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One year into COVID-19: What have we learned about child maltreatment reports and child protective service responses?

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ABSTRACT

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Background: A year has passed since COVID-19 began disrupting systems. Although children are not considered a risk population for the virus, there is accumulating knowledge regarding children's escalating risk for maltreatment during the pandemic.

Objective: The current study is part of a larger initiative using an international platform to examine child maltreatment (CM) reports and child protective service (CPS) responses in various countries. The first data collection, which included a comparison between eight countries after the pandemic's first wave (March–June 2020), illustrated a worrisome picture regarding children's wellbeing. The current study presents the second wave of data across 12 regions via population data (Australia [New South Wales], Brazil, United States [California, Pennsylvania], Colombia, England, Germany, Israel, Japan, Canada [Ontario, Quebec], South Africa).

Method: Regional information was gathered, including demographics, economic situation, and CPS responses to COVID-19. A descriptive analysis was conducted to provide an overview of the phenomenon.

Results: Across all of the countries, COVID-19 had a substantial negative impact on the operation of CPSs and the children and families they serve by disrupting in-person services. One year into the COVID-19 pandemic, new reports of CM varied across the regions.¹ In some, the impact of COVID-19 on CPS was low to moderate, while in others, more significant changes created multiple challenges for CPS services.

Conclusions: COVID-19 created a barrier for CPS to access and protect children. The dramatic variance between the regions demonstrated how social, economic and structural contexts impact both CM reports and CPS responses.

1. Introduction

On March 11, 2020, the World Health Organization (WHO) declared COVID-19 a worldwide pandemic. Since then, societies across the globe have experienced health and socio-economic crises (Thompson & Rasmussen, 2020). Communities and authorities struggle to support public health against shifting clinical presentations and risk groups for health and related issues (UNICEF, 2020a). Despite the fact that children are relatively less likely to be infected by COVID-19, reports published throughout the pandemic have highlighted the dangers children face due to COVID-19, such as increased unwanted online solicitations and negative mental health. However, their wellbeing is often overlooked (Katz & Cohen, 2020; UNICEF, 2020a, 2020b). In a rapid review, ChildFund (2020) noted: 1.5 billion children were globally impacted by school closures and lockdowns, increased cyberbullying, and increased luring and production/dissemination of child sexual abuse material.

One of the most concerning correlates of the response to the COVID-19 pandemic is the increase in multiple child maltreatment (CM) risk factors but lower detection opportunities (e.g., Bérubé et al., 2020; Connell & Strambler, 2021; Katz et al., 2020). Simultaneously, the efforts to maintain the spread of the virus, mainly through lockdowns and social distancing, appear to have acted as barriers to the community's ability to support families in a time of crisis and protect children from maltreatment (Nay, 2020). In their analysis of the COVID-19 pandemic, UNICEF (n.d., p. 1) identified three main potential secondary impacts regarding child protection for children and their caregivers: *neglect and lack of parental care; mental health and psychosocial distress; and increased exposure to violence*, including sexual violence and physical and emotional abuse. Combined, some refer to these impacts as the "secondary pandemic" of child neglect and abuse (Adams, 2020). Accordingly, the Alliance for Child Protection in Humanitarian Action stated that pandemics damage the environment in which children live. As a result, there is an increase in their susceptibility to abuse, neglect, violence, exploitation, psychological distress and impaired development (Alliance for Child Protection in Humanitarian Action, 2019; Fischer et al., 2018).

Various researchers and advocates have expressed concern that children's rights to safety have been downplayed or disregarded during the pandemic, while policymakers focus on containing the spread of the virus. This approach has resulted in health restrictions with a blind spot for children's fundamental rights (e.g., Katz & Cohen, 2020). The closure of childcare facilities, such as schools and residential care, seems to have had potentially devastating and unintended consequences in this regard. The implementation of health restrictions without further consideration of these unintended consequences for children is exemplified in the enactment of a rapid return-to-home policy for children in care in the United States, which left little time for the proper preparation of children and their families. This raised concerns among practitioners of non-governmental organizations, as some children returned to unsafe environments and could not be monitored (Goldman et al., 2020; Wilke et al., 2020).

Although the risk to children has undoubtedly increased during the pandemic, various studies have pointed to a decrease in official CM reports during COVID-19 lockdowns and school closures (e.g., Garstang et al., 2020). Consequently, child educators, who are mandated reporters, exhibited the highest decrease in CM reporting rates (Baron et al., 2020). Further findings that strengthen the support for this worrisome phenomenon illustrated how informal rather than formal CM reports pointed to heightened risks for children during the pandemic. For example, data from various countries indicated an increase in calls to child abuse helplines

¹ The term regions is used rather than countries because in some countries child protection systems are governed by states or provinces rather than at the national level.

(Petrowski et al., 2020) and other forms of informal reports by children and youth concerning their experiences of violence during the pandemic (Babvey et al., 2020).

The various risks that emerged during COVID-19 pose a big question regarding how child protection services (CPS) can contend with protecting children from maltreatment during COVID-19. The international criminal police organization (Interpol) has indicated that the “ongoing economic consequences of the pandemic are likely to put more people at risk of becoming victims” (Iwuoha, 2020, p. 4). With the increased pressure in most countries on social services and many cases of reduced funding, in addition to the findings noted above, the long-term impacts of the pandemic on CPS are still unclear. Therefore, it is critical that future research explore the inter-relationships of economic and social upheaval sparked by the pandemic and its implications for child safety and protection across the international context.

1.1. Child protection services

In the context of humanitarian crises, child protection involves the “prevention of and response to abuse, neglect, exploitation and violence against children” (Alliance, 2019, p. 19). CPS agencies are mandated to provide protection and care for both children and parents; however, COVID-19 led to the necessity of establishing novel responses and protocols of safe service provision. For example, in some jurisdictions, where a youth would have aged out of care during the pandemic, the young person was kept in care to allow for the provision of ongoing support. Similarly, face-to-face visits with birth families were restricted during lockdowns.

In response to the significant challenges faced by CPS systems during COVID-19, various countries have been reporting on their attempts to innovate quickly (International Society for the Prevention of Child Abuse & Neglect, 2020). However, no gold standard can be achieved in such a short time. The current process for learning and developing best practices rests on exchanging local data and ideas between countries. Some countries, such as Canada, have provided professionals with increased resources to support families (Fallon et al., 2020), while others, such as South Africa, have updated their policies to ensure child protection and social protection for families (Fouché et al., 2020).

COVID-19 could potentially have long-term impacts for CPS in many ways, depending on how the virus has affected a particular country; the country’s overall response, including lockdowns, school closures, and travel restrictions; the state of a country’s economy pre-COVID 19 and the nature and resources of CPS. Moreover, the results from Katz et al.’s (2021) international examination of CPS responses during the pandemic’s first wave demonstrated how the pandemic led to service changes and disruptions in both high-income and low-income countries.

The current study is part of a larger initiative using an international platform to examine CM reports and CPS responses in various countries around the globe. The first wave of data collection included an international comparison between eight countries after the pandemic’s first wave (March–June 2020). The findings illustrated a worrisome decrease in formal CM reports along with an increase in risk factors for CM, such as domestic violence, the mental health of youth and their parents, and economic burden (Katz et al., 2021). The current study presents the second wave of data collection, conducted in February 2021, across 12 regions worldwide, one year into the pandemic. The results are presented through a contextual informational analysis that takes into account each region’s characteristics and the ways the pandemic impacted the region. The current study contributes to the development of knowledge on the ways that COVID-19 and the associated public health responses have impacted CM reports and CPS responses.

2. Methods

This study relied on an informal international researcher collective, similar to the first wave of data collection (Katz et al., 2021). This collective was organized at the outset of COVID-19 to collect data related to CM and CPS responses in the represented regions. Epidemiological and child welfare researchers from Australia (New South Wales), Brazil, United States (California, Pennsylvania), Colombia, Germany, Israel, Japan, Canada (Ontario, Quebec), and South Africa provided data from their own jurisdictions. Since its inception, this group has evolved into a formal collaborative to identify research questions going forward in the COVID-19 experience as it develops over time.

To collect the data, each participant completed a template developed collaboratively by the collective that assessed demographics, description of the COVID-19 response, the impact of COVID-19 on CPS, and government initiatives to address child protection. This strategy was similar to the previous study in the early stages of the pandemic (see Katz et al., 2021). Data were collected from the beginning of the pandemic (March–June 2020) until the end of 2020, or as close to this date as data were available. This time frame represents the period of the pandemic when the main policy responses involved restrictions such as lockdowns, travel restrictions and, in some countries, financial and other supports for those affected by the pandemic. At the end of the data collection period, vaccines were becoming available in some regions represented here, although not yet widespread.

As in the first wave, data for the second wave were derived from various sources, with the majority obtained from reports provided by CPS and other government agencies. It is important to note that in some countries, the available data were sourced from gray literature and empirical studies conducted in each country. As discussed in Katz et al. (2021), there were, and continue to be, gaps in the data, as well as significant discrepancies between the regions in how data were collected and reported.

The data for the second wave from the 12 regions were analyzed using two main strategies. The first involved a thematic analysis in which the main themes identified from the collected data were discussed and an attempt was made to compare these themes across the 12 regions. The second strategy involved comparing the emerging trends in the regions and examining them in an effort to advance the understanding concerning the impact of COVID-19 on CM reports and CPS responses.

2.1. Findings

Findings are presented in the following order: a) demographics and reports to CPS; b) the impact of COVID-19 on societies; and c) CPS responses to COVID-19. [Table 1](#) presents data regarding demographics and characteristics of each region surveyed regarding population, Gini coefficient, infant mortality rate, and characteristics of the child protection system.

2.2. Demographics, COVID-19 rates and CPS characteristics

[Table 1](#) shows the vast diversity of the regions in this study regarding their populations, gross domestic product (GDP) and infant mortality rate. South Africa, Colombia and Brazil have GDPs per capita that are approximately 1/10th of California, the wealthiest region in this study and one of the wealthiest states in the USA. Australia, Ontario, Pennsylvania, Quebec, and Germany are wealthy regions with similar GDPs, just below California, followed by England, Israel, and Japan. Populations ranged from over 200 million people in Brazil to just over 8 million in Quebec. South Africa had the highest infant mortality rate and Germany had the lowest. The Gini coefficients for these countries also varied considerably, with South Africa (0.65), Brazil (0.54), and Colombia (0.51) having some of the highest rates of inequality in the world, whereas others, such as Quebec (0.28), Germany (0.29), and Japan (0.29) had relatively low levels of inequality. This is important to note as there is increasing evidence that COVID-19 infections and lockdowns disproportionately affect less affluent people in the population. The CPS characteristics of each country or region are described in [Table 1](#). The main disparity between countries was that some have a centralized national CPS, whereas others rely on regional entities to organize the services and collect data.

2.3. The impact of COVID-19 on societies

[Table 2](#) presents data regarding the overall indirect impacts of COVID-19 on societies, including children. This refers to quarantine/lockdown, financial, social, health, and political measures and how children, in particular, were affected by the policy responses to the virus.

A variety of lockdown and quarantine measures were implemented, with some regions managing the pandemic centrally, whereas, in others, the response was primarily driven by local initiatives. Some countries, such as Australia, Japan and Israel, provided residents with financial aid. Overall, government public support appeared to only increase in Australia, although the support was short-lived. In other regions, it varied. For example, in Israel and South Africa, many protests and demonstrations were held to voice frustration with the government's responses, while others did not show any increase in government support (e.g., California). These aspects are more difficult to evaluate regarding countries with larger populations and disparities across regions, such as Brazil. Therefore, they must be considered with caution, considering that the pandemic was still unfolding during this data collection period. Furthermore, the pandemic itself, lockdowns and other restrictions had a particularly devastating impact in poorer countries and even more so among the poorer and more marginalized populations within these countries. It should also be noted that only minimal data were available for Germany at the time of data collection.

Table 1
Demographics and CPS characteristics.

Location	Population; millions	Gini	Per Capita GDP (\$US)	Infant mortality rate	CPS
Australia ^a	25.36	0.34	55,060	3.6	Centralized in each state. Mandatory reporting that is slightly different in each state
Brazil	211.00	0.54	8717	12.4	Decentralized through Youth Welfare Offices guided by the national laws of child protection. Mandatory reporting for professionals and hotlines for population reporting
California	39.37	0.49	58,619	4.2	Decentralized. Mandatory reporting
Colombia	50.34	0.51	6429	13.8	Centralized. Mandatory reporting since 2006
Germany	83.10	0.29	46,445	0.4	Decentralized through Youth Welfare Offices guided by the national laws of child protection. Mandatory reporting for professionals
Israel	9.05	X	43,689		Centralized through the Ministry of Labour, Social Affairs and Social Services. Mandatory reporting for all adults since 1989
Japan	125.57	0.29	40,246	1.9	Centralized through Child Guidance Centers. Mandatory reporting
Ontario	14.57	0.31	**46,194	4.7	Decentralized through Children's Aid Societies. Mandatory reporting for all adults.
Quebec	8.49	0.28	**46,194	5.2	Decentralized through the Quebec Ministry of Health and Social Services. Mandatory reporting for all adults
South Africa	58.56	0.65	6001	27.5	Centralized through the Department of Social Development. Mandatory reporting for professionals and all adults (varies by the form of abuse)
England	56.22	0.36*	*42,330	3.6	Centralized system but managed by local authorities through the Department for Education. No mandatory reporting except for female genital mutilation

Notes. *United Kingdom measure **Canada measure.

^a This article mainly focuses on New South Wales (NSW) population 8.16 million.

Table 2
Response to COVID-19 and overall social impacts of COVID-19.

	Quarantine/Lockdown measures	Social impacts	Health impacts	Overall impact
Australia	Lockdown from March to May 2020. Some local lockdowns during the year. Travel severely restricted.	Short recession for the first time in 25 years. The government implemented payments to individuals and businesses affected by the pandemic. Quick recovery. Negative impact on tourism , hospitality, and registration to higher education. Low paid female workers, migrants disproportionately affected. Trust in government increased during the pandemic.	In 2020 the number of suspected or confirmed deaths by suicide were similar to 2019 , with a low number of COVID-19 cases and deaths. Mental health referrals increased substantially	*Low COVID-19 rates, with relatively minimal impact of restrictions
Brazil	Each state and city implemented different lockdown, quarantine, and social isolation actions.	GDP decreased by 4.1% . Unemployment was at a record-high of 14.8%. 39 million are living in extreme poverty . Public support of the government decreased from 52% to 33%.	Brazil saw a collapse of its healthcare system during February and March 2021	***Very high rates of COVID-19, which had a significant impact on the general population.+
California (US)	Lockdown and reopening through 2020–2021, according to case numbers.	California lost over 2.6 million jobs early on in the pandemic before gaining 692,400 jobs in May and June 2020. People of color were disproportionately affected . Homicides, shootings and car thefts spiked, while robberies, rapes and lesser property crimes dropped ; robberies declined by 17%, and reported rapes fell 25%. Public approval of the government did not show major shifts.	Twice as many women (36.5%) reported worsening mental health as men (18.1%). Within communities of color, 27.5% of Latinos reported their mental health had gotten worse compared to 18.6% of Black and 19.1% of Asian communities.	***High rates of COVID-19, which had a high impact on the general population.+
Colombia	A mandatory lockdown and travel ban/restrictions were put in place on March 23rd, 2020.	GDP decreased in the second and third quarters of 2020. Unemployment rate was 13.3%. During the first weeks of the lockdown, a sharp decrease in homicides and thefts but this faded over time. In September 2020, the country faced riots due to police violence . The country remains unsettled throughout this period.	A hotline for mental health support and guidance was created. Reports of gender violence showed an increase of 100%, although officially reported cases of domestic violence decreased by 36%. Suicides also showed a decrease (8%).	***High rates of COVID-19 and significant social impact.+
England	England had three different lockdown periods due to COVID-19, with the last one implemented on January 6th, 2021.	Employment rates have steadily increased (from 3.8% to 5.5%; Office for national statistics, 2021). Poverty has also risen , prior to COVID-19, 14.4 million people lived in poverty in the UK, an additional 440,000 people were in poverty in summer 2020 and 690,000 more in winter 2020 (Legatum institute, 2020a). A rise in poverty of 120,000 children (Legatum institute, 2020b). The pandemic had differential economic impacts on different sections of the population , with those already living in poverty more deeply affected: 65% of those employed and living in deep poverty prior to COVID-19 experienced negative effects (such as job loss), compared to 20% of those above the poverty line (Social metrics commission, 2020).	Low-income families reported more mental and physical health problems : 56% between September and November 2020 compared to 48% between March and July (Edwards et al., 2020).	***High rates of COVID-19 and significant social impact+.
Germany	Each government of the German Federal States executed individual regulations. Nonetheless, there were regulations implemented by the	No Information	No Information	No Information

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Table 2 (continued)

	Quarantine/Lockdown measures	Social impacts	Health impacts	Overall impact
Israel	national government which affected all children. Lockdown and reopening throughout 2020–2021, according to case numbers	Several forms of financial aid were distributed, including an increase in unemployment payments and grants for independent businesses and businesses negatively affected by COVID-19. Unemployment increased from 3.2% to 9.8%. Protests, such as the Balfour demonstrations, the Black Flag Protest (Zerahia, 2020), and the social workers' protest (Ashkenazi, 2020)	Increase in health risks, especially for adolescents regarding mental health	***High rates of COVID-19 and significant restrictions but positive vaccination response. Significant social disruption.+
Japan	School closures from March to June 2020. Voluntary lockdown with 80% of the population following the guidelines	GDP decreased by 27.8%. Universal cash handouts for all citizens, business cash handouts and job-protection subsidies. Unemployment rate increased in 2020 compared to 2017–2019. Political changes in the government were credited by some analysts to the COVID-19 pandemic.	Suicide rate increased by 16% during the second wave (July to October 2020), with a greater increase among females (37%) and children and adolescents (49%).	***Relatively low COVID-19 rates. Significant social impact.+
Ontario (CAN)	Masks must be worn in public indoor spaces and whenever physical distancing is a challenge. Stay-at-home orders in some areas due to an increase in cases. Gradual return to schools based on risk after first school closures.	A total of 355,000 jobs were lost ; 765,000 people had reduced work hours. Those who lost their job in 2020 were in the lowest wage-earning category. Women were 14 times more likely than men to have dropped out of the labor force. Women with children saw the greatest reduction in hours worked. A 16% decrease in criminal incidents with a 7% increase in emergency calls , particularly wellness checks and domestic disturbances. No changes in provincial government, with anti-lockdown and anti-mask demonstrations in the area surrounding the Ontario Legislative Building, the premier's home, as well as in other cities and towns across the province.	40% of Ontario's parents indicated their children's behavior and mood had deteriorated ; 1 in 3 parents or caregivers reported moderate to high levels of anxiety and almost 60% reported symptoms that met the criteria for depression. Half of caregivers reported resource issues. Higher risk of COVID-19 infections and hospitalization for homeless and congregate living settings.	**Medium COVID-19 rates. Medium social impact of restrictions.
Pennsylvania (US)	Temporary school closures in March 2020 and April 2020. All non-essential businesses were closed and individuals were required to remain home except for allowable or essential travel or for socially distanced outdoor activities. Childcare closures depending on county– centers could apply for waiver to provide care for essential workers. Gradual lifting of restrictions based on county-specific rates.	A June 2020 report from the PA Independent Fiscal Office (IFO) forecast significant losses to real GDP of 5.6% for 2020, a decrease in PA resident salaries of 3.2%, and a decrease in payroll employment of 453,000. March 2021 figures from the State's Dept of Labor and Industry reports that the state shed 500,000 jobs in 2020. Data reported by KIDS COUNT reveals over 50% of PA households with children ages 0–17 reported lost income ; rates were generally higher among Black or Latino respondents. Limited impact on political context , apart from general political protests. Difficult to separate out from other political unrest during election year and post-election unrest (e.g., Jan 6 protests in Washington, DC).	State-wide survey of 1074 adult Pennsylvanians in April 2020 by Center for Survey Research, Institute of State & Regional Affairs indicated that large percentage felt COVID-19 posed a major threat to their personal health and mental health. KIDS COUNT Data ^a from April–July 2020 shows increase in % of parents reporting feeling “nervous, anxious, or on edge and rate of parents with children who indicated feeling “down, depressed or hopeless” increased. 32% delayed getting medical care.	**Medium COVID-19 rates. Medium social impact of restrictions.
Québec (CAN)	Québec had a Maximum Alert from January to March 2021 with several restrictions.	825,900 jobs were lost in Quebec, with 68% of those jobs being occupied by women. In 2021, about 70% of lost	More than one in ten Quebecers experienced psychological distress and perceived their	**Medium COVID-19 rates. Medium social impact of restrictions.

(continued on next page)

Table 2 (continued)

	Quarantine/Lockdown measures	Social impacts	Health impacts	Overall impact
	Schools and childcare resumed activities with some limitations during the year.	jobs were regained. Quebec Superior Court Justice ruled that, the curfew imperils the lives, safety, and health of the homeless with the suspension for people experiencing homelessness in effect until February 5th. A few anti-mask riots were organized in Quebec in the last months. In general, the government and police forces often reiterated that they were pleased with the large cooperation of the population with the restrictions.	mental health as fair or poor. Increased requests for help to the Suicide Action Montreal crisis line and suicide became the leading cause of death among 10–14 years old.	
South Africa	National State of Disaster declared March 2020, with drastic lockdown restrictions on all citizens. Easing of these national lockdown restrictions was based on a risk-adjusted strategy.	Three million jobs lost, record-high unemployment (32.5%) and a subsequent increase in poverty and hunger. 42.7% of small businesses closed. Social relief measures were put in place to compensate for the socioeconomic impacts of COVID-19. The poverty rate almost tripled. Nearly half of South African mothers and children and 47% of households ran out of money to buy food during May/June 2020. Media reports indicated that child abuse increased during lockdown and that the care of children was compromised by lockdowns. Demonstrations increased dramatically due to policing of lockdown restrictions, gender-based violence, and economic fallout. Corruption cases regarding COVID-19 funds fueled protests. Multiple reports of excessive force in enforcing the lockdowns. Corruption by officials caused an outcry.	Overall increase in patients screening positive for depression (24–29%). School closures impacted children's wellbeing and led to negative emotions, isolation, anxiety, and hunger for vulnerable children.	**Medium COVID-19 rates. Significant social impact.+

Notes.* Relatively low rate of COVID infections during the period. ** Medium rate of infection *** High infection rate + Significant social impact of the pandemic and/or restrictions in the period March–December 2020.

^a Source: <https://datacenter.kidscount.org>

2.4. Impact of COVID-19 on CM risk factors

The social and health-related impacts of COVID-19 can be seen in all regions, with many factors posing additional risks for CM. However, some regions were affected more than others, as described in Table 2. Brazil, Colombia, and South Africa had higher unemployment and other social vulnerabilities compared to developed countries, such as Australia, Canada, Israel, and the US. South African social workers, for example, reported a greater demand for food parcels, especially during strict lockdowns.

Additionally, different groups in each region disproportionately suffered from unemployment, such as women in Ontario, the Black and Latinx communities in California and Pennsylvania and immigrants and international students in Australia. Accordingly, in California, data regarding severe housing cost burden, the number of assets children had at birth, poverty, school absenteeism and labor force participation were important in indicating hotspots of CM during the COVID-19 pandemic (Barboza et al., 2021). All regions showed an increase in adverse mental health, such as depression and distress, and in many regions, this was particularly true for children and adolescents during lockdowns. Australia showed no change in suicide rates compared to 2019 (although mental health services reported a significant increase in referrals) and COVID-19 rates remained relatively low. In contrast, the suicide rate in Japan increased.

Similar to the other regions, the COVID-19 pandemic was found to have exacerbated psycho-social-economic challenges in South Africa. Indications of these challenges included the 163% increase in reported cases of poverty and neglect, with 1145 cases of people who were hungry or homeless and 2651 cases of child neglect (Childline Gauteng, 2021). Between March 27, 2020 and June 15, 2021, data also showed that 50,897 calls related to physical health problems were made, compared to only 175 such calls in 2019/2020 (Childline Gauteng, 2021). Additionally, calls to helplines pertaining to children with behavioral problems increased by 48% and substance abuse by 35% (Childline SA COVID-19 report, n.d.). Childline Gauteng (2021) also reported a 47% increase in calls that point to people who suffered psychological health problems, of which 102 calls were related to feelings of suicide, 71 to suicide attempts, 410 cases of domestic violence and 136 cases of depression, among others.

2.5. Impact of COVID-19 on the rates of CM reports

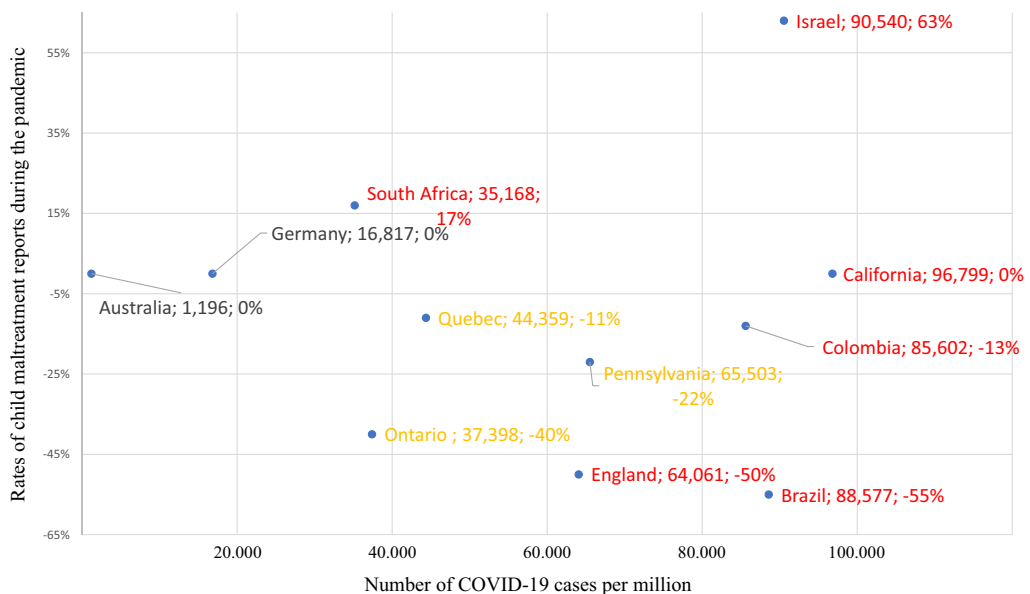
Fig. 1 presents the impact of COVID-19 on reports to CPS by the number of COVID-19 cases in the different regions. The x-axis shows that the regions with the lowest COVID-19 rates per million were Australia and Japan, followed closely by Germany. South Africa, Ontario, Quebec, and Pennsylvania were mid-range. Columbia, Brazil, Israel, and California had the highest COVID-19 rates. Brazil was the second highest country in relation to COVID-19 cases and deaths in the overall global comparison. The y-axis shows the percentage of increase or decrease of CM reporting during the pandemic. Australia, California, Germany, and Japan showed no change in their rate of CM reports. Quebec and Columbia saw a decrease of approximately 10%, whereas Ontario and Brazil had decreases of 40% and 55%, respectively. An increase in CM reports was found in six other regions.

As shown in Fig. 1 and Table 3, regions with the lowest rates of COVID-19 infections experienced a limited impact on reports to CPS (Australia, Germany). Some regions with higher infection rates also witnessed a minor impact on reports to CPS. Namely, Quebec and Pennsylvania experienced average COVID-19 rates with low to moderate declines, as did Colombia, which experienced relatively high rates of COVID-19 cases. California, which had a very high number of COVID-19 cases, experienced no changes in CPS reports. Israel, with very high rates of COVID-19 infection, and South Africa, with more moderate rates of infection, each experienced a significant increase in reports to CPS. On the other hand, Ontario and Brazil, which were both significantly impacted by COVID-19, experienced a substantial decline in reports to CPS.

Table 3 provides details of changes in the rules and protocols related to child protection, workforce issues in CPS, changes in the rates of reports, and the impact of COVID-19 on CPS. Regions varied in this regard, but overall, CM investigations and substantiations were deeply affected by the COVID-19 pandemic. Studies conducted in California (Barboza et al., 2020) and Brazil (Platt et al., 2021) found a statistically significant decline in reports of CM associated with the pandemic. Moreover, no significant trends in these rates were observed following the implementation of social distancing measures (e.g., safer at home orders, school closures).

Data from Japan indicated that reports of child abuse decreased by 0.7–4.5% in 2020 compared to 2019 (Nakamura, 2021). Similarly, a decrease in reports was observed in Colombia. Comparing the periods of March–December 2019 and April 2020, after the first month of strict lockdown, the number of CM cases retained dropped considerably (53%) compared to April 2019. However, during October, November, and December 2020, the number of retained cases increased by 17.8%, 30.1% and 33.8%, respectively, compared to the same period in 2019. Furthermore, in 2020 the number of closed cases by CPS dropped by 26%. In Colombia, the CM cases reported by education professionals, early childhood centers and health professionals in 2020 decreased by 59.7%, 32.7% and 13.2%, respectively. However, when comparing the types of abuse reported for the same period in 2019, there was an increase in cases for certain types of abuse, such as physical (84.3%) and psychological violence (155.3%), neglect (18.2%), and children living on the street (397.0%).

The trend towards a decrease in reporting during lockdowns was observed in Pennsylvania, based on preliminary data provided to the Pennsylvania Children and Youth Administrators (PCYA) Association for inclusion in an upcoming report. Although reports to CPS increased in January and February 2020, relative to the same months in 2019, the rate of reports to the state ChildLine declined steeply from March through May (–30.1%, –57.7%, and –48.0%, respectively) as the state implemented school closures and stay-at-home



Red = High COVID-19 Impact/ Yellow = Medium COVID-19 Impact / Black = Low COVID-19 Impact

Fig. 1. The impact of COVID-19 on reports to CPS.

Table 3
Impact of COVID-19 on CPS, March–December 2020.

Region	Rules and protocols - workforce issues	Case numbers - reporting	Permanent changes
Australia	New procedures were implemented to provide services remotely where possible, but face-to-face contact continued where necessary. After lockdown services returned to normal, CPS workers were trained to use PPE and to protect themselves. There was also some training for remote working. Workers who were not front-line personnel all worked from home throughout 2020 and into 2021, only returning to offices in March and April 2021.	+– Reports declined during the first lockdown (in NSW and Victoria) but returned to their previous rates after the lockdowns (from June 2020). Overall, the pandemic did not have a significant impact on reporting in the medium term.	At present, it is too early to know if there will be permanent changes but most systems have gone back to working in a similar way to pre-pandemic. However, there have been cutbacks and structural changes in some departments. Likely, there will be an increase in virtual meetings, assessments and contact.
Brazil	No law changes or new guidelines were applied during COVID-19. Guidelines were created by research agencies and/or universities, although it is not clear if they are being applied by professionals.	++ Decrease in official and research data ranging from 20 to 55%. Official reporting has not been published. A data preview indicated a decrease in reporting, especially by schools.	No permanent changes in activities or funding towards child protection services. Decrease in funding for healthcare and education.
California (US)	A framework for early years providers and caregivers with modifications for COVID-19. Department for Education released an update to guidelines for safeguarding children for educators with an added emphasis on COVID-19 and school closures, covering topics such as online safety and identification of CM. This has been retracted as schools reopened.	+– There was a statistically significant decline in reports of CM during the COVID-19 pandemic. However, no significant trends were found following the implementation of social distancing measures.	The state has been finding healthcare solutions for California's children and families through telehealth practices. In addition, recognizing child abuse and neglect through distance learning was established and recommendations for California's educators, including guidance from the California Department of Education and the California Department of Social Services.
Colombia	More than 12 official administrative resolutions, guidelines, protocols, and memorandums to address the COVID-19 crisis within the CPS have been published. A specific health guideline was developed to guide foster care families and protection institutions in preventing new infections of COVID 19 (ICBF, 2020).	++ Comparing 2020 to the previous year, there was a 13% decrease of CM cases reported, a 2.9% decrease in retained cases, and the number of cases closed decreased by 26%. Civilians continued to be the main source of reporting, presenting an increase of 2.4% in 2020. Cases reported by education professionals, early childhood centers, and health professionals decreased by 59.7%, 32.7% and 13.2% respectively. During the COVID-19 crisis in 2020, cases increased for: physical violence, psychological violence, negligence, no caregiver to care for the child and street children. In contrast, sexual violence and sexual misconduct among children under 14 years decreased by 3.5% and 33%, respectively, in 2020.	
England	Social workers have reported that COVID-19 has highly affected their work, and 40% of social workers have reported a compromise in their ability to complete their statutory responsibilities, due to a dwindling work force (for example, due to workers self-isolating) and rising demands. However, most children's services practitioners (69%) were satisfied with their organizations' responses (Turner, 2020).	– Data regarding child maltreatment indicates a 25% increase in calls to helplines from domestic abuse victims during lockdown (Kelly & Morgan, 2020). Meanwhile, a decrease of more than 50% in child protection referrals has been reported (Weale, 2020). The Birmingham Community Healthcare NHS Trust reported a decrease of 37.3% in child protection medical assessment referrals in 2020 compared to 2019. Additionally, fewer referrals were made by school staff in 2020 compared to prior years (26% compared to 47% in 2018 and 52% in 2019) (Garstang et al., 2020).	
Germany	Social workers were obliged to wear face masks and initiated several regulations that affected the pedagogical structures. Ambulatory youth welfare services limited spaces for programs depending on the available space.	55% of Children and Youth Protection Offices did not recognize a quantitative change in reporting. A part of Youth Welfare Offices stated a decrease in the number of school and nursery teachers reporting while police officers, neighbors and young people reported more often than before the onset of the pandemic.	
Israel	More attention to vulnerable communities.		

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Table 3 (continued)

Region	Rules and protocols - workforce issues	Case numbers - reporting	Permanent changes
Ontario (CAN)		<p>–</p> <p>Different sources indicated an increase in reporting.</p> <p>–</p> <p>Official data regarding reports were not yet available. Since September 2020, the Children's Hospital of Eastern Ontario has seen more than twice as many babies arriving with serious injuries, head injuries and fractures.</p>	<p>Improved accessibility to support services. More funds were allocated to out-of-home residents for sterilization and cleaning products, and a counselor was added for every 6 children (MOLSA, 2021b).</p> <p>On March 3, 2021, the provincial government extended the moratorium on youth aging out of care to maintain supports and services for youths whose care arrangements were scheduled to expire during the COVID-19 pandemic. This moratorium on youth aging out was extended until September 30, 2022. The Ministry of Health released a COVID-19 Guidance Report for those working in mental health and addictions services provided in community settings, including services to children. There did not appear to be a report issued by the Ministry of Children, Community and Social Services</p>
Pennsylvania (US)	<p>PA House Bill 360 was enacted into law (Act No. 18) to extend the deadline for recertification for child welfare employees having contact with children, adoptive, or foster parents due to pandemic. Other changes included limited suspension of existing regulations for the child welfare system while the Governor's Disaster Proclamation was in effect: (a) allowance for annual inspections of licensed facilities via videotelephony, file-sharing; (b) allowance for contact/visitation between child and parent by alternate means; (c) allowances for communication with child's attorney or clergy; (d) allowance for alternative staff training methods; (e) limited suspension of medical and dental care requirements for youth; (f) limited annual re-evaluation requirements for foster families; (g) limited bedroom and bathroom requirements. In-person contacts required for CPS and GPS investigations continued as required by law, but required safety precautions.</p>	<p>–</p> <p>PA has both CPS (child protective services for child maltreatment) and GPS (general protective services for family-related concerns that don't meet the state definition of physical/sexual abuse or severe physical neglect). The 2020 CPS report rate was –22.1% that of 2019. The 2020 GPS report was –14.4% that of 2019. The decline in both CPS and GPS reports appears attributable to a steep decline in mandated reporter referrals, though a less steep and sustained decline was also observed for non-mandated reporters.</p>	
Quebec (CAN)	<p>CPS were considered as essential services. Therefore, children and families received the required interventions. In-person services were offered to children and families that required direct interventions. However, planning meetings and follow-up were offered online.</p>	<p>+–</p> <p>The data from January 2020–2021, compared to 2019, for the Quebec City region are as follows: A decrease of 7.4% in personal-based reports and 11.1% in professional based reports. Between January 2020 and January 2021, there was a 20.6% reduction in child protection reports from family members and a decrease of 6.3% from neighbors and acquaintances. Comparing January 2020 with January 2021, there was a 16.3% decrease in reports from schools, a 20.4% decrease in reports from police officers, a 16.7% decrease in reports from CPS, and a 19.5% increase in reports from social services.</p>	<p>Up to now, the measures in place during the pandemic are still used. The CPS is under scrutiny for reasons unrelated to COVID-19 and major changes in the organization of services are expected in the coming months and years.</p>
South Africa	<p>In 2020, several key stakeholders (government departments, Child Protection Organizations, academia, researchers, civil society organizations, international organizations, and donors) working in childcare and protection formed the National Child Care and Protection Forum (NCCPF). A resolution was taken to revisit the approach to childcare and protection during COVID-19. Fouché et al. (2020) suggested that the South African government's child protection</p>	<p>+–</p> <p>According to Childline Gauteng, between 27 March 2020 and 15 June 2021, in Gauteng, a 48% increase in the total number of calls received compared to the same period in the year before; a 17% increase in cases of abuse with physical abuse and sexual violence most prominent; a 163% increase in calls related to poverty and neglect, a 47% increase in calls related to psychological health (102 suicide feelings, 71 suicide</p>	<p>From anecdotal reports, no permanent changes to policy or practice have been made. The only changes to practice were staff working in shifts, working more by telephone, and, in Childline, more staff were employed.</p>

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Table 3 (continued)

Region	Rules and protocols - workforce issues	Case numbers - reporting	Permanent changes
	initiatives appeared to focus on efforts to limit COVID-19 contagion and champion physical health, ensure uninterrupted protection (legal and statutory) for children at risk of abuse and neglect, and advance social protection measures available to disadvantaged households.	attempts, 5 suicides of family members and 10 suicides of school friends) – 136 cases of depression were also recorded. Furthermore, calls related to family and legal issues increased by 195% (3365 family problems, 1306 legal issues). Mathews et al. (2021), on the other hand, found a general decrease in reports of non-accidental injuries in children (based on data provided by the Red Cross War Memorial Children's Hospital) but highlights the possibility that the lower number of reported cases could be due to fewer people reporting abuse.	

Notes. ++ = Increase in CM reporting rates, + - = No change in reporting rates, or different rates by data source - = Reporting rates decreased.

orders. Reports continued to lag behind the previous year's monthly rates for the remainder of 2020, with an average overall decline from March through December of 28.2%, or - 22.1% for the calendar year. A similar decline was observed for the State's General Protective Services (GPS) system.² GPS reports were higher for January and February 2020 than the previous year and then dropped precipitously from March through May (-20.6%, -47.2%, and -39.2%, respectively). As with CPS, these rates remained lower throughout the calendar year – the decline from March–December was -19.8%, and - 14.4% for the calendar year. For both CPS and GPS reports, the decline appeared to be attributable to reductions in mandated reporter referrals beginning in March. While non-mandated reports also declined, these were less steep and sustained than among mandated reporters in both systems.

In Australia, data from the Australian Institute of Health and Welfare (Australian Institute of Health and Welfare, 2021) pointed to a decrease in reports to CPS in most states during the initial lockdown period, mainly due to a decrease in reports from schools. However, reports returned to the long-term trend after the lockdown. In the state of Victoria, which experienced an extended second lockdown in 2020, the number of reports was not reduced during this period.

In Germany, professionals perceived quantitative changes in reporting. This could be explained by the interrupted communication between nursery school teachers and social workers due to closed schools and daycare centers. A section of youth welfare offices in Germany indicated a decrease in the number of school and nursery teachers reporting while higher numbers of police officers, neighbors and young people reported than prior to the pandemic.

While some countries faced difficulties producing comprehensive data, Israel provided a broader picture of different types of CM. In comparison to 2019, police data indicated a 5% decrease in 2020 reports concerning familial child sexual abuse. However, the total number of domestic violence cases involving minors remained similar (Horodniceanu, 2021; Israel National Council for the Child, 2020). Furthermore, in 2020 there was a decrease of 19% (from 1364 to 1107) in the number of minors identified by healthcare clinics as suffering from domestic violence or child sexual abuse reported to the police or CPS (Dvir, 2021). Similarly, there was a 4% decrease in domestic violence and sexual assault victims seen in hospital settings (Israel National Council for the Child, 2020).

Regarding notifications, the number of calls to the crisis line of the Ministry of Labor, Social Affairs and Social Services concerning violence towards minors doubled in comparison to the same months in 2019. The number of reports made to the national call center for child protection in cyberspace, belonging to the Child Online Protection Bureau, increased by 63%, while the calls made by minors increased by 57% (Israel National Council for the Child, 2020). The most frequent types of calls made to the hotline for reporting child safety concerns related to suicide threats, bullying, shaming, online solicitation of minors, cyberspace sex crimes and computer hacking (Gil-ad, 2021a, 2021b). This nuanced data provided by Israeli agencies indicated that some types of violence might have become more prevalent during the pandemic, adding to the other social vulnerabilities that created higher vulnerability to CM.

South Africa faced a different set of challenges regarding reporting. Most South African data relied on professionals' perceptions and anecdotal information. Anecdotal reports from non-government child protection social workers (2021) stated that the number of CM reports dropped during lockdown and that the work was much calmer for the organization than prior to COVID-19. They found that nothing out of the ordinary occurred, while most statutory processes ceased during the lockdown. This highlights the possibility that the lower number of reported abuse cases could be due to fewer people reporting abuse rather than a decline in abuse incidents. Additionally, as mentioned above, the negative impact on service delivery also meant there were fewer avenues for reporting and less uptake of the cases that may have been reported.

South Africa does not report any official data on child protection, and data across the provinces appeared to differ. Statistics from an anonymous child helpline in Gauteng, South Africa, reported a significant increase in cases (Childline Gauteng, 2021). However, Mathews et al.'s (2021) report, which drew on data from the Red Cross Memorial Children's Hospital in Cape Town, showed a decline in most "non-accidental" injuries. The greatest reduction was in regards to sexual abuse (-18%), followed by physical abuse (-16%) between 2019 and 2020. The authors indicated that the drop in reports was likely due to lower reporting rates rather than lower

² The GPS provides a family assessment response for reports of family concerns that fall below the threshold for physical abuse, sexual abuse, or severe physical neglect but still warrant a protective services response (e.g., lack of appropriate supervision, inappropriate discipline, or other problems that threaten a child's opportunity for healthy growth and development).

incidents of abuse and that future attention should be paid to improving reporting structures during a pandemic.

Recent statistics found on the Childline Gauteng Facebook page (Childline Gauteng, 2021) indicated that between March 27, 2020 and June 15, 2021 there was a 48% increase in the total number of children calling their hotline. Furthermore, there was a 17% increase in cases of abuse with 1847 cases of physical abuse; a 163% increase in poverty and neglect with 1145 cases related to poverty and 2651 cases of neglect; 69 cases of child abduction; 410 cases of domestic violence; and 47% increase in calls related to psychological health. In addition, there was a staggering 195% increase in calls related to family and legal issues, which included problems such as family violence, alienated fathers, escalating corporal punishment, home fires and sibling bullying, among others.

Finally, a critical feature of the lockdown in South Africa was that, during this period, reports to Childline Gauteng were largely from the children themselves. During lockdown, children would primarily phone the toll-free Childline number or use the Childline Facebook page to report abuse. Reports from children were predominantly related to physical and psychological violence and neglect, with no changes in the frequency of sexual abuse reports. Another interesting factor associated with reporting in South Africa was an increase in reports when the ban on alcohol sales, one of the provisions in South Africa's response to the pandemic, was lifted. The end of the sales ban may have led to higher alcohol consumption by adults, adding to the fact that parents were retrenched, more stressed and could not cope with having children at home around the clock.

2.6. CPS responses to COVID-19

Despite children's wellbeing having low priority in many regions, all acted in various ways to minimize the negative impact of COVID-19 on children, as depicted in Table 3. Different responses to newly enforced protocols were usually a result of new guidelines provided by government agencies. Japan, for instance, focused on general rules of thumb according to the Ministry of Health, Labor, and Welfare and asked CPS to reinforce safety assessments to safeguard children. Similarly, California updated its Early Years statutory framework (Foundation Years, 2020) for Early Years providers and caregivers with modifications for COVID-19. Additionally, the Californian Department for Education released an update to the guidelines for safeguarding children for educators, emphasizing COVID-19 and school closures. These guidelines covered topics such as online safety and the identification of CM. The guidelines were later retracted as schools reopened (Department for Education, 2021a).

Pennsylvania adopted a number of policies to relax regulatory requirements, including extending the deadline for recertification of child welfare employees working directly with children or foster and adoptive parents (PA HB 360; Act No. 18, May 2020). Numerous policies affecting child welfare services had limited suspensions in effect during the Governor's Disaster Proclamation pertaining to annual inspections, use of alternative means to meet requirements for regular visitation and contact between parents and children, allowance for alternative staff training methods (e.g., for first aid, CPR, passive restraint use), relaxation of requirements for medical/dental visits due to COVID-19, among others. Finally, although in-person contact continued to be required for CPS and GPS investigations, safety precautions were required in accordance with CDC guidance (e.g., face coverings, hygiene practices, screening questions).

In Ontario, the Children's Aid Societies (CAS) continued to operate and provide services to children, youth, and families. CAS were encouraged to use technology wherever possible and appropriate while also observing local public health recommendations. Protocols for CAS varied by public health jurisdictions, with some jurisdictions providing their own guidelines. For example, Ottawa's CAS released guidelines in January 2021. During lockdown, virtual services were on a case-by-case basis. Otherwise, during all other levels of restrictions, in-person services with PPE and physical distancing continued, including the Family Visitation Program. In Quebec, CPS offered services throughout the pandemic. However, in Ontario, many services were transformed into virtual modalities. Most one-on-one interventions continued to be conducted in person, whereas planning as well as follow-up meetings were online.

In Germany, similar aspects regarding social isolation were applied to young people living in residential care, as they were especially affected by contact restrictions. Depending on the region and institutions, visits from friends and family were prohibited or minimized. Physical space was also impacted with ambulatory youth welfare services limiting spaces for programs.

In England, an update for the Early Years program's statutory framework was released regarding modifications for COVID-19 for providers and care givers, and these were redrawn as schools reopened (Department for Education, 2020; Department for Education, 2021). The key issues reported by professionals in England included rating all children according to their circumstances and making sure that they remained visible and received appropriate services. In addition, enhancing cooperation with schools and local agencies to ensure contact with at-risk children, recruiting volunteers to deliver food parcels to families, and offering enhanced summer activities for certain groups of children were also identified as critical matters (Driscoll et al., 2020).

In Colombia, a specific health guideline was developed to guide foster families and protection institutions in preventing new COVID-19 infections (ICBF, 2020). Similarly, in Australia, guidelines were created for caseworkers, foster carers and birth families to ensure children in care and their families were protected (New South Wales Department of Communities and Justice, in press). In addition, a memorandum integrated the most important guidelines and protocols, including information regarding family visits and interventions, prioritizing online or telephone meetings/interventions, postponing non-urgent medical appointments, suspending new adoption processes, and adapting follow-up protocols.

In Brazil, schools were closed from March until the end of 2020, and a gradual return is expected during 2021. Although cities and states may have provided their own regulations regarding a safe return to school, the Ministry of Education did not provide any guidelines regarding this topic for parents or students. Furthermore, the authorities did not provide any guidelines or specific changes in protocols for professionals. In addition, the Ministry of Human Rights, which involves child protection, had a budget of more than 600 million Brazilian reais (equivalent to more than 1 million US dollars) available during 2020 and only spent 37%. These aspects indicate a lack of governmental action in safeguarding human rights and child protection during the pandemic in Brazil. Indeed, the

lack of guidance regarding COVID-19 protocols was one of the key complaints of CPS professionals (Priolo Filho et al., 2020).

One key aspect of COVID-19's impact can be seen in the different approaches to closures. In Israel, lockdowns were implemented during the Jewish holidays. Consequently, this necessitated social workers to enhance the support given to the elderly who would otherwise be with their families during this time (Dvir, 2020). Additionally, more attention was given to other vulnerable communities, such as families whose children were home and might not have a computer or access to food, individuals experiencing high COVID-19 related anxiety, and immigrants (Somekh, 2020).

According to Mathews et al. (2021), service delivery in the child protection sector of South Africa was negatively affected in that children's courts were not in full operation, which made the issuing and maintenance of child protection orders difficult; women who were subjected to gender based violence did not have easy access to shelters; only some child protection organizations remained fully operational during lockdown and, because many social workers were not available every day, the reports of child abuse and neglect via Form 22 (the official form used in South Africa for mandatory reporting of suspected child abuse or neglect) were left unattended for long periods of time.

3. Discussion

The aim of the current study was to conduct an international examination of CM reports and CPS responses a year into the pandemic across 12 regions. Our findings indicated that the economic and social impacts resulting from the pandemic posed significant risks for higher parental stress and children's increased vulnerability (Katz et al., 2020). Similarly, the social impacts of the pandemic and the policy responses created a range of risk factors for children and families, particularly in developing countries. The interactions between the social vulnerabilities and CM might not have led to differences in prevalence. However, these vulnerabilities may have contributed to the differences in how children did or did not receive care.

Overall, the data indicated a substantial decline in CM reports in all regions during the first stage of the pandemic, mainly due to declines in reports from schools, as discussed in our previous article (Katz et al., 2021). In some regions, such as Australia and California, this decline was reversed after the lockdowns ended and reporting reverted to the pre-pandemic pattern. However, even in these regions, the identified risk factors continued to be prevalent, including high rates of domestic violence (Carrington et al., 2021; Piquero et al., 2021), mental health referrals and financial disadvantages (Blanco et al., 2021; Raynor & Panza, 2021), among others.

In some regions, reporting rates continued to remain low for the remainder of 2020. This included Brazil and Colombia, both South American countries that were severely affected by the pandemic. In Brazil, there was a degree of civil unrest due to the government's poor handling of the pandemic and in Colombia due to social and economic policies and police violence. The impact of the mismanagement on public services related to child protection, funding, work conditions, and availability of services during the pandemic. Consequently, this might indicate a different path for those countries regarding the future number of reports and investigations. However, Quebec and Pennsylvania also saw significant declines in reports over the year, coinciding with school and childcare closures and community-level stay-at-home or lockdown orders, while having lower rates of COVID-19 infections compared to the Latin countries. A third group of regions experienced increased CM reports over 2020, including Israel and South Africa. Data from South Africa were not provided by a governmental agency but from organizations working directly with children and families. In this sense, this data must be considered with caution regarding generalizability for the entire South African population. This led to mixed reporting regarding violence and child abuse data during the pandemic.

Furthermore, Germany provided a mixed pattern of reports, in which some types of reports remained steady, some declined, and others increased. The varying trends indicated that a comprehensive investigation is necessary to identify if barriers to report affected the rates during the pandemic and which variables played a role in these differences. Additionally, different structures and channels for reporting changed during the pandemic. Some countries relied on emergency numbers (e.g., Colombia and Brazil), while others moved towards internet-based reporting systems or monitoring web searches to identify potential issues in their communities. This might explain some of the variations observed in those regions and provide a framework for public policy and professionals to engage in and develop more accessible paths towards notifications on CM.

Alongside the mixed trends in CM reports, in most regions, the risk factors for CM were exacerbated by the pandemic. These risks continued and even increased over the rest of the year. Ending lockdowns and other restrictions did not always result in improvements for children and families. Indeed, in most regions, disruptions and risk factors due to COVID-19 continued throughout 2020. Additionally, second and third waves also took their toll, even in regions where restrictions during these waves were relatively short and less restrictive than the original lockdown. Furthermore, our findings are consistent with other researchers, showing that the pandemic exacerbated inequalities within and between countries. Namely, the countries with higher Gini coefficients showed higher unemployment and adverse social effects, which can heighten the social impact on children (Ahmed et al., 2020; Doyle, 2020).

At the time of writing, the Delta variant has spread to all countries, placing children and young people at additional risk of infection and extending lockdowns and other social restrictions. Thus, the pandemic is likely to have long-term impacts on children, families and CPS, with many regions cutting back on public spending after initially providing short-term financial packages to some families, which were then discontinued.

With respect to CPS responses, the current study found that in many regions there was an increased focus on providing services virtually. This had mixed effects. As was the case during lockdowns, some children were further excluded from education and support due to the lack of access to the appropriate technology (Ramsetty & Adams, 2020), which may have also impacted the ability of CPS workers to contact them. Furthermore, children were more exposed to online dangers, such as grooming and cyber-bullying (Karmakar & Das, 2021). This highlights the importance of equalizing access to education, services, children's rights and addressing 'digital divides.' It also demonstrates how strategies of listening to children's needs, as adopted by Israel and South Africa, are important in

comprehending the impact and possible solutions to the accessibility barriers created by the pandemic. However, providing families with the choice of virtual and face-to-face services can open up opportunities for engagement and new ways of working with families who are reluctant or unable to engage in face-to-face work, either because of geographic location or other reasons (Ferguson et al., 2021). In particular, working virtually through social media or online platforms (e.g., Zoom, Teams) offers children more opportunities to self-refer and discuss issues of concern with practitioners. The pandemic also allowed some agencies to innovate and provide services in new ways (Font, 2021).

3.1. Conclusions and implications for research, policy and practice

One of the key lessons learned from the pandemic has been the vital role of schools in safeguarding children – at least for those who attend school. This has highlighted the need to protect children who are not physically at school and for teachers and others to better identify children at-risk in an online environment. Understanding the signs of risk in this setting will require further research and training for teachers and other professionals involved in day-to-day contact with children. Even when the pandemic is over, children are likely to continue spending more time in online virtual environments. Therefore, it is essential for adults who interact with children online to be able to identify vulnerabilities and engage with them in a protective way. This could be perceived as being a renewed opportunity for safeguarding children and youth. Schools play a key role in supporting youths' education around rights, risky online experiences (grooming, sexting) and responding to unwanted online behaviors (requests to meet). Many have raised the alarm regarding the risk of sexual exploitation of children and the need to keep prevention and proactive interventions at the forefront (ECPAT International, 2021). This also calls for renewed efforts and a robust evidence base for supporting children to recognize and safely report adverse experiences, including abuse, bullying and exploitation.

The results of the current study stress that it is still too early to identify long-term patterns and consequences of the pandemic for CPS. These emerging patterns also indicate the potential discrepancies between reports and the prevalence of different types of abuse. In addition, there is the need for more accurate and consistent prevalence studies, in a timely manner. Such studies are necessary to identify the true prevalence of CM beyond reliance on reports to CPS, which are driven by numerous factors, including protocols around mandatory reporting, training, availability of reporters and the system's capacity to respond to reports.

The data for this study were collected as vaccinations were just beginning to be administered in many regions, with some having vaccinations for children ages 12 to 16 (e.g., Israel, USA, Canada). The rollout of vaccinations and effectiveness in protecting the population from further waves of the pandemic will also impact children's safety and wellbeing as well as the operation of CPS in those regions. Thus, further waves of data will be necessary to track the long-term impact of COVID-19 on child protection systems and children across the world.

3.2. Study limitations

The first limitation that needs to be highlighted is that the study of the impact of COVID-19 on CM is still in its early stages. Additionally, due to enormous international variations, both with respect to data availability and the differences in the pandemic's characteristics and impact, future efforts should be dedicated to the systematic evaluation of the pandemic. Although the world is a year into the pandemic, it is too early for the mid- and long-term impacts of the pandemic on CM reports and CPS to become apparent. Hence, the findings in the present study, at least to some extent, might be due to the differences in data collection or analyses in the various regions. Conversely, they may reflect the actual differences due to policy responses, economic factors, or social and demographic factors in each region.

3.3. Conclusion

Overall, examination of the 12 regions indicated that there is still some lag in the availability of data and, in many regions, data are still incomplete. This highlights the importance for policymakers and service directors to collect accurate and complete data. This would allow for tailored responses at the governmental and agency levels in response to the ever-changing situation for children and protection services as the pandemic progresses. Also, the sudden changes caused by the pandemic in the school and healthcare settings demand a faster response by governments in planning and acting upon child protection. The governments' slow turn of data decreases the speed by which possible solutions can be implemented and may put more children at risk for CM due to the lack of comprehensive public policies. Many countries are now in the phase of vaccinating their populations. However, there is still a long way to go before the situation returns to normal and, in many countries, this may not happen at all as the pandemic has resulted in economic and social changes that are likely to be long lasting. Furthermore, in many cases, the service sector has suffered from severe cutbacks and reorganization, impacting the ability to respond adequately.

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