Protecting Children from Violence in the Time of COVID-19:

Disruptions in prevention and response services

unicef

for every child

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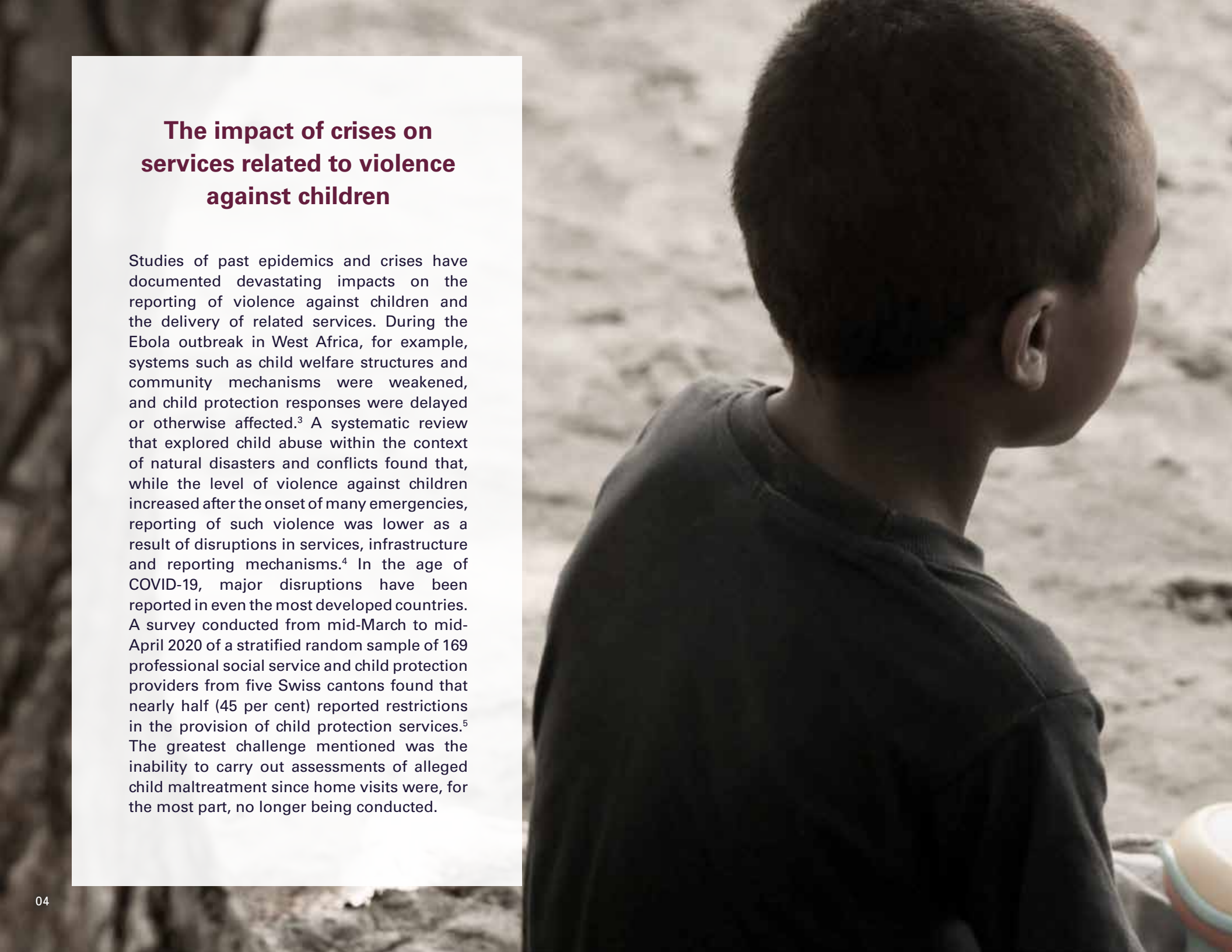
VIOLENCE AGAINST CHILDREN IN THE TIME OF COVID-19

Violence is an all-too-real part of life for children around the globe – regardless of their economic circumstances and sociocultural background – with both immediate and long-term consequences. Available data indicate that children's experience of violence is widespread, taking different forms: About half the world's children are subjected to corporal punishment at home; roughly 3 in 4 children between the ages of 2 and 4 years receive violent discipline by parents and other primary caregivers; half of students aged 13 to 15 experience peer violence in and around school; and 1 in 3 adolescent girls aged 15 to 19 have been victims of intimate partner violence.[1]

As daily lives and communities are upended by COVID-19, concern is mounting that violence against children may increase. Children with a history of abuse may find themselves even more vulnerable, both at home and online, and may experience more frequent and severe acts of violence. Others may be victimized for the first time.

Children's exposure to increased protection risks as a result of the coronavirus crisis may occur through a number of pathways. The pandemic could result in loss of parental care due to death, illness or separation, thereby placing children at heightened risk for violence, neglect and exploitation. Added stressors placed on families due to economic uncertainty, increased caregiving responsibilities and social isolation can exacerbate tensions at home, both in the short and long term. Additionally, many of the prevention and control measures adopted by countries to contain the coronavirus have resulted in disruptions of the reporting and referral mechanisms of child protection services, leaving many children and families vulnerable. These measures have also affected delivery of vital support and treatment services as well as contact with informal support networks.

During the current crisis, identifying children at risk is inherently more challenging, given that many adults who would typically recognize signs of abuse, such as teachers, childcare workers, coaches, extended family and community members, and child and family welfare workers, are no longer in regular contact with children. Indeed, a growing body of evidence supports the notion that school closures as well as the interruption of child protection services have inhibited child maltreatment reporting during the COVID-19 pandemic.[2] Understanding the current status of violence prevention and response services is therefore essential to assessing risks to children. It is also important to call attention to immediate and long-term measures that need to be put in place to ensure the safety and well-being of children amidst the pandemic's socioeconomic fallout.



The impact of crises on services related to violence against children

Studies of past epidemics and crises have documented devastating impacts on the reporting of violence against children and the delivery of related services. During the Ebola outbreak in West Africa, for example, systems such as child welfare structures and community mechanisms were weakened, and child protection responses were delayed or otherwise affected.[3] A systematic review that explored child abuse within the context of natural disasters and conflicts found that, while the level of violence against children increased after the onset of many emergencies, reporting of such violence was lower as a result of disruptions in services, infrastructure and reporting mechanisms.[4] In the age of COVID-19, major disruptions have been reported in even the most developed countries. A survey conducted from mid-March to mid-April 2020 of a stratified random sample of 169 professional social service and child protection providers from five Swiss cantons found that nearly half (45 per cent) reported restrictions in the provision of child protection services.[5] The greatest challenge mentioned was the inability to carry out assessments of alleged child maltreatment since home visits were, for the most part, no longer being conducted.

Methods and data sources

The data presented in this publication are derived from UNICEF's Socioeconomic Impact Survey of COVID-19 Response. The survey collected information from UNICEF's network of 157 country offices on disruptions in service provision as a result of the coronavirus, at the national level, across different sectors. The 157 programme countries where UNICEF operates include all 138 low- and middle-income countries, plus 19 high-income countries. These 157 countries are home to 90 per cent of the world's population of children. UNICEF country offices were asked to provide an assessment of the level of disruption in five services (shown on page 10) related to violence against children (VAC). As of 14 August 2020, 136 country offices had reported on these services. Thus, the results reflect the situation in 87 per cent of UNICEF programme countries, which are home to 1.9 billion children.

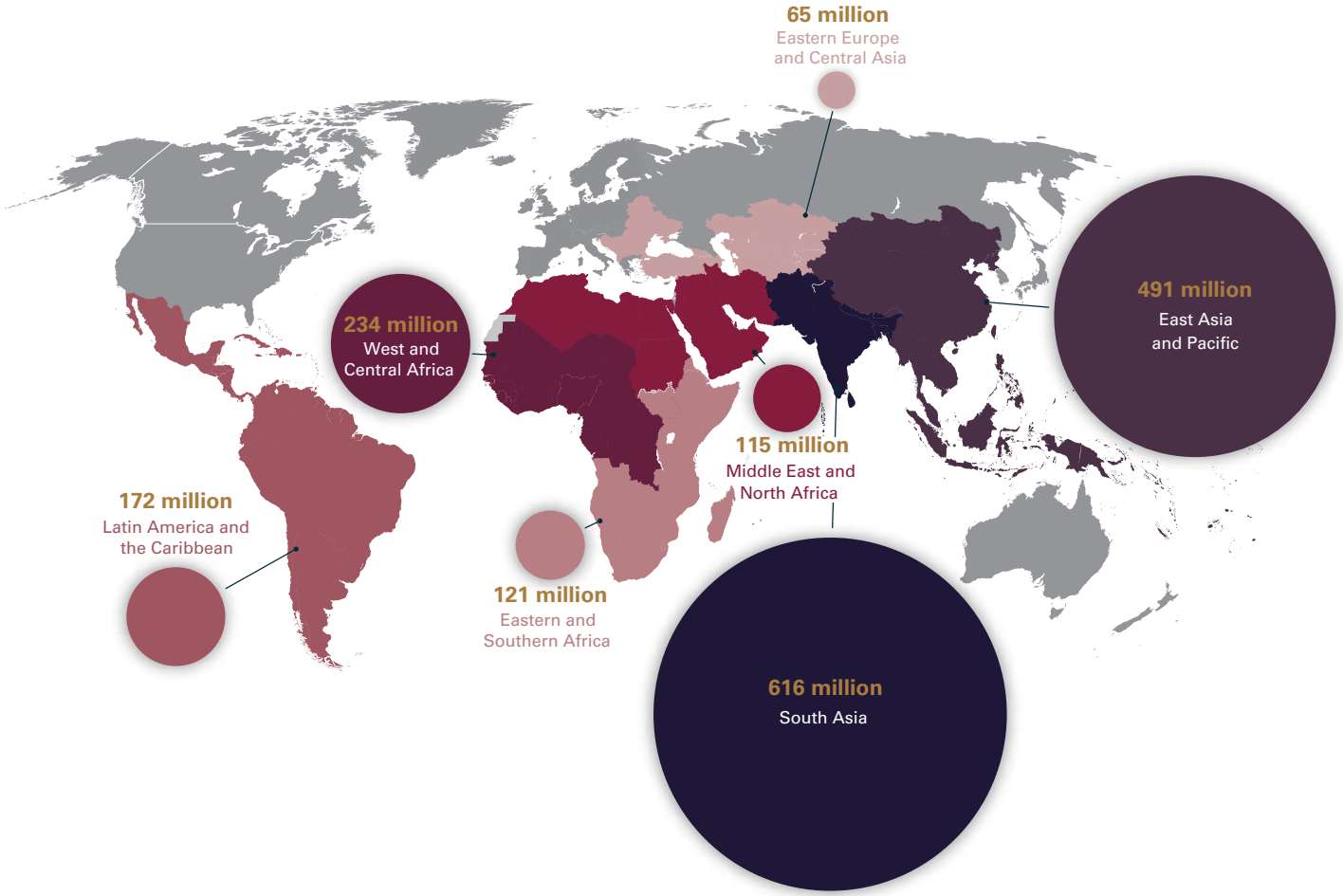
	Number of countries that reported on VAC-related services	Number of countries that received the survey	Response rate (%)	Population coverage (proportion of children covered by data out of the total number of children living in UNICEF programme countries, %)	Population coverage (proportion of children covered by data out of the total number of children living in all countries, %)
Latin America and the Caribbean	35	36	97	95	95
East Asia and Pacific	24	27	89	95	89
Eastern Europe and Central Asia	21	21	100	100	70
West and Central Africa	21	24	88	93	93
Eastern and Southern Africa	15	23	65	66	66
Middle East and North Africa	13	18	72	77	75
South Asia	7	8	88	100	100
Total	**136**	**157**	**87**	**91**	**82**

Data on child protection services were gathered between 1 May and 14 August 2020, and reflect the situation at the time the country offices submitted the survey. Although every effort was made to document and verify the type of disruption, the questions asked were left open to some level of interpretation. Also, the availability and quality of data from service providers remain weak in many countries, compromising the ability to accurately report on changes in coverage and use of services. Finally, because the types of services vary by country, respondents used their knowledge of the local context to report on what had occurred. Country office responses relied on varying sources and, in some cases, represent best estimates; therefore, figures may not capture the full national response to the COVID-19 pandemic.

WHAT HAS HAPPENED TO VIOLENCE PREVENTION AND RESPONSE SERVICES?

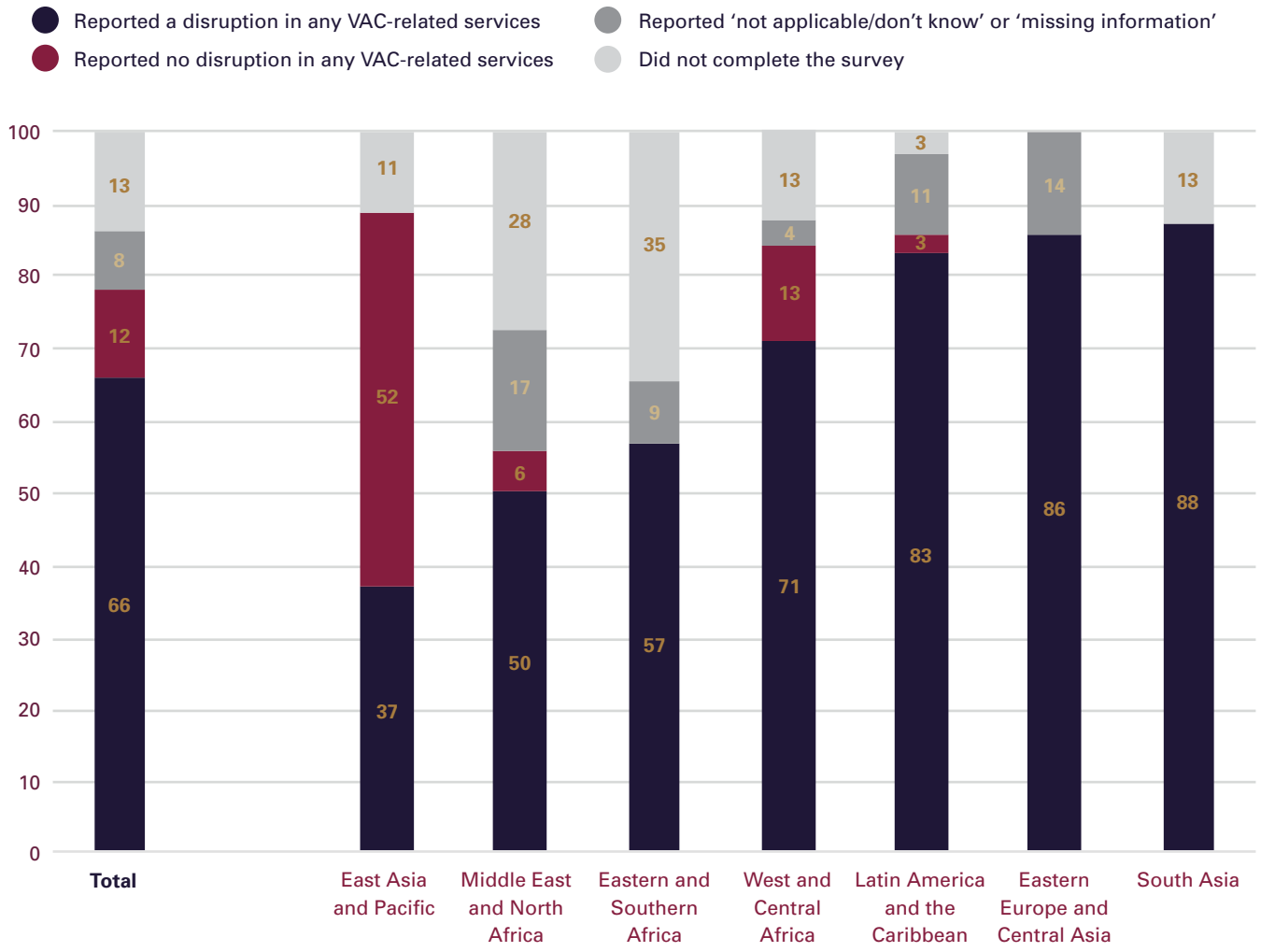
1.8 billion children live in the 104 countries where violence prevention and response services have been disrupted due to COVID-19

Figure 1. Number of children aged 0 to 17 years living in countries that have reported any level of disruption in any services related to violence against children, total and by region



Notes: Figures have been rounded. This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country, territory or area or the delimitation of any frontiers. The dotted line represents approximately the Line of Control in Jammu and Kashmir agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the parties. The final boundary between Sudan and South Sudan had not yet been determined, and the final status of the Abyei area has not yet been determined. Countries in grey did not receive the survey.

Figure 2. Percentage distribution of countries by whether or not they have reported a disruption in any services related to violence against children, total and by region



Notes: Figures have been rounded and may not add up to 100 per cent. The estimate of 66 per cent reflects the 104 countries that reported a disruption in any services related to violence against children out of the 157 countries that received the survey. Additionally, 21 countries did not complete the survey; therefore, the number of countries with a disruption in any VAC-related services could be higher. Nineteen countries reported no disruption in any VAC-related services, while for 13, the responses were 'missing/not applicable/don't know'. It is important to remember that some countries might have such services, but due to their nascent nature, disruption did not occur. The 'not applicable' category is meant to capture situations where a service was not available in a country prior to the pandemic.

South Asia has the highest proportion of countries reporting service disruptions, followed by Eastern Europe and Central Asia

Case management and home visits for children and women at risk of abuse are among the most commonly disrupted services

Figure 3. Percentage of countries that have reported any level of disruption in any services related to violence against children, total and by type of service

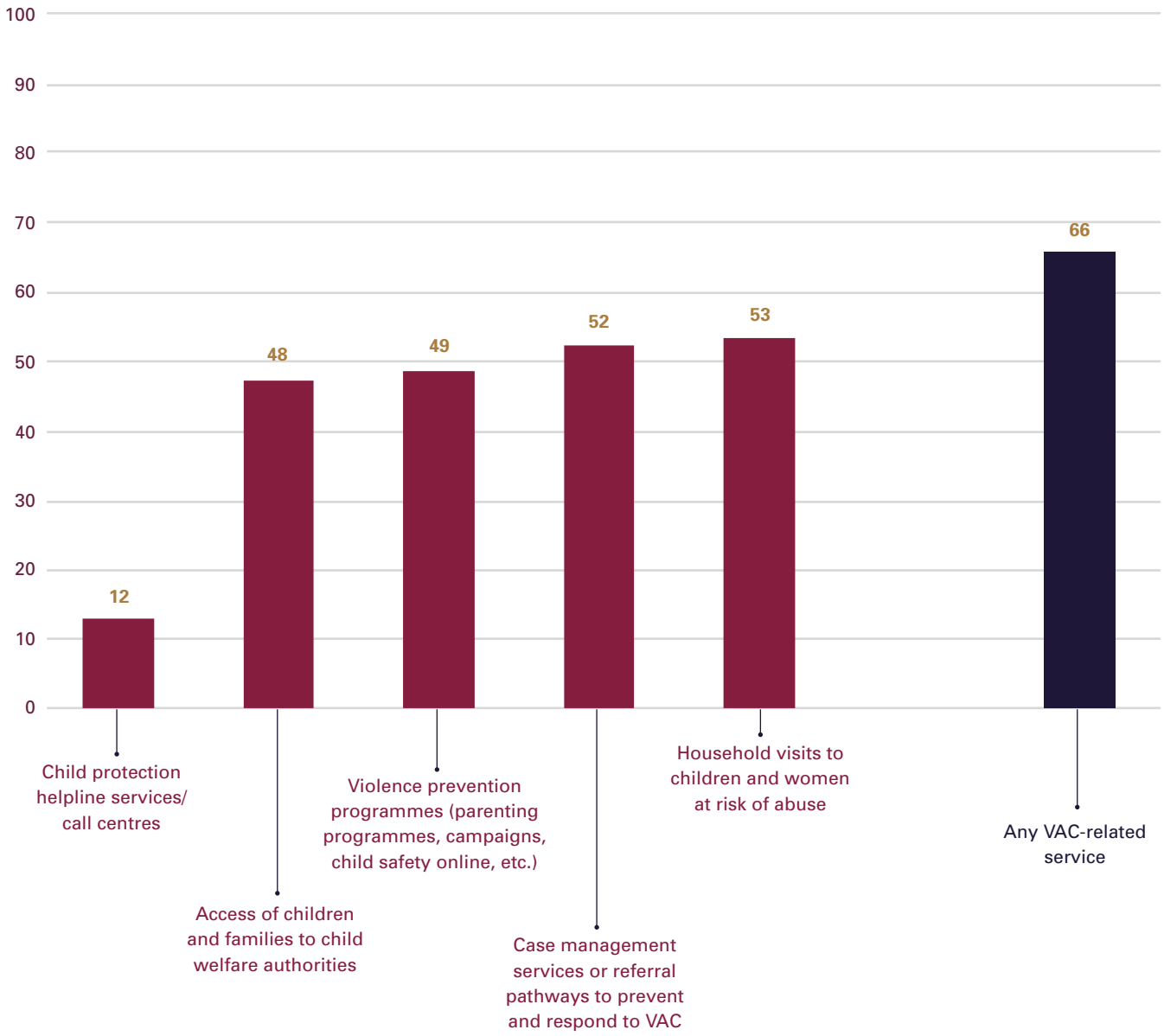
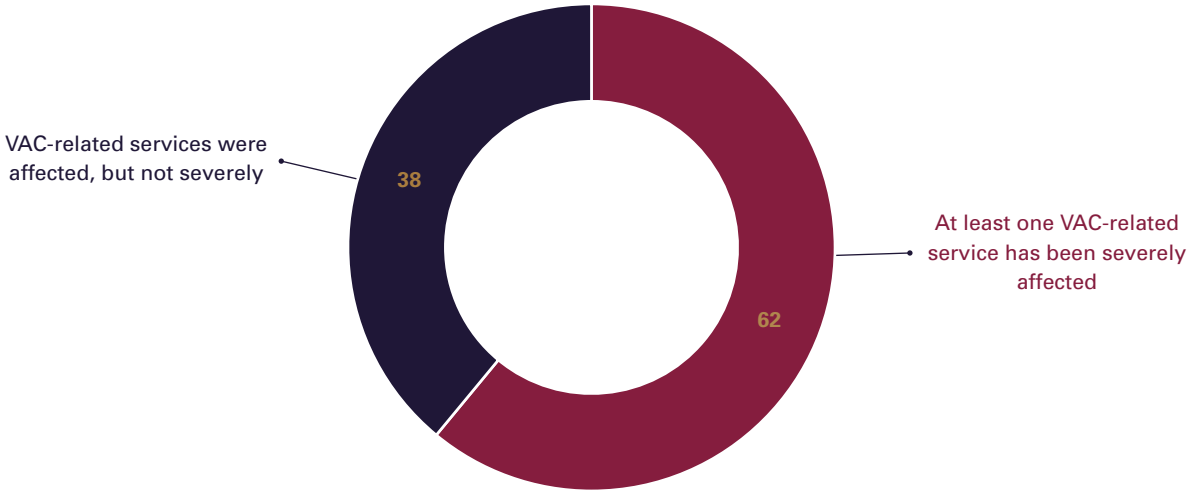
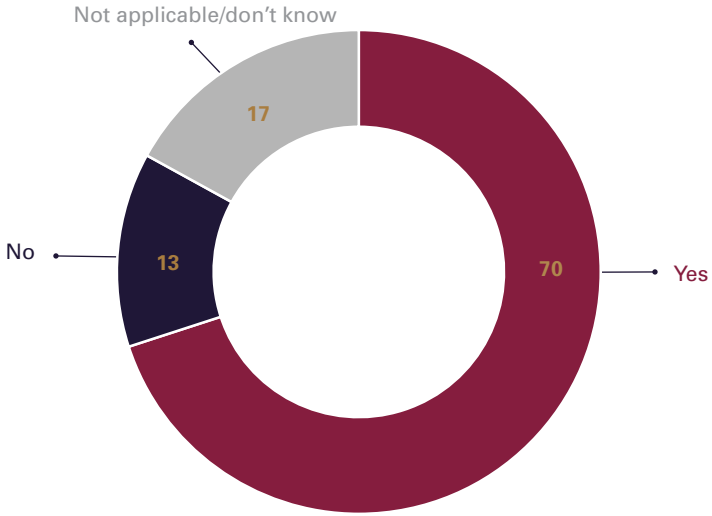


Figure 4. Percentage distribution of countries that have reported a disruption in any services related to violence against children, by severity



Note: 'Severely affected' is defined as a drop in coverage or use of 50 per cent or more for any of the five VAC-related services.

Figure 5. Percentage distribution of countries that have reported on services related to violence against children, by whether mitigation measures had been put in place



Around two thirds of countries with VAC-related service disruptions reported that at least one type of service had been severely affected

70 per cent of countries reported that mitigation measures had been put into place

Rising to the challenge: Actions taken to minimize risks and mitigate service disruptions

BRAZIL

Since the start of the pandemic, the UNICEF country office has helped raise awareness of the protection risks faced by children and adolescents. It has also provided guidance to victims and witnesses of violence on how and where to seek help. Messages were targeted at children and adolescents, parents/caregivers, and the general public and were strongly integrated across UNICEF programmes. For example, messages on gender-based violence were included in the distribution of hygiene kits, within empowerment programmes for adolescent girls, and during the National Day against Sexual Abuse and Exploitation.

MEXICO

Given the increase in domestic violence, the Ministry of Interior, the Secretariat for the Comprehensive Child Protection System, the Welfare Agency and UNICEF have partnered to train 911 operators on how to deal with calls regarding children, how to listen to children calling in, and where to refer them. Based on this training, an online course was developed to reach a larger number of operators (1,293). Overall, half of all 911 operators received training. With support from Child Helpline International, four videos and four infographics were designed on psychological first aid, active listening and prompt detection of signs of violence at home.

KAZAKHSTAN

The existing Helpline 150 introduced a WhatsApp number to report violence against children and women. The country's Children's Rights Protection Committee also disseminated cell phone contacts of child rights focal points in the regional authorities.

EASTERN CARIBBEAN

The UNICEF Office of the Eastern Caribbean Area has set up a free emergency telephone service offering mental health and psychosocial support (MHPSS) for all 12 countries and territories in the region, as part of its COVID-19 response. The initiative is being carried out in collaboration with the United States Agency for International Development, the Commission for the Organization of Eastern Caribbean States and the Pan American Health Organization. With 40 to 60 per cent of the region's population now unemployed, a major mental health crisis could potentially arise and exacerbate both gender-based violence and violence against children. Efforts are focused especially on people with mental health conditions who historically have been stigmatized and are reluctant to seek help. The service ensures confidentiality and equitable access via telephone, text messaging and video. It also provides high-quality self-help materials through books and digital programmes as well as self-assessments that can trigger professional intervention, if required. Moreover, the service represents an opportunity to introduce innovations in current and future mental health care in the region.

GEORGIA

A Child Hotline 111 was launched to respond to the immediate needs of children during the pandemic. The initiative was carried out by the Human Rights and Civil Integration Committee of the Parliament of Georgia, with support from UNICEF.

KENYA

Several measures have been put in place, including: 1) technical and financial support to the Child Helpline, which now allows counsellors to access calls remotely, 2) dissemination of key prevention and response messages, 3) advocacy with state duty bearers to enforce relevant laws and policies and to deliver essential services, 4) the continuation of case management services, 5) advocacy to include child protection as an essential service in the COVID-19 response, and 6) efforts to strengthen the child protection volunteer workforce at the local level.

STATE OF PALESTINE

Remote case management and psychosocial support services are provided to children with protection needs, including violence. Cases involving extreme violence are prioritized for face-to-face support. Sheltering services are also available through an NGO in the Gaza Strip in light of the closure of the Ministry of Social Development Safe Home. In the West Bank, children are referred to the Ministry of Social Development protection homes and partner NGOs.

EGYPT

The National Child Helpline, operated by the National Council for Childhood and Motherhood, has received hygiene kits to facilitate functioning in the current environment, along with laptop computers to support remote operations. Remote case management and psychological first aid training has been provided to Child Helpline agents and counsellors along with social workers and counsellors from various non-governmental organizations (NGOs). These measures have helped maintain child protection services, including those involving family violence. Through the provision of phone lines, case management units within the Ministry of Social Solidarity are now able to deliver remote services for child protection cases, and ensure the continuity of specialized services provided by implementing partners.

GUINEA-BISSAU

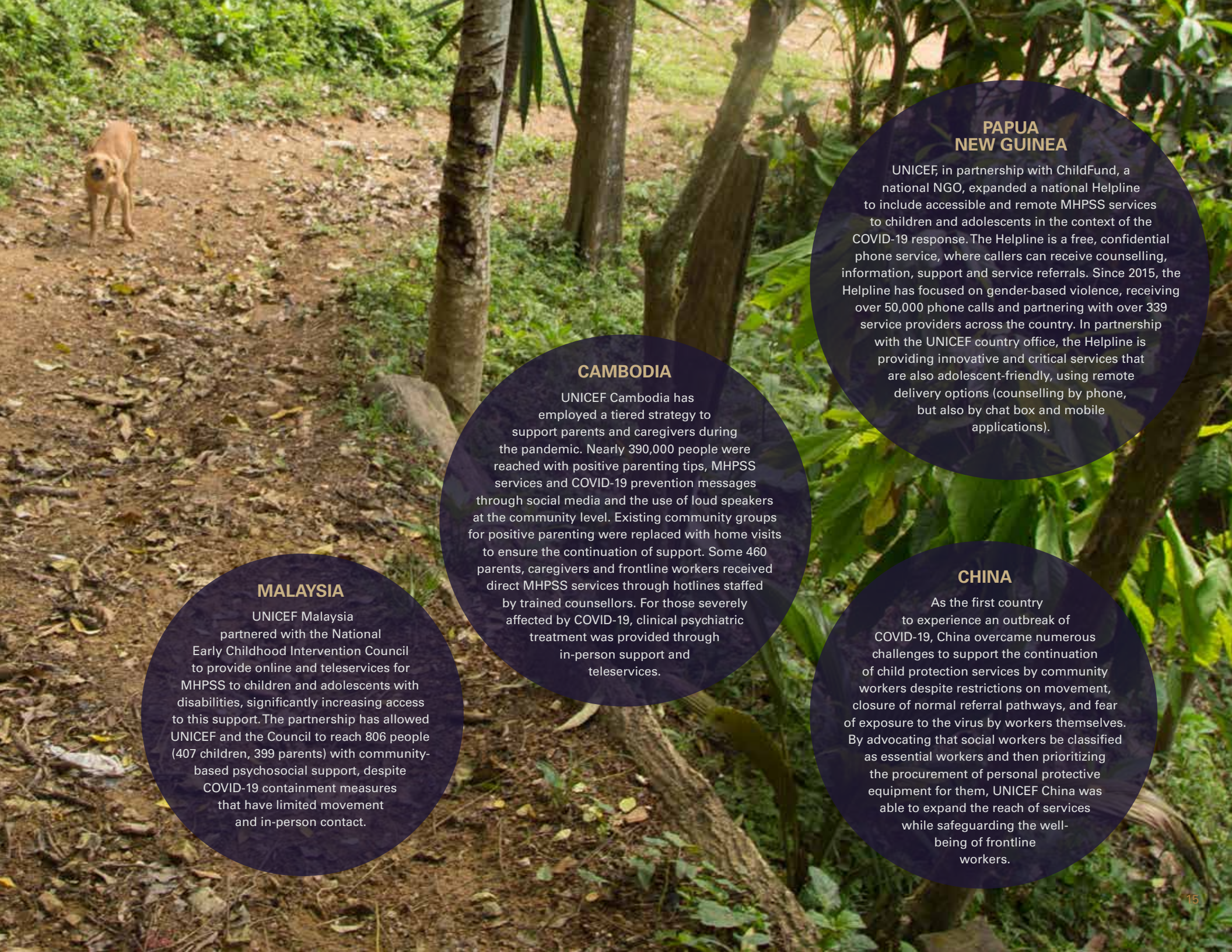
Support was provided until the end of June 2020 for mobile services in urban and rural settings to prevent domestic violence, violence against children, child marriage and female genital mutilation in 109 rural communities and the city of Bissau. A total of 12,000 people were targeted. Refresher training was conducted and personal protective equipment was provided, along with guidance materials in local languages.

PAKISTAN

Key findings from a rapid assessment of the impact of confinement on children indicate that changes in their home life are linked to increased stress in children and reduced patience in caregivers. More than 2,600 social service professionals have received virtual or face-to-face training in psychosocial support and stigma prevention based on a standard training package developed with UNICEF support in response to the coronavirus. Integration of MHPSS services in health and education is also under way to ensure sustainable access to these services over the longer term, including when schools reopen.

BANGLADESH

Since movement became restricted in late March 2020, UNICEF has supported the Department of Social Services to continue working in urban and rural communities. UNICEF provided personal hygiene items such as masks, hand sanitizers and eye protectors for social service workers so they can safely support children living in the street, in slums, and in climate-affected and hard-to-reach areas. Given the increased rate of calls to the Child Helpline 1098, UNICEF also helped recruit additional social workers to boost the response. UNICEF-supported on-the-job training and mentoring online have also increased the capacity of the social service workforce. A series of virtual trainings are organized on a biweekly basis on social work case management, referral pathways, and social worker safety and well-being. Every week, social workers, including those employed by the Child Helpline call centre, are helping more than 10,000 children and families by providing psychosocial support and, when necessary, linking them to food and non-food distributions and other services as well as following up on their cases.



PAPUA NEW GUINEA

UNICEF, in partnership with ChildFund, a national NGO, expanded a national Helpline to include accessible and remote MHPSS services to children and adolescents in the context of the COVID-19 response. The Helpline is a free, confidential phone service, where callers can receive counselling, information, support and service referrals. Since 2015, the Helpline has focused on gender-based violence, receiving over 50,000 phone calls and partnering with over 339 service providers across the country. In partnership with the UNICEF country office, the Helpline is providing innovative and critical services that are also adolescent-friendly, using remote delivery options (counselling by phone, but also by chat box and mobile applications).

CAMBODIA

UNICEF Cambodia has employed a tiered strategy to support parents and caregivers during the pandemic. Nearly 390,000 people were reached with positive parenting tips, MHPSS services and COVID-19 prevention messages through social media and the use of loud speakers at the community level. Existing community groups for positive parenting were replaced with home visits to ensure the continuation of support. Some 460 parents, caregivers and frontline workers received direct MHPSS services through hotlines staffed by trained counsellors. For those severely affected by COVID-19, clinical psychiatric treatment was provided through in-person support and teleservices.

MALAYSIA

UNICEF Malaysia partnered with the National Early Childhood Intervention Council to provide online and teleservices for MHPSS to children and adolescents with disabilities, significantly increasing access to this support. The partnership has allowed UNICEF and the Council to reach 806 people (407 children, 399 parents) with community-based psychosocial support, despite COVID-19 containment measures that have limited movement and in-person contact.

CHINA

As the first country to experience an outbreak of COVID-19, China overcame numerous challenges to support the continuation of child protection services by community workers despite restrictions on movement, closure of normal referral pathways, and fear of exposure to the virus by workers themselves. By advocating that social workers be classified as essential workers and then prioritizing the procurement of personal protective equipment for them, UNICEF China was able to expand the reach of services while safeguarding the well-being of frontline workers.

REDEFINING ESSENTIAL SERVICES DURING CRISES

The long-term impact of the COVID-19 pandemic and implications for children's exposure to violence remain largely unknown. However, based on the literature and mounting anecdotal evidence, some broad directions are emerging. The data presented in this brochure confirm that the establishment of national lockdowns and containment actions taken by governments have resulted in disruptions of child protection services by either forcing closures or requiring significant adjustments to the way services are delivered. In many cases, movement restrictions and social distancing mean that child welfare and social workers are no longer conducting in-person visits, whether at home or in an office, and much of this work is now being conducted remotely – either online or over the phone. Mechanisms for reporting and referring cases of violence against children have also been affected. Child helplines in particular have become even more critical, particularly in places where regular reporting mechanisms have been interrupted. The effects on service delivery are likely exacerbated in contexts where child protection systems were already weak prior to the pandemic.

In times of crisis, governments should prioritize maintaining or adapting critical prevention and response services to protect children from violence. This includes designating social service workers as essential and ensuring they are protected, strengthening child helplines, and making positive parenting resources available. In particular, governments must provide additional resources to child helplines so they can operate effectively in the context of pandemics and other crises, including by enhancing training on child-friendly counselling and adapting referral mechanisms.[6] In addition to the critical role of health care workers, social service professionals must also be acknowledged as a critical part of the COVID-19 response for children, thereby recognizing these unsung heroes and the vital support they offer to children and families.

ENDNOTES

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