 guidelines. Working within an ambiguous context with no clear guidance was evident in the participants' experiences:

> We don't have the… we never had clear guidelines on how to deal with this client. How to efficiently and effectively play our roles as social workers because the guidelines keep on changing from one to another, and we don't know what are the best practices that we have to adhere to. So, these are the things that we always keep on… the issues that haunted us when we try to come up… when we try to deliver our tasks over here.

Another participant stated that there were no clear guidelines for alternative actions, and many questions regarding how to operate went unanswered:

> It's not just what service I can provide […] I don't know if you were required to do this, but also to deliver Zoom treatments or, exactly what is a Zoom treatment? Or is it a contact, and who is involved in this Zoom? Is it just the child? Is it the whole family? Who built it? Why? Does it depend on the employee's goodwill? Does it depend on the requirements of the employer? All these questions remain open, and we usually jump in to fill the vacuum even without a clear answer.

The professionals shared experiences of being flooded and overwhelmed by the chaos COVID-19 caused. An Arab educational psychologist in Israel stated:

> The first thing that comes to mind is flooding […] I remember moments when there was a very high level of overwhelm, and at that time, we had nothing to do, not that we are overwhelmed because there is a list of things that needed to be done, but overwhelmed that it was not understood where this comes from. There is a feeling of chaos, something is changing around us and it is not clear where it is going. This feeling of uncertainty was celebrated in our workplace. We also had a feeling of where to start, what to do as the world is destroyed; let's start again.

In the chaos and their attempts to reorganize, the professionals had to deal with technology, which caused stress as not everyone was familiar with it:

> We experienced things then as stress, especially because everything is being done online. We also have to deal with the clients online, and something we have to keep abreast with all the technology. We have to do everything. We have to be multitasking in everything, and everything needs to be done on the spot, on the dot. So the feeling of stressful condition, and we need to keep on moving forward and be on par with these demand of new responsibilities with all this new normalcy that we have to adapt.

This new situation called professionals from different services to 'recalculate a route,' as if in a navigation app, and reorganize their practice to maintain their duty of protecting children. For instance, to take confidentiality into account while considering the limitations of the new way of operating:

> We also try to provide some online intervention when we feel like the physical intervention seems to be going nowhere. But also when we go for the alternative, and always thinking about issues of safety, the issues of confidentiality, the issue of privacy. And also, when we try to have video calls with the children, somehow, the perpetrator is always there. So the children seem to be… they're reluctant to cooperate with us to provide all the details, all the necessary facts, all the important facts that we need to have to make us lodge a report and make further action towards the perpetrators.

Concerns regarding children's safety and their duty to assist and protect them facilitated CPPs' thoughts on how to do so. The participants shared that they did not feel relief when asking themselves and their counterparts how to operate within the COVID-19 restrictions:

> We also have noticed some delays in the enforcement authorities because, during lockdown, many facilities were closed, so they didn't know what to do with the children. The public prosecutor's office didn't know what to do with the children who decided to go and ask for help. And that was a very problematic situation. So they froze their right for help because they didn't know what to do. So nowadays, we have come to regularity again because we're not locked down. But we are worried what to do next if we have another lockdown and how can these children get the help they need.

3.1.3. Traumatic experiences

Participants from the different focus groups emphasized the traumatic experiences of themselves and their counterparts while working in child protection. A participant from South Africa shared:

> We received a report of four children living in an informal settlement who were scrambling the bottom of trash cans. They were left unsupervised because their mother had gone to another province to attend a funeral, and then because of the lockdown, she was unable to return. The youngest child was only 3 years old, and the eldest was 15 years old. And then, the frontline workers experienced a lot of vicarious trauma and had to be supported via trauma debriefing.

Additionally, many participants emphasized their fear of contracting the virus, which caused them high levels of stress and anxiety, as a psychologist and language therapist working in residential care in Guatemala, noted: "We definitely had to work under that paranoia that also 'What time does it hit me?' [referring to COVID-19]."

CPPs' experiences should be investigated in their contexts to acknowledge the wide range of experiences. For instance, for professionals who worked in isolated centers, the nature/characteristics of their work comprised decreased to no direct contact with their clients. They also shared fewer concerns about contracting the virus compared to the other participants who worked in the frontline. One participant, who worked at a 24/7 hotline, shared:

> I have to find coping mechanisms for myself to cope with the crisis, and the anxiety with my loved ones and what will happen to them, my mother, my father, my child, and my husband. And at the same time, I had to find coping mechanisms to deal with my team and help my team. And secondly, to deal with a crisis. So I was dealing with a crisis, and I was, at the same time, part of the crisis. So that was draining and confusing, and it was hard, but I was not locked down because we are a 24/7 line. And that gave me a sense of regularity.

3.1.4. New challenges to practice

The participants shared challenges to their practice, such as the need to maintain contact with children and families within COVID-19 restrictions, challenges that arose from using virtual platforms and others. Some participants shared their frustration when they were declared as non-essential workers by their country's policy in the first phase of COVID-19. They felt this devalued the importance of their role and the imperative social and psychological assistance crucial to dealing with crises, leaving children with fewer services and resources. As one Israeli psychologist shared:

> First of all, we were in a place where our profession had many question marks about it. For example, we were taken out for a certain period of time as non-essential workers for a month or so […] It says something about the order of priorities or even no order of priorities, but rather how the state perceives the mental health of the people living in it.

Other participants emphasized their dissatisfaction with operating within the COVID-19 restrictions, while acknowledging the critical need to continue protecting children. As one participant, who worked in a child advocacy center in the US, shared:

> Usually, the interviewer is one-on-one in an interview room with the child. We initially changed that response, that we had a laptop in one room with the child, and the interviewer in another [room] with a different laptop. We really didn't love that situation. We switched it up by having both of them masked, and it was really kind of difficult.

Many of the participants emphasized the shortage of alternative possibilities for protecting children, the challenges of dealing with safety issues, and the ethical issues of confidentiality and privacy. Others stated various reasons why virtual contact was not relevant, whether families had no access or insufficient internet connection, had no electronic devices, or the parents did not know how to handle virtual contact. As one participant noted, "Not all children have access to the Internet or to technologies." Other participants stated that they did not have a way for children to reach them:

> Here, we are a very small municipality. We are approximately between 20 and 25 thousand inhabitants in this municipality, and all the offices were closed due to the pandemic […] The most difficult thing here is that we do not have 911 [an emergency number].

An Arab psychologist in Israel emphasized the new challenges that arose from using virtual platforms that needed to be handled but may have been missed:

> They are students who are good at studies, but they may have social problems or children who don't like to be exposed and appear in front of everyone, then Zoom comes and puts them in the middle, as if when the child wants to talk he becomes the focus and the camera focuses on him, which causes him social anxiety and raises the social problems. This makes him more afraid, and he hesitates more and thinks more than once before he speaks on Zoom […] We have seen many cases where the children were afraid of being photographed and made into stickers. There was always something we couldn't overcome. On the one hand, we do want Zoom and want the children to cooperate, on the other hand, it has other consequences that we may have missed.

3.2. Handling challenges to continue protecting children during COVID-19

The participants discussed and elaborated on their role in protecting children during COVID-19. They spoke about the ways they handled the challenges they encountered to continue protecting children in such a complex context. In addition, they emphasized the need to look for shared knowledge and shared the adaptable and innovative practices they utilized to continue protecting children, while acknowledging the new restrictions and limitations and the importance of self-care.

3.2.1. Context-informed and innovative protection

The need to acknowledge the changing context was highlighted by the participants in referring to their role in protecting children during COVID-19. They, consequently, referred to the crucial need to be adaptable. Thus, the context was emphasized by participants as vital in shaping their role during the pandemic.

3.2.1.1. The role adapted to children's and families' needs. Many participants shared that, during the pandemic, their role became flexible due to an understanding of the associated consequences on children and families. Therefore, there was an increased awareness of the many risk factors for child maltreatment that were exacerbated due to COVID-19 restrictions:

> And one of the side effects that I feel in retrospect, and we also got to talk about it, is that, due to the circumstances, they became a bit more of a relief organization than an organization that provides education or welfare services.

Role adaptations were motivated by the participants questioning the effectiveness, timing and relevance of existing programs and interventions to the new and challenging context of COVID-19. The Arab teachers in Israel referred to the specific context of peripheral, low socio-economic villages and the need to be flexible in their role, acknowledge the specific families' contexts, including economic and cultural, and maintain contact with children within this challenging context. As one participant described:

> We know that you can't compare [name of an Arab village in Israel] to Tel Aviv or Haifa [big cities with higher socio-economic levels]. You can't compare […] they know how difficult the situation is here [in the village] and how much they need help. But we are the ones who must help ourselves. Every school has a committee for parents, these committees are important […] for raising awareness among parents.

When the Arab teachers referred to their work during COVID-19, taking into account the various contexts of the Arab villages they worked in, they shared that both parents worked due to poverty. Therefore, they contacted kin members, like grandparents, to ensure the children's safety. Others shared various local programs that were established to reach out to children, especially due to poor internet connection and technological device shortages: "There was a program called" A Book for Every Home, "that we would go into

every home that did not have internet and hand out the educational material to them, so we can see the children."

3.2.1.2. Responding to risk factors for child maltreatment. The participants shared that recognizing the challenging new context for protecting children during COVID-19 included addressing risk factors for child maltreatment. In other words, since the COVID-19 restrictions inhibited and/or limited in-person contact and implemented social distancing, children were with their parents at home. Therefore, CPPs had to make creative efforts to minimize and address various child maltreatment risk factors and to focus on the prevention efforts in the COVID-19 context:

> Another main issue was related to violence. Fathers and mothers leave all the responsibility to teachers, 100 % or 80 % of the education system. In that sense, the stress management tolerance is reduced. Later, parents don't have the tools to facilitate, educate, and work schematically. Because of that, they end up frustrated, and we also had an increase in cases of physical and mental violence. About this, we worked by creating guides. For example, in Mexico, we worked on a guide about how to educate from home.

Similarly, another participant shared the crucial need to respond to risk factors of CM, including poverty, parent's termination of work due to COVID-19 and health issues:

> We realized that, in terms of hierarchy of needs, looking at Maslow's hierarchy of needs, we realized that we needed to look at what the families and children were grappling with […] Being an NGO […] we had to reach out to corporations, knock on many doors, prepare food from home, and we were quite successful in that where we enlisted a lot of support from big banking, corporations, etc., and even from the public where people were able to make contributions […] And then we started our projects where we got volunteers online to make masks. We got donations of fabric, etc., where we used sewing machines and handed them out to volunteers. So that was something that we had to change our course, to look at the situational analysis, the needs on the ground.

3.2.1.3. Meeting children where they are at. When participants referred to their role in protecting children, they highlighted the crucial need to be sensitive and adaptable to the context of COVID-19 and reach out to children in their natural environment. A participant who worked in a non-profit organization aimed at promoting children's rights and eradicating child labor in Nepal shared:

> [We] are striving to eradicate child labor completely. But basically through, as I said already, through education. So, if you can give them an education, if you can make education free and compulsory as per UNCRC Article 28 […] So during the COVID-19 period, we have been visiting so many places where children are working, for example, bricklaying, stone quarry, restaurant and tea shops […] Any particular areas where children have been working, and children continuously working, earning some money to support their families.

3.2.1.4. Contact with children through chat applications. The participants spoke about how children were locked down in their homes and that the familiarity of their lives had significantly changed. In many cases, children were at home with their perpetrators. Therefore, adapting the resources for asking for help among children within the challenging context of COVID-19 was essential. As one participant from the US shared:

> We lost the reports of the eyes and ears on children. […] our attorney general's office had set up an app for kids to use in the schools during bullying pre-COVID, and we tried using that because we know the kids would still talk to each other by text messages, even if they weren't seeing adults, to have kids report to help other kids.

Many participants stated that CPPs communicated with children via the apps used by the children. Furthermore, establishing or using existing apps to improve contact and communication with children was essential for identifying child maltreatment and protection. As a worker at a 24/7 helpline shared:

> We have three lines. The most known one, our famous line, if I can say that, is the National Helpline for Children and it is a 24/7 operating line and is available for every child that is at immediate risk, and children, victims of any kind of violence. And the goal is to protect them by ensuring them their rights and always with the cooperation of the prosecutor and law enforcement authorities […] We're also operating a chat application that children can talk with us through […] if they don't want to speak via phone, don't want to use the phone […] Children are locked down in their homes, and the regularity of their lives has significantly changed, as well as the issues with the parents who have lost their jobs. Insecurity, tension, and domestic violence arise within these tensions.

This participant continued and shared the essentiality of the chat application during COVID-19 in identifying children at risk, especially when in-person contact and traditional strategies of child maltreatment and risk identification were limited. The chat application enabled children to communicate their experiences, such as maltreatment, depression, anxiety and suicidal thoughts, and to ask for assistance:

> So, during COVID, we have noticed many cases of anxiety, of course, and depression among children, and a large increase in suicidal thoughts and thinking, especially through the chat. We have, every day, about three or four cases of suicidal thoughts and ideation and depression issues along with anxiety.

3.2.1.5. Novel adaptations to practice to maintain contact with children. As noted by the participants, novel adaptations were made to maintain contact with children during crisis times, using the limited tools available. In acknowledging issues of accessing services, such as the lack of hotlines, some professionals noted that they offered their personal numbers to families, and tried to maintain contact with children via different platforms. One participant from Mexico shared:

> I had to communicate via radio, only WhatsApp, there is no line to dial them. So, I wanted to let them know that we were attentive to any complaint or any problem that might arise. We use a lot of promotion via social networks; we are not very structured, the example is that we do not have 911. I would pick up the phone and talk to all the school principals and teachers […] I was not always successful, to be honest, but it was the only way to be attentive with the few tools they give us, and that is my contribution.

Furthermore, change and adaptations in reaching out to children to protect them also included awareness among professionals of the COVID-19 restrictions and the shortage of resources, including the lack of technological devices among families:

> We promoted the rights of children and adolescents, and we used the perifoneo [megaphone], I do not know if you know the word perifoneo. It is a car that mentions certain announcements with the perifoneo. We wanted to achieve that if a child could not use a number or a telephone, as another colleague commented, that she has a direct line so that a child could talk and report any abuse. The perifoneo was so that the neighbors could alert us and get them involved anonymously so that we could approach them.

3.2.1.6. Music therapy. The participants emphasized the need to establish prevention programs and interventions that consider the consequences of COVID-19 on children's well-being. Furthermore, in forming these approaches, there must also be an awareness of COVID-19's impact on children and adolescents. A child abuse clinician from South Africa shared:

> In terms of interventions, we actually found a lot of suicide cases of children, 10-year-olds, 12-year-olds, 15-year-olds over the year. And if we compare over the past year, we know that the statistics we have are not an accurate reflection of what has happened, and we cannot downplay the depression that many children have suffered as a result of COVID. So, our approach was that we started handing out data bundles where people had smart devices. We started using our music therapist. So, it was all done remotely to contain, to enhance the mood levels […] we found that to be very useful.

In conclusion, participants from the various focus groups emphasized the need for context-informed child protection that utilizes the existing resources and establishes new ones to maintain contact with children, respond to their multiple needs, enhance their well-being and safety, and ensure their ability to communicate when they need help and assistance. Additionally, addressing risk factors for child maltreatment is essential in protecting children from maltreatment. Many CPPs found themselves becoming innovative and creative within the COVID-19 restrictions to continue their role in protecting children during the crisis. In an apt summary of several key aforementioned points, one participant shared:

> Another challenge was […], and I always speak about this acronym COVID. C for connectedness, and there was definitely no connection. People were disconnected. O for openness, and there was no openness because of fear of the unexpected, not knowing. If we go out, if we touch other people, are we going to be infected with the virus? V for verifying. So there was a lot of fake news as well, making its rounds, and children being exposed to this, and this just heightened anxieties and that. And then I for innovation. I think, and that's where, as frontline workers, we realized that we needed to discover new ways of reaching out, new ways of ensuring safety and care for children. When we said to children, we need to hand out whistles, or that they can blow the whistle, so that alerts attention to neighbors, to other people. And D for discovery, that we all need to just look out to discover any new opportunities in connecting with people. So that's basically what I have to share.

3.2.2. Self-care and coping strategies

The importance of self-care for CPPs was emphasized by many participants who stated that CPPs' self-care must be documented and highlighted within work protocols. A participant from Malaysia who worked as a frontline child protection social worker shared:

> We need to emphasize the self-care of our officers so that it will be a part of the protocols when we try to deliver our responsibilities […] we're always neglecting the self-care elements in our protocols. Because when we have the self-care element, it allows us to heal to allow us to heal others. So, we need to heal first, then we can heal others. So the element of self-care is very important, and we need to emphasize that in our protocols.

Receiving personal protective equipment (PPE) and ensuring good mental health were also highlighted:

> We need to look at how our social workers need to take good care of themselves so that they can help others. They need to get proper PPE so when they try to go out and do their job, and also they need to be psychologically assessed so that they are in very good mental health condition, so that they can deliver the job to assist with the children who also need their assistance.

The participants also shared that they tried to find mechanisms for coping with stressful experiences and taking care of themselves while working to protect children and assist families. Exercising, meditating, eating healthy, using PPE and other coping strategies were emphasized:

As a team leader, my anxieties escalated, but the pandemic did not allow the time to feel or even heal from any wounds, illnesses, etc. The team looked up to leadership to address the challenges and provide solutions. Hence, the emotional stress and burden was extremely high. I found myself reaching out to other leaders and ensuring that I was exercising, meditating, eating healthily, which enabled me to cope. And as a leader, I also provided soup on a daily basis to the staff to nurture them. I had to organize private transport for staff who were using public transport, and we arranged lift clubs where possible. We also had regular meetings with staff online to vent.

4. Discussion

The current study sought to understand CPPs' experiences and challenges in protecting children during the COVID-19 pandemic and the strategies they implemented. The analysis of focus groups identified two main themes: 1) experiences and challenges of CPPs in protecting children from maltreatment, and 2) handling challenges to continue protecting children during COVID-19.

In general, CPPs have frequently described extremely challenging working conditions and fatigue in their daily routines (Bradbury-Jones, 2013). The strenuous nature of their role, which included making decisions about children's lives, may have had a severe and far-reaching impact on their mental and emotional states (Gibbs, 2001). These implications were exacerbated during COVID-19 when CPPs encountered numerous personal and professional challenges. The CPPs in the current study spoke about the challenges they encountered and adaptations to their role during the pandemic. These challenges included, among others, maintaining relationships with children and families, connecting them to essential resources amidst widespread shutdowns (e.g., Stephens et al., 2021), elucidating social injustices made worse by the pandemic (e.g., Katz et al., 2022), and offering individuals and families virtual and in-person support when permitted (e.g., Stewart et al., 2020).

Although many studies have explored the mental health issues and implications of COVID-19 on frontline workers, most have focused on healthcare professionals. For example, 80.95 % of healthcare professionals interviewed in Ardebili et al.'s (2021) study said that if something had happened to a family member, such as being infected with COVID-19, they would have held themselves responsible. Eight of these participants experienced a family member's death as a result of COVID-19 and blamed themselves, expressing deep regret and guilt. In another study, fear was the most frequently mentioned by the physical therapists; this included fears such as contracting the virus, infecting their coworkers, bringing the virus home, making mistakes when putting on and taking off personal protective equipment, and working in a hospital (Palacios-Ceña et al., 2021).

Yet, only limited studies have explored the experiences of CPPs beyond healthcare (e.g., social workers; Banks et al., 2020; Teixeira et al., 2022). This could be attributed to the medicalization of the pandemic response as well as the neoliberal policies that govern social services, such as prioritizing stopping the virus's propagation over child protection (e.g., Israel; Katz & Cohen, 2021). Neoliberalism controls many countries' agendas and policies. It assigns a narrow role to the state and positions of social work as a regulatory profession that is tasked with efficiently managing and allocating scarce resources to individuals who struggle to thrive in a free market (Harvey, 2007). Moreover, by highlighting the need for public services, all workers' aspirations for job security and stability, and the value of human connection, the COVID-19 pandemic may have also revealed flaws in neoliberalist regimes worldwide (Crouch, 2022). Consequently, the vital aspects of CPPs' frontline work were not given adequate recognition. The current study fills this gap and provides insights into CPPs' experiences from various fields and countries.

Delving into the CPPs' experiences, the current study highlights the guilt experienced by various participants while they questioned their professionalism and role in addressing and protecting maltreated children during the pandemic. They pointed to different reasons for their challenges, including (1) following COVID-19 procedures, which restricted and delayed their ability to act; (2) harsh experiences, such as the death of maltreated children, that contributed to a sense of guilt (3) role change or expansion, which detracted from protecting children; and (4) fear of contracting the virus causing reluctance among CPPs to be in direct contact with children and families.

Similar findings were reported by Teixeira et al. (2022), where social workers reported feeling guilty after performing newly assigned pandemic-related tasks that were far outside their scope of practice or distracted them from their ability to practice social work. Relocation to different settings and concern for one's own well-being and safety, among other implications, was also reported by Ashcroft et al. (2021). Furthermore, previous research has documented fear and guilt about possibly infecting loved ones (e.g., Bai et al., 2004; Maunder et al., 2003), echoing the fear seen among this study's participants of contracting the virus and their reluctance to be in direct contact with their clients. CPPs in the current study also shared their frustration and guilt regarding delays to their practice due to the COVID-19 guidelines. Others shared how their work depended on other services' reports and referrals, which impacted their practice and hindered children from receiving necessary interventions, especially when many schools and social services were shut down. Vast research has explored and discussed the consequences of service shutdowns during COVID-19 on the identification and protection of maltreated children, while emphasizing the broken link between the child protection system and mandated reporters (e.g., Baron et al., 2020).

The participants also shared their experiences of struggling, experiencing flooding and being overwhelmed by the chaos COVID-19 generated, while trying to understand and process the new situation. Some of the participants shared feeling alone with diminished or no support from other professionals. This highlights the value of professional connections, supportive relationships and the collaborative response to child maltreatment to improve CPPs' ability to cope with and adapt their work during COVID-19. Prior research has emphasized the protective effects of belonging, safety, and supportive management, which have the potential to facilitate resilience among frontline workers (e.g., McFadden et al., 2019; Truter & Fouché, 2021).

Moreover, the experience of struggling was related to coping with the uncertainty created by the new situation, where clear

guidelines were missing, leading CPPs to think about how to act in this new situation. Uncertainty regarding the pandemic guidelines affected child protection, an area where uncertainty is an inescapable feature (Munro, 2019). In child protection, decisions are made under intense time pressure, possibly conflicting circumstances, with conflicting information and inadequate definitions. However, these decisions have a long-term effect on children's lives (Darlington et al., 2004; Mansell et al., 2011). Uncertainty during COVID-19 has been expressed by CPPs in relation to the altered working and communication methods, availability and accessibility of social services, the capabilities of social and educational services and regarding the condition of the homes and risk factors for child abuse (Mairhofer et al., 2023).

Unfortunately, in addition to the closure of crucial services for children and families, some CPPs were deemed non-essential workers during the first phase of COVID-19 (e.g., social workers in Israel; Katz & Cohen, 2021). The frustration of CPPs due to this policy emphasizes the need for international policies to guarantee the continuity and competence of CPPs to address the extensive psycho-social requirements linked to COVID-19 and child protection during pandemics. Thus, we must acknowledge the importance of protecting vulnerable groups, including children who were unfortunately doubly marginalized during the pandemic (Katz et al., 2022), and explore the impact this pandemic continues to have on the personal and professional lives of CPPs (Katz et al., 2023) to offer them support while they operate to save vulnerable groups and communities.

The consequences of COVID-19 policies on CPPs' experiences reported in the current study can be explained by moral distress, which is the severe psychological suffering brought on by actions and inactions that transgress one's moral or ethical code (Foster et al., 2023). Frontline workers have faced several difficulties, such as a lack of tools to perform their jobs, anxiety about their health, grief, guilt, and exhaustion. They have also experienced a risk of moral distress due to a lack of support and training as they adjusted to their changing roles (Banks et al., 2020; Williamson et al., 2020). Participants in the current study shared experiences of guilt, anger, and frustration as they were not able to reach out to children and their families due to the limitations of the COVID-19 policies, impeding their role of protecting children from maltreatment. This exacerbated their stress and moral injury.

They also faced ethical and professional challenges due to the pandemic, including concerns about children's and their own safety. This further affected face-to-face interactions between CPPs, families and children (Dominelli, 2021), causing further distress. Inactions such as the reluctance of CPPs to be in direct contact with children and families due to the fear of virus infection, and actions such as role shifts and expansions were perceived as overlooking the protection of children. This was experienced as being against one's moral or ethical code, with consequences for the professionals' wellbeing. Prior research (e.g., Austin et al., 2017; Henrich et al., 2017; Lamiani et al., 2017) has addressed and discussed the effects of employees' moral distress on clients and professionals, including diminished capacity to provide care for clients, avoiding contact with patients, and psychological repercussions such as frustration, disappointment, depression, secondary traumatic stress, burnout and leaving their jobs. This alarming picture of ethical and professional challenges faced by CPPs during COVID-19 calls for policymakers to consider CPPs' experiences when shaping policies and practices for child protection and employee support.

Considering these challenges, CPPs were expected to quickly adapt their practices in response to the COVID-19 pandemic to comply with public health recommendations. Participants in the current study reported various ways they addressed the challenges to continue protecting children during COVID-19, such as contact with children via chat applications and finding novel ways to keep in contact and protect children at risk. The findings highlighted the CPPs' innovative strategies for preserving relationships with families and children while enforcing the restrictions and shielding them from abuse. During lockdowns, the need to address the growing needs of families and protect children made it highly imperative to come up with innovative ways to accomplish this. Studies have discussed the modifications made to professional interventions to overcome these obstacles, like addressing issues outside the purview of typical interventions and developing cutting-edge strategies to protect children (Tener et al., 2021). Determining how to stay in contact with children, like meeting in open spaces (Ferguson et al., 2021; Tierolf et al., 2021), classifying families in risk groups wherein high-risk families were given the greatest resources (Baginsky & Manthorpe, 2021), and performing crafts and art projects to build trust with children (e.g., g., Ferguson et al., 2021; Ferrari et al., 2021) were also reported.

Additional tactics included enhancing practitioners' communication with families through flexible, digital, or hybrid techniques (e.g., Jentsch & Gerber, 2022). It is worth noting that virtual technologies had not been widely integrated into practice until recently (Berzin et al., 2015) when COVID-19 increased the use of virtual care. However, many CPPs lacked sufficient education and training on the proper and ethical integration of virtual technology into their practice, despite having some experience with it (Mishna et al., 2015). This should be further explored in future studies.

Moreover, contextual challenges for adopting virtual contact were relevant among some of the CPPs who participated in the current study. The CPPs who worked in rural and remote communities reported challenges that stemmed from the characteristics and lack of resources devoted to these areas. For instance, poor internet access and lack of technological devices among Arab families in Israel created additional challenges and obstacles for CPPs to address and protect children from maltreatment. In this context, the Arab CPPs emphasized context-driven practice for maintaining contact and ensuring children's safety through innovative and adaptive practices specific to the context of Arab society in Israel, such as establishing local programs to reach out to children in their homes and building bonds with family members. Participants from other countries explained how they used technology to remain in contact with children, including apps, social media, and Zoom. They also suggested that apps and social media were a good way for them to connect with children, who were more comfortable communicating through texting due to privacy, safety, or logistical concerns. Some of the CPPs mentioned providing data bundles to children to maintain contact. This strategy could be valuable, especially when considering vulnerable children and the fact that internet access was a key factor for accessing education during COVID-19 (UNICEF, 2020).

To conclude, the current study invited CPPs to share their experiences and challenges in protecting children during the pandemic. Alongside accounts of guilt, traumatic experiences and struggle, there were also stories of creative responses aimed at maintaining contact with children and protecting them. Beyond the noted challenges, the existing strengths in local and regional communities and

Table 1
Take home messages.

Supporting CPPs in similar events of crises/emergencies in the future	• Acknowledge the essentiality of CPPs in general and in crisis times • Enhance CPPs' resilience and wellbeing • Promote a supportive workplace, cooperation and collaborative responses to child maltreatment
Specific processes that should be addressed	• Address factors that contribute to risk among children in crisis time • CPPs' involvement in policymaking • Establish clear policies for child protection as a part of emergency preparedness
Innovations to be considered	• Context-informed and innovative protection • Discern pathways to maintain contact with children and families • Address local strengths and utilize communal resources

innovative practices could also be used to address some of these challenges and offer creative solutions to child protection.

4.1. Limitations

Although the current study provided a unique examination of the experiences and responses of CPPs during the pandemic, several limitations should be discussed. The current study focused on findings from focus groups with 47 child protection professionals around the globe. The findings may not be representative of all child protection professionals, and caution should be used when generalizing the findings outside of this study. This study did not examine contextual factors (e.g., resources, funding) or the similarities and differences between countries that could impact CPPs' experiences and responses to child maltreatment during crises. Although the participants belonged to a variety of CPP professions from around the world and were essential in responding to child maltreatment, it is probable that the participants' diverse ages, affiliations, and varying experiences with child protection also impacted their experiences.

4.2. Implications and conclusions

This study found that child protection work was significantly more challenging during the COVID-19 pandemic. Children were at greater risk for maltreatment, yet professionals had a considerably decreased ability to detect maltreatment during this time. CPPs adapted and used various pathways to maintain contact with children whenever possible. Nevertheless, their efforts to identify and intervene in maltreatment were hindered. They faced a great deal of stress and risked their safety and well-being to serve children and families. While these professionals were able to adapt to try to protect children to the best of their ability, there is still a notable need for professionals to be provided with additional resources and innovative strategies to meet self-care needs.

Furthermore, the current study's findings call for policymakers worldwide to recognize the crucial role of CPPs, especially in times of crisis where risk factors for child maltreatment are exacerbated, threatening children's lives. Policies should also consider CPPs' resilience and wellbeing, enhance collaborative responses to child maltreatment, and promote practice innovations to ensure children's right to protection. The wellbeing and responses of CPPs largely depend on their environment in terms of local policies, resources, and international and local COVID-19 guidelines. Future research is invited to further explore these aspects that have the potential to impact CPPs' responses and child protection. Table 1 illustrates take home messages.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Declaration of competing interest

None.

Data availability

The authors do not have permission to share data.

Acknowledgments

The authors would like to thank the International Consortium of Professionals Protecting Children from Maltreatment During COVID-19 which has been an amazing platform for all the contributors of the paper and greatly inspired us in the writing. They would also like to thank ISPCAN for their continuous support throughout this project.

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