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Assessment of Child Maltreatment Prevention Readiness Country Report Brazil

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About the Center for the Study of Violence (NEV)

The Center for the Study of Violence of the University of São Paulo (NEV/USP) is one of the Research Support Centers of USP. Since 1987, NEV has been developing researches and training researchers having as one of its main features the interdisciplinary approach in discussing the relationships between violence, democracy and human rights.

Throughout its 20 years of existence, NEV has developed a series of research projects and extension programs funded by the Ford Foundation, the Rockefeller Foundation, the International Committee of the Red Cross, CNPq and FAPESP, and has also entered into agreements with UN agencies (WHO/PAHO, UNDP), European Union, and in Brazil, with the Ministries of Health and Justice and the Secretariat of Human Rights.

Currently NEV/USP is engaged in investigating what kind of democracy and governance is being developed in Brazil, especially considering the current context where: gross human rights violations persists; territories are dominated by the organized crime; the presence of corruption is systemic; homicide rates are still high; impunity is high; access to some civil rights is limited; the culture of human rights, supportive to the Rule of Law, is often absent.

To meet these challenges, the studies conducted by NEV seek: to monitor both violations and policies and programs to promote human rights; to identify and understand continuities and changes in society and in the State on issues relating to democracy, violence and human rights, focusing particularly in which Rule of Law emerges from these relationships, what kind of transparency and responsiveness are being consolidated and how these factors affect the perception and public support for a democratic system and for the respect for human rights.

In October 2000, NEV/USP was awarded with FAPESP's Special Program, becoming one of the ten Research, Innovation and Diffusion Centers (CEPID). As a CEPID, NEV's functions of research and intervention became more institutionalized, establishing to this end a line of action that puts together the vocation of scientific research center with the growing experience of intervention, whether in training human resources qualified to the professional work in judicial and promotion of human rights agencies, and in the formulation and implementation of public policies for human rights and violence decrease.

Since it is one of the Research Support Centers of USP and participates in the project CEPID/FAPESP, NEV was selected in 2011 to join the Research Incentive Program of the Dean of Research of USP. This is a supplementary financing program that seeks to strengthen competitive and highly specialized research groups which act synergistically and that form qualified human resources. To participate in this Research Incentive Program and aiming to broaden and deepen its researches, NEV has established partnerships with the departments of Sociology, Anthropology, Preventive Medicine (Medical School) and Philosophy and Theory of Law (Law School).

NEV also hosts the National Institute of Science and Technology (INCT) Violence, Democracy and Citizen Security, coordinating a collaborative action between six national centers of excellence around a common agenda for research in the areas of violence, democracy, public safety and human rights, covering four of the five Brazilian macro-regions.

More information available at our institutional website: www.nevusp.org.

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1. Background

Though children still represent a considerable part of the Brazilian population, policies for the promotion of healthy early child development and/ or the prevention child maltreatment are still very incipient and/or non-existent. This gap suggests that the country is not responding to what is being stressed by different fields of knowledge, about the importance of a child's early years in defining the quality of life that this child will have as an adult, in particular that:

a) "neurological, behavioral and social science research over the past decades has produced major advances in understanding the conditions that influence whether children grow up to become aggressive, anti-social individuals prone to repeat acts of violence, or self-controlled individuals..."

b) "outcome evaluation studies of programs to enhance early childhood development have identified interventions that are effective or show great promise in reducing the conditions that produce negative development outcomes, and the frequency of anti-social and violent behavior in life."

c) "cost-effectiveness studies, most of which conclude that interventions to prevent early childhood adversities and violence save substantially more money than they cost.'

d) "consequences of childhood adversity and violence are so far-reaching as to threaten the nation's human capital formation and undermine the productivity..." (Fetzer research program, 2009, mimeo)

Brazilian policies for children have mostly focused on the prevention of infant and child mortality. Having had much success at this effort such policies have not progressed to include the improving of the quality of life for children by, for instance, promoting healthy development and preventing maltreatment.

The 2010 Census revealed that Brazil had at that time more than 62 million children (under 19 years of age). This represents a third of the Brazilian population. In the last 25 years, the country witnessed a substantial reduction in the fertility rate, but similarly to other countries this drop is not homogeneous: for poorer families or those living in rural areas the reduction was smaller. There was also in this period, a large reduction in the mortality rate of children under five years: from almost 60 per 1000 children in 1990 to 33 per 1000 in 2006 (IPEA, 2010). Despite this reduction risk factors for maltreatment and abuse continue to exist, and there are indicators that they may have become more poignant for vulnerable groups. Twenty five percent of children live in a one parent family, and of the 75% living with two adults it is not known how many live with both parents or with step parents. In 2006, the most recent year for which data is available, 10% of children born were under the expected weight at birth (less than 2.5 kg), 6.8% presented chronic malnourishment and 1.6% acute malnourishment.

Violence and traffic accidents are the main *causa mortis* of children in the decade of 1990. Though this decade, the death per 1000 inhabitants have presented a small decrease, from 15.8 in 1990 to 14.1 in 2000 and the number of children that died due violence is still high: almost 4.200 deaths of children from 1 to 9 years old in 2000 (MINISTÉRIO DA SAÚDE, 2005). Less is known about morbidity, there is no child victimization survey or epidemiological surveillance of victimization in course to assess maltreatment.

The little information available suggests the problem is indeed serious: data collected from 314 municipalities (out of 5564) across the country revealed that in the second semester of 2005 alone, 27.986 children received attention from the Social Welfare Centers: either because of sexual abuse (13.240), psychological violence (4.340), neglect (4.073), physical violence (3.436) and sexual exploitation (2.887). Most victims were in the 7-14 years group (17.738) remarkably 4.936 were under 6 years old. (MINISTERIO DO DESENVOLVIMENTO SOCIAL, 2006).

Legislation on child maltreatment

The Brazilian legislation concerning the protection of the child (Statute of the Child and the Adolescent- ECA) is deemed to be one of the most advanced in the world. It reflects the ratification by Brazil of the UN Convention on the Rights of the Child, being based on the principle of full protection and the changes brought to the country by a New Constitution (1988) that marked the return of the country to a democratic regime. The

Statute of the Child and the Adolescent came into effect in July 1990 and reflects the ratification of the Optional Protocol and the adherence to the UN Minimum Rules for the Administration of Juvenile Court (Beijing Rules), the UN Minimum Rules for the Protection of juveniles in Detention, and the Riyadh Guidelines.

Furthermore, article 227 of the Constitution positions child wellbeing as a top priority of State, families and community: “ It is the duty of the family, the community and the State to ensure absolute priority to the rights that children and adolescents have to life, to health, to food, to education and leisure, to professional training, to culture, to dignity, to respect, to freedom and to family and community life as well as to be kept safe from all forms of neglect, discrimination, exploitation, violence, cruelty and oppression”.

The Right to development

The Statute of the Child and Adolescent recognizes that children have rights and that community involvement in the definition of policies, and in the protection of children are key elements to ensure access to rights. The Statute also defines how children involved in criminal offenses shall be treated, emphasizing the need for re-education as opposed to punishment, in particular incarceration. Another innovation of the Statute was to include amongst the fundamental rights and protections that children have, the right to development, and that the State shall provide “all means and facilities for their physical, mental, moral, spiritual and social development in freedom and dignity”.

Protection from maltreatment

On the topic of child maltreatment emphasis was given both by the Constitution of 1988 and the Statute to protect children from: sexual exploitation, trafficking in human beings, exploitation of child labor, domestic violence and institutional violence. The 1988 Constitution (article 227) explicitly stated that the State was responsible for programmes to ensure that children have access to health, that children with physical and mental disabilities were socially included and that physical and sexual abuse and all other forms of violence against children be punished.

Since 1990 numerous efforts have been made to curtail child sexual abuse with emphasis on child prostitution and child labour, with approval by Congress of specific legislation to prevent both types of abuse. Some programmes were designed by the federal government to apply this legislation, mostly aimed at raising the public’s awareness about the problem, providing channels for people to denounce violations. Civil society also

became involved in activities to prevent child prostitution and child labor with numerous initiatives to this effect.

The Statute of the Child and Adolescent, as well as the Brazil's Criminal Law Code, prohibit any use of violence against children in institutions: educational, detention centers, shelters, etc. Both legislations reiterate the Constitution that recognizes "the right of the child and adolescent to receive an upbringing, an education and/or socio-educational measures that are not violent." Because abuse against children and adolescents continued to be perpetrated, more visibly in closed institution such as detention centers in 2003 new legislation was approved reiterating the right of a child to not be protected from corporal punishment whether moderate or immoderate, based on any allegation whatsoever, even if this is claimed to be educational. The legislation did not prohibit the use of physical punishment but of "moderate and immoderate corporal punishment", in practice, this may have contributed to the maintenance of physical punishment considered to be "light": *"the rights of children and adolescents to a non-violent upbringing must be ensured, through explicit acknowledgement of the specific right of children and adolescents not to be subjected to any form of violence, whether it be moderate or immoderate, on the part of family members, parents or guardians, even when such violence is applied under the pretense of pedagogical objectives"*.

Domestic violence has been receiving more attention in recent times: In 2004 the Brazilian Criminal Code was appended to include cases of domestic violence as a crime. Violence against children falls within the broader category of "domestic or family violence", punishable with up to one year in prison while the Statute of the Child and Adolescent identified the need for the State to encourage the participation of civil society to raise the awareness about the unlawfulness of use of corporal punishment by any group in society: parents, carers, guardians. Still though existing programmes to prevent child maltreatment vary in breadth and focus, they exemplify the challenges to understand readiness to prevent child maltreatment in Brazil: there is much willingness to prevent maltreatment, but also that efforts to prevent are mixed with efforts to protect children and to punish perpetrators. This is visible in the programmes presently in course (listed in the appendix): these do not appear to be guided by knowledge about the role and impact of early childhood development on a child's development through life or on the efficacy of programmes to prevent child maltreatment. In fact, the programmes suggest that, though there is undeniable scientific evidence about causal relations in terms of child development, much of what is already a paradigm in terms of early child development in

international settings is not a shared consensus, at least not among policy makers in Brazil. It is thus very relevant and urgent to identify the reasons for this.

A recent development: Law Project 7672 from 2010, ban on corporal punishment and humiliating treatment.

Despite present laws that prohibit any form of violence against children and adolescents, legislators and social movements felt the need to write a new legislation to explicitly ban the use of corporal punishment of children following on the footsteps of other countries such as Sweden, Norway, Denmark and Israel. The proposed legislation to ban any kind of corporal punishment, under discussion in Brazil at present, defines corporal punishment as any physical action that results in pain or injury, even with disciplinary purposes - a well-known risk factor for various forms of child abuse, mainly physical abuse. This legislation has provoked mixed responses from the public and the arguments pro and against it provide rich information about values and attitudes that adults have about children care and rights and could contribute to inform child maltreatment preventive strategies.

2. Aims and objectives of the Project

The overall aim of the project was to assess the readiness of Brazil, the Former Yugoslav Republic of Macedonia, Malaysia, Saudi Arabia, and South Africa to implement large-scale evidence-based child maltreatment prevention programmes (CMP) at national and local level, through the development of a single instrument to specifically planned for that goal, named RAP-Informant.

To assess CMP readiness in Brazil, the study included a review of the state of the art literature on CMP and screening for CMP in municipal, state and federal programmes, as well as professional training institutions research on CMP in the country. This was to provide the broader context for the analysis of the readiness assessment to be measured through the standardized questionnaire. Also, the research team answered to the same questionnaire in order to compare perceptions of informants and experts.

Furthermore, the study results will be disseminated to NEV's partners, relevant government agencies and NGOs, research funding agencies in order to fulfill another objective of the study which is to raise the awareness about evidenced based CMP programmes.

3. Target Audience/readership for this report/research

This study, and the recommendations that it is expected to generate, target:

- Policy makers, programme implementers, advocates, researchers, and so forth, in governmental, non-governmental and private organizations having or likely to have influence and decision-making power over child maltreatment prevention in the country, either at national, sub-national or community level as well as professionals and experts from all governmental levels and branches: the executive, legislative and judiciary;
- Public opinion leaders, such as mass media opinion leaders, socially engaged professionals from the health sector, social welfare, justice etc;
- Community leaders, leaders of child advocacy groups – people who are active in their communities and who often will represent the community vis a vis local government;
- Professional organizations: such as professional boards that define standards and oversee how professionals exercise their duties and that also disseminate ideas;
- University professors and researchers working on CM and CMP and in child development in general.

4. Method

a) Development of the instrument Readiness Assessment for the Prevention of Child Maltreatment (RAP – CM) in Brazil.

Phase 1: Expert consultations on theoretical CMPR model

Eight Brazilian experts were presented with a summary of the CMPR dimensional model: a translation of the dimensions plus a full copy of the original text as appended. They were asked to read the summary and the description of the dimensions and: a) to discuss the adequacy of the conceptual model to our reality; b) to contribute with what they understood to be the adaptations needed to adequate the model to our context and c) to make suggestions about how to best measure the dimensions. These experts were mainly pediatricians, public health researchers, professionals from governmental agencies and University professors in the fields of child health and development at top universities.

Phase 2: Cognitive Testing

As planned, the questionnaire was applied to 5 professionals working in the field of child maltreatment prevention. The objectives of the cognitive testing were to collect data on interviewee and interviewer experience of the interview and the questionnaire (such as rapport, time management, layout, comprehension of questions, motivation among others) in order to identify and address difficulties and problems with specific parts of the interview schedule. The profile of participants in phase 2 was similar to phase 1.

Phase 3: Pilot Study

The goal of the Pilot Study was to identify, through quantitative and a qualitative analysis, key questions for final version of RAP-CM. A pilot version was applied to **20 experts** at national and local levels with similar profiles to those who were to be interviewed in the field trial.

The objectives of pilot study were: 1) to collect data for the final review of the instrument and 2) to collect interviewee's opinions on the questionnaire structure, content, and adequacy of the instrument to Brazil.

b) Field Test

In the field test the sample consisted of: policy makers, programme implementers, advocates, researchers, etc. working both in governmental, non-governmental and private organizations who have or are likely to have some power to influence decision making on child maltreatment prevention in Brazil. To select potential respondents, during the objective assessment (described later) a mapping of organizations – either governmental and NGOs – was produced to identify those most relevant to child well-being.

Initial contacts were made with directors, coordinators and members of the organizations selected through telephone calls. A follow up of the contacts was done by emails or phone calls. It is important to highlight that invitees were selected due to their position in their organizations, not by their expertise related to child maltreatment.

At field test phase, 41 professionals were interviewed, 19 from national level organizations and 22 working at local organizations – from Sao Paulo State or Municipality (more details in sample description below).

c) Translation and adaptation of the instrument

For both cognitive, pilot and field testing, the respective version of the questionnaire was translated from English to Portuguese by two researchers with experience in the field of child maltreatment.

The independent translations were then compared after in order to select the more suitable terms for questions and scales. After the first review of the translation, a second one was performed by the main researcher comparing to the English version. A back translation was performed for each version of the questionnaire to ensure the equivalence of meaning between the English and the Portuguese versions.

d) Carrying out the interviews and difficulties faced

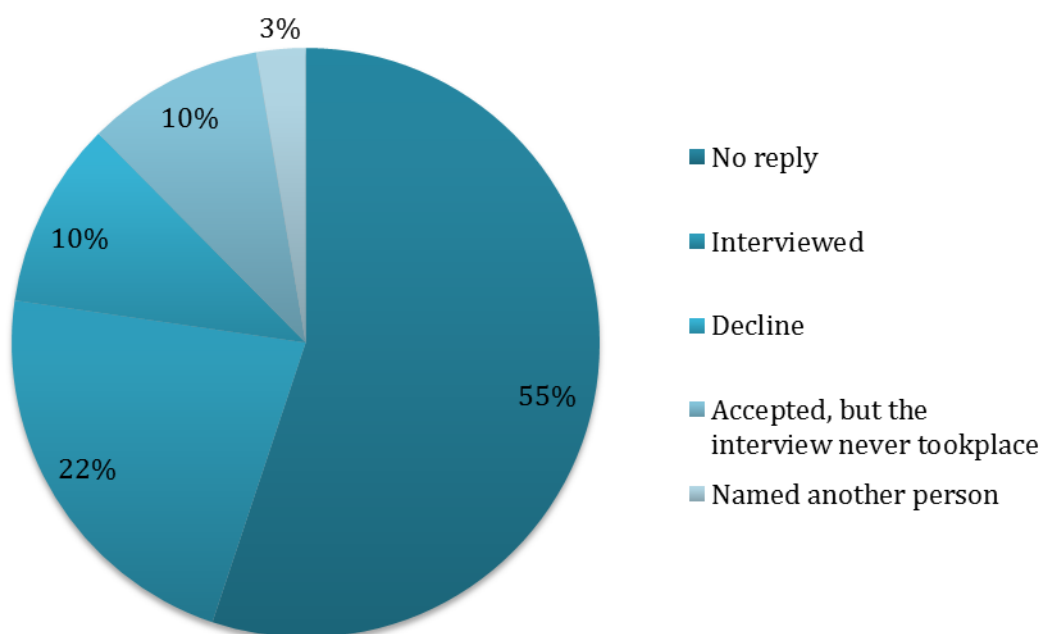
At the end of October 2010, after the Geneva Workshop, and the final definition of the interview schedule, an initial contact with the potential interviewees was made. This occurred shortly before the end of the year recess at Christmas and New Year. This period coincided with: summer holidays - reducing the numbers of professionals available for interviews and with a new administration coming to office at the federal and state

governments. Since most potential interviewees were either from the federal or local (state) governments: Ministries or State and Municipal secretariats, – staff and managerial changes at all levels were sure to result in difficulties to access key person to be interviewed. As result by March 2011, only 20 interviews had been carried out though more than 100 professionals had been contacted at that stage. By April, another 21 interviews were completed.

Another difficulty found was that often interviewees felt the need to get clearance from the upper echelons in order to accept to be interviewed. This was more frequent with members of Councils that advocate for children's rights or child welfare, and who have key role in policy development.

Contacts to schedule interviews followed a routine: often, after the first phone contacts, an e-mail was sent with all essential information about the study. This was due to the fact that many potential participants expressed the need to clear doubts about the goals and procedures of the study before they agreed to collaborate. Written invitations were sent by email with all information requested. If no reply came another message was sent again by email in a careful way to not make invitees feel uncomfortable –still most requests were not unanswered. Our contacts were often first responded by assistants, and this contributed to lengthen the process between initial contacts and the actual interview – often a month or more, between the first contact and the interview (Chart 1.). Of the 184 persons initially contacted only 83 did reply to the initial invitation (45%) and only 41 persons accepted and granted the interview (22%). In sum the success rate in the recruiting of interviewees was low.

Chart 1 – Distribution of responses to interview requests¹, %



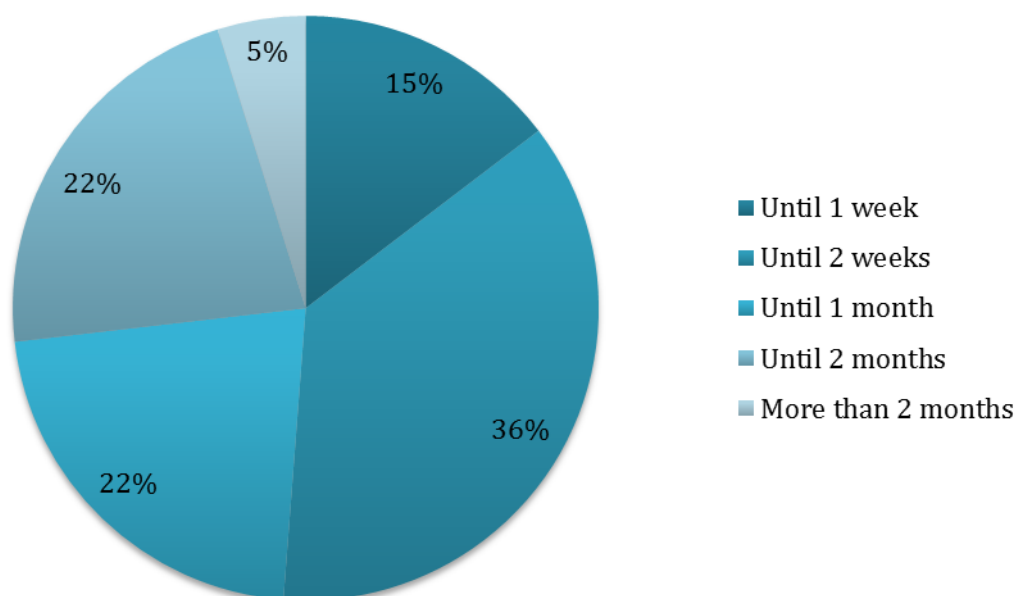
Moreover, coordinators at national organizations, mainly at Ministries, were especially hard to reach. The ones who were willing to help usually scheduled the interview only to cancel at the last minute due to urgent assignments. However, due to the fact that they were key-actors for the goals of the study, after much insistence some key persons were interviewed at the: Ministry of Health, Ministry of Justice and Ministry for Human Rights. Only the Ministry for Social Development, also indispensable, is not represented in the sample.

Respondents were informed that the questionnaire would take on average 1 hour, but, actually, almost all the interviews exceeded the expected time, resulting in problems for both interviewee and interviewer. Almost all participants demonstrated some form of resistance to what was considered to be a long interview. As result respondents would: 1) consent with the interview, but express that this was upsetting their routine; 2) interviewees would engage in parallel tasks during the interview, such as answering phones, signing papers, etc or, most serious for the study 3) interruption of the interview. This happened 3 times.

¹ Most of all our invitations were never replied – 55%. In total, we managed to complete the interview in 22% of cases, a 1:4 success rate.

Not only governmental agents showed resistance to grant interviews, NGO coordinators also had difficulties, despite their engagement to the issue of CMP. Usually they did not decline our request, but took a long time to agree to participate. Sometimes, more than one month went by before any reply to the request for an interview. Despite this problem, the success rate with NGO professionals was higher than that for governmental officials: 50% of our calls resulted in interviews. Legislators at municipal, state and federal level were the most difficult actors to reach. Numerous invitations were sent, but few of them were interviewed for the study.

Chart 2. Time gap between initial contact and interview², %



The time gap between contacts and the actual interviews are presented in Chart 2. Maximum wait was of up to 2 months, this happened in 22% of cases. With the same percentage there were delays between 2 weeks and 1 month. Also, a little more than a third of all interviews took place roughly 2 weeks after the first contact, and this was considered a reasonable wait. Considering that the field trial was at last 3 months, a response delay greater than 2 or 3 weeks obviously would impact on this deadline. No reply to the interview request, and large time gaps between request and the actual

² Large time gaps occurred between initial contacts and actual interviews.

interview were the main reasons for not reaching the 60 interviews target, as planned for the Brazilian sample.

e) Sample description – Field Test

Forty one professionals participated in the study. Women are the majority of respondents - 61% of the sample. The largest single group was members of governmental organizations (58.5%). Despite position of our interviewees, the average years of experience in maltreatment prevention is low, about 2.

Table 1 - Sample

	Gender (femalte)	Mean years of experiente (SD)	Type of Organization							
			Gov	NGO	Intern	Research	Other	Gov	Others	
Brazil	61%	2.2(4.5)%	58.5%	22%	4.9%	7.3%	7.3%	58.5%	41.5%	

f) Objective assessment

The objective assessment was performed through following steps:

- Key country indicators: Census 2010 and DATASUS – information system on health indicators
- RAP-Expert: The questionnaire was answered by NEV researchers: project main researcher plus 2 researchers working on Fetzer project and 3 other researchers working with child maltreatment prevention.
- Data collection on available information on prevalence, risk factors, consequences, costs, information systems and mandatory notifications, organizations and networks that are reference, leaders, champions, budgets and
- Country specific aspects that should be presented in an appendix. Aimed to identify the presence or absence of the concept of prevention in recent scientific production, a brief analysis of professional training related to child development in

general, governmental and NGO available programmes related to child care and social welfare

g) Data Analysis

Quantitative Analysis

Each question of RAP-CP has a score ranging from 0 to 2. The raw score for a single dimension was obtained through the sum of each question score divided by the max score possible for that dimension. The raw scores were standardized in a 10-point scale by multiplying them by 10.

Key dimensions to identify CMP readiness were analyzed following a sequence of procedures: a) first a standardized score for each interviewee was calculated, then a sample average score for each dimension was obtained, named DIMSCORES in this report. Such a procedure was repeated for the whole sample, as well as for local and national level separately, and are presented in the next section. An analysis of each dimension separately allows us to identify potentials and deficits of the country in terms of readiness to prevent child maltreatment.

The overall readiness score was obtained through average value of all participants' total readiness scores and this ranges from 0 to 100.

Qualitative Analysis

Data for the qualitative analysis was collected from the respondents' comments and observations made while answering the questionnaire. The statements made by the respondents were registered, the contents were classified to identify most common themes and categories used and this was quantified. Particular contents received more attention in the qualitative analysis such as: perceptions of child maltreatment; definitions given to child maltreatment; differences drawn between protection and prevention and definition and or concept of evidence-based approach. The qualitative analysis was used as a support to the quantitative analysis: to illustrate and to enhance the understanding of the responses. Some quotations are offered to exemplify the general perceptions of respondents about the subjects under study.

5. Findings

5.1. Child Maltreatment Prevention Readiness for Brazil

Brazil has an overall low score for readiness: 31.2 out 100, with a minimum of 12.56 and maximum of 58.7 among the interviews. As we can see in Table 2 and Chart 3, only two dimensions (Knowledge and Attitudes) reached 50% of the possible score. Readiness score for CMP in Brazil may be looked in the light of the sample profile: almost 60% of Brazilian sample are public agents in high-hank jobs accountable for policies and programmes for child well-being.

In sum, the results show that the lack of scientific data, low will, very low human and technical resources are the main challenges to foster CMP Readiness in Brazil. The lack of programmes, representing the lowest score for a single dimension in this study, is a result of the weaknesses in all that factors.

Table 2 – Readiness

Dimensions	RAP- Informants	RAP- Experts	Difference
Dimension 1: Attitudes	3.6 (1.3)	2.5	1
Dimension 2: Knowledge	6.1 (1.4)	6.7	0.5
Dimension 3: Scientific Data	3.7 (2.5)	2.5	1.2
Dimension 4: Programmes	1.1 (1.2)	5	3.9
Dimension 5: Legislation, mandates and policy	5.0 (2.0)	5	0
Dimension 6: Will to address the problem	2.9 (2.1)	2.1	0.8
Dimension 7: Institutional resources	2.8 (2.1)	5	2.2
Dimension 8: Material resources	1.9 (2.0)	3.6	1.6
Dimension 9: Human and technical resources	1.4 (2.0)	0.8	0.6
Dimension 10 : Informal social resources	2.7 (2.0)	2	0.7
Score	31.2 (10.9) /100	35.2/100	4

Rap-Informant and RAP-Expert tend to be consistent in most of the dimensions of CMP Readiness, with differences between scores lesser than 1 point. Only in dimensions 4

(Programmes), 7(Institutional Resources) and 8 (Material Resources) this difference were significantly higher.

5.2 National and Local Child Maltreatment Prevention Readiness

To assess the national level of CMP readiness, professionals with nation-wide activities, like federal government agencies or international NGOs organizations were selected.

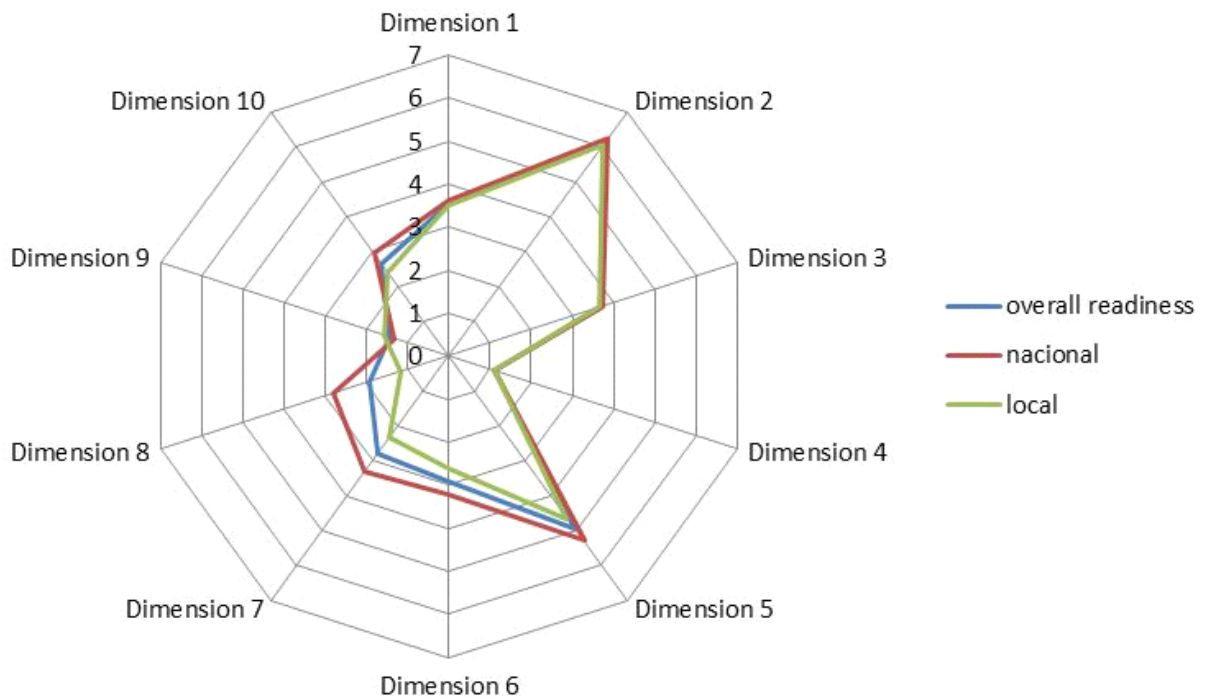
The study at the local level had to cover two different levels of administration (state and municipal) due the scarcity of professionals dedicated to child social welfare both in the municipality as well as in the state government.

Table 3 – Readiness by level

National CMP Readiness	Local CMP Readiness
33.6/100	29.1/100

Readiness to prevent CM is low at all levels investigated, at national and local, scores were below 0.35. Despite the slightly lower score for local level, when student's T test was applied to compare both, no difference between local and national readiness level was found. In the chart below, national and local CMP readiness are presented in the radar diagram that shows the scores for each dimension and are compared with total CMP readiness for out sample.

Chart 3 – Overall, national and local readiness score: a comparison³

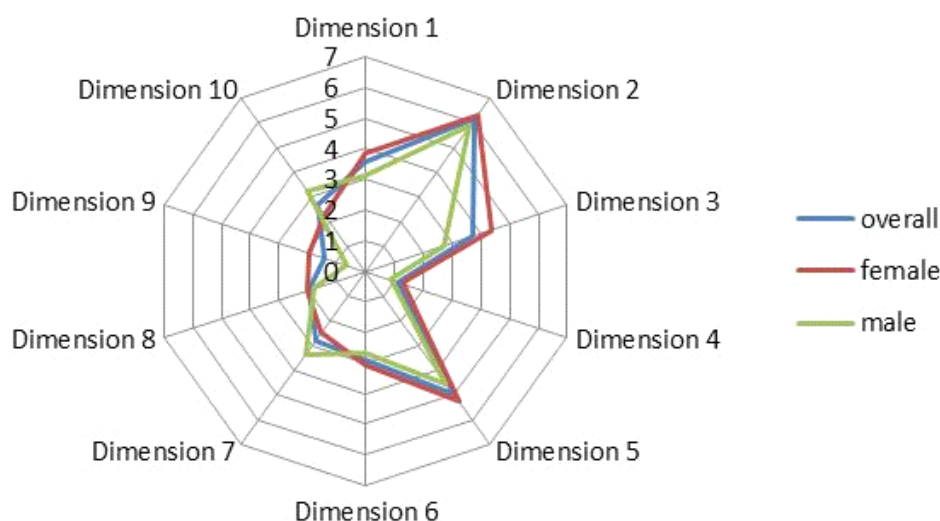


5.3. Analysis by Gender

Do respondents present different rates of readiness to prevent child maltreatment according to gender? Using Student's T test a comparison was drawn between females and males readiness in the sample, the results indicate that no significant difference can be found in the overall readiness to prevent CM. However, it is important to have in mind that women appeared to be more available to collaborate with the study, not only in Brazil, but in all other countries participating in Fetzer study and this is a very important qualitative data about readiness: as exposed in section (d) "carrying out the interviews", difficulties in conducting the study due unavailability of most professionals working in CM field is a good first indicative of general readiness in the country.

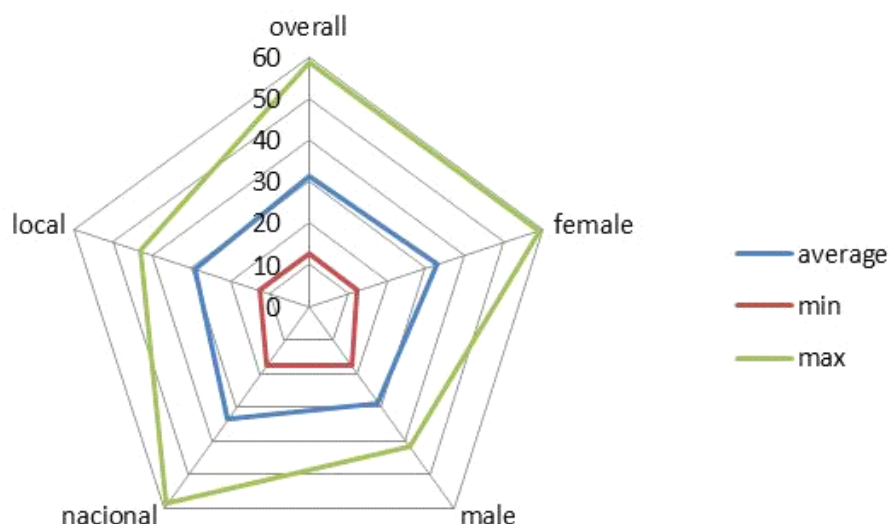
³ To a better view, the chart is presented in a 7 -point scale, but we have to bear in mind that the max score for each dimension is 10, and not 6.

Chart 4 – Female and male professionals CMPR⁴



In sum, readiness scores are low at both local and national levels, regardless of the gender of the respondent.

Chart 5 – Compared Values for CMP Readiness⁵



Next, we present the general findings with detailed aspects for each dimension.

⁴ Data Disaggregated by gender in Brazilian sample. The fact that all countries presented a very higher number of women than men willing to participate in the study raised the question about differences in readiness level of both. However, as we can see, no differences were presented in Brazilian sample. To a better view, the chart is presented in a 6-point scale, but it is noteworthy that the max score for each dimension is 10, and not 6.

⁵ Chart comparing all disaggregated analysis relevant to the Fetzer study. In our sample, we cannot state that there are significant differences between different samples analyzed, but further studies with larger sample can be more clarifying in this point.

Dimension 1. Attitudes towards child maltreatment prevention

DIMSCORE = 3.5/10

Difference between prevention and protection

Most interviewees are aware of the conceptual differences between prevention and protection. The majority of definitions presented by respondents were consistent with WHO's definition: for 67.2% prevention refers to those actions performed before maltreatment occurs. A few respondents mixed both concepts, stating that protection is a form of prevention or in reverse, that prevention is a specific form of protection. Thirty one percent of them (31.1%) stated that prevention and protection are different concepts, but did not provide an accurate definition. Finally some respondents stated that both concepts are different but did not elaborate on this difference, raising doubts about whether they are really aware of the differences between the two concepts or not. Except for one respondent, when the WHO's definition of child maltreatment was presented to them, they all agreed with it.

Perceived priority

Compared with other health or social problems, CMP was considered to have low or extremely low priority by the vast majority of respondents (83.6%), while 9.8% considered that a moderate priority is given to the issue and only 6.6% perceive child maltreatment as having a relatively high priority. When compared to protection, CM prevention was again perceived as having less priority than it should: there is nearly a consensus (93,4%) amongst interviewees that prevention is less of a political priority than protection. This picture gets worse when the few measures to prevent maltreatment are evaluated: for $\frac{3}{4}$ of the sample (75.4%) these measures are inadequate or at best "neither adequate nor inadequate" expressing dissatisfaction with these measures.

A paradox in the protection of children rights' is the difference between how well these rights are perceived to be protected in the legislation, and how the enforcement of this legislation is perceived to be: while 95.1% considered the rights of the child to be well protected in terms of legislation, only one interviewee expressed the same evaluation about the enforcement of children's rights against 83.6% that considered the rights of the child to be de facto poorly protected in Brazil.

Dimension 2. Knowledge about child maltreatment prevention

DIMSCORE = 6.1/10

By far, Dimension 2 presented the highest score for a single dimension in the study in Brazil, revealing an intermediate level of knowledge by respondents about several features of child development, maltreatment and its prevention. Still little information seems to exist about the most common forms of CM, consequences and risk factors. This is partly due to the lack of data on child victimization in Brazil: there are no national studies on child victimization and little data to estimate this victimization with some reliability. The same is true for the costs of maltreatment costs again had a very high rate of missing values (more than 40%), meaning that many experts could not estimate the costs of maltreatment. When they did, very few areas were mentioned: mostly these referred to the judiciary (13.1%) and to the health sector (13.1%), in sum costs generated by child abuse to some sectors of government.

Forty six percent of interviewees could remember three or more forms of maltreatment. The most often mentioned form of maltreatment was physical abuse, mentioned by 27.2% of interviewees. This was followed by sexual abuse (20.1%) and psychological abuse (18.9%) and neglect (16%). Other forms mentioned can be found in Annex (section D).

In terms of the consequences of child maltreatment, a broad range of consequences was mentioned, though 15% of respondents did not mention a single one. Psychological damage, such as cognitive and emotional harm (aggressiveness, anxiety, low self-esteem and long-lasting traumas) were the most frequently mentioned consequences, appearing in 65% of the interviews. Following that, social consequences, such as the reproduction of violence, i.e., abusing others in the future, criminality and drug abuse were also frequently mentioned. Physical trauma was less mentioned- by only 10% of interviewees.

In terms of risk factors, most of participants were able to point a few risk factors, while 15% did not mention one. Income inequality (24.4%), social distress, and poor family structure (19.5%) were the most often mentioned risk factors. Alcoholism, drug abuse, school level, gender, unemployment, lack of parenting skills, urban violence, single parenthood and other traditional risk factors were also less frequently mentioned.

Evidence-based prevention programmes

Little more than half (58.5%) of the interviewees knew of or had heard about evidence-based approach or what evidence-based programmes are before the interview. Even relatively unaware about that, they were asked to rate programmes to prevent child maltreatment in terms of degree of appropriateness to the country or municipality; most agreed that all programmes were appropriate, expressing high rates of approval.

Regarding home visitation in early childhood, only 7.3% of respondents did not approve its adequacy, while other 2.4% were not sure. Thus, 90.2% of our sample answered that home visiting is an adequate kind of programme to prevent child maltreatment in Brazil. Similar approval rating was found for parenting education programmes (87.8%), those dedicated to child sexual abuse prevention (85.3%), and media campaigns aiming awareness of CMP (87.8%). 9.8%, 12.2% and other 12.2%, respectively, showed some criticism with respect to these programmes, answering as “inappropriate” or “not clear”.

Abusive Head Trauma Prevention, or preventing the so called Shaken Baby Syndrome (SBS), had little less acceptance by the interviewees, 73.2%, while 12.2% rated as inappropriate and 14.6% didn't know how to answer this question. Less adequate in their perception, but is still highly approved. What draws our attention here is the high number of respondents (key-agents) that had never heard about SBS and its profound impacts to child development in their professional lives, what leads us to the conclusion that general public should be even more distant and unaware about the consequences of hitting and shaking toddlers. As to abusive head trauma, many respondents asked for explanation about what each programme really means, showing that few of them really was knowledgeable or had previous information about evidence-based programmes.

It is not surprising then that the majority of interviewees expressed that the evidence-based approach has little bearing in policymakers' decision making process concerning child maltreatment prevention programmes: for 62.3% of the sample scientific evidence has only a weak influence on policymakers decisions, only nearly one in five (19.1%) said that the influence was moderate and 18%, expressed a belief that policy makers are strongly influenced by scientific evidence in their decisions.

Dimension 3. Scientific data on child maltreatment prevention

DIMSCORE = 3.7/10

The absence of policies to promote the collection and treatment of data on child victimization and the poor circulation of scientific information about CM is probably at the roots of Brazil's weakness in the prevention of child maltreatment. Despite the existence of an adequate legislation, there is little or no national data to inform large-scale programmes and policymakers at any level. This explains why there is so little knowledge about the magnitude and distribution of child maltreatment as well as its consequences amongst the sample. Only rough estimates or individual guesses were found in the study.

There are some official definitions for maltreatment in specific legislation and protocols, for instance to guide the mandatory notification forms to report cases of suspected child maltreatment in the health system. In addition, international classification manuals are widely used by Brazilian professionals, such as ICD-10, still in this study 80% of the professionals interviewed could provide no specific definition of CM at all.

Brazil has a mandatory reporting system for child maltreatment that is enforced by the health and educational systems, but due to the absence of national prevalence surveys, the difference between data generated by such mandatory reports and actual incidence of abuse is not known. That mandatory report systems may result in underreporting, is a well-known fact, as is the need to establish means to estimate the level of underreporting. Despite the lack of hard data the majority of respondents (82%) provided a personal guess about the gap between reported cases and prevalence.

Dimension 4. Current programme implementation and evaluation

DIMSCORE = 1.1/10

The lowest score for a dimension was found at this score. This is largely due the fact that are no programmes targeting child maltreatment prevention at national or local level, though there are programmes that deal with specific forms of child maltreatment

protection, in particular sexual abuse. Programmes to protect children against sexual appear to receive more attention from the general public and professionals.

If programme implementation is understood to represent a higher stage of readiness to prevent we should expect a very low score in this dimension.⁶

Dimension 5. Legislation, mandates and policies

DIMSCORE = 4.96/10

As mentioned in the Introduction, Brazil is acknowledged as having one of the most advanced legislation regarding children's rights. The Statute of the Child and the Adolescent is the main reference for respondents in this study, mentioned by almost $\frac{3}{4}$ of the sample (73.8%). For this reason it is surprising that nearly 1 in four respondents (24.6%) could not mention any child protection/rights legislation in Brazil. This is an unexpected high rate of professional who do not know or did not remember at the time of the interview, about the more basic legislation about children in Brazil, often discussed in the media and widely known by the public.

Other legislation frequently mentioned were: the proposed law to Ban Corporal Punishment and Humiliating Treatment (11.5%), proposed in 2009 by the Executive branch and in discussion at the National Congress at the moment; the Constitution (5%), in particular the Article that states that children's wellbeing is the highest priority of any government; the Penal and Civil Code (5%); and the UN Convention on the Rights of the Child (3.3%) which inspired the Statute. Although it is a consensus that Brazil's legislation about child welfare is of good quality, it is also a consensus that this is not enough to ensure the prevention maltreatment. When evaluating the effectiveness of existing legislation, only slightly more than $\frac{1}{3}$ (36.1%) considered these to contribute effectively for CM prevention while almost half 45.9% just considered them ineffective, while a minority (18%) evaluated the legislation to be neither effective or ineffective.

Regarding available agencies and their effectiveness, 62.3% of interviewees could not mention any agency with a specific mandate to prevent CM. This suggests that agencies in charge of enforcing the rights of the child, in Brazil, have little visibility to professionals and to the general public in terms of their mandate to prevent as well as

⁶ A full list of programmes identified in the study can be found at Section 11 of this report.

protect children, or else it may suggest that these do not clearly distinguish between prevention and protection – this study points to the second hypothesis.

Respondents often mentioned the National Secretariat for Human Rights (NSHR) as the main agency in this field, with almost 20% of the responses. The second agency most mentioned is the Councils for the Rights of the Child - by 18% of respondents. Such Councils play a fundamental role in children welfare through the definition of programmes and strategies to protect children's rights at every level (national, state and local ones) as they manage funds that target child well-being initiatives. The Ministry of Health also is acknowledged as one of the most important agencies for CMP, mentioned by 4.9% of respondents.⁷

How well evaluated is the performance of the agencies named by respondents? The perceived effectiveness of these agencies in terms of their contribution to CM prevention is low: little more than ¼ of the sample (21.3%) thought this performance is effective, while a strong majority (72.1%) considered the performance ineffective and a minority was neutral: 6.6% neither one nor other option.

Most respondents are aware of the existing legislation to protect children, but few mentioned policies to prevent maltreatment. For 13.1% of interviewees priority is given to policies or plans should not necessarily focus on maltreatment, but the general welfare of children such as a: National Plan for Education or the National Plan on Health, or even the National Plan for Early Childhood, as well as others, that may have as a secondary goal the maltreatment of children, though do not necessarily address prevention. Some respondents mentioned the General Health System, or the Welfare System, which can address maltreatment, but not prevent it.

Also mentioned were: the National Policy to Fight Sexual Violence (3.3%) and the mandatory notification system (3.3%), the National Network for Violence Prevention and Health Promotion (1.6%), that fosters the implementation of Violence Prevention Centers across the country; the National Plan to Fight Sexual Exploitation (1.6%); the National Policy for the Reduction of Morbidity and Mortality (1.6%), aiming at morbidity and mortality by external causes, in particular that due to accidents and violence; the National Secretariat for Human Rights Programme to Fight Sexual Abuse (1.6%), a nation-wide programme of protective and preventive measures; the National Programme to Eliminate Child Labor (1.6%); and finally state and municipal programmes against sexual abuse (1.6%). Respondents' evaluation of the current programmes, as expressed in their

⁷ Other agencies mentioned by few respondents can be found in Annex, section D.

perceived effectiveness resulted in a critical scenario: the majority of respondents (86.9%) evaluate current programmes as ineffective. A small percentage (8.2%) rates them as effective, and 4.9% considered these to be neither effective nor ineffective.

Dimension 6. Will to address the problem

DIMSCORE = 2.9/10

The 6th dimension measures respondents' perceptions of the general will to address the problem, including that of civil society leaders, political leaders and of the general public. The overall readiness found in this dimension indicates that in the respondents evaluation Brazil lacks political leadership as well as public opinion leaders in this issue. There is little consensus between respondents about how concerned civil society leaders are about child maltreatment: for 45.9% civil society leaders are unconcerned about this issue, while 44.3% have a completely different opinion perceiving them as concerned. When asked about agencies leading child maltreatment prevention, 37.7% could identify leading agencies while the majority 62.3% expressed that they did not know about any agency playing a key role in CM prevention.

NSHR and Ministry of Health are perceived as the most prominent leadership in the field. Almost ¼ (24.6%) perceived the existing leadership in CM prevention to be “good”, while 19.7% evaluated it just as “fair”; other 55.7% expressed their disapproval about leadership, giving it only a “poor” evaluation.

Political leaders are also poorly evaluated regarding child maltreatment concerns. The mostly often positively mentioned political leader was Maria do Rosário, current Minister for Human Rights at the National Secretariat for Human Rights (NSHR). Patricia Saboya, a former state senator a strong supporter and leader of several programmes to prevent sexual abuse, was also mentioned, as was the National Council for the Rights of Child, linked to the NSHR, which has a fundamental role in development of national policies. Although individuals and the Council are acknowledged as important political leaders, participants do not perceive these organizations as providing enough resources for prevention of CM, an opinion held by the vast majority of respondents: 93.4%.

Political figures in general were not perceived as committed to prevent abuse against children. This issue attracts the attention of politicians, in the respondents

perception, if they identify political gain to be achieved from engaging in such themes. This opinion is held by the majority of interviewees (90.2%). When asked about how strong are the advocacy efforts to prevent maltreatment, only 8.2% rate such efforts as intensive, while 19.7% consider it moderate and the majority (72.1%) to be weak.

Central to the purposes of this study, public opinion is perceived, in general, as not supportive and so is the public will to address the problem, again perceived to be very weak: 72.1% of interviewees considered public support weak, 62.3% said the public in general are not aware of the importance of child maltreatment, or do not consider it as a serious issue, or else still the majority of respondents believe (80.3%) that the general public ignores that child maltreatment can be prevented.

Communication efforts, responsible for creating awareness among the different spheres of society, are perceived to fail to communicate and to inform the public about CM prevention: the majority of respondents (almost 70%) evaluate the media as acting in a weak manner with 62.3% indicating that there is little information regarding maltreatment and whatever exists is very difficult or sometimes impossible to access.

Dimension 7. Institutional links and resources

DIMSCORE = 2.8/10

In terms of the collaboration between institutions or institutional links and resources, results indicate a very low overall readiness for this dimension, meaning that there is little perception of collaboration between institutions and different sector to fight maltreatment. This low score indicates that the institutions involved in child maltreatment prevention maybe do not have enough resources to achieve their objectives whether due to the extent of the problem or to the low support they receive.

The majority of respondents (50.8%) did mention partnerships or alliances dedicated to protect/prevent child maltreatment. The most frequently mentioned networks were: the National Network for Early Childhood, that advocates in favor of a national policy for child's health and wellbeing through investment in early childhood and a network against corporal punishment that advocates banning this practice supporting the approval of specific legislation to this end such as the Project 7672, and by raising awareness about the harmful consequences of physical punishment, the "Do not Hit: Educate" Network. Also mentioned was the National Association of Centers for the Defense of Children's Rights.

Dimension 8. Material resources

DIMSCORE = 1.9/10

This dimension is critical as it refers to the existence of a dedicated budget for CMP programmes. Coherently with the lack of priority perceived to be ascribed to CMP is the perception of the lack of a visible, widely known budget dedicated to CMP. Under 1/3 of respondents (29.5%) were aware of the existence of funds for CMP, 27.9% had no idea that such funds existed and under half of respondents (42.6%) stated there is “no budget” dedicated to CMP. Regarding the areas of government that should or could have budget dedicated to child maltreatment prevention, 9.8% knew of some funds in the Health sector; 6.6% were aware of funds from Social Welfare; 4.9% from Education; 6.6% mentioned some instance of local government, mainly linked to Community Safety (5.9%) and 6.6% in other areas of local government.

Potential funders are perceived as “unsupportive” in most cases by the majority of 67.2% respondents while only 18% considered their attitudes toward CMP as supportive, and 14.8% were not sure of how funders react to this theme. A strong majority (88.5%) expressed that organizations in charge of CMP do not have adequate facilities, equipment and/or infrastructure to operate.

Dimension 9. Human and technical resources

DIMSCORE = 1.4/10

Human and technical resources also appear to be a serious problem in Brazil and at the root of the low readiness for CMP. The number of professionals adequately trained for large-scale CMP programme implementation is perceived to be “inadequate” by the majority (80.3%). Also the number of institutions that provide training and education on child maltreatment prevention is overwhelmingly perceived as inadequate (93.4%). This poor evaluation is valid for both for undergraduate and postgraduate institutions (88.5%), for non-university institutions that offer training in child maltreatment prevention-related skills (82%) and for opportunities for continued professional development in child maltreatment prevention (88.5%). Professional training is a critical issue for readiness to prevent child maltreatment and for the implementation of effective measures against

maltreatment, since overcoming many of the problems raised in this study requires trained professionals.

Dimension 10. Informal social resources (non-institutional)

DIMSCORE = 2.6/10

The low awareness about CMP identified in the study and the overall perception of lack of support identified by respondents may not be a feature of the CMP field alone-informal social resources in general in society are perceived to be low and not a specific trait of the field of child maltreatment prevention.

The majority of respondents (73.8%) perceive the level of citizens' involvement in dealing with health and social problems as moderate by 18% as weak. The two questions used to assess social capital added to the RAP-CM instrument evidence the lack of trust in others as expressed by respondents – 73.8% agreed with the statement “in Brazil/Sao Paulo, people are generally dishonest and they want to take advantage of others” , and 54.1% disagreed that “in Country/Province/ Community if I help someone, I can anticipate that they will treat me just as well as I treat them”, meaning that mistrust feeling permeates the perceptions that professionals have of others in Brazil.

In terms of participation in civic groups, the evaluation of the majority (83.6%) is that none or very few citizens are actively engaged in organized social movements of society. Lastly, over 1/3 (34,4%) are very positive and evaluate people as successful in bringing about social change through collective efforts. Nearly ¼ of the sample (23%) perceives collective action to have moderate effects in changing their social condition. Still a sizable part (42.6%) perceive people as ineffective in get things done through collective efforts, in other words, there is little perception of collective efficacy to change social reality.

5.4. Measures Recommended

This section presents the measures identified by informants as strategic to improve CMP readiness in key areas in the country. These will be presented by dimension. Many recommendations were made more than once regarding different dimensions since the dimensions are not exclusive. All measures listed here were frequently mentioned by the respondents, though the frequency of recommendations is not presented.

Recommendations asked at the end of a section about a dimension, in the initial format of the questionnaire resulted in, on average, missing values greater than 10%. This can reflect lack of information or knowledge about the issue or can be the result of the length of the questionnaire. The reason for 100% of missing values in Question C.3, “any important dimensions missing from the model”, is that, due to the time constraints and the position of the question in the interview schedule (at the end) this question was not asked from the Brazilian sample.

The final version of RAP-CM no longer asks interviewees to suggest measures to improve CMPR in the first and second dimensions, thus we present results on recommendations from the third dimension upwards.

- **Dimension 3:** *“Scientific data on child maltreatment prevention - referring to the scientific assessment of the problem of child maltreatment and to what scientific data are available about child maltreatment in Brazil”*

Many respondents, when answering this question on the availability of scientific data on CMP, stated there is lack of reliable information or at least of representative data at national level. This is perceived as a major obstacle for studies on child maltreatment prevention. For many of respondents it is necessary to produce national representative data about prevalence of maltreatment. To achieve this goal, the improvement of existing notification systems is fundamental. Professionals estimate that most cases of child maltreatment are not reported. Notification is mandatory in the health system, in schools and by the Child Protection Councils (CPC) network, present in many municipalities. To improve notification by these systems, many respondents suggest the need to improve: a) the structure of CPCs- perceived to be precarious in terms of infrastructure, human resources and equipments; and b) improve professional training regarding child development and maltreatment as the literature reveals that the notification of maltreatment is dependent on the professionals’ attitudes and values about maltreatment, so the enforcement of notification depends mainly on the professionals’ training. Both recommendations demand more financial resources invested in institutions responsible for notification as well as for proper professional training of the staff in Protection Agencies responsible for data generation. Another frequent recommendation made by interviewees was the need to closely monitor notification services, controlling also the quality of the information.

The development of high quality and accessible information systems to organize and disseminate data generated by the mandatory notification systems is essential. SIPIA,

related to the CPCs, and VIVA, from health system, are already functioning but still lack in information for feeding them and few professional or academics are knowledgeable about them. Participants frequently recommended nationwide dissemination of data on maltreatment.

To strengthen scientific data production about child maltreatment, some recommendations made refer to the need to bring policymakers and policy implementation closer to academics and experts; this would ensure public policies informed by scientific data on maltreatment and facilitate research production. Another recommendation was for a systematic evaluation of programmes. Greater proximity between academics, practitioners (through knowledge transfer strategies) and policymakers were considered as key elements to increase the influence of scientific evidence in the practice of professionals and policy development.

- **Dimension 4:** *“Current programme implementation and evaluation - focusing on child maltreatment prevention programmes that have recently been or are currently being implemented and whether their effectiveness has been evaluated”.*

Almost all recommendations mentioned in this item repeat earlier recommendations such as: to include training to identify child abuse and its prevention as part of regular professional curricula. As shown in the previous section, the readiness score on human resources in CMP identified in Brazil in one of the lowest scores in this study. Such low score suggests lack of practitioners capable of identifying and protecting against further maltreatment, or to prevent CM or sensitized and aware about child abuse issues.

A culture of public policy evaluation is not widespread in Brazil. Respondents suggested strengthening the concept of outcome evaluation as an essential part of programme development. Other measures recommended were: inter-sector coordination and community articulation to deliver services more closely related to community needs; turn CMP top priority social problem within public policies; more advocacy efforts for political support to secure means such as budget for programme implementation.

Again, the need for data on child maltreatment is mentioned, as well as the development of social indicators to assess the impact of violence. Another recommendation is to narrow the gap between research and policymaking.

- **Dimension 5:** *“Legislation, mandates, and policies - which focuses on existing laws, mandates, and policies related to child maltreatment prevention”*

About legislation: violence against children should be a criminal offense and the need for a specific budget for CMP secured through budgetary laws were two of the recommendations mentioned as needed to improve the existing legislation on child maltreatment in Brazil. Most respondents also reiterated the need to enforce what is already available, as the Statute of the Child and the Adolescent (as seen in the previous section, the protection of the rights of the child in legislation is well evaluate by the Brazilian sample).

Recommendations made about policies centered on the need to: monitor each step of policy implementation; evaluate these policies to assess their cost-effectiveness; aim at children and adolescent empowerment and allow their direct participation in policy development.

To improve programs the following measures were mentioned: more funding or re-directing budgets from protection services to child development and health promotion; political will and commitment are also thought to be necessary to change the present scenario; articulate the performance of different sectors in order to develop comprehensive programmes. Respondents also mentioned the need to develop a credible data system and disseminate information about CM; and again, professional training on child development.

- **Dimension 6:** *“Will to address the problem - concerns the strength of the will to address the problem of child maltreatment and focuses on five different facets of the will to address the problem: leadership, political will, public will, advocacy, and communication”.*

Recommended measures to improve political will to address the problem involving media and communication strategies were: educational TV shows, to reach the average citizen; work with journalists and public opinion leaders; develop educational campaigns about maltreatment prevention; develop educational campaigns to raise awareness about the issue and new and alternative media vehicles. Also encourage political leaders to adopt policies through communication strategies targeting attitudinal and behavioral changes as permanent communication strategies; improve the efficacy of advocacy; disseminate information about child maltreatment as well as about the consequences of maltreatment

and the importance of respect for rights of children and the need to sensitize professionals to enhance the prevention of child maltreatment.

- **Dimension 7:** *“Institutional links and resources - which focuses on partnerships, coalitions, networks, and alliances between institutions dedicated to child maltreatment prevention and the resources and efficiency within the main institutions currently involved or which might become involved in child maltreatment prevention”.*

In order to strengthen institutional links and resources, the recommendations made were that organizations dedicated to CMP exchange knowledge and experience between sectors as well as the need for greater coordination and articulation, given the multi-causal and complex nature of violence against children. Also needed is the definition of a shared political agenda about maltreatment; increased advocacy efforts, strengthened political will, persuasion of leaders to allocate resources for maltreatment prevention, through alliances between organizations;

- **Dimension 8:** *“Material resources - which focuses on material resources for child maltreatment prevention, both in terms of financial resources and infrastructure and equipment”.*

According to some interviewees, more investments in general are needed, though for what specific purpose was not clear, for instance securing a budget for CM through fiscal laws, in the government budget. Most recommendations referred to the need to strengthen political will- that is, that child abuse should become a governmental priority. Another strategy often mentioned was to sensitize civil society to put pressure from on government to act to prevent child maltreatment.

Few respondents recommended redirecting funds from protection to prevention. Again, more information and a proper diagnosis of the problem is needed in order for CM prevention to acquire a priority status. The need to monitor and evaluate programmes, as well as to assess the impact of preventive policies were also mentioned in this topic. The recommendations made tend to focus on the need for greater knowledge about the impact and costs of maltreatment, as well as about the benefits to be accrued from a better understanding of how prevention programmes work since it is assumed that knowledge would strengthen efforts to persuade policymakers to invest in them. More efforts are also needed to understand the impact (financial and administrative) of prevention by public officials and by the public in general.

- **Dimension 9:** *“Human and technical resources - refers to the availability of personnel with specialized technical, administrative, and managerial skills, knowledge, and expertise in child maltreatment prevention and existing institutions for education and training in child maltreatment prevention”.*

Interviewees suggested more governmental investment in training professionals working in the health system to identify child maltreatment and to sensitize them about the importance of notification. Continued professional training opportunities on CM are also perceived to be needed. Furthermore CM and CMP should be addressed at all levels of professional training (undergraduate and post graduated courses), this requires establishing guidelines for the curricula for professional training on CMP and CM at universities.

- **Dimension 10:** *“Informal social resources”*

Interviewees recommended community based initiatives to stimulate debate and awareness about child maltreatment in particular: the empowerment of communities, strengthening family and community bonds, strengthening informal networks. In order to foster debate within society it was suggested the dissemination of relevant information to the general public, the promotion of media in the campaigns to inform the public, to foster a culture of respect for human rights and to improve the coordination between NGOs, universities, governmental agencies and community-based actions.

In general, when asked about recommendations on how to improve key dimensions for CMP readiness, interviewees pointed to the need for a more precise diagnosis about the prevalence of child maltreatment: the frequency, types, causes and consequences of CM in Brazil. The lack of data on CM in Brazil is a problem that was mentioned again and again in most of recommendations. This is related to the need for reliable data on CM, identified by respondents at different stages of the interview. Thus a good reporting system along with child victimization studies, appear to be key steps to a precise diagnosis.

5.5. Objective and Subjective Assessment: specific aspects of the Brazilian component of the CMPR Study

This part of the study was intended to complement the data obtained through the interviews, comparing it to available objective data for key issues of CMP. As previously stated, the objective assessment involved collecting data from NEV's research team for the RAP-CM-XD, version of the RAP-CM interview schedule specifically designed for researchers. Answers to factual questions of the questionnaire were collected from the best sources available, i.e. academic reports and papers, reports and documents from government agencies, experts and so forth. These were then compared to interviewee's answers to objective questions aspects of maltreatment in Brazil.

Due the lack of data on child maltreatment additional data collection was performed to identify how "prevention of violence against children" is approached at present, in (1) professional training curricula- through a search by topic in undergraduate, graduate and continued education in universities, (2) research centers, (3) professional boards and in (4) government programmes addressing children.

In a general there were no large discrepancies between the subjective and objective assessments meaning that interviewees and researchers' perceptions relating to the status of CM and CMP, in the country, are similar.

Comparing interviewees' and researchers perceptions of child maltreatment

There is general agreement that child maltreatment data is lacking in Brazil. Objective questions presented a special difficult to professionals participating in the Fetzer study: though most interviewees did provide "informed guesses" when asked to provide figures or estimates for various aspects of child maltreatment, their discomfort and hesitation were clear to interviewers. It is important to bear this in mind to analyze more precisely the comparison made here.

Regarding prevalence, although the research team preferred to point out that are no such studies available, is noteworthy to observe two recent nationwide-representative studies on this issue: Zanoti-Jeronimo (2009, 3007 children aged 14 upwards in all regions of the country) found a prevalence of 44.1% of all maltreatment forms in Brazil in her study-sample, comprised by 33.8% of children who were victim of moderate maltreatment and 11.3% who suffered severe forms of abuse. Furthermore, a cross-sectional national survey (on 11 state capitals) performed by NEV (CARDIA et al, 2012) revealed that 75% of the sample (4.025 aged 16 upwards) reported that they were subjected to corporal punishment when children. For 18% of them such punishment could have represented maltreatment as they were "often punished- nearly every day or every

week” and the means used could cause harm (sticks, belts, pieces of wood and so forth). Still, these studies are insufficient to measure child maltreatment in Brazil.

Though interviewees did answer questions referring to the costs, risk factors and consequences of maltreatment based on their knowledge about the problem, but it was clear that these were not based on local studies.

In terms of the actual magnitude, distribution and consequences of maltreatment in Brazil similar observations can be made. Concerning the distribution of child maltreatment in general as well as specific forms, most respondents stated their ignorance about them – on average 60% did not know any source of data while between 20 and 25% answered that no such data exist in Brazil, the same evaluation offered by the objective evaluation. Few interviewees estimated the magnitude and distribution of maltreatment with assurance. Although some important sources for data were mentioned, these fail to provide a comprehensive picture of child maltreatment in Brazil. Researchers in these organizations have been producing very relevant studies on maltreatment and have the fundamental role of raising awareness about the various areas of society, but, as mentioned before, only two national representative studies were found in the literature review for the Fetzer Study.

Only 55,7% of interviewees were aware that a mandatory reporting system is in place, a surprising result. If official figures are lacking it is difficult to identify the size of underreporting. Thus a key step to improve knowledge about child maltreatment in Brazil, is a national survey on maltreatment to identify its magnitude, distribution and impact.

On the topic of current programme implementation and evaluation most interviewees indicated they are not aware of the any current or past CMP programme (67%) or yet of any programme that though the target **is not CMP** this could be one of its effects (83.6%). There seems to be few programmes designed to address child maltreatment seem to refer to local initiatives, with little information disseminated about such programmes and this presents an added difficulty to professionals – and researchers. The high rate of “do not know” response to this item cannot be attributed to just lack of knowledge from the interviewees, but it reveals: a) lack of dissemination of information about local initiatives; b) the shortage of prevention national and state programmes; c) the poor articulation of organizations working in this field, whether governmental or NGOs; d) all these corroborate the low rates of readiness for CMP. It is hard to be informed about different local experiences without knowledge sharing between institutions.

Interviewees' and researcher's evaluation about the legislation, the mandate and the agencies addressing child maltreatment tend to converge, except on the issue of the "perceived effectiveness of the Brazilian legislation in preventing child maltreatment". The effectiveness of the legislation, such as that of the Statute of the Child and the Adolescent and others, is high for about 36% of respondents, while for almost 46% it is insufficient or low. The Statute is also a well-known legislation and efforts to implement it were made in the past. Twenty years after its enactment it has been established in society as the main reference for many professionals who work with child services but, as other dimensions indicate, without adequate programme development and structure to fully implement it, articles that could result in the prevention of maltreatment fail to secure this goal.

In terms of the perceived will to address the problem, 62.3% professionals could not name an agency in charge of the prevention of maltreatment, an evidence of the lack of knowledge and/or lack of dissemination of information about them. Though the prevention of child maltreatment is still incipient some sectors of government such as National Secretariat for Human Rights and the Ministry of Health have been, more recently concerned with the issue. The Minister for Human Rights is recognized as a militant in children's rights and is acknowledged to be one of the main reference in this field, as mentioned before.

Regarding institutional links and resources, as well as budgets, no significant differences were found between both assessments. There is no specific budget for CMP, but as stated by respondents, some sectors are beginning to express concern about this need. In general, 90% of respondents could not name a case of dedicated budget for child maltreatment prevention.

The last factual aspect of child maltreatment for which comparisons between the subjective and objective assessments were made, refer to the issue of human resources available and professional training. This is a critical feature of maltreatment in general and in Brazil this dimension presented the lowest scores in the RAP-CM. It seems to be a consensus that human resources for CMP are inadequate in Brazil. The objective and subjective assessment converged on questions about adequacy and availability of institutions that provide training in CMP. Eighty percent of interviewees considered the number of professionals specializing in CMP inadequate for large-scale implementation of CM prevention programmes, and for more than 80% the availability of educational institutions, undergraduate and post graduated, or yet non-university institutions and opportunities for continued professional development were all rated as insufficient.

Scores for question about what kind of programmes would be feasible considering present human resources, were very surprising due to what appear to be contradictions: despite the fact that the vast majority of respondents, while assessing the number of trained professionals as well as the adequacy of their training to carry out CMP report that both are lacking - the overwhelming perception is that there are few well trained professionals, while judging how much of the country's needs in CMP could be covered with present human resources surprisingly a majority (60,6%) of interviewees, revealed that CMP programmes, in their view, could cover most of the states/provinces/district or at least part of it and for one third of interviewees, CMP programmes would be feasible in several regions.

To complement the data on professional training and human resources on CMP, a study was conducted to identify in how far violence against children, child maltreatment and the prevention of CM were covered in graduate and post graduate course in the relevant disciplines: psychology, medicine (pediatrics), public health, nursing, dentistry, sociology, education, social services and so on. Top rated publicly funded universities (national-federal and state) were selected for data collection. Curricula and syllabuses were examined and data collected also from research groups that focus on child and child development, or in the area of violence. The later were collected from the Directory of Research Groups at the National Council for Scientific and Technological Development (CNPq), a federal government research funding agency. To identify research groups, keywords such as "children", "childhood", "abuse", "maltreatment", "violence" and "prevention". A summary of the results of this data collection is presented here:

a) Professional training: undergraduate and post-graduate courses related to CM and CMP.

- 105 institutions that have under-graduated courses and well-evaluated graduated programs were identified and analyzed. In terms of location, these are mainly in the country's Southern and South region.
- Although universities' websites were the primary source of information here, the quality of the source varied considerably: some websites had detailed information about courses, while some did not have much detail and also others did not have information at all. Still this diversity allowed

enough information about the training of professionals on child maltreatment.

- A review of the disciplines, research programmes, laboratories and initiatives that address child maltreatment prevention resulted in the identification of three undergraduate Medicine courses running disciplines or a course on child maltreatment; also, one research program in Medicine and one Psychology laboratory explicitly focused on preventing child maltreatment. This highlights the poor presence of CM and CMP in professional training in Brazil. Courses on child development rarely approached maltreatment and violence. Also rare were disciplines, or courses that address children and adolescents rights or the Convention on the Rights of the Child. It is important to stress that the source of the information was the universities web sites thus the quality of the information varies with the quality and depth of information in the site. A more complete study is needed to properly access the CMP training needs in the country.
- The interviews indicate that professional training is one essential element for readiness. The near absence of CM and CMP in child development courses and disciplines, at top universities, suggests that the development of effective strategies to deal with the problem and fight child abuse is even more challenging. Increasing CMP readiness must consider professional training regarding child development, as key step.

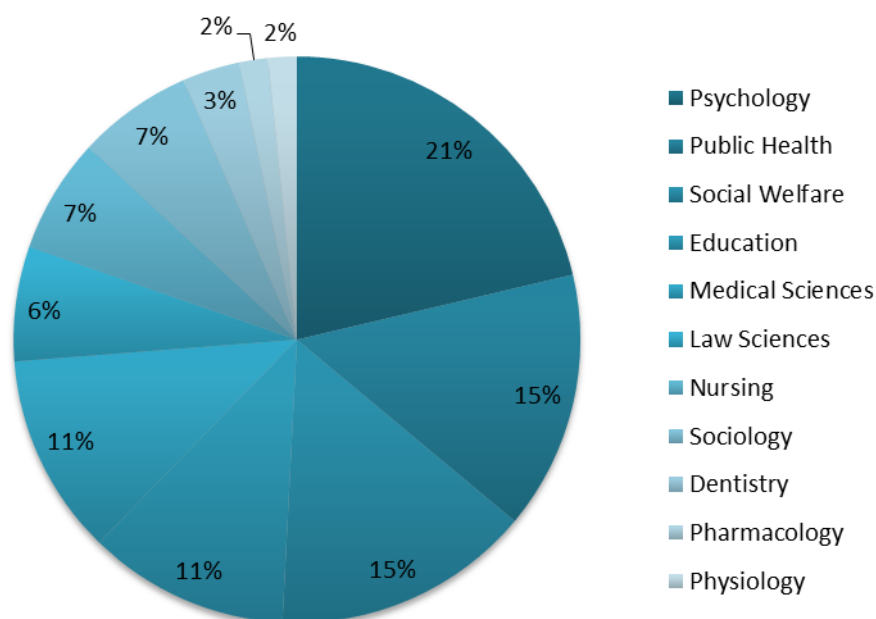
b) Research Groups

- Research groups presented the same problem as the one identified in the previous item: these groups are not homogeneous and often reliable information available is not available. The Directory of Research Groups, where the information was collected, does not provide much detail about the actual research being carried out, moreover data on the profile of the group members is not up-to-date. Despite such shortcomings, this information provides a wider picture of what is happening in general regarding maltreatment than a systematic literature review of the field.
- Chart 6 represents the research group's distribution according to the area of knowledge involved. Groups that deal with CM are frequently connected

with Schools/Departments of Psychology; Public Health; Social Welfare; followed by Education and Medicine.

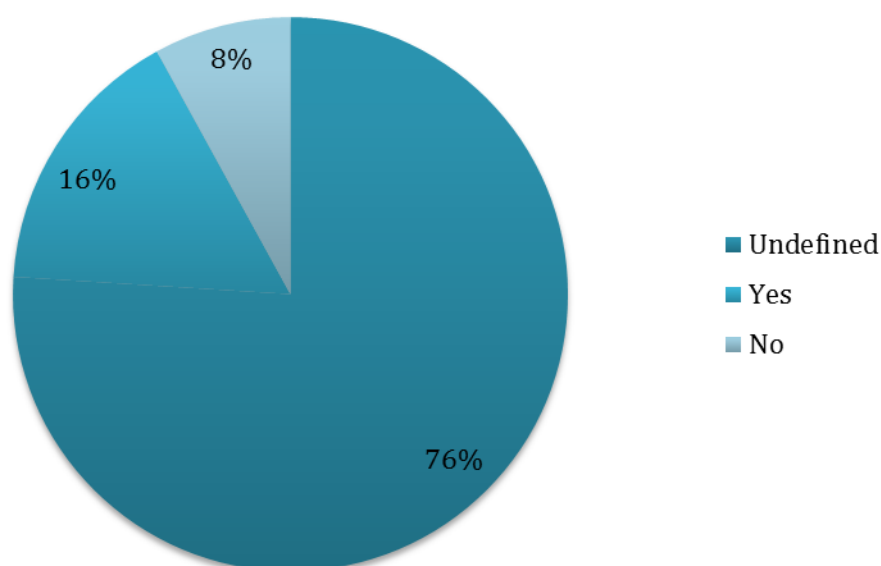
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Chart 6. Most common knowledge fields in research groups, %



- Research groups appear to be more concerned with CM prevention, than undergraduate courses although most of them do not clearly identify CMP as their main object of study, as indicated in Chart 7. However, this concern with prevention does not necessarily translates into knowledge dissemination, this expressed by the low number of publications regarding child maltreatment. Low numbers of publications, as well as a lack of professional training in child development complement each other and this paints a not too bright scenario about CMP in Brazil. A fundamental element to overcome violence and social inequalities has been neglected in our country, as our data show.

Chart 7. Do these groups focus on CM prevention⁸, %



Besides comparing data from the interviews with that from researchers and the data collected regarding professional training, a list of federal and local government programmes was produced and the programmes analyzed according to whether they did or did not address child maltreatment prevention. The goal was to look to how actually these programmes were designed and whether they are related in some way to prevention or not.

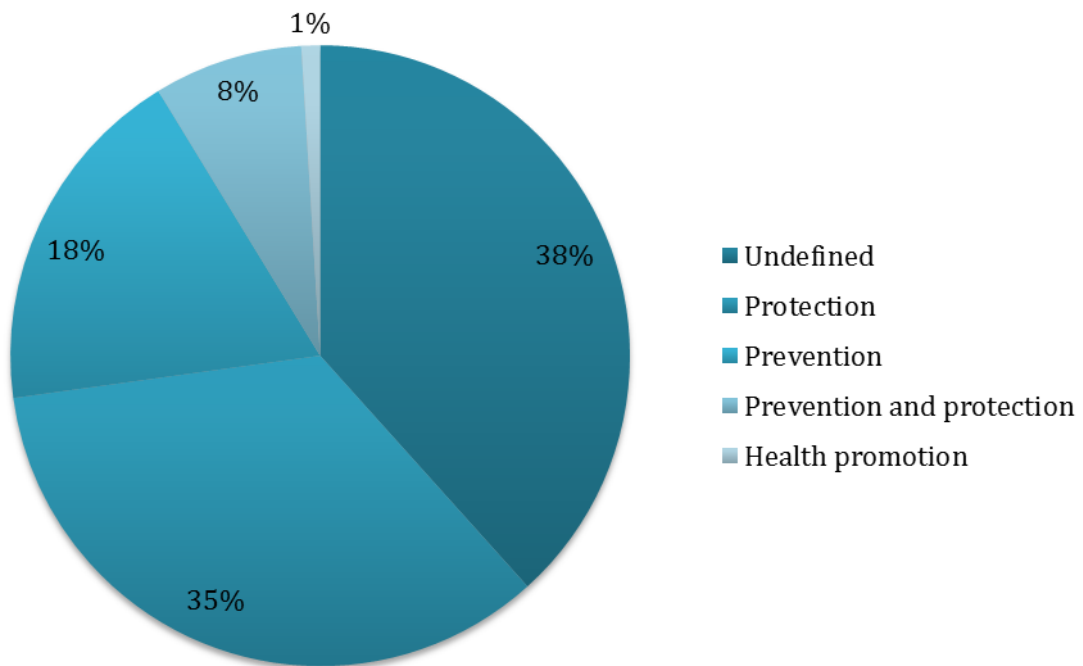
c) Brief overview on existing policies and practices.

Data was collected on 228 programmes aimed at child care and results show that:

- Investments to protect children and to prevent violence against children in Brazil remain low and what exists is often inadequately invested. Only 18% of the 228 programmes had explicit focus on prevention, i.e. refer to **measures taken before** occurrence of violence, and other 9% mixed both preventive and protective approach, as shows Chart 8.

⁸ As shown in the chart, most of the groups reviewed actually do not clearly indicate that they deal with protection from or the prevention of CM, classified above as undefined.

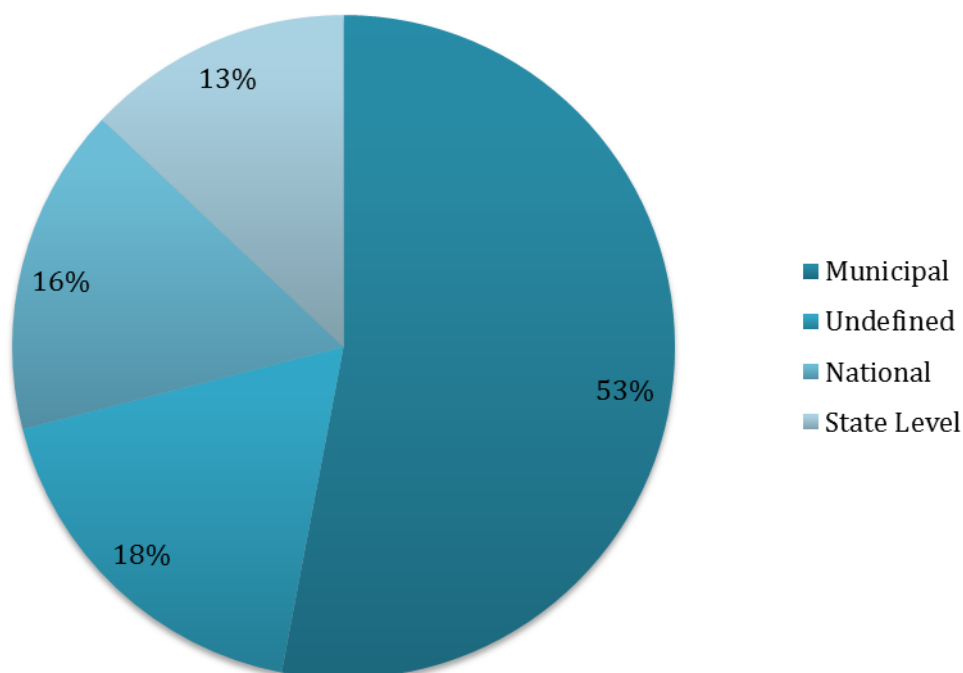
Chart 8. Programmes' main objective - prevention, protection or health promotion, %



- The few programs aiming at violence and maltreatment prevention focus on older children, following the trends identified in the field testing - older children are far more often studied than younger ones. Only 2% of all programmes are dedicated to early childhood, while 31% of all programmes address both children and other age groups (including adults).
- This means that most financial and humans resources are used to implement protection programmes, leaving little room for preventive strategies. The investment in protection is confirmed by the interviewees' responses in Fetzer project: 46,4% answered that measures taken so far to prevent child maltreatment are inadequate against 26,8% that pointed measures as being adequate.
- Most of the programmes were implemented during the last decade, between the years 2000 and 2009, with only 29% having been implemented before that.

- Moreover, local governments and NGOs enforce most of the reviewed programmes. As expected, the programmes coverage was more often local (municipal or community, what can be seen in Chart 9).

Chart 9. Coverage of programmes reviewed⁹, %



- Lastly, despite the high frequency of undefined programmes, these often deal with violence (18.9%) and maltreatment in general (11.4%, without specific mandate for specific forms of maltreatment). Sexual abuse is the specific form of maltreatment, policy-makers seem to show more concern about, and one that is addressed by almost 11% of all policies reviewed.

In sum, there are a few large-scale prevention programs that address the lack of coordination between sectors, lack of secure budget, lack of trained professionals and absence of consistent policies to prevent violence against children beyond the framework of protection.

⁹ Often, in the sample of reviewed programmes, the coverage was municipal. Few programmes had a national or statewide coverage. Programmes that did not clearly specify its coverage were classified as “undefined”.

Country's background conditions

Table 4. Key Country Conditions

KEY COUNTRY CONDITIONS	
1. Official administrative divisions of country	
26 states/ 01 Federal District/ 5565 municipalities	
2. Population	
Total population of country	205.716.890
Age structure	24.8% (0-14 years)
	65.07% (15-59 years)
	10.79% (60+ years)
Urban population (Census, 2010) (%)	84.4
Fertility rate (Census 2010)	2.29
Adolescent fertility rate (births per 1000 women aged 15-19)	77
3. Economy	
GDP per capita (PPP*)	11.210
Unemployment rate (%)	6.40
Population below international poverty line of US\$1.25 per day (%)	3.8
Gini Index (2009)	54
Human development index (2011)	0.718 (84 ^o)
4. Health	
Infant mortality rate (under 1)	21/1.000
Deaths among male children under five years of age due to injuries – GBD (%)	5.1 (total among male and female)
Life expectancy at birth (both sexes)	73 years
Maternal mortality rate	58 [38-87]
Under-5 mortality rate	22/1.000
General government expenditure on health as percentage of total government expenditure (%)	44
Adult prevalence rate of HIV/AIDS	[0.3-0.6]
Children <5-years-old underweight (moderate & severe) (%)	2.2
Per capita recorded alcohol consumption (litres of pure alcohol) among adults (>=15 years) – GHO	6.2

Received at least four antenatal visits – GHO (%)	88.1
5. Education	
Total adult literacy rate (%)	90
Primary school net enrolment (%)	94
Public current expenditure on primary education per pupil (PPP US\$)	23.9
Survival rate to last year primary grade (%)	88
6. Equality of access to healthcare and education and social protection	
Density of community health workers (per 10 000 population) – GHO	NA (not available)
Density of physicians (per 10 000 population) - GHO	17
General government expenditure on health as a percentage of total expenditure on health – GHO (%)	41.6
In Country, is early childhood education available	YES, but it is still not universal
Where early childhood education is available, is it:	
Is primary education compulsory in Country?	YES
Is primary education free in Country?	YES
Is secondary education compulsory in Country?	YES
Is secondary education free in Country?	YES
In Country, are benefits for children with disabilities:	
Are income and/or food supplement available for those in need in Country?	YES
Are the unemployed in Country entitled to unemployment benefits of some kind?	YES
Are all families (with children) entitled to some kind of allowance/benefits regardless of family income?	NO
Is there statutory paid maternity leave in Country?	YES, 4 Months
Is there statutory paid paternity leave in Country?	YES, one week

6. Strategies and Challenges to increase CMP readiness.

This study has improved our knowledge about the context of CMP in Brazil, in particular the predisposition to implement effective large-scale CMP, and this is at present, as expressed in the overall readiness score, unfortunately low. All dimensions of the CMP readiness model systematically resulted in low scores, ranging from 1.11 (programme implementation) to a maximum of 6.14 (knowledge).

Since all dimensions are inter-related and influence each other in a mutual way, the lack of reliable national data on child maltreatment has direct impact in all the dimensions considered: it hinders knowledge production regarding the issue, as well policy development. Without a proper diagnosis of the context for CMP, there is little to promote will to address the problem - a key determinant for resources to be available to prevent maltreatment, resources (financial, technical and human resources). Low scores in most dimensions dramatically evidence all measures – key features of the CMPR conceptual model scored coherently low.

Bearing in mind this interdependence and the precarious scenario identified for child maltreatment prevention in Brazil, focal strategies or recommendations to increase CMPR targeting one or few dimensions, does not seem able to succeed to broaden readiness as a whole, impacting all dimensions at once. Surely, more restrict strategies can help to overcome context-specific barriers and identify potentialities, but, considering that Brazil is in at a very initial moment of prevention implementation, identifying which is more likely to be the “winner” would be very hard. This suggests that broader strategies might be more helpful in the long range if the goal is to achieve long-term changes.

The strategies presented here are organized in three main axis: (a) in depth diagnosis and research promotion, (b) knowledge exchange and (c) foster professional training.

As mentioned before, there is no national or local diagnosis on child maltreatment. Without knowledge about the degree and profile of CM throughout the country, it is not possible to develop suitable strategy to address CM. Furthermore, even though there is a considerable body of research (mainly international) on maltreatment and its life-long impacts, this knowledge has not been incorporated by the public administration, nor by

the public in general¹⁰. Also it has not improved the awareness of the need for CMP interventions. Compared to other forms of violence, such as sexual abuse and exploitation, child maltreatment in Brazil still has as little priority or it is considered a small, a trivial issue. This can only be due to lack of knowledge (by society and State) about its magnitude and consequences.

A proper diagnosis of the forms, severity, frequency, intensity and, distribution of child maltreatment demands collaborative efforts between academics and policymakers. The former applying their epidemiologic research skills to identify maltreatment across the country, regions and local areas; the latter, planning government priorities and fostering, through funding agencies, adequate studies on this issue. FAPESP, The State of São Paulo Foundation for the Support of Research – the oldest and largest research funding agency in the country has started a small grant line to foster research on early childhood, but still have to improve its support to the area. On other hand, CAPES and CNPq, federal agencies responsible for the largest proportion of research support in Brazil, do not have research programs dedicated to child development. Focusing these 3 agencies could have a good start to improve knowledge on maltreatment and build a proper diagnosis in Brazil.

Regular national surveys on child victimization should be performed, as already happens in countries like the United States. This demands large investments in terms of human, financial and technical resources, but these investments would pay off later with adequate preventive strategies. Such diagnosis would allow an accurate analysis of maltreatment as well as estimates of the economic and social impact costs, considering its impact on different spheres like education, health, social welfare, justice, workforce and personal achievements or happiness.

A proper diagnosis could become a reference both for future studies on maltreatment for the development of new policies and or to improve policies already implemented. Another measure would be to improve care services and their capacity to provide systems, based primarily on mandatory notification in health care system, education and tutelary councils. Improving and strengthening these systems should be a valuable way to have better data on maltreatment.

Since our data suggest that relevant knowledge has failed to reach key-actor in many spheres, so knowledge exchange (KE) become an essential strategy to raise

¹⁰ Lack of knowledge became visible in 2010, through the public's reactions and those of part of the media to the proposed legislation to ban corporal punishment (PL 7672/2010), presented by the President's Office. Public opinion did not support it, arguing that the way their children are disciplined is a private life domain and not subjected to the State's rule. The State's influence in private life was considered to be abusive and harmful.

awareness of the need of CMP. KE is an issue relatively new among researchers' interests and still is a field full of doubts and misconceptions. According to Graham (2006), those dedicated to KE have not reached consensus about concepts and goals, and, furthermore, no evidence of efficacy has yet been found. Terms like *knowledge translation, knowledge exchange, research utilization, implementation, dissemination and diffusion* have been used many times as synonyms to describe the process that consists in:

"The exchange, synthesis and ethically-sound application of knowledge – within translation a complex system of interactions among researchers and users - to accelerate the capture of the benefits of research for Canadians through improved health, more effective services and products, and a strengthened health care system. Canadian Institutes of Health Research (2006)"

KE and knowledge translation are somewhat equivalent concepts, except for the fact the first stresses more the interactive features of all steps on research production and implementation in policies, as a "two-way process". The Canadian Health Services Research Foundation (2006) describes it as a:

"(...) collaborative problem-solving between researchers and exchange decision makers that happens through linkage and exchange. Effective knowledge exchange involves interaction between decision makers and researchers and results in mutual learning through the process of planning, producing, disseminating, and applying existing or new research in decision-making."

However, this is not a linear or direct process either. The impact of scientific research in policymakers is extremely complex and hard to forecast. As stated by Ben Levin (2004), research is only one of the multiple forces that influence decision-making process regarding policy development and has been far away from being the most important one. Actually, the research impact on policy has shown to be a challenge and one with uncertain results, without any guarantees. If it has any effect on policymaking, it can only be felt in the long term. Nonetheless, these factors have not prevented researchers' from investing in KE strategies.

As mentioned before, there is a considerable body of research regarding child maltreatment and development, comprised mainly by international studies. Many researchers are dedicated to understand and map the consequences of violence against

children. Still we did not identify in our review of Brazilian research the presence of this international debate and research production on maltreatment. In this sense, we can think one two parallel KE strategies: (a) researchers-researchers and (b) researchers policy-makers.

Although the KE concept is applied mainly the second situation, it seems that a knowledge exchange model between researchers from different countries, whose state of art is at very different level, could be a profitable strategy. The Centre for the Study of Violence is particularly interested in South-South collaboration, which means the exchange between countries with more similar socioeconomic conditions and a social context of human rights systematic violations. Intensifying the collaboration between researchers and developing comparative studies about aspects of maltreatment and preventive policy (prevalence, prevention and so on) should improve Brazilian researchers as well as those of their colleagues understanding about child maltreatment in the country.

Also needed is to close the gap between the University and policymakers. Following Levin's 3 context-model (LEVIN, 2004), we have to:

- **Improve scientific production** through granting process that foster adequate research in child maltreatment and development; giving support and resources to improve research dissemination, not only research production; increase university and researchers' investment in knowledge exchange, not only in knowledge production, as happens nowadays with priority given to the second factor; include policymakers concerns in the development of new research. Adding policy makers concerns to the process of research development can enhance their interest in research products, and consequently in their use; build networks of researchers and policymakers towards common interests;
- **Improving research use** through closer ties between major government organizations and foundations to learn more about their capacities and limitations. "Building capacity" to find, understand and apply knowledge is a fundamental step in KE and very often organizations are not prepared to implement knowledge, even when there is interest in it. Develop better means to share information among user organizations; support placement of researchers (students and senior ones) within these organizations. Research on KE has shown that interpersonal contact (trust building) and peer influence is way more effective than traditional research products such as guidelines, reports and so on.

- Concerning **user-research production linkages**, communication efforts made by skillful professionals are central, to “translate” research findings into an accessible language to policymakers and general public. Build media connections: media dissemination still is a very important feature of KE, as well as web-based efforts to disseminate research. Printed material has to have its role reconsidered, because they may take too long to reach users and hasn’t the same accessibility than electronic mediums.

More studies to understand research impact are needed, but the idea of KE should be applied to increase CMP readiness.

Last but not least, to foster professional education and training in child development is one of the most urgent measures to improve CMP readiness on Brazil. The brief overview of professional education in this report, of relevant disciplines for child care, highlighted the lack of trained professional with expertise in child maltreatment and its prevention and the lack of educational institutions devoted to child development issues. Ninety percent of our interviewees assessed the present availability of human resources as inadequate for large-scale implementation of CMP programmes, as well as for training and education, either undergraduate or postgraduate courses or non-university institutions.

Adequate functioning of care services, in particular those in charge for the detection of child maltreatment and official data production systems, depends on professionals with expertise to deal with these issues. Professional training surely is one of the most effective means to sensitize these professionals – without the consistent presence of contents on child maltreatment in curricula at university level, it is not likely that this problem will be treated as a public health priority problem with proper institutional support these will exist. Therefore, we take professional training as one of the most important dimension of CMP readiness and any strategy to its improvement should privilege this point. As the study presented here showed, the Brazilian situation at this point does not give ground for optimism.

Brazil has a large public university system that is not addressing either CM or CMP. The inclusion of these issues in the curricula of relevant undergraduate and post graduate courses, as well as training in child development in general, is perhaps the most important step at this moment. KE transfer strategies on education policies and strong advocacy efforts should be performed to persuade government agencies, such as the Ministry of Education and most of state secretariats of education, to include CM and CMP in professional training all over the country. It is also necessary to foster continued education

of practitioners, what the Ministry of Health has been doing – as mentioned in some interviews – but not enough. One future research project derived of this project is an internet-based national survey on professional training in child development and CMP in Brazil, taking place at this moment.

Should a proper diagnosis of the problem be performed and adequate policies be developed, without adequate human resources and expertise in CM and CMP there is no way that such policies could be successfully implemented.

7. Limitations of the Study in Brazil

The study could reach only a small sample (N=41) for such a large and diverse country as Brazil. Future versions of RAP-Informant should enable larger studies on CMP readiness. Also, this sample comprised mainly by interviewees from two states out of 27 in Brazilian Federation: Sao Paulo and Rio de Janeiro.

8. Conclusions

The work here presented aimed to develop a tool to measure the readiness to prevent child maltreatment – identifying individual and collective disposition to address the problem seriously – at the same time conduct a first study to evaluate the obstacle and potentialities for promote this readiness. CMP readiness in Brazil is alarmingly low. Most interviewees agreed that Brazilian children, despite the legal protection framework and care services available, are pretty much vulnerable and daily subjected to violence and violation of their rights.

Despite the natural difficulties in the process of develop a new instrument, RAP-Informant proved to be a valuable method to better understand the Brazilian child maltreatment context. Though its validation and normalization is still missing, but the time being the information collected is good enough to establish a baseline regarding CMP readiness in Brazil.

A first study using RAP-Informant demonstrated that the problem might be greater than initially thought. Following Mikton (2011), we have an enormous deficit in all four facets of readiness to deal with maltreatment: awareness, willingness, ability and capacity. Prevention still is a concept far from being really understood as not synonymous to protection, and accepted by public administration and by practitioners.

At the individual level, awareness is referred to knowledge about the severity and priority given to the issue. Interviewees might give child maltreatment high-priority in their speech, but if we take into account the difficulties the research team faced to reach key-agents in this study, we cannot say that they were willing to engage in initiatives against child maltreatment. Regarding ability and capacity, the low scores found suggest that practitioners, policymakers, as well as many other categories of key-agents do not have enough expertise or resources to implement preventive policy.

At the collective level, the scenario is not much different. Non-material resources (ability), like human and technical are evaluated as extremely inadequate by interviewees and it is a shared perception that the federal and/or local governments do not invest enough material resources to organizations responsible for children care (capacity). The collective perception of child maltreatment severity is incompatible with its actual harmful consequences, both in interviewee's statements and through public debates that have happened lately.

There is a long way to go and much work for child maltreatment to be achieve priority in government agenda. Research production and academics should play a major role in this process, developing strategies to build bridges between what we already know regarding maltreatment and the practice, mainly through policymaking. More recently, the interaction between policymaking and research has become the focus of studies and should attract more researchers' interest all over the country. As the child maltreatment context in Brazil indicates, discrepancies and the distance between the universities and public administration have hindered the development of both. Maybe the greatest challenge now is to overcome this harmful pattern.

9. Appendix

Which lists all current or recent (last 3 years) CMP Programmes identified in Brazil

Most Brazilian child maltreatment programmes and policies are, at present, aimed at the protection rather than prevention.

Protection Programmes:

- Plan to Fight Sexual Abuse and Exploitation of Children and Adolescents, coordinated by the Ministry of Social Welfare and Assistance (MPAS), formulated in 2000 and approved by the National Council for the Rights of Children and Adolescents (CONANDA). To enforce this plan a National Committee for Dealing with Sexual Violence against Children and Adolescents was formed. Key members of the Committee are CONANDA, the Ministry of Justice and The National Forum for the Rights of Children and Adolescents (an NGO).
- SENTINELA Programme: coordinated by the Ministry for Social Development, consists of a series of activities to assist children and adolescents victims of sexual violence and their families with services that allow them to improve access to rights, improve self-esteem and to reestablish family ties. Implemented in at risk areas, such as state capitals, metropolitan regions, ports, riverbanks, Indian reservation areas, major highways, mining areas and tourism destinations. By the year 2005, 17.000 children and adolescents were being assisted at 310 Reference Centers in 26 of Brazil's States.
- PAIR: Programme to Prevent Sexual Abuse against Children and Adolescent, coordinated by the National Secretariat for Human Rights.
- Parliamentary Committee of Inquiry by the National Congress, in 2003, that disclosed networks involved in the sexual exploitation of children.
- National Information System on Childhood and Adolescence (SIPIA): this system produces aggregate data at municipal, state and national levels, on

specific aspects related to children and adolescent's rights to monitor the status of protection for children and adolescents as reported by local Child Rights' Councils.

- Nationwide toll free hotline to denounce violence, sexual exploitation and abuse of children and adolescents.
- Center for the Prevention and Repression of Internet Crimes, run by the Federal Police, which reports cases and enforces legislation against child pornography.
- Brazilian Pro-Child Council Programme. To strengthen Civil Rights Councils, Funds for Childhood and Adolescence and Child Rights Councils, in order to improve the work of local councils, providing training for councilors and encouraging the adequate use of resources by these funds.
- Special Police Precinct for the Protection of Children, at present there are 45 such police precincts in Brazil
- Protection programme for children and adolescents under death threats, in place since 2003 this program protects mainly children in urban area, witness or involved in criminal offenses who have become the target of criminal groups.
- Programme on Children and Adolescents who disappeared: around 10.000 children and adolescents disappear every year around the country. A network to identify and locate disappeared children has been established by the National Secretariat for Human Rights. A national roster of cases, a DNA database and knowledge sharing between national and state and local security agencies are the objectives of this program.
- National plan to secure the right of children to family life – to prevent the removal of children from families and or if necessary ensure that foster families and adoption are successful in terms of the quality of life of the children. An inter-ministerial effort to: carry out a diagnosis of children's family circumstances to identify risk factors, including street children;

identify existing alternatives for children at greater risks; develop information systems on children at risk and on alternatives of support; integrate policies; disseminate results; improve services (shelters); improve adoption procedures (national and international); train personnel at local level; consolidate a network of information on missing children among others the plan is running from 2009 to 2015.

Prevention Programmes

- Brazilian Network for Early Childhood - with the goal to define a National Plan for Early Childhood for the period of 2009 and 2022. The network is comprised by 35 organizations, some connected to the UN system, such as UNICEF and UNESCO, large international organization such as Save the Children, Plan and Promundo, and national ones. The draft of the National Plan covers various aspects of early childhood to promote better access to rights for children up to 6 years old. The plan is transversal, cutting across disciplines, it is long term and it is expected that will be ratified by Congress and become a national policy.
- Healthy Little Brazilians – starting in 2010, aims to improve and promote healthy pregnancy targets women and their babies from 0 to five years. The goals are: improve prenatal care, training of obstetric emergency services, expand birth planning, promote breast feeding, improve medical attention for newborn, investigate infant mortality to identify major causes and prevention, prevent child accident, maltreatment and violence, monitor the national inoculation programme, and foster adequate nourishment with the adoption of micronutrients on children's diet.
- Network “Mãe Cegonha”, targeting pregnant mothers and children up to 2 years old.
- Improved Early Childhood, in the State of Rio Grande do Sul – home visiting programme.

Programmes not explicitly aimed at preventing CM but in which CMP components could be integrated.

None.

10. Literature Review

The literature review covered papers, dissertations and theses in Portuguese. The following databases were used for the literature review: Lilacs, Adolec, Cidsaude, PAHO, Repidisca, BBO, Medline, BDENF, HomeoIndex, Medcaribe, WHOLIS, Pubmed, Psycnet, Scielo, IBECS and Portal CAPES. Dissertations and theses were identified at key universities libraries websites and at two national thesis data bases: CNPq and IBICCT. Key words used were “abuse”, “prevention”, “protection”, “violence”, “child”, and “maltreatment”

The search resulted in a total of 55 works, divided by papers, dissertations and theses

Table 5. Literature by source

Literature by source	Percentage
Ph.D. Thesis	7,3%
Masters/Dissertations	49,1%
Papers	43,6%
Total	100%

Most of the literature refers to studies whose territorial coverage was a municipality (but this specific data needs a further review).

Table 6 – Breadth of coverage

Breadth of coverage	Percentage
Municipal	92,7%
National	3,6%
Undefined	3,6%
Total	100%

Table 7 – Description of the studies

Description of the studies	Percentage
Causality	10,9%
Diagnosis	63,6%
Evaluation	20%
Instrument building	1,8%
Essays (theoretical works)	3,6%
Total	100%

Most of the literature identified refer to: a) diagnosis of violence in specific locations/settings/contexts; b) information to guide professionals and parents; c) assessments of professionals' performance in this field; or d) analysis of the process of mandatory notifications, i.e. how notification is being handled by services and professionals and related aspects. The few evaluation studies identified focused on programs, professional performance, policies and more rarely on the media.

Few studies were identified on: causality or risk factors and/or on prevalence of maltreatment (this almost absent); cognitive and emotional effects and maltreatment; gender issues and notification of abuse of young girls; child abuse and parental violence; violence and mental health. A single study to adapt an instrument to help health professionals to recognize and report abuse was found. The results for the literature review are presented following the structure of the Fetzer study, according to the 10 dimensional model:

- **Dimension 1**

In terms of problem assessment the majority of the literature reviewed focus on **protection** issues. Few papers discuss programs that have preventive goals and fewer still those which have been evaluated; only 5,4% of all the printed material identified had prevention as focus, a very low incidence.

Papers tend to refer to maltreatment in general without specific attention for any form of maltreatment though overall when specific forms are approached the predominance is of sexual violence and domestic violence.

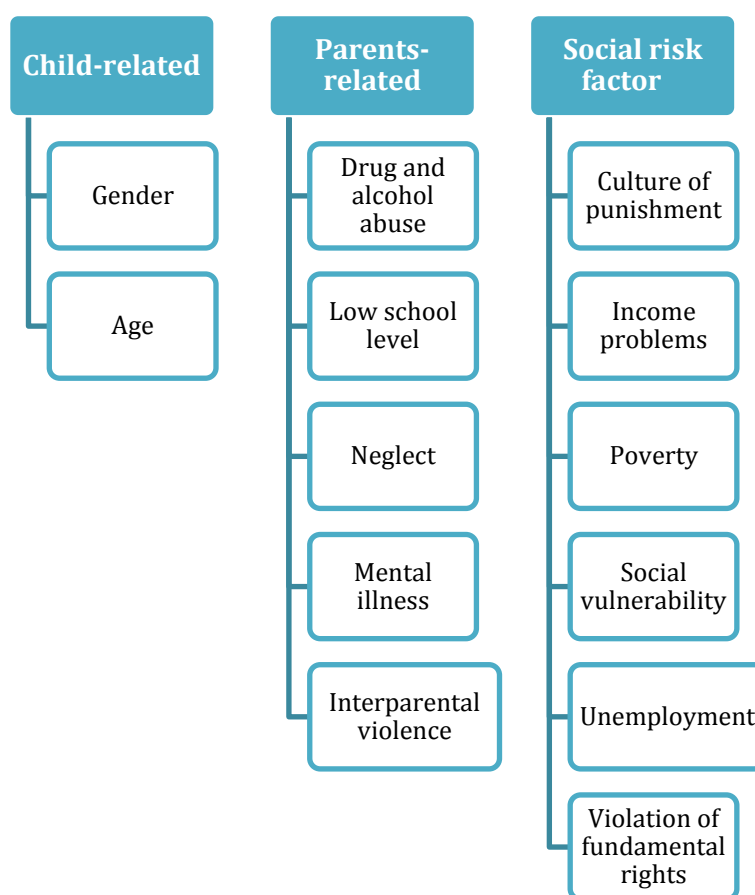
The published reports in general cover a variety of consequences associated to child maltreatment, being the most common ones: behavioral changes, emotional distress, social problems and cognitive difficulties. This pattern is similar to that found in the field testing as the interviewees referred to cognitive and emotional development as the main consequence (65.7%) of maltreatment, followed by the reproduction of violence (36.6%). The literature review seems to place a little more emphasis on emotional problems (29,1%) and aggressive behavior (11.4%) as the main consequences, with 35.4% of the studies reviewed not mentioning consequences of maltreatment.

Table 8 – Consequences of Maltreatment - Literature Review

Consequences Literature Review	Percentage
Aggressive behavior	11,4%
Criminal behavior	5,1%
Development difficulties	8,9%
Emotional problems	29,1%
Mental health problems	3,8%
Not mentioned	35,4%
Sexual difficulties	6,3%
Total	100%

The main risk factors for child maltreatment identified in this review were: parental violence (16.5%), parental drug abuse (12.7%), and poverty (7.6%). Roughly ⅕ (22.8%) of the papers/theses do not refer to any risk factors.

Figure 1 – Risk Factors – Literature Review



A similar profile of risk factors for child maltreatment was identified in the interviews: income inequalities (24.4%), familiar structure (19.5%), with 14.6% of the interviewees not mentioning any risk factor. Costs of maltreatment are ignored in this literature reviewed similarly to what was identified in the interview data.

▪ **Dimension 2**

Similarly to what was identified in the field testing, the legislation most often mentioned in the papers reviewed was The Statute of the Child and the Adolescent (35.3%) and the Brazilian Constitution (17.6%). The draft of the law to ban corporal punishment and humiliating treatment – Law Project number 7672/2010 – while mentioned by almost 12% of interviewees, was not the object of any of the literature reviewed.

▪ **Dimension 3**

In terms of the strength of will to address child maltreatment politically and socially, The National Plan Against Child and Adolescent Sexual Abuse (2000 – Ministry of Justice) which is mainly a protective program that reinforces the importance of notification and of programs to protect victimized children, seems to be the first systematic governmental initiative start to deal with child maltreatment in the country. The fact that 73% of the articles, dissertations, and theses reviewed, discuss sexual abuse maybe a consequence of this emphasis of the national programs. The National Plan for Violence Prevention (2005 - Ministry of Health) it is another example of an official initiative that may express the presence of political will to cope with this challenge at national level. This Plan is being implemented in some States and Municipalities that have high rates of child mortality due to external causes. So far there has been no evaluation of this plan, so there is no data on its efficacy.

Although there are national policies that target child maltreatment it is important to mention that most of the programs dealing with the subject are run by nonprofit organizations and are developed due to the absence of political actions in the area, which reveals a paradox. Civil society organizes itself to deal with the problem because there is a lack of local political action, while the Government tries to implement national plans that seem to have difficulties to be fully implemented in local areas. Thus there is a gap between governmental initiatives and local communities: sometimes the community is more sensitive and aware of the problem of CM as result local organizations may decide to act to protect children, as result a local program may develop and this program may well receive government funding. In other circumstances the opposite can take place: the government may identify a problem and try to act without broad support from civil society. This was the case when the government sent the project to Ban Corporal Punishment and Humiliating Treatment (Law Project 7672/2010) to Congress. This law project provoked much debate and almost a social commotion not about the cost to children the corporal punishment result but on the right of government to legislate on “private family matter”. As result government interest in getting the law project approved by Congress was drastically reduced and the project is de facto abandoned.

▪ **Dimension 4**

Partnerships, coalitions, networks, and alliances between institutions dedicated to child maltreatment were addressed in a paper “Network for Prevention of Violence: from utopia to action” (NJAINÉ et al, 2007) referring to initiatives in two cities in the South of Brazil where attempts were made to install network of protection for people in vulnerable

situation and to create a prevention network. This paper reveals that involving different areas of government, NGOs, entrepreneurs and a network of professionals is a key step to achieve good results. Also there is a need to emphasize the benefits of considering the partnership while working because it helps to delineate better strategies to deal with the problem. This means that a culture of networking must be developed, i.e it is not spontaneous, which seems to be in agreement with the data from the field testing. But this is also a challenge that must be faced. The high frequency of no response to the questionnaire shows that professionals still have difficulties with this subject.

- **Dimension 5**

In terms of financial resources and infrastructure and equipment invested in this area, the literature reviewed does not mention any kind of governmental funding to prevent child maltreatment. This is similar to what was found in the field testing. Though the National Plan of Violence Prevention of the Ministry of Health has a budget to finance projects focusing on this theme, the majority of the interviewees do not have known about this (summed up 'no' and 'don't know' answers the total is 63%).

- **Dimension 6**

Does the review help clarify what are the human resources to prevent child maltreatment, the availability of personnel with specialized technical, administrative, and managerial skills, knowledge, and expertise in child maltreatment prevention? Most of what was reviewed refers to protection. It is not clear that the concept of prevention – as the prevention of violence from occurring in the first place, is a well established consensus in the field.

- **Dimension 7**

This refers mainly to factual information about maltreatment. The documents reviewed refer to local data collected from local institutions and refer to specific forms of maltreatment such as sexual abuse. This is similar to what was found in the field testing: the quality of data on the subject is poor, not regularly produced, lacking in standardization and difficult to use. Part of this is the result of lack of effective implementation of mandatory notification, and this in turn of professionals' lack of proper training to identify maltreatment and/or unwillingness to report it. This is a key concern of the Brazilian Society of Pediatrics, and to improve this they provide a course to train health professionals to "Fight Violence against children and adolescents". The course

approaches violence definition, consequences, and strategies to evaluate characteristics of the phenomenon.

- **Dimension 8**

Current programs identified in the review refer mostly to protective programs, though some works presented initiatives that can have a preventive character:

- **Ag. Uga-Uga** – goal: prevention of sexual violence against children and adolescents - through information and communication, through the media;
- **Projeto Rede Andi Brasil** – goal: to monitor media reporting on child and adolescent issues, and to motivate journalists to be sensitized about the subject;
- **Centro de Cultura Negra** –goals: to inform the black population about means to overcome violence – A Program of dance and percussion group, enabling people to work on awareness and educational activities and training;
- **Mov. de Saúde Mental** – goals: recreational activities to promote self-esteem – vocational courses for adolescents, community therapy to evolve families, activities in schools and churches;
- **Programa Sentinela** – goals: to mobilize, raise awareness, and improve understanding of what violence is. Multidisciplinary team that provide individual assistance, workshops, foster care, home visits, and contacts with schools;
- **Circo de Todo Mundo** – mainly acts to listen to children and adolescents living situation of exclusion. It has a specific project on protection against sexual abuse and exploitation develops: art activities, drama, clay, painting, education of families roles in raising children;
- **Luta pela Paz** – sport (boxing and capoeira) lectures about prevention, sexually transmitted diseases, and abortion;
- **Construção da Paz** – A program of awareness (private school) raising, relations and inter-relationships, to foster camaraderie, discussions of ethical values, and to encourage voluntary work;
- **Centro de Referência a Vítimas de Violência** – train professionals, couples, children and adolescents in violence prevention;

- **Centro Social Marista** – inclusion and integration with families, self-esteem, strengthen education, regulation of housing, workshops, workshops for groups to generate incomes;

Usually, the programmes are dedicated to child protection but often they use the expression “prevention” in an inadequate way, meaning actually “protection”. This confusion was also found in the field study. Usually such preventive program aim at raising the awareness of professionals about maltreatment, the importance of notification, the identification of symptoms, the basic care, the theoretical issues, and the consequences of notifying the abuse which are considered preventive actions.

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