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RESEARCH ARTICLE (ORIGINAL)

(Lack of) Knowledge and professional practice in the welcoming of maltreated child in hospitals: A qualitative study

(Des)conhecimento e prática profissional no acolhimento hospitalar para crianças em situação de maus-tratos: Estudo qualitativo

(Des)conocimiento y práctica profesional en la acogida hospitalaria para niños en situación de maltrato: Un estúdio cualitativo

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Abstract

Background: Welcoming child victims of maltreatment is a care strategy that requires a physical space, a qualified team, and a reporting system as well as the adoption of a more sensitive approach by health professionals.

Objective: To describe the knowledge and practice of health professionals who provide care for maltreated children focusing on patient welcoming.

Methodology: This is a qualitative, descriptive, exploratory study that used individual non-directive interviews in a hospital setting for data collection. A thematic analysis was conducted on the data collected.

Results: A total of 23 health professionals participated in the study. Most participants were women and 17 had no formal qualifications. The welcoming practices were identified through the analysis of the statements, behaviors, and care practices of the participants.

Conclusion: Health professionals have developed their knowledge through professional practice, training, and sensitivity. Inadequate training hinders the identification of child and adolescent victims of maltreatment. Younger children are more vulnerable and may suffer from neglect. Welcoming practices must be articulated with other professional sectors using a common line of care model.

Keywords: user embracement; child; hospitals; child abuse; health personnel; violence

Resumo

Enquadramento: O acolhimento é uma estratégia de cuidado às crianças em situação de maus-tratos, pois compreende a organização de um espaço físico, equipa qualificada, fluxo de notificação e atendimento sensível pelos profissionais de saúde.

Objetivo: Descrever o conhecimento e a prática dos profissionais de saúde no atendimento de crianças em situação de maus-tratos sob a ótica do acolhimento.

Metodologia: Pesquisa qualitativa, descritiva, de caráter exploratório. A colheita foi realizada por entrevista não diretiva individual no ambiente hospitalar. Utilizou-se análise temática.

Resultados: Participaram 23 profissionais de saúde. O sexo feminino foi o predominante e 17 participantes não possuíam curso de capacitação. O acolhimento foi apontado no modo de falar, agir e na rotina de cuidado.

Conclusão: O conhecimento dos profissionais de saúde foi desenvolvido na prática profissional pelo tempo de formação e pelo cuidado sensível. A capacitação deficiente interfere na identificação de crianças e adolescentes em situação maus-tratos. Crianças menores são mais vulneráveis e podem sofrer negligência. O acolhimento precisa ser articulado com outras esferas com fluxo de atendimento conhecido.

Palavras-chave: acolhimento; criança; hospitais; maus-tratos infantis; pessoal de saúde; violência

Resumen

Marco contextual: La acogida familiar es una estrategia para cuidar a los niños en situaciones de maltrato, ya que incluye la organización de un espacio físico, personal cualificado, flujo de notificaciones y atención sensible por parte de los profesionales sanitarios.

Objetivo: Describir los conocimientos y la práctica de los profesionales sanitarios en la atención a niños en situación de maltrato desde la perspectiva de la acogida familiar.

Metodología: Investigación cualitativa, descriptiva y exploratoria. Los datos se recogieron mediante entrevistas individuales no directivas en el entorno hospitalario. Se utilizó el análisis temático.

Resultados: Participaron 23 profesionales sanitarios. Predominaron las mujeres y 17 participantes no tenían formación. La acogida destacó en su forma de hablar, de actuar y en su rutina asistencial.

Conclusión: Los conocimientos de los profesionales sanitarios se desarrollaron en la práctica profesional mediante el tiempo de formación y el cuidado sensible. Una formación deficiente interfiere en la identificación de niños y adolescentes en situación de maltrato. Los niños más pequeños son más vulnerables y pueden sufrir desatención. La acogida familiar debe articularse con otras esferas con un flujo de cuidados conocido.

Palabras-clave: acogida; niños; hospitales; maltrato infantil; personal sanitario; violencia

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Introduction

The act of welcoming the victims of violence has multiple dimensions and is highly significant for those receiving care. Its scope is recognized as one of the key pillars of the Brazilian National Humanization Policy, governing the provision of care, the physical organization of healthcare spaces, and the conduct of health professionals. This conduct should be guided by ethical principles and include the practice of active listening, the consideration of patients' complaints, the empowerment of patients in the health-illness process, the improvement of health professionals' qualifications, and the emphasis on teamwork (Gomes et al., 2011).

Welcoming implies the adoption of an ethical position that does not have an exact moment to be put into practice. It also refers to the professional conduct of health professionals who provide care to others. Acknowledged as one of the stages of care delivery, the act of welcoming patients is centered on the adoption of an empathetic stance and the commitment to protect children and adolescents through effective care provision (Palheta et al., 2020).

Hospitals bear witness to the effects of violence, and in order to identify them, health professionals need to be trained to recognize situations of maltreatment during their daily work. Violence against different victims, from different age groups, may or may not be recognized in certain clinical cases. For example, minor injuries, which are often considered normal in childhood, unusual behaviors, or even aggressive reactions, which always harm the victims, may result from violence.

Due to their vulnerability, children are at greater risk of suffering violence, which can cause potentially permanent damage to their health, with physical, psychological, and social repercussions throughout their lives. Violence in these circumstances can be defined as the use of physical force or submission to power, either by threat or in practice. It can be perpetrated against oneself, another person, or a group or community. As a result, it can cause suffering, death, psychological harm, impaired development, or deprivation (Martins-Júnior et al., 2019; Maia et al., 2020).

In a child context, the term maltreatment is used to refer to acts of violence perpetrated against children and adolescents, covering both family and institutional settings, as well as social spaces in general. Considered a global multifactorial public health problem, maltreatment is a violation of human rights and involves social, cultural, economic, and political aspects (Oliveira et al., 2022). As a result, it can lead to death, psychological harm, developmental changes, and deprivation. Maltreatment can be classified as: neglect, physical abuse, sexual abuse, and psychological and/or emotional abuse. Therefore, any sign or symptom presented by a child or adolescent should be understood as a warning that they may be a victim of maltreatment (Marcolino et al., 2022).

It is worth noting that there is a direct relationship between low socioeconomic status and cases of maltreatment. However, studies have confirmed the occurrence of cases in other social strata, demystifying the perception that maltreatment occurs only in those with lower socioeconomic status (Barcellos et al., 2021). Therefore, an individualized and in-depth approach should be adopted in the cases of maltreatment identified in health services (Júnior et al., 2015).

Statistics show that globally 300 million children between the ages of two and four are frequently subjected to physical and psychological violence by their parents. In other words, almost three out of four children in the world are victims of violence (Riba & Zioni, 2022).

An epidemiological study (Barcellos et al., 2021) conducted in Brazil found that between 2009 and 2018 there was a peak in child maltreatment cases in 2014. The most common victims were white children aged between one and four years, and the predominant form of maltreatment was sexual abuse, often perpetrated by the child's parents.

Research has also shown that there are gaps in the way health professionals complete reports, which affects the registration system.

In healthcare settings that receive children and adolescents, health professionals are required to report suspected or confirmed cases of child maltreatment (Santos et al., 2019).

Mandatory reporting was introduced in the Brazilian Unified Health System (SUS) in 2001. The goal was to implement a single tool for reporting cases of suspected or confirmed child maltreatment. Nevertheless, although health professionals know that children have rights under the Brazilian Constitution, guaranteeing these rights is still a considerable challenge (Veloso et al., 2017).

In cases of child maltreatment, the prevalent care model continues to focus on the child's problem, without considering family, socioeconomic, political, and cultural aspects. The failure to adopt a multidimensional model of care is detrimental because it does not take into account the broader aspects that make up the human being. In addition, even if there is a physical and organized space in the hospital to welcome child victims of maltreatment, the welcoming is not effective. Therefore, health professionals must go through the stages of welcoming the patient, identifying signs and symptoms, and reporting to obtain a true diagnosis of the situation (Marcolino et al., 2022).

Our study aims to describe the knowledge and practice of health professionals who provide care for maltreated children focusing on patient welcoming.

Background

It is essential that health professionals understand that the act of welcoming child victims of maltreatment is a care strategy. This strategy includes the organization of physical spaces with private rooms, the creation of qualified health teams, and the delivery of care to the maltreated child through the adoption of a more sensitive and friendlier approach (Marcolino et al., 2022; Marques et al., 2022).

Neglect is considered a form of maltreatment that is often unrecognized by the community and even by health

professionals. It refers to a lack of care that can cause irreversible damage to children and other family members (Macedo et al., 2020) and results from parents' voluntary actions or ignorance about the care needs of their children (Simões et al., 2021).

Studies show that child maltreatment is often socially tolerated due to the influence of popular customs and because it is a sociocultural and multifactorial phenomenon (Barcellos et al., 2021). In addition, health professionals may have difficulties in identifying cases of child maltreatment, which affects reporting and epidemiological data. The research on the history of abuse, the knowledge about the children and their families required to make accurate diagnoses, and the fear of the possible punishment that children may suffer are responsible for the doubts health professionals have when dealing with child maltreatment (Martins-Júnior et al., 2019). The literature adds that misinformation, prejudice, fear of legal obligations, and denial are other factors that may hinder the care provided by health professionals in cases of child maltreatment (Veloso et al., 2017).

For this reason, our study focuses on the concept of patient welcoming as one of the essential pillars of care delivery in hospitals as defined by the Brazilian SUS policy.

Research question

What do health professionals know about child maltreatment and how do they address it in hospital settings?

Methodology

This is a qualitative, descriptive, and exploratory study carried out within the framework of a research project approved by the Fluminense Federal University, entitled *Criança em situação de maus-tratos: Conhecimento e prática dos profissionais de saúde* (Child victims of maltreatment: Knowledge and practice of health professionals), under opinion 4.048.428 and CAAE: 29159119.0.0000.5243. The setting chosen was a municipal hospital located in the Baixada Litorânea region of the Brazilian State of Rio de Janeiro, in the city of Rio das Ostras. This municipal hospital provides pediatric emergency and inpatient services through the Brazilian SUS.

A total of 32 health professionals were assigned to these services, but four were on holiday at the time of data collection. Therefore, 28 professionals were invited to participate in our study. Five of them refused to participate, leaving a total of 23 health professionals who provided care in the hospital's pediatric emergency and inpatient services. To be eligible for inclusion in our study, participants had to be a health professional in the pediatric emergency and/or inpatient services and to be working during the data collection period. Professionals who were not comfortable discussing child maltreatment and who had not cared for a child in a situation of abuse/violence were excluded. Following the application of the inclusion and exclusion criteria, the health professionals were invited to participate in our study and interviews were scheduled according to their availability. The participants were identified according to their respective professions, followed by the interview sequence number Nurse, Psychologist, Nutritionist, Social Worker (N1,P2,N3,SW4): N1, P2, N3 Individual non-directive interviews (Minayo, 2014) were conducted by the investigator/ academic to collect the data. The interviews were held in a private room. Two pilot interviews were previously conducted to validate the topics for discussion. These were also transcribed, analyzed, and included in the study. The participants' individual non-directive interviews were audio-recorded without any adjustments and lasted a mean of seven minutes. Participants were given an informed consent form with information about the study. They all signed the form authorizing the recording of their interviews. The number of interviewees was limited by the data saturation point. The audio transcripts were presented to the participants, who made no corrections. The results of the study were also presented to the participants.

The interviews were conducted in two stages. The first stage collected socioeconomic data related to the participants' professional education and training in the field of violence. The second stage focused on the individual non-directive interview and covered the following topics: child abuse; hospital care for cases of violence; and health professionals' care practices and routine care for cases of child maltreatment. The topics were developed based on a literature review. Data were collected between September and December 2022 in a pediatric hospital. No other persons were present at the time of the interview.

Thematic analysis was the selected method for examining the data. Based on the model proposed by Minayo (2014), the process of thematic analysis was divided into three stages: a) Pre-analysis, in which documents were selected and related to the hypotheses and objectives of our study; b) Material exploration, in which an attempt was made to understand the text through coding and identifying significant expressions or words; c) Treatment of results and interpretation, in which the opinions of the investigator and the interpretations based on the theoretical content were added. Twenty-seven topics were identified using different color tags. These topics were then grouped into thematic units to carry out the analysis.

Results

Our study involved 23 health professionals, including nine nurses (39%), four nursing technicians (17%), six physicians (26%), one social worker (1%), one psychologist (4%), one nutritionist (4%), and one physiotherapist (4%). Most of the participants were women (84%; *n*=21) and their mean age was 38 years. The mean length of professional training was 16 years. Of the 23 participants, 17 had no training in child maltreatment. During the interviews, each participant reported having handled a mean of ten cases of maltreatment. Many participants also demonstrated that their definitions of maltreatment were based on knowledge previously acquired. The anal-

ysis of the interviews resulted in 26 thematic units. The thematic units Professional knowledge about violence, Insecurity about knowledge/ (lack of) knowledge about care, Routine care, Types of violence encountered and Professional difficulties gave rise to the first category: Professional (lack of) knowledge in the face of suspected and confirmed cases of child maltreatment.

The thematic units Child care, Signs and symptoms of violence against children, Forms of violence, Victim's profile, Suspicion of violence, Person responsible for the violence, Abuser's profile, Child's emotional reaction and Family's reaction to suspicion gave rise to the second category: Care practice in the hospital: Types of child maltreatment.

The thematic units Professionals' feelings, Professional performance in the face of violence, Professionals' emotional reaction, Forms of violence, Family organization, Community monitoring, Multidisciplinary team, Child custody, Frequency of cases and Multidisciplinary action outside the hospital gave rise to the third category: Welcoming: Professional care in the hospital.

In the category Professional (lack of) knowledge in the face of suspected and confirmed cases of child maltreatment, the participants discussed the awareness they had developed to identify cases of child maltreatment. "it goes against the principles of physical, mental and psychological integrity and can lead to psychosomatic consequences for the child. Then I consider it violence" (P3).

"It is good that we have the Statute because we could not identify psychological violence as violence . . . it has broadened the scope of the issue of violence and maltreatment" (P7).

"We learn just by seeing . . . it is not simple, considering everything that can happen at home when a child falls" (P20).

Participants reported that over time they developed a broader understanding of the concepts of violence and maltreatment and acquired the skills to identify cases of child maltreatment.

The category Care practice in the hospital: Types of child maltreatment refers to professional care for the different types of violence suffered by children. "Her little leg was broken in three places, she was a baby"(N2); "The teachers . . . managed to put her shorts on and saw a lot of belt marks, a lot of wooden spoon marks, burnt hands... and we questioned her (mother)"(N14) "Violence is not just . . . treating a child badly, but not taking care of them, not giving them what they need, not just . . . medication, but food, education . . . neglecting them" (N21).

Participants reported caring for maltreated children, with detailed descriptions of physical injuries and lack of basic care, which indicated neglect.

Mothers were also highlighted as the main perpetrators of child maltreatment.

The category "Welcoming: Professional care in the hospital" focuses on professional care and patient welcoming as a care strategy for maltreated children.

"We do not repeat the same questions again and again, because we understand that the child also suffers again and again . . . but we welcome them . . . we do the [patient] welcoming"(SW7); "Here in the hospital we do the [patient] welcoming . . . it helps that the child is cared for . . . in a comprehensive way"(SW8); "But in nursing, in our sector, we provide nursing care, [patient] welcoming, medication" (N21).

Participants described how they provided care for child victims of maltreatment, following the required procedures according to the cases. They also mentioned the care interventions, the procedures, and their concern for the complete protection of the children, both physically and emotionally.

Discussion

Violence has become a global public health issue and Brazil ranks fifth in the world ranking. Because children and adolescents are in a stage of physical, psychological, and emotional development, they are more vulnerable and at greater risk of becoming victims of violence. However, the number of cases of violence against children and adolescents continues to increase (Marques et al., 2021).

In hospital settings, pediatric health teams are predominantly composed of women. Nursing is a profession that historically has been practiced predominantly by women, and this remains the case today. It is worth noting that the care provided daily by health teams whose members are predominantly female is characterized by greater skill and sensitivity. This is evident in the words of a nursing professional in our study, who was careful enough to not repeat questions about the situation of a child victim of maltreatment, thus implementing a care strategy (Andrade et al., 2022).

In terms of professional training, our study found that the health team had limited training, except for some nursing professionals who took the initiative to look for training, such as online learning courses, congresses, and seminars. Participants also showed limitations in recognizing and dealing with violence and in implementing an integrated and multidisciplinary approach with other teams. These limitations demonstrated the fragility of professional training in maltreatment in the health sector. Therefore, it is essential to develop professional training strategies on child maltreatment and to implement them in in-service training and discussion groups, as well as to create support mechanisms for health teams. Health teams must be provided with efficient tools that allow them to protect children effectively (Santos et al., 2019).

Participants emphasized the importance of developing skills related to professional training and knowledge of children's rights as providing care for this population requires knowledge, skills, and sensitivity. This is a challenge for health professionals, who are considered essential in identifying child maltreatment cases.

Some studies show that health professionals are reluctant to report cases of violence due to fear of repercussions, lack of knowledge, and doubts about the diagnosis. This attitude was identified in a study conducted in the Brazilian State of Pernambuco, which found that health professionals were afraid to report cases of violence (Mar-

tins-Júnior et al., 2019; Ribeiro et al., 2021). Although it is impossible to be certain, it is likely that the refusal of some health professionals to participate in our study is associated with this concern.

Suspected or confirmed maltreatment of children and adolescents, due to aggression, abuse, and/or injuries caused by violence, is recognized worldwide as detrimental to the physical and mental integrity of these individuals. According to Brazilian Ordinance No. 1,271/2014, reporting cases of child maltreatment is mandatory and all public or private health units are required to carry it out (Veloso et al., 2017).

The need for reporting is reinforced by the obligation to identify, report, and refer cases of child maltreatment to Child Protection Councils (Brazilian *Conselhos Tutelares*). However, there are differences in the reporting procedures for cases of sexual abuse and attempted suicide. When these occur, they should be reported every week as emergency cases as opposed to other types of violence.

Participants emphasized the lack of implementation of a line of care model in hospitals. Each region needs to implement line of care models that allow the identified cases of child maltreatment to be directed to the Child Protection Councils. The centralization of reports allows for the development of child protection activities, the interruption of abuse, and the implementation of support measures for children and their families. Data organization also helps to assess the region in terms of cases of violence and to target local, regional, municipal, and state public investments (Conceição et al., 2020; Silva et al., 2019).

Neglect is defined as the failure of a parent or guardian to provide the basic needs for the social and emotional development of the children in their care. Parents are the primary perpetrators of maltreatment in children under the age of five, and child neglect is considered the primary form of maltreatment. Child neglect by parents may include the lack of medical care, inadequate hygiene, or a general disregard for the child (Ferreira et al., 2019; Pedroso & Leite, 2023).

A study by Macedo et al. (2020) found that the prevalence of cases of babies neglected by their parents was linked to parents' lack of knowledge about their children's needs or the concept of neglect. The study also pointed out that women were the main perpetrators of maltreatment, allegedly due to work overload, and financial and family problems (Simões et al., 2021).

Health professionals are expected to adopt a more immediate approach to cases of physical violence and sexual abuse, which differs from their approach to cases of neglect. This is because health professionals do not always recognize cases of neglect as violence. Furthermore, these cases do not have the same impact on society (Santos et al., 2019). In terms of where violence can occur, most studies indicate the child's home as the most usual place. However, schools must also be considered. These institutions play a key role in identifying child maltreatment, as they are part of the surveillance network for violence against children and adolescents (Ferreira et al., 2019). Schools are responsible for the protection of children by identifying those who are victims, protecting them, and referring them to the right services. The Brazilian Statute of the Child and Adolescent (ECA-1990) reinforces this responsibility by establishing that institutions, whether public or private, that receive children, even temporarily, must be trained to identify and confirm cases of maltreatment and to report them to the Child Protection Councils (Fontoura et al., 2021; Silva & Camargo, 2023).

In order to provide appropriate support in situations of maltreatment, health professionals must have a broad understanding of the public policies that protect children and adolescents. However, the participants interviewed in our study rarely explored this matter, pointing to a gap in health professionals' knowledge of child and adolescent protection legislation (Veloso et al., 2017). Therefore, it is necessary to develop educational interventions to raise awareness about the rights of children and adolescents in order to fill this gap and strengthen the capacity of health professionals to deal effectively with situations of child maltreatment.

In school settings, in cases of maltreatment, it is crucial to implement actions that promote autonomy and respect for marginalized individuals in contexts of violence to guarantee their rights (Campos & Urnau, 2021). However, the question arises of whether or not teachers and school staff are trained to recognize signs of maltreatment and take appropriate action.

The literature shows that professional training and practice are still lacking, thus leading to unsatisfactory results (Biss et al., 2015; Marques et al., 2022).

The adoption of a line of care model by the health team can be a strategy for providing comprehensive care. Based on the organizational principles of the Brazilian SUS, this model allows the provision of care from primary to the most complex levels of care (Barrenechea et al., 2020) and is designed to include the stages of patient welcoming, care delivery, reporting, and referral to social protection and support services. Health professionals provide individualized care as they follow children and their families until their discharge and are required to activate local care and protection networks and promote multidisciplinary collaboration to protect children in situations of violence (Costa & Tacsiy, 2020).

As one of the pillars of the line of care model, patient welcoming refers to the way health professionals speak and act during care delivery. This effective care strategy is considered the first step in caring for children and adolescents in situations of maltreatment (Rossato et al., 2018). Patient welcoming is not limited to a space or a moment. It is defined as an ethical position adopted by health professionals that enables the sharing of anxieties, knowledge, and creativity, and involves a commitment to welcome and protect children and adolescents with a view to resolving each situation in a responsible manner (Marcolino et al., 2022; Palheta et al., 2020). However, problem-oriented approaches still hinder the welcoming of patients (especially children) in hospitals. Professional attention is focused on urgent and emergency care, which impedes the provision of comprehensive care. Many emergency services do not identify, track, or report situations of maltreatment. This is because health professionals are

not aware of maltreatment situations when they occur (Marcolino et al., 2022).
In accordance with the Brazilian SUS policy, health professionals need to interact directly and establish methods that facilitate the identification, reporting, and intervention in cases of child maltreatment within their areas of practice (Fassarella et al., 2020).
Our study is limited by the fact that it was conducted in only one region of the Brazilian State of Rio de Janeiro.

Conclusion

Our study found that participants' knowledge of child maltreatment was developed through professional practice and was associated with the length of professional experience and education as well as the level of sensitivity of the health team. It also noted the lack of training on child maltreatment among health professionals, although some participants sought training on their own initiative, such as the nursing team.
It is difficult to identify suspected or confirmed cases of child maltreatment in hospitals. However, the group studied successfully applied the first stage of the welcoming process in hospital settings through humanized professional behavior. Despite the lack of a private space within the hospital to reduce the child's stress and suffering, the health team used strategies such as active listening and their involvement and knowledge of the cases presented to provide individualized care to children and adolescents. Nevertheless, hospitals must have welcoming spaces for maltreated children and adolescents, as privacy and comfort are essential in the first moments of care and help to mitigate the violence experienced. Younger children are more vulnerable to the signs and symptoms of maltreatment. It is also worth noting that health professionals and the general population are becoming more aware of the issue of neglect, one of the forms of maltreatment. This reinforces the need for reporting. This reinforces the need to carry out notifications
Furthermore, care should not be limited to the hospital setting, but coordinated at the local, regional, and community levels. Theline of care model, with the referral of identified cases to Child Protection Councils, must be established since the centralization of reports allows the development of child protection activities, the interruption of abuse, and the implementation of support measures for the children and their families.
Promoting the training and education of health professionals on the signs of maltreatment, together with the implementation of public policies, may help to structure and resolve this public health problem. In addition, managers must protect and encourage health professionals to identify cases of violence in their health institutions. A gap has been identified in the literature on professional practice and child maltreatment in hospitals. Therefore, further research is recommended in this area.

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References

Andrade, C. B., Monteiro, I., & Rodrigues, N. R. (2022). Trabalho de cuidado, gênero eviolências: Estudo com técnicos/as de enfermagem. *Cadernos Saúde Coletiva, 30*(1), 77-84.https://doi.org/10.1590/1414-462X202230010247

Barcellos, T. M., Góes, F. G., Silva, A. C., Souza, A. N., Camilo, L. A., & Goulart, M. C. (2021). Violência contra crianças: Descrição dos casos em município da baixada litorânea do Rio de Janeiro. *Escola Anna Nery, 25*(4), e20200485. https://doi.org/10.1590/2177-9465-EAN-2020-0485

Barrenechea, L. I., Ribeiro, C. C., Cava, A. M., & Azevedo, O. P. (2020). Perceções do enfermeiro sobre violência contra criança e adolescente praticada pelo acompanhante na enfermaria pediátrica. *Revista Brasileira de Enfermagem, 73*(4), e20190495. https://doi.org/10.1590/0034-7167-2019-0495

Biss, S.P., Duda, J.G.,Tomazinho, P.H., Pizzatto E., Losso, E.M.(2015). Maus tratos infantis: avaliação do currículo dos cursos em odontologia. Revista da ABENO. *15*(1), 55-62. http://revodonto.bvsalud.org/scielo.php?script=sci_abstract&pid=S1679-59542015000100007&lng=en&nrm=isoThirty&tlng=pt

Campos, D. C., &Urnau, L. C. (2021). Exploração sexual de crianças e adolescentes: Reflexão sobre o papel da escola. *Psicologia Escolar e Educacional, 25*, e221612. https://doi.org/10.1590/2175-35392021221612

Conceição, M. I., Costa, L. F., Penso, M. A., & Williams, L. C. (2020). Abuso sexual infantil masculino: Sintomas, notificação e denúncia no restabelecimento da proteção. *Psicologia Clínica, 32*(1), 101-121. http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S0103-56652020000100006&lng=pt&nrm=iso&tlng=pt

Costa, K. D., &Tacsiy, Y. R. (2020). Percepções dos profissionais de saúde sobre a criança vítima de violência, em um município do sudoeste Goiano. *Revista Saúde Multidisciplinar, 7*(1). http://revistas.famp.edu.br/revistasaudemultidisciplinar/article/view/106

Fassarella, B. P., Ortiz, L. S., Silva, I. S., Almeida, G., Teles, D. A.,

Costa, P. A., Neves, K. C., Evangelista, D. S., & Ribeiro, W. A. (2020). Detecção da violência infantil pelo enfermeiro na consulta de puericultura. *Research, Society and Development, 9*(9), e522996769. https://doi.org/10.33448/rsd-v9i9.6769

Ferreira, C. L., Côrtes, M. C., & Gontijo, E. D. (2019). Promoção dos direitos da criança e prevenção de maus tratos infantis. *Ciência & Saúde Coletiva, 24*(11), 3997-4008. https://doi.org/10.1590/1413-812320182411.04352018

Fontoura, E. S., Costa, J. P., Rodrigues, V. T., & Souza, W. L. (2021). Sistematização da assistência de enfermagem frente à violência sexual infantojuvenil: Revisão narrativa da literatura. *Brazilian Journal of Health Review, 4*(1), 635-645. https://doi.org/10.34119/bjhrv4n1-054

Gomes, I. L., Câmara, N. A., Lélis, G. M., Grangeiro, G. F., & Jorge, M. S. (2011). Humanização na produção do cuidado à criança hospitalizada: Concepção da equipe de enfermagem. *Trabalho, Educação e Saúde, 9*(1), 125-135. https://doi.org/10.1590/S1981-77462011000100009

Júnior, A. A., Cassepp-Borges, V., & Santos, J. G. (2015). Caracterização da violência doméstica contra crianças e adolescentes e as estratégias interventivas em um município do estado do Rio de Janeiro, Brasil. *Cadernos Saúde Coletiva, 23*(2), 124-131. http://dx.doi.org/10.1590/1414-462X201500020062

Macedo, D. M., Lawrenz, P., Hohendorff, J. V., Freitas, C. P., Koller, S. H., &Habigzang, L. F. (2020). Characterization of child maltreatment cases identified in health services. *Developmental Psychology, 30*, e3018. https://doi.org/10.1590/1982-4327e3018

Maia, M. A., Silva, M. A., Paiva, A. C., Silva, D. M., & Alves, M. (2020). Práticas profissionais em situações de violência na atenção domiciliar: Revisão integrativa. *Ciência & Saúde Coletiva, 25*(9), 3587-3596. https://doi.org/10.1590/1413-81232020259.27992018

Marcolino, E. C., Santos, R. C., Clementino, F. S., Souto, R. Q., Silva, G. W., & Miranda, F. A. (2022). Violência contra criança e adolescente: Atuação do enfermeiro na atenção primária à saúde. *Revista Brasileira de Enfermagem, 75*(2), e20210579. https://doi.org/10.1590/0034-7167-2021-0579

Marques, M., Barbiani, R., Nora, C. R., Cremonese, L., Miguel, T. B., Ciconet, R. M., & Farias, E. R. (2022). Linha de cuidado para a atenção à morbimortalidade por causas externas em adolescentes e jovens. *Revista Brasileira De Enfermagem, 75*(2), e20200428. https://doi.org/10.1590/0034-7167-2020-0428

Martins-Júnior, P. A., Ribeiro, D. C., Peruch, G. S., Paiva, S. M., Marques, L. S., & Ramos-Jorge, M. L. (2019). Abuso físico de crianças e adolescentes: Os profissionais de saúde percebem e denunciam? *Ciência & Saúde Coletiva, 24*(7), 2609-2616. https://doi.org/10.1590/1413-81232018247.19482017

Minayo, M. C. (2014). *O desafio do conhecimento: Pesquisa qualitativa em saúde* (14ª ed.). Hucitec.

Oliveira, A. P., Souza, M. S., Sabino, F. H., Vicente, A. R., & Carlos, D. M. (2022). Violência contra crianças e adolescentes e pandemia: Contexto e possibilidades para profissionais da educação. *Escola Anna Nery, 26*, e20210250. https://doi.org/10.1590/2177-9465-EAN-2021-0250

Palheta, R. P., Oliveira, V. V., & Lima, A. C. (2020). A humanização em saúde visão dos usuários de um hospital público. *Brazilian Journal of Health Review, 3*(5), 14553-14565. https://doi.org/10.34119/bjhrv3n5-250

Pedroso, M. R., & Leite, F. M. (2023). Prevalência e fatores associados à negligência contra crianças em um estado brasileiro. *Escola Anna Nery, 27*, e20220128. https://doi.org/10.1590/2177-9465-EAN-2022-0128pt

Riba, A. C., & Zioni, F. (2022). O corpo da criança como receptáculo da violência física: Análise dos dados epidemiológicos do viva/sinan. *Saúde em Debate, 46*(5), 193-207. https://doi.org/10.1590/0103-11042022E516

Ribeiro, F. M., Fernandes, F. E., & Melo, R. A. (2021). Rede de proteção a crianças e adolescentes em situação de violência na visão dos profissionais. *Revista Baiana de Enfermagem, 35*, e42099. https://doi.org/10.18471/rbe.v35.42099

Rossato, K., Real, V. R., Oliveira, G. B., & Araujo, C. D. (2018). Acolhimento com classificação de risco na estratégia de saúde da família: Percepção da equipe de enfermagem. *Revista de Enfermagem da UFSM, 8*(1), 144-156. https://doi.org/10.5902/2179769226655

Santos, L. F., Javaé, A. C., Costa, M. M., Silva, M. V., Mutti, C. F., & Pacheco, L. R. (2019). Experiências de profissionais de saúde no manejo da violência infantil. *Revista Baiana de Enfermagem, 33*, e33282. http://www.revenf.bvs.br/scielo.php?script=sci_arttext&pid=S2178-86502019000100340

Silva, B. P., & Camargo, D. (2023). As práticas profissionais realizadas em situações de maus-tratos infantis: Uma revisão integrativa. *Ciência & Saúde Coletiva, 28*(6), 1703-1715. https://doi.org/10.1590/1413-81232023286.14022022

Silva, P. A., Lunardi, V. L., Meucci, R. D., Algeri, S., Silva, M. P., &Franciscatto, F. P. (2019). (In)visibility of notifications of violence against children and adolescents registered in a municipality in southern Brazil. *Investigación Y EducaciónenEnfermería, 37*(2), e11. https://doi.org/10.17533/udea.iee.v37n2e11

Simões, A. J., Lopes, S., & Dixe, M. A. (2021). Fatores que colocam em perigo o desenvolvimento das crianças e jovens referenciados às comissões de proteção. *Revista de Enfermagem Referência, 5*(6), e20046. https://doi.org/10.12707/RV20046

Veloso, M. M., Magalhães, C. M., & Cabral, I. R. (2017). Identificação e notificação de violência contra crianças e adolescentes: Limites e possibilidades de atuação de profissionais de saúde. *Mudanças: Psicologia da Saúde, 25*(1), 1-8. http://dx.doi.org/10.15603/2176-1019/mud.v25n1p18