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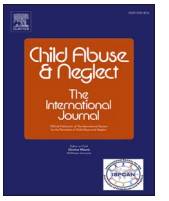

The global impact of COVID-19 on child protection professionals: A scoping review and thematic analysis

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ABSTRACT

Background: The COVID-19 pandemic triggered new risks for child maltreatment (CM) and exacerbated existing challenges for families and children, elevating the importance of child protection professionals (CPPs) while also adding barriers to their work. During the pandemic, many CPPs experienced increased workloads, a disrupted work environment, and personal pandemic-related hardships. However, the scope of how COVID-19 impacted CPPs globally, as well as their adopted coping strategies, have not been well explored.

Objective: This study addresses these gaps in the research by conducting an international scoping review to explore and analyze these topics.

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Method: The scoping review was performed in six languages: English, Hebrew, Arabic, French, Spanish, and Portuguese, across 16 databases. Sixteen manuscripts were included in the final thematic analysis of this review.
Results: Two main themes were identified: 1) the impact of COVID-19 on CPPs, and 2) the coping and adaptation strategies employed by CPPs during COVID-19. This review revealed and emphasized the importance of CPPs' resilience during COVID-19, underpinned by the theoretical framework of the social ecology of resilience.
Conclusions: This study highlights the responsibility of social ecologies and organizational structures to create readiness for a rapid response in times of crisis as well as valuable evidence to inform how CPPs, children, and families may be better supported in the event of a future crisis.

1. Introduction

On March 11th, 2020, the World Health Organization (WHO) declared COVID-19 a worldwide pandemic (WHO, 2020). Since then, there has been an increasing threat to the welfare and protection of children. Subsequently, child protection professionals (CPPs) have become increasingly important, requiring their unprecedented adaptability and ability to cope with new and demanding environments. In this review, CPPs refer to all professionals working with children (e.g., teachers, pediatric doctors and nurses, social workers, child psychologists, etc.) and, thus, have a duty to protect them. The pandemic challenged CPPs on professional and personal levels, impacting both the children and families they worked with and themselves, posing a danger for all. However, a closer investigation is still needed into how CPPs were affected by and dealt with the pandemic to better support and prepare CPPs and systems for future crises (Masten & Motti-Stefanidi, 2020) and to ensure children's safety.

1.1. The impact of COVID-19 on children and families

Researchers have argued that global restrictions and lockdowns in the first years of COVID-19, including school closures and stay-at-home initiatives, may have set children up to be exposed to various adverse circumstances and child maltreatment (CM) without the appropriate detection and reporting systems in place to protect them (Baron et al., 2020; Lawson et al., 2020; Lee et al., 2022; Negriff et al., 2022; Puls et al., 2021; Rodriguez et al., 2021). Supporting this, school closures during the pandemic have been linked to several negative emotional, behavioral, psychological, and social ramifications for children (Cost et al., 2022; Pfefferbaum, 2021), including increased levels of loneliness, stress, anxiety (Chaabane et al., 2021), depression (Tang et al., 2021), and behavioral problems (Sun et al., 2022). School closures have also been linked to a reduced ability of CPPs to detect CM (Puls et al., 2021) and an increase in child neglect and children witnessing domestic violence (Vermeulen et al., 2022). Moreover, evidence has suggested that some effects may have long-term ramifications for children, such as persistent mental health disorders and internalizing symptoms (Ho et al., 2020; Irwin et al., 2022).

Families have also been dealing with increased stress during COVID-19, which is a risk factor for CM (Proulx et al., 2021), including economic hardship (Laborde et al., 2021), social isolation (Lee et al., 2022) and reduced availability of childcare outside of the home (Blum & Dobrotić, 2021). In addition, while parents have struggled to support their families financially, children have been put at increased risk of child marriage (Rahiem, 2021; Yukich et al., 2021), child labor (Ahad et al., 2020), and sexual exploitation (Moss et al., 2022).

Another issue imposed by the pandemic conditions is that children and CM perpetrators have been spending more time online, increasing the risk of online child sexual abuse and exploitation (Europol, 2021). While most crime reports decreased during COVID-19, there was an increase in reports of online child sexual abuse in many countries (e.g., Europol, 2020; Harris et al., 2021; United Nations Children's Fund [UNICEF], 2021). For example, between 2019 and 2020, there was a 106 % increase in reports to a global tip line of suspected child sexual exploitation (Setter et al., 2021). Lastly, while children felt lonelier and more isolated during the pandemic, they may have unknowingly turned to perpetrators online for support, leaving them more vulnerable to grooming (Europol, 2020, 2021).

1.2. The impact of COVID-19 on CPPs

The impact of COVID-19 on CPPs has been examined in a few studies. An international group of scholars investigated child protective service (CPS) responses in various countries (e.g., Brazil, US, Colombia, Germany, Japan, and Canada; Katz et al., 2022). CPS responses during the pandemic refer to the practices carried out by CPPs to prevent CM during COVID-19 (Katz et al., 2021). Katz et al.'s (2022) findings revealed that COVID-19 significantly negatively impacted the functioning of CPS and the children and families they served due to the disruptions of in-person services in all of the examined countries. Furthermore, they found that COVID-19 substantially impacted CPS operations, whether in high- or low-income nations. Yet, there were significant variations in how policies were put into practice regarding protecting children from abuse. Namely, the performance of CPPs was considerably impacted by government responses, such as the allocation of resources for child protection during COVID-19. For example, all caseworkers in Quebec City were given iPads or laptops for Zoom or Skype meetings with parents (Katz et al., 2021). However, for a number of reasons, such investments in the safety of children might not be feasible in other nations.

Thus, the new scenarios and consequent issues posed by COVID-19 threatened children's welfare and protection, impacting CPPs' practice and resulting in a greater demand for child welfare monitoring and CM prevention and service collaborations, putting greater stress on CPPs. Simultaneously, CPPs have had to attempt to protect both children and themselves under changing, uncertain, and disruptive work environments (Banks et al., 2020; Priolo Filho et al., 2023; Renov et al., 2022). Before the pandemic even began, many CPPs were working in occupational settings that presented several risks to their wellbeing, such as client violence, large caseloads, and exposure to distressing situations (Boonzaaier et al., 2021; Dagan et al., 2016; Lamothe et al., 2018; McFadden et al., 2018). Consequently, CPPs were already vulnerable to negative outcomes like burnout, high levels of stress, and secondary traumatization (Bennett et al., 2005; Boonzaaier et al., 2021; Dagan et al., 2016; García-Carmona et al., 2019; Hermon & Chahla, 2019; Sprang et al., 2011). However, COVID-19 conditions worsened matters for CPPs, presenting higher levels of risk for adverse mental health outcomes, including depression, anxiety, burnout, and stress (Molnar et al., 2020; Roberts et al., 2021).

During the pandemic, CPPs had an increased workload (Lavié et al., 2021) with service disruptions and less staff to help (Katz & Cohen, 2021), and many raised concerns about the ability of CPS to protect children effectively (Katz et al., 2022). Additionally, government regulations, such as lockdowns and the transition to work remotely, created barriers between CPPs and the children and families they worked for, reducing their ability to monitor children's wellbeing (Marmor et al., 2021). Furthermore, challenges faced by CPPs were also linked to the lack of knowledge and skills of how to operate during a crisis. For instance, a study investigating international responses to COVID-19 demonstrated the difficulties faced by early childhood educators, such as inadequate preparation for distance teaching and learning, gaps in pre- and in-service training to address the educational needs of young children remotely, and the need to collaborate differently with caregivers (Atiles et al., 2021).

It should also be stressed that CPPs experienced personal, in addition to professional challenges during COVID-19. They were exposed to many of the same stressors as the people they worked with, including familial and home issues, income instability, and health setbacks (Ashcroft et al., 2022; Dahan et al., 2022; Ledesma & Fernandez, 2022), which damaged their wellbeing and increased their sense of vulnerability and distress (Holmes et al., 2021). For many CPPs, excessive professional and personal stressors meant having to balance their home and work lives even more than usual (Ross et al., 2021). In addition, many employed parents had to concurrently provide educational support to their children and work at home, leaving them with more roles and responsibilities (Deeb et al., 2022; Fontenelle-Tereshchuk, 2021).

As working conditions worsened for many CPPs and strict social distancing measures were enforced, children were left isolated from mandated reporters. Thus, CM cases likely went unnoticed or underreported, further impacting the responses of CPS. In particular, educators worldwide are often among the most common and key reporters of CM (Alazri & Hanna, 2020; King & Scott, 2014; Krase, 2013; New York City Administration for Children's Services, 2020; Rapoport et al., 2021; Rengasamy et al., 2022). Therefore, educators hindered abilities to detect and report CM during COVID-19 was likely a crucial obstacle for CPPs in addressing CM during this time of crisis. Some evidence has supported this idea, illustrating that CPS responded less frequently to CM allegations, especially during the lockdowns (Brown et al., 2022; Cappa & Jijon, 2021).

On the contrary, some studies reported an increase in child injury admissions to pediatric hospitals (Garstang et al., 2020; Kovler et al., 2021), online testimonials of abuse (Babvey et al., 2021), and calls to hotlines relating to CM (Petrowski et al., 2020), supporting an increasing trend in CM reports. Nonetheless, this trend may still reflect the consequences of school closures, lockdowns, the increased use of the internet, and the reduced functionality of public services. It is also key to note that pandemic effects were not consistent worldwide, which may be another possible explanation for the inconsistent trends (Katz et al., 2022). Multiple definitions of what constitutes CM in different regions and different mandatory reporting rules (e.g., Laajasalo et al., 2023; Liu & Vaughn, 2019) may also have impacted trends and reports of CM.

Beyond the negative impacts, it was also apparent that some CPPs experienced positive effects from COVID-19, such as increased flexibility in their working hours and higher empathy for the people they worked with (Ashcroft et al., 2022). Some CPPs also explained that the COVID-19 crisis provided opportunities for growth and innovation in social services (Dominelli, 2021) and the care they provided (Ferguson et al., 2021). To address some of the challenges faced by CPPs, some countries provided online guidance and electronic devices to CPPs to maintain their connection with children and families. In Ontario, CPPs used the internet as well as physical mediums like windows, doors, driveways, and yards to communicate with children and families (Katz et al., 2021).

In conclusion, children's welfare and protection were threatened by the new COVID-19 challenges, which had an effect on CPPs' daily work and increased demand for CM prevention. This increased demand put CPPs under more stress and increased risk for negative mental health outcomes. Additionally, besides the professional challenges, CPPs faced also personal challenges during COVID-19. In addition, it is worthwhile to investigate whether COVID-19 had any beneficial effects and provided opportunities for development and innovation in response to child abuse throughout the crisis. Given the fundamental role of CPPs to protect children, a role that has become even more salient in a crisis like the pandemic, it is crucial to learn about how CPPs faced COVID-19 so that CPPs, children, and families may be better protected and supported in future times of crisis.

1.3. The present study

This study aims to explore the impact of COVID-19 on CPPs and their adaptation and coping strategies in this context. The current study is a cornerstone for understanding the challenges experienced by professionals in the field of child protection during a global crisis and learning how they rose to overcome pandemic-related hardships and obstacles to protect children and balance the ever-increasing demands of work and home life. Thus, the study has the potential to formulate the 'positive legacy' implemented by CPPs during COVID-19. Since COVID-19 is still languishing, this examination may be useful for building guidelines and frameworks to inform and improve child protection and policymakers' responses in the present as well as future times of crisis. This study was

initiated by an international consortium of professionals with the leadership of the first author and supported by ISPCAN (International Society for the Prevention of Child Abuse and Neglect), a group dedicated to the advancement of research and policy worldwide for the protection of children from maltreatment during times of crisis.

2. Method

This study comprised three stages: a scoping review and two inductive thematic analyses.

2.1. Stage 1: scoping review

A scoping review is a literature review that seeks to "systematically identify and map the breadth of evidence available on a particular topic" (Munn et al., 2022, p. 950) by identifying key concepts and gaps in the research (Arksey & O'Malley, 2005). This scoping review followed the guidelines established by Arksey and O'Malley (2005) and further elaborated on and enhanced by Levac et al. (2010) and Pham et al. (2014). The guidelines outline five stages of a scoping review: a) identify the research questions, b) identify the relevant studies, c) select eligible studies, d) chart the data, and e) collect, summarize, and report the results (Arksey & O'Malley, 2005; Bashi et al., 2020). This study adhered to the first three steps required in a scoping review, followed by two rounds of thematic analysis before presenting and discussing the results as required in the final two steps of a scoping review.

As the broader subject encompassing the topic of this review, this scoping review aimed to evaluate the 'positive legacy' created by CPPs during COVID-19. Thus, we investigated how the matter of child protection globally was shaped by COVID-19 and CPPs' responses to it. The steps taken in this scoping review are described below and demonstrated in Fig. 1.

2.1.1. Stage a) identify the research questions

The research questions guiding this scoping review were:

1. How did COVID-19 impact the protection of children globally?
2. How did CPPs respond and adapt to COVID-19 to protect children from CM?

2.1.2. Stage b) identifying the relevant studies

The scoping review adhered to the updated Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for scoping reviews (PRISMA-ScR; Tricco et al., 2018). The search was carried out between August and October of 2021 in six languages: English, Hebrew, Arabic, French, Spanish, and Portuguese. The work was divided into three research groups. The first group was an Israeli research team that searched for articles in English, Hebrew, and Arabic. The second group was a Colombian

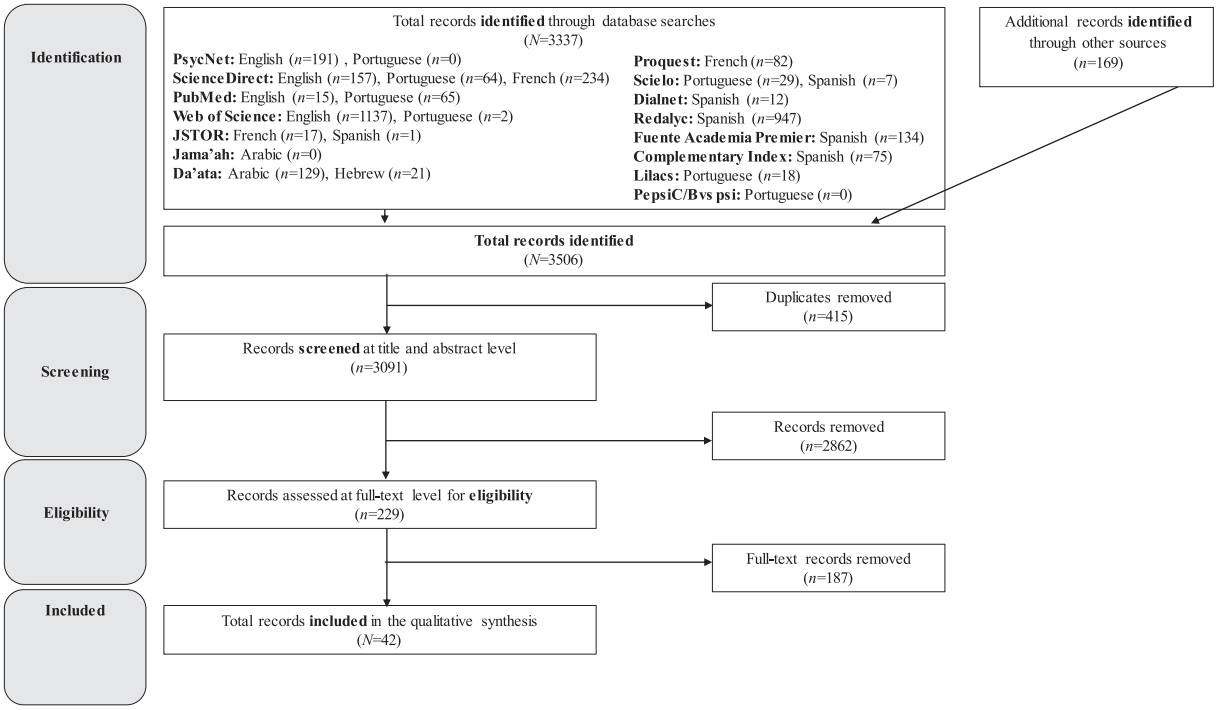

Fig. 1. PRISMA flowchart for study selection.

Table 1
Studies included in the scoping review.

Study	Objective	Sample	Methodology	Relevant findings
Priolo Filho et al., 2020	Expand the theoretical understanding of the individual, occupational, and socio-ecological predictors of whether CPPs engage in resilient behaviors.	309 CPPs from various fields: health, legal, education, psychology, and social work; Brazil	Quantitative, surveys	Workplace support was given and the individual's values regarding how important it is to engage in resilient behaviors predicted their engagement in said resilient behaviors.
Baginsky & Manthorpe, 2021	Examine the changes in children's social care in the first few months of the pandemic. Explore the advantages and challenges these changes pose for a post-COVID-19 world.	15 social workers, senior staff members of children's social care in 15 local authorities; England	Qualitative, semi-structured interviews	Challenges were found in balancing home and work lives. However, social work practice was operating in a more flexible and creative way.
Santana-López et al., 2021	Determine teachers' attitudes and knowledge about the COVID-19 pandemic.	1503 teachers; Canary Islands, Spain	Quantitative, surveys	Teachers were unwilling to work if there was a risk of infection at the school. However, with the appropriate hygiene and protection measures, they were willing to go back to work.
Toros & Falch-Eriksen, 2020	Explore the pandemic's impact on CPS.	81 child protection workers in frontline CPS; Estonia	Qualitative, open-ended questions	CPS frontline workers reported an increase in their workload. Families and workers both felt overwhelmed and found maintaining a work-life balance challenging. Creativity was key in responding to the pandemic situation.
Tierolf et al., 2021	Gain insight into families known to social services regarding their situations during the lockdown.	246 families and 13 professionals who work with the families; the Netherlands	Mixed methods; surveys and semi-structured interviews	Great willingness among CPPs to find new ways to stay in touch and connect with vulnerable families. CPPs experienced collaborations with coworkers and external colleagues as a predominantly positive experience. A lack of assistance encouraged self-reliance in children and families, still, every support type was important for these individuals.
Schwab-Reese et al., 2020	Ascertain if there were differences in outcomes between CPPs trained in the regular delivery methods of pre-COVID-19 vs. the fully virtual delivery techniques of post-COVID-19.	5 employees in various roles from the Colorado Child Welfare Training System, including training facilitator, course developer, coach, and organization leader from The Kempe Center in Colorado; the US	Sequential mixed methods	There was little difference in learner knowledge or satisfaction between the pre-COVID-19 and post-COVID-19 training methodologies. Organizational structure prior to the pandemic was key to supporting the CPPs' performances during the pandemic. Training was positively adapted to the pandemic.
Self-Brown et al., 2020	Examine SafeCare® providers' thoughts on the feasibility and effectiveness of this evidence-based home visiting program (which aims to reduce CM risk; improve the parent-child relationship; and enhance other protective factors) via remote delivery. Also, to understand providers' concerns for human service professionals during COVID-19.	303 SafeCare providers; the US, Canada, and Australia	Quantitative, survey	Most providers were comfortable with the new remote delivery method, and most worked remotely. Most participants reported a moderate to extreme impact on their day-to-day lives because of COVID-19, relating to their routines, stress levels, and work-life balance. Providers reported engaging in numerous positive self-care behaviors. Providers in the US were more likely to be very or extremely concerned about contracting COVID-19 and slowed business, compared to providers in Canada and Australia.
Wilke et al., 2020	Understand the impact of COVID-19 and pandemic-related response measures on children and families considered vulnerable, and to generate evidence-based recommendations on how to work with these populations.	87 non-governmental organization (NGO) representatives working directly with vulnerable children and families in 43 countries: 17 from Africa, 12 from South-America, 7 from Asia and the Pacific, 6 from Europe, and one from the Middle East.	Mixed methods; quantitative and qualitative surveys	NGO representatives experienced blocks in their abilities to adequately provide services. Multiple types of self-care were mentioned as necessary, both for program staff and at-risk families. More communication and support activities were beneficial to representatives and the families they worked with.

(*continued on next page*)

Table 1 (*continued*)

Study	Objective	Sample	Methodology	Relevant findings
Miller et al., 2020	Examine the impact of COVID-19 on peritraumatic distress among child welfare workers.	1996 child welfare workers; a southeastern state in the US	Quantitative, survey	Child welfare workers had above normal ranges of distress, with nearly half falling into the mild or severe distress levels. Age, marital status, work position, physical and mental health, financial status, and sexual orientation significantly impacted distress levels.
Conlon et al., 2021	Learn how pediatric emergency healthcare utilization altered during COVID-19. Additionally, understand the experiences of staff working in a restructured health system.	15 frontline staff (5 emergency medicine clinicians, 6 nursing managerial staff, 2 social workers, and 2 nursing staff) of 2 pediatric emergency departments and 2 mixed adult and children emergency departments; Ireland	Qualitative, semi-structured interviews	Staff viewed the structural and operational changes made in emergency departments as innovative and adaptive, although barriers existed to service delivery. Workers experienced psychological challenges and had to adjust to reduce social interaction with colleagues.
Ferrari et al., 2021	Explore how social distancing rules and the use of personal protective equipment may have impacted the relationships and communications in a maternal and child health hospital.	17 nurses and 17 caregivers; Italy	Qualitative, semi-structured interviews	COVID-19 infection and control measures impacted key areas of care, including compassionate and family-centered care. Play and communication strategies were important to overcoming challenges posed by the COVID-19-related adjustments.
Furlong et al., 2021	Study the experiences of adult and child mental health service users and families during COVID-19 and how the services helped them.	22 clinicians/managers from the fields of social work and therapy and 16 family members; the Republic of Ireland and Northern Ireland.	Qualitative, semi-structured interviews	There was considerable variation across regions in Northern Ireland and the Republic of Ireland regarding mental health service capacity to respond to families. Some clinicians reported high levels of stress and burnout risk.
Ferguson et al., 2021	Examine how social workers adapted their practice during COVID-19 and theorize how changes like this occur.	29 social workers, 10 social work managers, and 9 family support workers; England	Qualitative longitudinal approach, interviews	Social workers improvised during the pandemic to adapt elements of their practice. Social workers experienced high levels of anxiety in a changing work environment, which impacted their abilities to perform their duties. Mixed experiences from the Black, Asian, or other ethnic minority participants about managers keeping workers and families safe.
Møller, 2021	Explore how COVID-19 changed public service delivery. Also, to learn from frontline public servants in the police and social departments regarding their work in the first few months of the pandemic.	Four sources of data: 1. sickness absences, 2. fieldwork studies among vulnerable families, 3. employee feedback from surveys with open-ended questions, and 4. six structured qualitative interviews with managers and frontline public servants in the fields of police and social work; Denmark	Mixed methods	Across different towns and public servants, there was a conflict between self-protection and service provision. A relationship was shown between situational knowledge and service delivery, bringing to focus the concept of autonomy within street-level bureaucracy theory.
Sharma et al., 2020	Examine the methodology used to identify families with the greatest social needs during COVID-19, and describe the work of Brighter Bites (a school-based health promotion program) with these high-risk families.	1048 families (of which 71 were high-risk families); the US	Mixed methods: Quantitative survey with one open-ended question.	Brighter Bites workers used their expertise and resources to create and implement a framework to address the social needs of high-risk families. A methodology was presented to screen for and respond to the needs of high-risk families.
Pérez-Pérez et al., 2021	Examine how families met their children's emotional and educational needs in lockdown as they implemented a new educational strategy guided by experts and created by the Ministry of Health.	112 families; Cuba	Quantitative	Most families had a favorable performance in educational actions. The “Child Care” dimension performed the best.

research team that searched for studies in French and Spanish. The third group was a research team from Brazil that performed a search in Portuguese. Each team comprised two leading researchers and research assistants. Joint meetings were held once every three weeks between the international research groups to deliberate findings, share their progress, and make unified decisions regarding the

findings.

The databases used to search for relevant studies were selected according to the languages and regions of the research teams. Furthermore, these databases are among the most used databases for this research topic in the regions where the six search languages are spoken. Studies in English were identified through PsycNet, PubMed, ScienceDirect, and Web of Science. Articles in Hebrew and Arabic were discovered by searching PsycNet, Science Direct, PubMed, JSTOR, Jama'ah, Da'ata, and the Oni Library of Haifa. Articles in French were found via ScienceDirect, JSTOR, and Proquest, and articles in Spanish were searched for on JSTOR, Scielo, Dialnet, Redalyc, Fuente Academia Premier, and Complementary Index. Finally, articles in Portuguese were identified by searching the databases of PsycNet, PubMed, ScienceDirect, Web of Science, Lilacs, Scielo, and PepsiC/Bvs psi.

The following keyword combinations were used in the search (translated and adjusted appropriately for each language): (1) child protection, COVID-19 (and similar terms, such as pandemic); (2) child maltreatment, COVID-19; (3) child abuse, COVID-19; (4) child neglect, COVID-19; (5) children at risk, COVID-19; (6) child, intervention, COVID-19; (7) child, residential care, COVID-19; and (8) child, welfare, COVID-19.

2.1.3. Stage c) selecting eligible studies

Using the described keyword combinations for the scoping review, 3506 articles were initially identified. Forty-two manuscripts were then found eligible to continue to the second stage of this study (the first round of thematic analysis).

2.1.3.1. Inclusion criteria. In the first stage of the thematic analysis, articles needed to meet the following inclusion criteria: a) described adaptations made to CPS during COVID-19 that aimed to deal with CM; b) were empirical studies; c) were published in peer-reviewed journals; and d) were published in English, Hebrew, Arabic, Spanish, French, or Portuguese.

2.1.3.2. Exclusion criteria. Studies were excluded if they were a) research protocols, b) non-empirical strategy descriptions, c) commentary or opinion articles, or d) case studies.

2.2. Stage 2: round one of the thematic analysis

From the eligible articles, 20 English articles were chosen at random for the first round of inductive thematic analysis, following Braun and Clarke's (2006) six steps. First, the researchers read the manuscripts several times to familiarize themselves with the material. Next, the manuscripts were reviewed in detail to identify categories, which were then grouped as initial themes. During the analysis, some themes were removed or revised, and new categories were added (Strauss & Corbin, 1998). The researchers referred to the manuscripts for additional information when necessary to develop the categories (Maykut & Morehouse, 1994). Next, the researchers reviewed the manuscripts and discussed to resolve any disagreements until a consensus was reached regarding the final assignment of themes.

The thematic analysis yielded three themes: 1) children in out-of-home placements and ensuring their safety during COVID-19; 2) remote work during COVID-19; and 3) the impact of COVID-19 on CPPs and their personal and professional coping in this context. The analysis and themes were shared, discussed and peer-reviewed by the international consortium of professionals with the leadership of the first author in order to improve the credibility of the study (Creswell & Miller, 2000), and revisions were made in response to their comments. The research groups were supported by the International Society for the Prevention of Child Abuse and Neglect (ISPCAN). Due to the richness of the findings, it was decided that each of the three themes would be discussed in separate papers.

2.3. Stage 3: round two of the thematic analysis

This paper focuses on the third theme found in the first round of thematic analysis: The impact of COVID-19 on CPPs and their personal and professional coping in this context. After this theme was decided, the researchers returned to the original eligible 42 manuscripts and reviewed which articles would be eligible for this paper. Sixteen manuscripts were found suitable for this paper's theme, which then underwent further inductive thematic analysis, resulting in two main themes.

3. Findings

3.1. Descriptive overview

Sixteen relevant studies were identified for this paper (see Table 1). Five employed a quantitative approach, six used a qualitative approach, and five utilized a mixed-methods approach. Most studies were conducted in Europe ($n = 9$): England or the UK ($n = 2$), Estonia ($n = 1$), Netherlands ($n = 1$), Italy ($n = 1$), Denmark ($n = 1$), Ireland ($n = 1$), the Republic of Ireland and Northern Ireland ($n = 1$) and Spain ($n = 1$). Other studies were carried out in the US ($n = 3$), Brazil ($n = 1$), Cuba ($n = 1$), and New Caledonia ($n = 1$), and one study was international. One international study analyzed data from 43 countries, covering Africa, South America, Asia and the Pacific, Europe, and the Middle East. The other international study covered data from the US, Canada, and Australia.

Various categories of CPPs were included in these manuscripts. Nine studies included CPS workers (Baginsky & Manthorpe, 2021; Ferguson et al., 2021; Miller et al., 2020; Santana-López et al., 2021; Schwab-Reese et al., 2020; Self-Brown et al., 2020; Tierolf et al., 2021; Toros & Falch-Eriksen, 2020; Wilke et al., 2020); two involved CPPs from hospital emergency departments and clinics (Conlon

et al., 2021; Ferrari et al., 2021); one included mental health CPPs (Furlong et al., 2021); two included CPPs from various fields (i.e., health, legal, education, psychology, and social work; Møller, 2021; Priolo Filho et al., 2020); and two included only clients/patients; however, these studies described unique intervention strategies developed by CPPs to identify and treat vulnerable children and families, therefore, it was decided to include them (Pérez-Pérez et al., 2021; Sharma et al., 2020).

Although the included studies disclosed useful information regarding the impact of COVID-19 on CPPs and how they coped with the pandemic, the focus of each study varied, and some had more than one focus. Eleven studies examined the changes made to CPPs' practice, knowledge, and work as a result of the pandemic (Baginsky & Manthorpe, 2021; Conlon et al., 2021; Ferguson et al., 2021; Ferrari et al., 2021; Furlong et al., 2021; Møller, 2021; Santana-López et al., 2021; Schwab-Reese et al., 2020; Self-Brown et al., 2020; Sharma et al., 2020; Toros & Falch-Eriksen, 2020); five studies explored the impact of the pandemic on children and families (Furlong et al., 2021; Pérez-Pérez et al., 2021; Sharma et al., 2020; Tierolf et al., 2021; Wilke et al., 2020); and two studies looked at the impact of COVID-19 on CPPs' resilience, wellbeing, and distress (Miller et al., 2020; Priolo Filho et al., 2020).

3.2. *Main findings*

The analysis of the identified manuscripts resulted in two main themes: 1) the impact of COVID-19 on CPPs, and 2) CPPs' coping and adaptation strategies during COVID-19. Several subthemes were also identified (Fig. 2 illustrates the themes).

3.2.1. *Theme 1: the impact of COVID-19 on CPPs*

The pandemic affected CPPs' lives both individually and professionally. On the individual level, studies showed that the pandemic influenced CPPs' daily lives and adversely affected their wellbeing, resulting in feelings of anxiety, burnout, and concern. On the professional level, studies referred to elements in the work environment that influenced workers' wellbeing during the pandemic, such as management, teamwork, finding a home and work-life balance, and changes in the nature and scope of their work.

3.2.1.1. Individual level. Most studies addressing the personal lives and wellbeing of CPPs during the pandemic described feelings of anxiety, deep concern, distress and being emotionally overwhelmed (e.g., Conlon et al., 2021; Miller et al., 2020; Self-Brown et al.,

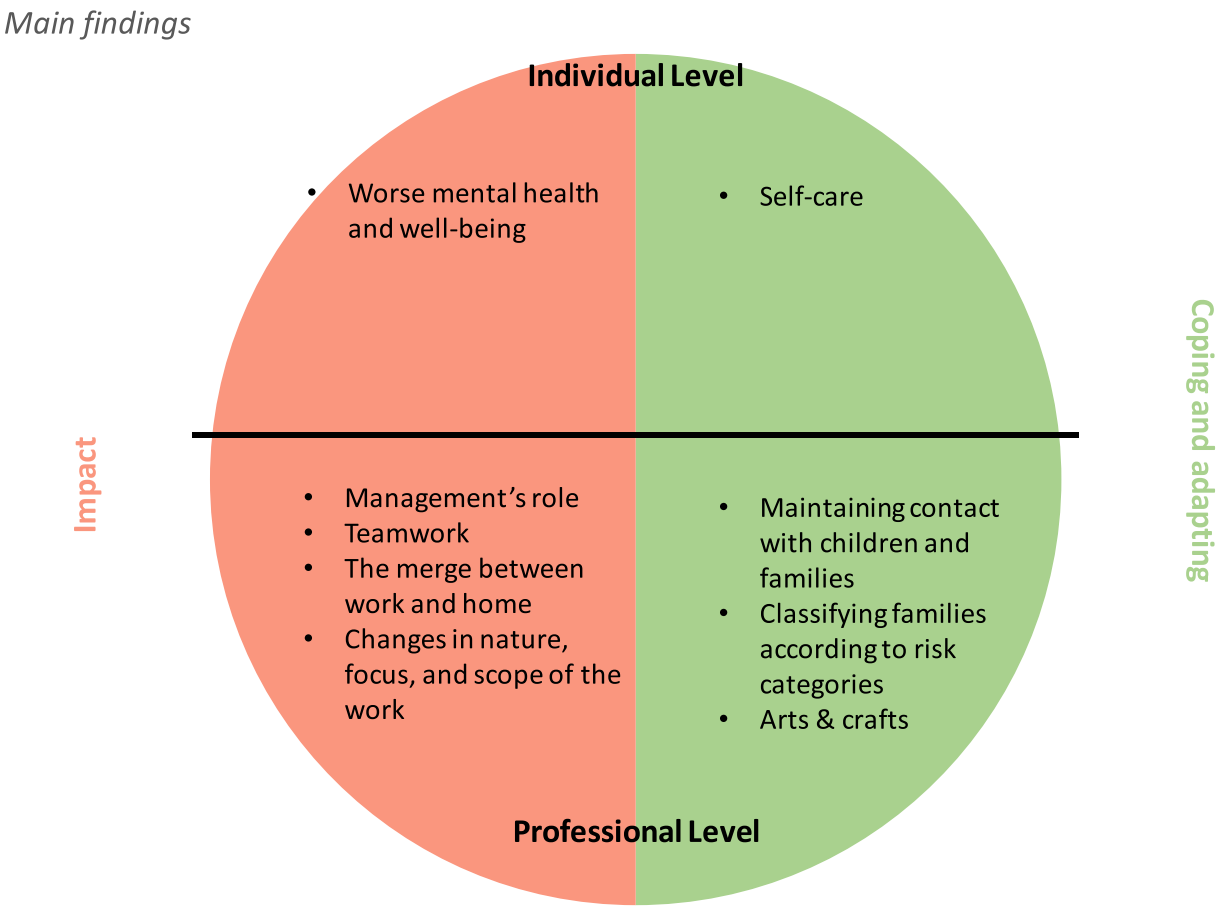

Fig. 2. Main findings.

2020). Miller et al.'s (2020) study among 1996 child welfare workers from a southeastern state in the US directly examined the pandemic's impact on CPPs' distress, finding that 53.6 % of the sample had COVID-19 peritraumatic distress index (CPDI) scores in the normal range, 40.5 % had mild CPDI scores, and 5.9 % had severe CPDI scores.

Another study examined the perspectives of SafeCare providers from the US, Australia and Canada regarding the impact COVID-19 had on their work life (SafeCare is a home visiting program to reduce CM). It was found that most participants felt the pandemic had a moderate or extreme impact on their daily lives (Self-Brown et al., 2020). When questioned about how the pandemic impacted their mental state, 40 % noted they felt overwhelmed or experienced anxiety, stress, depression, or deep concern during this period.

The studies also referred to the various sociodemographic variables that impacted the CPPs' distress and anxiety levels. For example, older CPPs and CPPs in better physical and mental states were shown to experience lower levels of distress (Miller et al., 2020). Meanwhile, Toros and Falch-Eriksen's (2020) study among child protection workers in Estonia found that older workers viewed their age as a hindrance to their job during the pandemic and that it limited their ability to maintain relationships with the families in their care. Older workers were in a risk group for contracting COVID-19 and, thus, were more inclined to work remotely, even if protective measures were in place for in-person family visitations (Toros & Falch-Eriksen, 2020). Miller et al. (2020) also found that CPPs who were married, heterosexual, financially stable, or in good health experienced less distress than other CPPs.

Differences in anxiety levels were found among CPPs globally. CPPs in the US reported greater concerns regarding a slowdown in their work, difficulties paying bills, and contracting the virus, compared to CPPs in Canada and Australia (Self-Brown et al., 2020). A high level of anxiety about contracting the virus and infecting family and community members was also discerned in two additional studies on frontline emergency medical staff in pediatric emergency departments (Conlon et al., 2021; Ferrari et al., 2021) conducted in Ireland and Italy, respectively. Emergency department staff in Ireland also reported uncertainty and anxiety due to media reports from other European countries about the pandemic and feeling unsure about what they would experience next (Conlon et al., 2021). Studies also repeatedly compared CPPs' anxiety and distress to that of their clients' and patients' and found similar levels, often due to similar reasons. For example, one study noted that families receiving CPS treatment felt overwhelmed, as did the CPS workers (Toros & Falch-Eriksen, 2020).

3.2.1.2. Professional level. Many studies addressed the importance of the work environment during the pandemic and its impact on CPPs' functionality and wellbeing (e.g., Schwab-Reese et al., 2020). Priolo Filho et al. (2020) examined 309 professionals working in various child protection related fields (health 17.5 %; legal 9.4 %; education 38.2 %; therapy 27.2 %; social work 5.2 %; and other 2.5 %). They found that a supportive work environment mediated the relationship between believing it was important to engage in resilient behavior and the actual implementation of this behavior. Additionally, among different predictors, career support proved to be the strongest predictor of engaging in career-resilient behavior during COVID-19 (Priolo Filho et al., 2020), such as direct communication with work during the pandemic and sharing responsibilities at work. The different professional dimensions underlined as pivotal to CPPs' wellbeing within the studies may also be grouped into the management's role; teamwork; the blur between work and home; and changes in the nature, focus, and scope of the work.

3.2.1.3. Management's role. The experiences of CPPs regarding the management in their workplace impacted their functioning. For example, Schwab-Reese et al. (2020) conducted a study on the training of child protection social workers in the Kempe Center in Colorado, US. They found that when the workers felt that the management invested in their wellbeing, encouraged self-care and development, enabled flexibility, and was attentive to their needs, the CPPs could better deal with the changes in their work due to the pandemic and were able to regard it as an opportunity to improve their functioning (Schwab-Reese et al., 2020). Similar outcomes were observed when social workers, social work managers, and family support workers from local authorities in England felt their managers ensured everything possible was being done to preserve the safety of the families and CPPs (Ferguson et al., 2021).

In Priolo Filho et al.'s (2020) study, workplace support was a strong predictor of engagement in resilient behavior, especially relating to the pandemic, such as personal protective equipment training. This showed how CPPs engaged in resilient behavior to cope with their work during the pandemic if they felt they were provided with adequate support to do so by their workplace. On the other hand, some workers felt that management did not do its best to preserve CPPs' security and provide the appropriate hygiene and protection measures (Santana-López et al., 2021). Furthermore, some CPPs claimed that senior management demanded them to adhere to pre-COVID-19 goals despite the pandemic, which they stated was an unfair demand, causing additional distress (Ferguson et al., 2021).

Another finding related to management during the pandemic comes from Miller et al.'s (2020) study examining the pandemic's influence on workers' distress levels. This study among child welfare workers showed that supervisors experienced significantly lower levels of distress than workers in non-supervisory roles (Miller et al., 2020). Similarly, Møller's (2021) study involved managers and street-level professionals responsible for police work and social work in Denmark. It was found that, whereas management-level personnel reported an increased sense of autonomy and flexibility that enabled them to organize their work as they considered appropriate, field workers reported not being able to make qualified decisions and assessments of critical situations.

3.2.1.4. Teamwork. Teamwork and social interactions with colleagues constituted another important aspect of CPPs' welfare in the workplace, with mixed results. One study revealed a mixed attitude regarding how the move to remote work impacted teamwork. Some CPPs thought that remote work adversely impacted team communication, while others thought it improved communication (Toros & Falch-Eriksen, 2020). In Tierolf et al.'s (2021) study, CPPs working with vulnerable families in the Netherlands experienced collaborations with colleagues as mostly positive during the pandemic. However, emergency department workers experienced a

decrease in social interactions with their colleagues during COVID-19, as they were not allowed to interact in staff rooms during their break time (Conlon et al., 2021). Additionally, these CPPs emphasized that strong group dynamics and peer support, which were disrupted by the pandemic, were essential for their work and coping with the hardships.

3.2.1.5. The blur between work and home. Some studies described the blur CPPs experienced between their home and work lives during the pandemic. For example, children's social care workers in English local authorities voiced concerns that this indistinction could have increased their risk of burnout and fatigue (Baginsky & Manthorpe, 2021) as well as a personal-professional role spillover (Schwab-Reese et al., 2020). Three studies addressed CPPs' challenges in their attempts to balance work and home demands.

Some CPPs felt hardship due to problematic home working conditions, for example, workers with roommates and those in unstable or abusive homes (Baginsky & Manthorpe, 2021). Others found balancing their home and work lives difficult as they now had to work from home, which incurred more responsibilities during the pandemic, such as CPPs who now had children studying from home (Toros & Falch-Eriksen, 2020). Self-Brown et al. (2020) discovered that CPPs experienced difficulty maintaining patient confidentiality while working from home (Self-Brown et al., 2020). Another study showed that CPPs had an increased workload, as expressed by working overtime until late at night and around the clock (Toros & Falch-Eriksen, 2020), which blurred the line between work and home.

3.2.1.6. Changes in the nature, focus, and scope of the work. In some studies, CPPs referred to COVID-19 changing their work's focus (e.g., Toros & Falch-Eriksen, 2020). CPPs noted that, instead of addressing children's wellbeing and protection, the focus shifted to taking care of families' basic needs, such as arranging food or helping with issues related to infection control (Møller, 2021; Toros & Falch-Eriksen, 2020). However, providing this assistance to at-risk families was easier and faster during the lockdown because the routine bureaucratic complexities (e.g., applying for vouchers to use food banks) were lifted (Ferguson et al., 2021). Furthermore, one study among child and family social workers noted that their ability to deliver food, toys, and digital devices; connect homes to the internet; and pay families' bills all helped build trust with the families, even in situations in which they had no prior acquaintance (Ferguson et al., 2021). Some CPPs described a move towards a more supportive and kinder work environment due to a resurgence of values and attitudes that could not be implemented over the last few decades due to the influence of bureaucracy and regulations (Ferguson et al., 2021). These examples highlighted some of the positive impacts that COVID-19 had on CPPs' work environments.

In other cases, social workers and clinicians reported being redeployed to COVID-related positions (e.g., COVID-19 testing), causing high levels of distress and burnout (Furlong et al., 2021). Also, differences were found in workload levels between various professionals, which influenced how COVID-19 impacted different CPPs. For example, one study found that a family therapist experienced only a minor level of change in their workload, whereas a police officer amassed 90 h of overtime only a few months into lockdown with a schedule of nine working days followed by only one day off (Møller, 2021).

3.2.2. Theme 2: the coping and adaptation strategies employed by CPPs during COVID-19

This theme discusses CPPs' coping and adaptation in response to the pandemic's effects. As in the first theme, CPPs' coping and adaptation were divided into individual and professional levels. Coping and adaptation skills at the individual level were mainly related to CPPs' private lives and how they adjusted to the new norm. Meanwhile, the professional level addressed the changes and adjustments made by CPPs to overcome new work routines and barriers. More of the studies addressed CPPs' coping and adjustment on a professional level.

3.2.2.1. Individual level. Only three studies directly addressed the strategies CPPs used to cope on a personal level with the impact of the pandemic. These studies examined child protection social work training (Schwab-Reese et al., 2020), SafeCare workers (Self-Brown et al., 2020) and CPPs working with vulnerable children and families in 87 NGOs (Wilke et al., 2020). Coping and adaptation strategies included self-care practices like exercising, taking walks, reading, virtual contact with loved ones, cooking, creating more family time, engaging in creative activities, spending time on hobbies, playing games, spiritual practices such as meditation and prayer, and attending workshops.

3.2.2.2. Professional level. In discussing professional practices of coping and adapting to the pandemic, words like “improvising” and “creativity” were frequently used (e.g., Tierolf et al., 2021). Several studies noted that social workers and other CPPs, such as frontline medical staff in emergency departments, expressed a great willingness to find innovative and creative ways to work with families during the pandemic and to work in a more agile and collaborative spirit (e.g., Baginsky & Manthorpe, 2021; Conlon et al., 2021; Ferguson et al., 2021; Tierolf et al., 2021; Toros & Falch-Eriksen, 2020). Specifically, these studies revealed that the practices used by CPPs reflected their capacity to be creative and improvise, as they found ways to maintain contact with clients, classify families into risk categories, and do arts and crafts with them.

3.2.2.2.1. Maintaining contact with children and families. CPPs had difficulty maintaining ties with families due to the pandemic's restrictions, which curtailed their abilities to hold direct meetings (e.g., Ferguson et al., 2021). However, CPPs discussed this issue mainly in relation to how they had to find creative ways and solutions to perform their jobs in these challenging situations (Toros & Falch-Eriksen, 2020). For example, when CPPs sensed that video chats with clients were unhelpful, they devised other ways to meet their clients, like in open spaces (Ferguson et al., 2021; Tierolf et al., 2021), or by bringing and using toys and presents while maintaining social distance (Ferguson et al., 2021; Ferrari et al., 2021; Tierolf et al., 2021). CPPs also observed children and families via video or by social distancing on either side of a window. However, it is essential to note that this solution raised ethical issues related to secrecy and privacy, since, among other things, it may have impaired the families' trust and caused unwanted curiosity

among the neighbors (Ferguson et al., 2021; Tierolf et al., 2021). Alongside the spatial changes created by the need to relocate meetings from homes to open spaces, there were also temporal changes, whereby prolonged home visits became shorter but more frequent and assumed a hybrid model, including both direct and virtual meetings (Ferguson et al., 2021).

3.2.2.2.2. Classifying families according to risk categories. A few studies addressed a decision shared among several services to offer treatment mainly or exclusively to families considered high-risk, based on the pandemic restrictions (Baginsky & Manthorpe, 2021; Møller, 2021; Sharma et al., 2020). Thus, in some cases, families were classified into risk levels to commence this plan. Sometimes the classifications were done by assigning color categories (green, yellow, or red) to families, wherein 'red' families continued to receive face-to-face services and were allocated the most resources (Baginsky & Manthorpe, 2021; Møller, 2021). Another study of a school-based health promotion program in several cities in the US included a survey designed to group families into risk levels. Only families classified as high-risk families continued to receive services (Sharma et al., 2020). Pérez-Pérez et al. (2021) examined how families implemented an educational strategy for their children during the lockdown, where families were classified into two groups: good educational actions and unfavorable performance in educational actions. The study aimed to create a framework for how psycho-social support strategies could be designed and implemented among families using the help of CPPs and policymakers (Pérez-Pérez et al., 2021).

Nevertheless, CPPs also mentioned that classifying families into levels of risk posed several concerns. First, CPPs criticized that such classification methods could "miss" cases in which children were facing danger at home. Second, a study stated that a prolonged failure to provide treatment to families at a lower level of risk could exacerbate their condition and eventually increase their risk level (Møller, 2021).

3.2.2.2.3. Arts and crafts. Some studies noted the creative efforts of CPPs, involving arts and crafts and games, to build bonds and trust with children and families during the various COVID-19 restrictions (e.g., Ferguson et al., 2021; Ferrari et al., 2021). When CPPs needed to wear masks during in-person meetings with children, some developed tactics to reduce the negative impact this may have on their communication. These tactics included wearing masks with child-friendly designs (Ferguson et al., 2021), drawing pictures on the masks (Ferrari et al., 2021), and inventing stories to explain the importance of wearing masks (Ferguson et al., 2021).

4. Discussion

This review examined peer-reviewed studies to learn about the impact COVID-19 had on CPPs globally, and specifically to discover the 'positive legacy' of CPPs in how they adapted and coped with the pandemic. Thus, the analysis of the 16 studies identified two themes: 1) the impact of COVID-19 on CPPs, and 2) CPPs' coping and adaptation strategies during COVID-19, divided further into the individual and professional levels.

First, it is important to acknowledge that CPPs typically described extremely difficult working conditions and burnout in their daily routines (Bradbury-Jones, 2013). Furthermore, the taxing nature of their work, which involves decision-making regarding children's and families' lives, may have caused negative and far-reaching impacts on their mental state (Gibbs, 2001). This enhances their likelihood of health issues such as mental distress, burnout, anxiety, and depression (McFadden et al., 2019; Sher, 2020; Sherwood et al., 2019). These consequences and conditions were often exacerbated during COVID-19, as CPPs' workloads increased, their usual workplace environment became hazardous, and the workforce diminished (Boonzaaier et al., 2021; Truter & Fouché, 2019).

The psychological and behavioral repercussions of disasters, especially pandemics, are far-reaching and long-lasting (Beaglehole et al., 2018; De France et al., 2021). Similar to this review's findings, earlier research on other outbreaks has highlighted the anxiety about contracting an infection as a typical risk factor affecting people's mental health and wellbeing (Desclaux et al., 2017; Reynolds et al., 2008). Other studies have also reported anxiety and guilt about potentially infecting loved ones and the medical personnel caring for them during an outbreak (e.g., Bai et al., 2004; Maunder et al., 2003). These concerns have been linked to mental and physical health issues, such as poor sleep, which interfered with people's lives (e.g., Brooks et al., 2020; Reynolds et al., 2008).

A systematic review summarizing research from 2003 to 2020 on the psychological effects of pandemics and epidemics on healthcare practitioners' mental health has highlighted the potential for practitioners to experience both short-term and long-term mental health and social issues (Stuijfzand et al., 2020). This included drug and alcohol use and symptoms of posttraumatic stress disorder, mental distress, and depression (Stuijfzand et al., 2020). Consistent with previous findings, the studies in this review highlighted CPPs' poor mental health state and high levels of distress (e.g., Miller et al., 2020; Self-Brown et al., 2020). Additionally, some of the studies examined individual and circumstantial variables that influenced these levels of distress (e.g., Miller et al., 2020; Toros & Falch-Eriksen, 2020).

The current study showed that CPPs in different regions experienced different levels of distress during COVID-19. For instance, Self-Brown et al.'s (2020) study found that CPPs in the US experienced higher stress levels than CPPs in Australia and Canada. This could be explained by the differences they experienced in working hours or their increased fears of contracting the virus. Relatedly, a recent study (Katz et al., 2022) showed how policies, resource allocation, and child protection priorities differed among countries during the pandemic. It may be that how a country responded to the pandemic regarding the prioritization of child protection and the allocation of resources to identify and respond to CM impacted CPPs' working conditions, performance, and mental state. However, further research is warranted to investigate and confirm the relationship between these factors.

The COVID-19 pandemic may have also exposed the weaknesses of neoliberalist systems worldwide by emphasizing the value of public services, workers' demands for job security, and the value of interconnectedness among all people (Crouch, 2022). Warf (2021) examined the aspects of the US neoliberal society that allowed the COVID-19 virus to spread so quickly and increased the vulnerability of the State in the face of the pandemic. It was found that individualism, a lack of national health care, and racial or ethnic inequalities were key components. These components may have also impacted CPPs' wellbeing and functioning during COVID-19, although again,

further studies are needed.

Studies reviewed herein also highlighted the environmental variables that impacted CPPs' daily lives, practice, and wellbeing. The findings reported differences between managers and frontline workers regarding autonomy and distress. These findings support earlier research on decision-making by demonstrating the direct relationship between situational knowledge and the autonomy to act and make decisions in specific circumstances (e.g., Møller & Hill, 2021). This further points to the crucial role of management in enhancing CPPs' wellbeing. Additionally, this review revealed the importance of teamwork and supportive professional relationships for enhancing CPPs' coping and adaptation to the pandemic. Similar findings were revealed in previous studies (e.g., Cook et al., 2020; Kearns & McArdle, 2012; McFadden et al., 2019; Ruch, 2007; Truter & Fouché, 2021), highlighting the protective effects of supportive management, belonging, and safety (Kearns & McArdle, 2012); how informal team support fostered resilience; and support staff's role in carrying out the vital work with vulnerable children and families (Cook et al., 2020).

As mentioned, child protection work is an emotionally taxing career (Gibbs, 2001). The roles that teams and management play in CPPs navigating the emotional difficulties of their practice are crucial (e.g., Biggart et al., 2017; Kearns & McArdle, 2012). Hence, CPPs need the opportunity to process their emotions to, in turn, offer effective interventions to families. Moreover, the team and managers' support and guidance offer a secure setting for this, particularly when dealing with challenges during crises like COVID-19.

Morganstein and Flynn (2021) examined recent and forthcoming research on the effects of COVID-19 on healthcare workers and offered practical, evidence-based advice for individuals, teams, and leaders to improve wellbeing. They detailed individual efforts for self-care (e.g., sleeping and exercising) and social connectedness (i.e., using existing social networks and interacting with others), among others, which may enhance CPPs' wellbeing. This aligns with the findings of an earlier scoping review on the resilience of CPS social workers (Molakeng et al., 2021) and this study's findings on the importance of self-care.

Generally, on a professional level, the quantity of administrative labor and overly bureaucratized procedures divert CPPs from crucial face-to-face practice, which is well recognized (White et al., 2010). The pandemic further impacted in-person contact between CPPs and families and children and created ethical and professional dilemmas for CPPs, including child safeguarding concerns (Dominelli, 2021). However, changes made to the focus of CPPs' roles and work during the pandemic, such as the need to supply food and basic necessities to families, may have provided an opportunity to reduce the gaps between CPPs and families. Thus, this change strengthened the relationships and enhanced the levels of trust, improving their work together in the long term (e.g., Ferguson et al., 2021).

Furthermore, studies in this review referred to CPPs' innovative and creative approaches to maintaining contact with children and families and protecting children from maltreatment during the implemented restrictions. The necessity of protecting children and meeting the mounting demands of families during lockdowns heightened the need to construct creative means to do so. In line with these findings, other studies have referred to the adjustments made to professional interventions to overcome these challenges, such as addressing concerns outside the typical intervention scope and creating novel strategies to support families and safeguard children in cases of intra-familial child sexual abuse during COVID-19 (Tener et al., 2021). Other strategies included using flexible, digital, or hybrid approaches to enhance practitioners' communication with families (e.g., Jentsch & Gerber, 2022; Pink et al., 2020). However, the efficacy and reliability of these approaches are yet to be investigated. Additionally, in the context of budget cuts for child protection, information regarding strategies' effectiveness is fundamental to improving child safety and wellbeing in the short- and long-term.

Considering the challenges faced by CPPs during the pandemic, this review highlighted the crucial role of resilience in their coping. Previous research has also found resilience to be key for professionals on both individual and professional levels (e.g., Tosone et al., 2015). In this study, resilience may be defined as the ability of CPPs to adapt to the adverse circumstances of COVID-19 (McFadden et al., 2015). A paradigm for understanding professional resilience is the multi-system model of resilience by Liu et al. (2017), which proposes that resilience is influenced by intra-individual, interpersonal, and socio-ecological factors. Regarding intra-individual factors, the reviewed studies reported several individual-level variables that impacted CPPs' distress, such as age, physical and mental status, and marital status (e.g., Miller et al., 2020; Self-Brown et al., 2020; Toros & Falch-Eriksen, 2020). However, reference to intra-individual factors of resilience alone is often criticized as ignoring contextual, environmental, political, and economic factors (Garrett, 2016).

Interpersonal aspects of resilience include social resilience, which is multifaceted and refers to communities and groups banding together to advance their interests in the face of adverse obstacles (Hall and Lamont, 2013). Accordingly, resilience is not solely based on individual attributes but rather on an interacting dynamic between the individual and their environment (Ungar, 2011). McFadden et al. (2019) explored self-reported resilience in CPS social workers (i.e., CPPs) and examined the role of organizational factors, demographics, and job characteristics. Their study emphasized the importance of cohesive teams, maintaining expertise in child protection, and limiting staff turnover. This could be accomplished by making organizational-level changes to guarantee that social workers are supported to handle the demands and challenges embedded in their work.

Therefore, several factors, such as realistic workloads, organizational support including good manager-employee relationships, a sense of control and justice, values, and compensation, are crucial for resilience among CPPs (McFadden et al., 2019). In line with previous research, the current findings highlighted the critical role of a supportive workplace in encouraging CPPs to engage in adaptive behaviors and enhance their resilience. These findings further underline the importance of considering organizational structures and qualities that create the framework, culture, and climate for CPPs, in general, and during crises.

According to the multi-system model of resilience (Liu et al., 2017), socio-ecological systems, also known as external resilience, are the larger official and informal systems that facilitate coping and adjustment typical of community resilience. This includes workplace policies and procedures and social support systems. The current review presented the crucial role of the workplace environment's characteristics and context, and the need to establish policies to respond to crises and promote interventions and responsibility.

However, studies reviewed in this paper rarely related to this dimension.

In this regard, it is worth noting the critique emphasized in Truter et al.'s (2017) systematic meta-synthesis that many studies on resilience among CPS social workers have focused on intra-individual factors (e.g., personal strengths) and neglected socio-cultural ecologies and their role in the resilience of social workers. This critique is noted repeatedly (Truter et al., 2017; Truter & Fouché, 2021), yet empirical findings continue to focus on individual efforts to promote resilience among CPPs in the child protection sector. In light of the literature relying heavily on individual efforts, this underscores the uneven balance when adopting the socio-ecological framework in viewing resilience (Molakeng et al., 2021).

This finding is important in suggesting that researchers and organizations should focus on activating multiple ecologies to promote CPPs' resilience. Moreover, it elucidates the importance of viewing resilience from the theoretical framework of the social ecology of resilience, proposed by Ungar (2011), as a give-and-take process driven by the socio-cultural milieu in which individuals are situated. In this way, this framework emphasizes the person-environment interaction and responsibility of social ecologies to work with CPPs to make resources accessible and relevant, rather than only addressing the individual responsibility of CPPs to develop qualities and resources for resilience. Consequently, environmental resource sustainability, such as the availability and accessibility of support over time, is crucial for CPP resilience. Should findings reveal that ecologies are not playing their part in promoting CPPs' resilience, as mentioned above, this should be addressed.

The reviewed studies on CPPs' responses to the pandemic and the innovative practices and actions they adopted expressed local attempts to handle challenges and ensure child protection during the pandemic. Although children and families may benefit from these responses, the circumstances also exposed structural and other issues that require alternative solutions (Dominelli, 2021), mostly at the macro-system level. To better respond to crises and protect children, professional organizations, unions, and local officials must work together with politicians to achieve structural change on the local, national, and international levels.

Altogether, resilience is positioned within this ecological paradigm as a theory that highlights the social and physical ecology of the practitioner first, the interactions between the environment and the practitioner second, and thirdly, the propensities of the practitioner for positive coping (Ungar, 2011). However, attention needs to shift from individual capacities and qualities towards social and physical ecologies' enhancement of resilience to contribute to CPPs' psychological state and inform interventions.

4.1. Limitations

It is important to note that the current review must be considered alongside its limitations. The paucity of research in this area means that the capacity for deeper comprehension, particularly the long-term implications of the pandemic on CPPs' wellbeing and practice, was restricted. The study selection for this review adhered to a specific period of the pandemic (August–October 2021). Therefore, more recently published work, which may be relevant to this paper, was not included. It is possible that later phases of the pandemic affected and were approached by CPPs differently. In direct relation to this, the limitations also relate to the broad scope of the review (global), the wide variety in CPPs (i.e., roles, duties, context, etc.), and the limited number of studies from various regions, all of which impaired the ability to thoroughly examine the unique contexts in the work of CPPs during the pandemic. Furthermore, as the scoping review was completed by three research teams, each focusing on different languages, studies may have been overlooked if in a different language to their search. Lastly, after identifying the three themes in the second stage of analysis, the research team returned to the original eligible 42 manuscripts. However, they did not conduct an additional search or include new keywords to find other studies that could be relevant to this topic.

4.2. Conclusions and implications for policy and practice

In summary, this review portrayed CPPs as mainly negatively impacted during the pandemic. Nonetheless, they rose up to the posed challenges and barriers by creating and adopting coping and adaptation strategies. The pandemic affected CPPs on individual and professional levels, with most differences evident within the individual effects hinging on sociodemographic details and professional level. Thus, the functionality and wellbeing of CPPs largely depended on their work environment. They then often faced and overcame pandemic related issues by implementing improvised and creative ideas to ensure the safety and wellbeing of themselves and the children and families they worked with and that their jobs were done in an effective manner.

The current review emphasized the importance of comprehending the challenges CPPs face during times of crisis and how they overcome them. Given their responsibility to safeguard children, increasing CPPs' resilience is a matter of urgency, both generally and in preparation for future crises. Considering the large-scale and long-lasting consequences of COVID-19, the findings highlighted several suggestions for efforts to be taken both in policy and practice. The current review emphasized the importance of creating professional and organizational strategies to support CPPs during the challenges they face. The social-ecological conceptualization of resilience proposed by Ungar (2011) calls to promote optimal conditions for resilient practitioners. Such an approach should guide policy change and adaptations to practice, as the reliance on CPPs to foster their own resilience is unlikely to be sustainable, nor is it ethical.

Moreover, the current findings highlighted implications for practice, including enhancing adaptability and creativity among CPPs to overcome challenges during crises. An important need for people during a crisis is human contact. Therefore, maintaining contact with children and families during such times is essential. Innovative practices are needed to ensure the identification of CM and continuous contact with children via multiple platforms. Additionally, the current review emphasized the importance of sharing knowledge among CPPs worldwide to establish international guidelines for practitioners during crises while sharing innovative practices that acknowledge different contextual factors. Considering the new challenging context of the pandemic, the current findings

call for practitioners to be aware of their mental status and for policies to prioritize CPPs' wellbeing.

Data availability

Data will be made available on request.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.chiabu.2023.106347.

References

Ahad, M., Parry, Y. K., & Willis, E. (2020). Spillover trends of child labor during the coronavirus crisis-An unnoticed wake-up call. *Frontiers in Public Health, 8*, 488.
Alazri, Z., & Hanna, K. M. (2020). School personnel and child abuse and neglect reporting behavior: An integrative review. *Children and Youth Services Review, 112*, Article 104892.
Arksey, H., & O'Malley, L. (2005). Scoping studies: Towards a methodological framework. *International Journal of Social Research Methodology, 8*(1), 19–32.
Ashcroft, R., Sur, D., Greenblatt, A., & Donahue, P. (2022). The impact of the COVID-19 pandemic on social workers at the frontline: A survey of Canadian Social Workers. *British Journal of Social Work, 52*(3), 1724–1746.
Atiles, J. T., Almodóvar, M., Chavarría Vargas, A., Dias, M. J., & Zúñiga León, I. M. (2021). International responses to COVID-19: Challenges faced by early childhood professionals. *European Early Childhood Education Research Journal, 29*(1), 66–78.
Babvey, P., Capela, F., Cappa, C., Lipizzi, C., Petrowski, N., & Ramirez-Marquez, J. (2021). Using social media data for assessing children's exposure to violence during the COVID-19 pandemic. *Child Abuse & Neglect, 116*, Article 104747.
Baginsky, M., & Manthorpe, J. (2021). The impact of COVID-19 on children's social care in England. *Child Abuse & Neglect, 116*, Article 104739.
Bai, Y., Lin, C. C., Lin, C. Y., Chen, J. Y., Chue, C. M., & Chou, P. (2004). Survey of stress reactions among health care workers involved with the SARS outbreak. *Psychiatric Services, 55*(9), 1055–1057.
Banks, S., Cai, T., De Jonge, E., Shears, J., Shum, M., Sobočan, A. M., … Weinberg, M. (2020). Practising ethically during COVID-19: Social work challenges and responses. *International Social Work, 63*(5), 569–583.
Baron, E. J., Goldstein, E. G., & Wallace, C. T. (2020). Suffering in silence: How COVID-19 school closures inhibit the reporting of child maltreatment. *Journal of Public Economics, 190*, Article 104258.
Bashi, N., Fatehi, F., Mosadeghi-Nik, M., Askari, M. S., & Karunanithi, M. (2020). Digital health interventions for chronic diseases: A scoping review of evaluation frameworks. *BMJ Health & Care Informatics, 27*, Article e100066.
Beaglehole, B., Mulder, R. T., Frampton, C. M., Boden, J. M., Newton-Howes, G., & Bell, C. J. (2018). Psychological distress and psychiatric disorder after natural disasters: Systematic review and meta-analysis. *The British Journal of Psychiatry, 213*(6), 716–722.
Bennett, S., Plint, A. C., & Clifford, T. (2005). Burnout, psychological morbidity, job satisfaction, and stress: A survey of Canadian hospital based child protection professionals. *Archives of Disease in Childhood, 90*(11), 1112–1116.
Biggart, L., Ward, E., Cook, L., & Schofield, G. (2017). The team as a secure base: Promoting resilience and competence in social work. *Children and Youth Services Review, 83*, 119–130.
Blum, S., & Dobrotić, I. (2021). Childcare-policy responses in the COVID-19 pandemic: Unpacking cross-country variation. *European Societies, 23*(sup1), S545–S563.
Boonzaaier, E., Truter, E., & Fouche, A. (2021). Occupational risk factors in child protection social work: A scoping review. *Children and Youth Services Review, 123*, Article 105888.
Bradbury-Jones, C. (2013). Refocusing child protection supervision: An innovative approach to supporting practitioners. *Child Care in Practice, 19*(3), 253–266.
Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101.
Brooks, S. K., Webster, R. K., Smith, L. E., Woodland, L., Wessely, S., Greenberg, N., & Rubin, G. J. (2020). The psychological impact of quarantine and how to reduce it: Rapid review of the evidence. *Lancet, 395*, 912–920.
Brown, S. M., Orsi, R., Chen, P. C. B., Everson, C. L., & Fluke, J. (2022). The impact of the COVID-19 pandemic on child protection system referrals and responses in Colorado, USA. *Child Maltreatment, 27*(1), 3–11.
Cappa, C., & Jijon, I. (2021). COVID-19 and violence against children: A review of early studies. *Child Abuse & Neglect, 116*, Article 105053.
Chaabane, S., Doraiswamy, S., Chaabna, K., Mamtani, R., & Cheema, S. (2021). The impact of COVID-19 school closure on child and adolescent health: A rapid systematic review. *Children, 8*(5), 415.
Conlon, C., McDonnell, T., Barrett, M., Cummins, F., Deasy, C., Hensey, C., McAuliffe, E., & Nicholson, E. (2021). The impact of the COVID-19 pandemic on child health and the provision of care in pediatric emergency departments: A qualitative study of frontline emergency care staff. *BMC Health Services Research, 21*, 279.
Cook, L. L., Zschomler, D., Biggart, L., & Carder, S. (2020). The team as a secure base revisited: Remote working and resilience among child and family social workers during COVID-19. *Journal of Children's Services, 15*(4), 259–266.
Cost, K. T., Crosbie, J., Anagnostou, E., Birken, C. S., Charach, A., Monga, S., … Korczak, D. J. (2022). Mostly worse, occasionally better: Impact of COVID-19 pandemic on the mental health of Canadian children and adolescents. *European Child & Adolescent Psychiatry, 31*(4), 671–684.
Creswell, J. W., & Miller, D. L. (2000). Determining validity in qualitative inquiry. *Theory Into Practice, 39*(3), 124–130.
Crouch, C. (2022). Reflections on the COVID moment and life beyond neoliberalism. *Transfer: European Review of Labour and Research, 28*(1), 31–45.
Dagan, S. W., Ben-Porat, A., & Itzhaky, H. (2016). Child protection workers dealing with child abuse: The contribution of personal, social and organizational resources to secondary traumatization. *Child Abuse & Neglect, 51*, 203–211.
Dahan, S., Levi, G., & Segev, R. (2022). Shared trauma during the COVID-19 pandemic: Psychological effects on Israeli mental health nurses. *International Journal of Mental Health Nursing, 31*(3), 722–730.
De France, K., Hancock, G. R., Stack, D. M., Serbin, L. A., & Hollenstein, T. (2021). The mental health implications of COVID-19 for adolescents: Follow-up of a four-wave longitudinal study during the pandemic. *American Psychologist, 77*(1), 85–99.
Deeb, S., Madden, D., Ghebretinsae, T., Lin, J., Ozbek, U., Mayer, V., & Vangeepuram, N. (2022). Child disruptions, remote learning, and parent mental health during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health, 19*(11), 6442.
Desclaux, A., Badji, D., Ndione, A. G., & Sow, K. (2017). Accepted monitoring or endured quarantine? Ebola contacts' perceptions in Senegal. *Social Science & Medicine, 178*, 38–45.
Dominelli, L. (2021). A green social work perspective on social work during the time of COVID-19. *International Journal of Social Welfare, 30*(1), 7–16.

Europol. (2020). Exploiting isolation: Offenders and victims of online child sexual abuse during the COVID-19 pandemic. https://www.europol.europa.eu/cms/sites/default/files/documents/europol_covid_report-cse_jun2020v.3_0.pdf.
Europol. (2021). COVID-19: Child sexual exploitation. https://www.europol.europa.eu/covid-19/covid-19-child-sexual-exploitation.
Ferguson, H., Kelly, L., & Pink, S. (2021). Social work and child protection for a post-pandemic world: The re-making of practice during COVID-19 and its renewal beyond it. *Journal of Social Work Practice, 36*(1), 5–24.
Ferrari, G., Dobrina, R., Buchini, S., Rudan, I., Schreiber, S., & Bicego, L. (2021). The impact of personal protective equipment and social distancing on communication and relation between nurses, caregivers, and children: A descriptive qualitative study in a maternal and child health hospital. *Journal of Clinical Nursing*, 1–12.
Fontenelle-Tereshchuk, D. (2021). 'Homeschooling' and the COVID-19 crisis: The insights of parents on curriculum and remote learning. *Interchange, 52*(2), 167–191.
Furlong, M., McGilloway, S., Mulligan, C., Killion, M. G., McGarr, S., Grant, A., … Donaghy, M. (2021). COVID-19 and families with parental mental illness: Crisis and opportunity. *Frontiers in Psychiatry, 12*, Article 567447.
García-Carmona, M., Marín, M. L. G., & Aguayo, R. (2019). Burnout syndrome in secondary school teachers: A systematic review and meta-analysis. *Social Psychology of Education, 22*(1), 189–208.
Garrett, P. M. (2016). Questioning tales of "ordinary magic": "Resilience" and neo-liberal reasoning. *British Journal of Social Work, 46*(7), 1909–1925.
Garstang, J., Debelle, G., Anand, I., Armstrong, J., Botcher, E., Chaplin, H., … Taylor, J. (2020). Effect of COVID-19 lockdown on child protection medical assessments: A retrospective observational study in Birmingham, UK. *BMJ Open, 10*(9), Article e042867.
Gibbs, J. A. (2001). Maintaining front-line workers in child protection: A case for refocusing supervision. *Child Abuse Review, 10*(5), 323–335.
Hall, P. A., & Lamont, M. (Eds.). (2013). *Social resilience in the neoliberal era*. Cambridge University Press.
Harris, M., Allardyce, S., & Findlater, D. (2021). Child sexual abuse and COVID-19: Side effects of changed societies and positive lessons for prevention. *Criminal Behaviour and Mental Health, 31*(5), 289–292.
Hermon, S. R., & Chahla, R. (2019). A longitudinal study of stress and satisfaction among child welfare workers. *Journal of Social Work, 19*(2), 192–215.
Ho, C. S., Chee, C. Y. I., & Ho, R. C. (2020). Mental health strategies to combat the psychological impact of COVID-19 beyond paranoia and panic. *Annals Academy of Medicine Singapore, 49*(3), 155–160.
Holmes, M. R., Rentrope, C. R., Korsch-Williams, A., & King, J. A. (2021). Impact of COVID-19 pandemic on posttraumatic stress, grief, burnout, and secondary trauma of social workers in the United States. *Clinical Social Work Journal, 49*(4), 495–504.
Irwin, M., Lazarevic, B., Soled, D., & Adesman, A. (2022). The COVID-19 pandemic and its potential enduring impact on children. *Current Opinion in Pediatrics, 34*(1), 107–155.
Jentsch, B., & Gerber, C. (2022). Child protection plans in the COVID-19 pandemic in Germany: Maintained, adjusted, or suspended? *Child Abuse & Neglect, 123*, Article 105384.
Katz, C., & Cohen, N. (2021). Invisible children and non-essential workers: Child protection during COVID-19 in Israel according to policy documents and media coverage. *Child Abuse & Neglect, 116*, Article 104770.
Katz, I., Katz, C., Andresen, S., Bérubé, A., Collin-Vezina, D., Fallon, B., … Wekerle, C. (2021). Child maltreatment reports and child protection service responses during COVID-19: Knowledge exchange among Australia, Brazil, Canada, Colombia, Germany, Israel, and South Africa. *Child Abuse & Neglect, 116*, Article 105078.
Katz, I., Priolo-Filho, S., Katz, C., Andresen, S., Bérubé, A., Cohen, N., … Yamaoka, Y. (2022). One year into COVID-19: What have we learned about child maltreatment reports and child protective service responses? *Child Abuse & Neglect, 130*(1), Article 105473.
Kearns, S., & McArdle, K. (2012). "Doing it right?" Accessing the narratives of identity of newly qualified social workers through the lens of resilience. *Child & Family Social Work, 17*(4), 385–394.
King, C., & Scott, K. (2014). Why are suspected cases of child maltreatment referred by educators so often unsubstantiated? *Child Abuse & Neglect, 38*(1), 1–10.
Kovler, M. L., Ziegfeld, S., Ryan, L. M., Goldstein, M. A., Gardner, R., Garcia, A. V., & Nasr, I. W. (2021). Increased proportion of physical child abuse injuries at a level I pediatric trauma center during the COVID-19 pandemic. *Child Abuse & Neglect, 116*, Article 104756.
Krase, K. (2013). Educational personnel as reporters of suspected child maltreatment. *Children & Schools, 35*(3), 147–154.
Laajasalo, T., Cowley, L. E., Otterman, G., Lamela, D., Rodrigues, L. B., Jud, A., … Nurmatov, U. (2023). Current issues and challenges in the definition and operationalization of child maltreatment: A scoping review. *Child Abuse & Neglect, 140*, Article 106187.
Laborde, D., Martin, W., & Vos, R. (2021). Impacts of COVID-19 on global poverty, food security, and diets: Insights from global model scenario analysis. *Agricultural Economics, 52*(3), 375–390.
Lamothe, J., Couvrette, A., Lebrun, G., Yale-Soulière, G., Roy, C., Guay, S., & Geoffrion, S. (2018). Violence against child protection workers: A study of workers' experiences, attributions, and coping strategies. *Child Abuse & Neglect, 81*, 308–321.
Lavié, A. H., Ramos, A. M. G., & Fernández, A. I. L. (2021). Social work practice during the COVID-19 state of emergency in Spain. *Social Work and Social Sciences Review, 22*, 88–102.
Lawson, M., Piel, M. H., & Simon, M. (2020). Child maltreatment during the COVID-19 pandemic: Consequences of parental job loss on psychological and physical abuse towards children. *Child Abuse & Neglect, 110*, Article 104709.
Ledesma, D. A. S., & Fernandez, K. T. G. (2022). 'If I am not well, I can't do sessions well': An analysis of the narratives of Filipino therapists during the COVID-19 pandemic. *Counselling and Psychotherapy Research, 22*(2), 524–533.
Lee, S. J., Ward, K. P., Lee, J. Y., & Rodriguez, C. M. (2022). Parental social isolation and child maltreatment risk during the COVID-19 pandemic. *Journal of Family Violence, 37*(5), 813–824.
Levac, D., Colquhoun, H., & O'Brien, K. (2010). Scoping studies: Advancing the methodology. *Implementation Science, 5*, 69–82.
Liu, B. C. C., & Vaughn, M. G. (2019). Legal and policy issues from the United States and internationally about mandatory reporting of child abuse. *International Journal of Law and Psychiatry, 64*, 219–229.
Liu, J. J., Reed, M., & Girard, T. A. (2017). Advancing resilience: An integrative, multi-system model of resilience. *Personality and Individual Differences, 111*, 111–118.
Masten, A. S., & Motti-Stefanidi, F. (2020). Multisystem resilience for children and youth in disaster: Reflections in the context of COVID-19. *Adversity and Resilience Science, 1*(2), 95–106.
Maunder, R., Hunter, J., Vincent, L., Bennett, J., Peladeau, N., Leszcz, M., … Mazzulli, T. (2003). The immediate psychological and occupational impact of the 2003 SARS outbreak in a teaching hospital. *Canadian Medical Association Journal, 168*(10), 1245–1251.
Maykut, P. S., & Morehouse, R. (1994). *Beginning qualitative research: A philosophic and practical guide* (Vol. 6). Psychology Press.
McFadden, P., Campbell, A., & Taylor, B. (2015). Resilience and burnout in child protection social work: Individual and organisational themes from a systematic literature review. *The British Journal of Social Work, 45*(5), 1546–1563.
McFadden, P., Mallett, J., Campbell, A., & Taylor, B. (2019). Explaining self-reported resilience in child-protection social work: The role of organisational factors, demographic information and job characteristics. *The British Journal of Social Work, 49*(1), 198–216.
McFadden, P., Mallett, J., & Leiter, M. P. (2018). Extending the two-process model of burnout in child protection workers: The role of resilience in mediating burnout via organizational factors of control, values, fairness, reward, workload, and community relationships. *Stress and Health, 34*(1), 72–83.
Miller, J. J., Niu, C., & Moody, S. (2020). Child welfare workers and peritraumatic distress: The impact of COVID-19. *Children and Youth Services Review, 119*, Article 105508.
Molakeng, M. H., Truter, E., & Fouché, A. (2021). Resilience of child protection social workers: A scoping review. *European Journal of Social Work, 24*(6), 1028–1050.
Møller, M. (2021). The dilemma between self-protection and service provision under Danish COVID-19 guidelines: A comparison of public servants' experiences in the pandemic frontline. *Journal of Comparative Policy Analysis: Research and Practice, 23*(1), 95–108.
Møller, M.Ø., & Hill, M. (2021). Performance measurement and professional decision making: A resolvable conflict? *Human Service Organizations: Management, Leadership & Governance, 45*(5), 392–409.
Molnar, B. E., Meeker, S. A., Manners, K., Tieszen, L., Kalergis, K., Fine, J. E., … Wells, M. K. (2020). Vicarious traumatization among child welfare and child protection professionals: A systematic review. *Child Abuse & Neglect, 110*, Article 104679.

Morganstein, J. C., & Flynn, B. W. (2021). Enhancing psychological sustainment & promoting resilience in healthcare workers during COVID-19 & beyond: Adapting crisis interventions from high-risk occupations. *Journal of Occupational and Environmental Medicine, 63*(6), 482–489.
Moss, L., Ward, L. M., & Overstreet, N. M. (2022). Do objectification, gender beliefs, or racial stereotypes mediate associations between Black adults' media use and acceptance of intimate partner violence? *Psychology of Violence, 12*(2), 63.
Munn, Z., Pollock, D., Khalil, H., Alexander, L., Mclnerney, P., Godfrey, C. M., … Tricco, A. C. (2022). What are scoping reviews? Providing a formal definition of scoping reviews as a type of evidence synthesis. *JBI Evidence Synthesis, 20*(4), 950–952.
Negriff, S., Huang, B. Z., Sharp, A. L., & DiGangi, M. (2022). The impact of stay-at-home orders on the rate of emergency department child maltreatment diagnoses. *Child Abuse & Neglect, 132*, Article 105821.
New York City Administration for Children''s Services. (2020). Flash monthly indicator report: June 2020. NYC Children. https://www.nyc.gov/assets/acs/pdf/data-analysis/flashReports/2020/06.pdf.
Pérez-Pérez, Y., Barroso Pérez, C. T., Amaro Blanco, A. J., & Lorenzo Ruiz, A. (2021). Acciones educativas de la familia con el escolar durante el confinamiento por la COVID-19. *Revista Cubana de Pediatría, 93*(3).
Petrowski, N., Cappa, C., Pereira, A., Mason, H., & Daban, R. A. (2020). Violence against children during COVID-19: Assessing and understanding change in use of helplines. *Child Abuse & Neglect, 116*, Article 104757.
Pfefferbaum, B. (2021). Challenges for child mental health raised by school closure and home confinement during the COVID-19 pandemic. *Current Psychiatry Reports, 23*, 65.
Pham, M. T., Rajic, A., Greig, J. D., Sargeant, J. M., Papadopoulos, A., & McEwen, S. A. (2014). A scoping review of scoping reviews: Advancing the approach and enhancing the consistency. *Research Synthesis Methods, 5*(4), 371–385.
Pink, S., Ferguson, H., & Kelly, L. (2020). Child protection social work in COVID-19: Reflections on home visits and digital intimacy. *Anthropology in Action, 27*(3), 27–30.
Priolo Filho, S. R., Chae, H., Bhakta, A., De Moura, B. R., Correia, B. B., Da Silva Santos, J., … Goldfarb, D. (2023). A qualitative analysis of child protection professionals' challenges during the COVID-19 pandemic. *Child Abuse & Neglect, 106229*.
Priolo Filho, S. R., Goldfarb, D., Zibetti, M. R., & Aznar-Blefari, C. (2020). Brazilian child protection professionals' resilient behavior during the COVID-19 Pandemic. *Child Abuse & Neglect, 110*, Article 104701.
Proulx, K., Lenzi-Weisbecker, R., Rachel, R., Hackett, K., Cavallera, V., Daelmans, B., & Dua, T. (2021). Responsive caregiving, opportunities for early learning, and children's safety and security during COVID-19: A rapid review. *medRxiv*.
Puls, H. T., Hall, M., Frazier, T., Schultz, K., & Anderst, J. D. (2021). Association of routine school closures with child maltreatment reporting and substantiation in the United States; 2010–2017. *Child Abuse & Neglect, 120*, Article 105257.
Rahiem, M. D. (2021). COVID-19 and the surge of child marriages: A phenomenon in Nusa Tenggara Barat, Indonesia. *Child Abuse & Neglect, 118*, Article 105168.
Rapoport, E., Reisert, H., Schoeman, E., & Adesman, A. (2021). Reporting of child maltreatment during the SARS-CoV-2 pandemic in New York City from March to May 2020. *Child Abuse & Neglect, 116*, Article 104719.
Rengasamy, E. R., Long, S. A., Rees, S. C., Davies, S., Hildebrandt, T., & Payne, E. (2022). Impact of COVID-19 lockdown: Domestic and child abuse in Bridgend. *Child Abuse & Neglect, 130*, Article 105386.
Renov, V., Risser, L., Berger, R. P., Hurley, T. P., Villaveces, A., DeGue, S., … Ragavan, M. I. (2022). The impact of the COVID-19 pandemic on child protective services caseworkers and administrators. *Child Abuse & Neglect, 130*(Pt 1), Article 105431.
Reynolds, D. L., Garay, J. R., Deamond, S. L., Moran, M. K., Gold, W., & Styra, R. (2008). Understanding, compliance and psychological impact of the SARS quarantine experience. *Epidemiology and Infection, 136*, 997–1007.
Roberts, R., Wong, A., Jenkins, S., Neher, A., Sutton, C., O'Meara, P., … Dwivedi, A. (2021). Mental health and well-being impacts of COVID-19 on rural paramedics, police, community nurses and child protection workers. *Australian Journal of Rural Health, 29*(5), 753–767.
Rodriguez, C. M., Lee, S. J., Ward, K. P., & Pu, D. F. (2021). The perfect storm: Hidden risk of child maltreatment during the COVID-19 pandemic. *Child Maltreatment, 26*(2), 139–151.
Ross, A. M., Schneider, S., Muneton-Castano, Y. F., Caldas, A. A., & Boskey, E. R. (2021). "You never stop being a social worker:" Experiences of pediatric hospital social workers during the acute phase of the COVID-19 pandemic. *Social Work in Health Care, 60*(1), 8–29.
Ruch, G. (2007). Reflective practice in contemporary child-care social work: The role of containment. *British Journal of Social Work, 37*(4), 659–680.
Santana-López, B. N., Santana-Padilla, Y. G., Santana-Cabrera, E. G., Ruiz-Rodríguez, G. R., González-Martín, J. M., & Santana-Cabrera, L. (2021). Actitudes y conocimientos sobre la pandemia por la COVID-19 en docentes de Canarias. *Revista Peruana de Medicina Experimental y Salud Pública, 38*(1), 64–69.
Schwab-Reese, L. M., Drury, I., Allan, H., & Matz, K. (2020). "Oh, this is actually okay": Understanding how one state child welfare training system adapted to the COVID-19 pandemic. *Child Abuse & Neglect, 110*, Article 104697.
Self-Brown, S., Reuben, K., Perry, E. W., Bullinger, L. R., Osborne, M. C., Bielecki, J., & Whitaker, D. (2020). The impact of COVID-19 on the delivery of an evidence-based child maltreatment prevention program: Understanding the perspectives of SafeCare® providers. *Journal of Family Violence, 37*, 825–835.
Setter, C., Greene, N., Newman, N., & Perry, J. (2021). Global threat assessment 2021: Working together to end the sexual abuse of children online. WeProtect Global Alliance. https://www.weprotect.org/global-threat-assessment-21/#report.
Sharma, S. V., Haidar, A., Noyola, J., Tien, J., Rushing, M., Naylor, B. M., … Markham, C. (2020). Using a rapid assessment methodology to identify and address immediate needs among low-income households with children during COVID-19. *PLoS One, 15*(10), Article e0240009.
Sher, L. (2020). The impact of the COVID-19 pandemic on suicide rates. *QJM: An International Journal of Medicine, 113*(10), 707–712.
Sherwood, L., Hegarty, D., Vallières, F., Hyland, P., Murphy, J., Fitzgerald, G., & Reid, T. (2019). Identifying the key risk factors for adverse psychological outcomes among police officers: A systematic literature review. *Journal of Traumatic Stress, 32*(5), 688–700.
Sprang, G., Craig, C. D., & Clark, J. H. (2011). Secondary traumatic stress and burnout in child welfare workers: A comparative analysis of occupational distress across professional groups. *Child Welfare, 90*(6), 149–168.
Strauss, A., & Corbin, J. (1998). *Basics of qualitative research techniques*. Sage.
Stuijfzand, S., Deforges, C., Sandoz, V., Sajin, C. T., Jaques, C., Elmers, J., & Horsch, A. (2020). Psychological impact of an epidemic/pandemic on the mental health of healthcare professionals: A rapid review. *BMC Public Health, 20*(1), 1–18.
Sun, J., Singletary, B., Jiang, H., Justice, L. M., Lin, T. J., & Purtell, K. M. (2022). Child behavior problems during COVID-19: Associations with parent distress and child social-emotional skills. *Journal of Applied Developmental Psychology, 78*, Article 101375.
Tang, S., Xiang, M., Cheung, T., & Xiang, Y. T. (2021). Mental health and its correlates among children and adolescents during COVID-19 school closure: The importance of parent-child discussion. *Journal of Affective Disorders, 279*, 353–360.
Tener, D., Marmor, A., Katz, C., Newman, A., Silovsky, J. F., Shields, J., & Taylor, E. (2021). How does COVID-19 impact intrafamilial child sexual abuse? Comparison analysis of reports by practitioners in Israel and the US. *Child Abuse & Neglect, 116*, Article 104779.
Tierolf, B., Geurts, E., & Steketee, M. (2021). Domestic violence in families in the Netherlands during the coronavirus crisis: A mixed method study. *Child Abuse & Neglect, 116*, Article 104800.
Toros, K., & Falch-Eriksen, A. (2020). A child's right to protection during the COVID-19 crisis: An exploratory study of the child protective services of Estonia. *Children and Youth Services Review, 119*, Article 105568.
Tosone, C., McTighe, J. P., & Bauwens, J. (2015). Shared traumatic stress among social workers in the aftermath of Hurricane Katrina. *The British Journal of Social Work, 45*(4), 1313–1329.
Tricco, A. C., Lillie, E., Zarin, W., O'Brien, K. K., Colquhoun, H., Levac, D., … Straus, S. E. (2018). PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation. *Annals of Internal Medicine, 169*(7), 467–473.
Truter, E., & Fouché, A. (2019). Risk-laden working lives of child protection social workers in South Africa. *Social Work, 55*(4), 451–467.
Truter, E., & Fouché, A. (2021). Living resiliently: The voices of a group of child protection social workers in South Africa. *Health & Social Care in the Community, 29*(1), 135–144.

Truter, E., Fouché, A., & Theron, L. (2017). The resilience of child protection social workers: Are they at risk and if so, how do they adjust? A systematic meta-synthesis. *British Journal of Social Work, 47*(3), 846–863.

Ungar, M. (2011). The social ecology of resilience: Addressing contextual and cultural ambiguity of a nascent construct. *American Journal of Orthopsychiatry, 81*(1), 1–17.

UNICEF. (2021). Ending online child sexual exploitation and abuse: Lessons learned and promising practices in low- and middle-income countries. https://www.unicef.org/media/113731/file/Ending%20Online%20Sexual%20Exploitation%20and%20Abuse.pdf.

Vermeulen, S., Alink, L. R. A., & van Berkel, S. R. (2022). Child maltreatment during school and childcare closure due to the COVID-19 pandemic. *Child Maltreatment, 28*(1), 13–23.

Warf, B. (2021). The coronavirus pandemic and American neoliberalism. *Geographical Review, 111*(4), 496–509.

White, S., Wastell, D., Broadhurst, K., & Hall, C. (2010). When policy o'erleaps itself: The 'tragic tale' of the integrated children's system. *Critical Social Policy, 30*(3), 405–429.

Wilke, N. G., Howard, A. H., & Pop, D. (2020). Data-informed recommendations for services providers working with vulnerable children and families during the COVID-19 pandemic. *Child Abuse & Neglect, 110*, Article 104642.

World Health Organization. (2020). WHO Director–General's opening remarks at the media briefing on COVID-19 – 11 March 2020 [Press release] https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19—11-march-2020.

Yukich, J., Worges, M., Gage, A. J., Hotchkiss, D. R., Preaux, A., Murray, C., & Cappa, C. (2021). Projecting the impact of the COVID-19 pandemic on child marriage. *Journal of Adolescent Health, 69*(6), S23–S30.

Marmor, A., Cohen, N., & Katz, C. (2021). Child maltreatment during CoViD-19: Key conclusions and future directions based on a systematic literature review. *Trauma, Violence & Abuse, 24*(2), 760–775.