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Violence against children during COVID-19: Assessing and understanding change in use of helplines

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ARTICLE INFO

Keywords:
Children
Violence
COVID-19
Helplines
Administrative data
Child protection services

ABSTRACT

Background: Many of the measures taken by countries to contain the spread of COVID-19 have resulted in disruptions to child protection services. Despite this, many countries have worked to ensure that child helplines remain operational, making such mechanisms even more critical for reporting and referring cases of violence and for providing support to victims.

Objective: The purpose of this paper is to document what has occurred, and been reported, to child helplines during the COVID-19 pandemic.

Participants and Setting: The study entailed primary data collection from child helplines and a search of media articles and news stories.

Methods: Child helplines submitted data on the contacts received during the first six months of 2020. Data on contacts related to violence were also available from 2019, and used as baseline. The media search used a combination of search terms to identify relevant articles and news stories published between March 1 and June 17, 2020.

Results: Overall, the number of contacts to child helplines seems to have drastically increased since the beginning of the pandemic. However, the number of contacts related to violence has increased in some countries, while it decreased in others.

Conclusions: While a mixed picture emerges with respect to violence, the increase in overall contacts made to child helplines provides evidence that such services are a critical lifeline for many children and women during times of crisis. Child helplines should be strengthened; and child protection services should be designated as essential during emergencies to ensure children receive the support they need.

1. Introduction

1.1. Children’s experience of violence during COVID-19

While research on the impact of COVID-19 on violence against children (VAC) is only at the early stages, evidence has begun to
emerge. In an online survey of 288 parents of at least one child age 12 or younger in the United States of America, 1 in 5 respondents said they had used physical punishment—defined as spanking, hitting or slapping—with their children in the previous two weeks. This included a period of time during which social distancing guidelines had been issued by the government (Lee & Ward, 2020). In the same survey, parents also reported an increase in conflicts with their children and an increase in yelling or screaming, using harsh words, and spanking or hitting their children more often since the start of the pandemic.

When it comes to the relationship between COVID-19 and intimate partner violence, which can harm children who witness this in the home, a recent review of papers found mixed results. Among the 10 studies identified (out of a total 12) that included some specific measure(s) of domestic violence, three reported an increase in the indicators measured, one reported a decrease, three reported no change and three had mixed findings (Peterman, O’Donnell, & Palermo, 2020). The majority of these papers utilized data coming from police or crime report records in high-income countries. Two of the papers were from other settings: Dhaka, Bangladesh (which analyzed qualitative data from in-depth interviews) and Mexico City (which utilized call center data).

Changes in availability of, and access to, violence-related services during COVID-19 have also been documented. As a result of the current pandemic, many of the prevention and containment measures taken by countries to control the spread of the disease, including national lockdowns, curfews and other actions, have resulted in disruptions to child protection services by either forcing suspensions altogether or requiring significant adjustments to the way services are delivered to children and families. Disruptions have affected both core family and child welfare services such as child protection case management and other follow-up specialized services for child victims of violence and abuse (United Nations Children’s Fund, 2020a). A recent estimate from UNICEF indicates that 1.8 billion children live in countries where there has been a disruption of violence prevention and response services due to COVID-19 (United Nations Children’s Fund, 2020a). Case management services and home visits for children and women at risk of abuse were among the most commonly disrupted services, with over 50 percent of countries reporting suspensions or significant drops in these services.

Data coming from service providers show that suspension, or interruption, of child protective services as a result of COVID-19 restriction measures has inhibited child maltreatment reporting. For instance, the California Department of Social Services reported an 18 percent drop in child maltreatment referrals (received by anyone) in March 2020 compared to a year prior (Amaro, 2020). Meanwhile, in the state of Georgia, the Division of Family and Children Services said that reports of suspected child abuse and neglect had declined by 50 percent since the closure of schools on March 18 (Prabhu, 2020). The Texas Department of Family and Protective Services saw a 48 percent drop in the number of child abuse reports received when comparing the first and last week of March 2020 (Streicher, 2020). Similar declines in reporting to child protective services in the United States were also documented in media articles from Iowa, Kansas, Ohio, Maryland, Rhode Island, Virginia and Wisconsin and from some other countries such as Jamaica and New Zealand. County-level data from the Florida Child Abuse Hotline also indicate that the number of child maltreatment allegations made during the months of March and April 2020 (when schools were closed) were 27 percent lower (or 15,000 fewer cases) than would otherwise be expected for these two months (Baron, Goldstein, & Wallace, 2020). The decline in allegations of child maltreatment observed in March and April 2020 closely resembles declines recorded at other times of the year when schools are typically closed, such as during winter holidays and the summer months of July and August (Baron et al., 2020). During school closures and the suspension of many leisure/sports/recreational activities, children are simply no longer in contact, or are reaching out more confidentially or less regularly, with many of those who would typically notice and report signs of abuse. Indeed, a substantial body of evidence shows that schools, at all times, play a major role in reporting cases of violence against children (Benson, Fitzpatrick, & Bondurant, 2020).

While COVID-19 containment measures have disrupted several referral and reporting mechanisms for victims of violence, the available evidence also suggests that child helplines are one of the least affected of the child protective services. Only around 10 percent of countries reported disruptions, which were in most cases addressed by mitigation measures (United Nations Children’s Fund, 2020a). Helplines are typically telephone-based services (and often also text, online chat or email), which makes them operational even in situations where services based on physical interactions are restrained. Common key features include being free of charge, open and accessible 24/7 and 365 days a year and confidential. They offer advice, counseling and information to people on a range of topics. Such services may be generic or targeted to a specific population group or issue, as in the case of child helplines or helplines for domestic violence. In addition to providing users with guidance and an outlet to voice their concerns, many helplines also provide direct referrals to other support services such as shelter and housing options, legal services, health/medical care, etc. While the terms “helpline” and “hotline” are sometimes used interchangeably, generally speaking, hotlines are primarily used for reporting of incidents and are frequently run by authorities (such as those with the mandate for child welfare/child protection) (The Alliance for Child Protection in Humanitarian Action, Child Helpline International, Child Protection Area of Responsibility & UNICEF, 2020).

Child helplines are an integral component of the larger child protection system. Available data show that over a period of 10 years, over 126 million contacts were received by child helplines around the world (Child Helpline International, 2003–2013). These services are often an entry point for many children and adolescents into such systems and a mechanism by which they can speak out and have their voices and concerns heard as well as receive assistance, counseling, intervention and referrals when they are in need. Available data also reveal that of the more than 3 million counseling contacts received by child helplines in 84 countries/territories in 2017 and 2018, abuse and violence was the most common reason children and young people gave for having reached out in Africa and the Americas and Caribbean region (Child Helpline International, 2019). It was the second most commonly cited reason in the Middle East and North Africa and third in Europe and the Asia-Pacific region. Of all counseling contacts received that were related to abuse and violence, the largest proportion were about physical abuse and violence (25 percent) followed by emotional abuse (23 percent) and
sexual violence (17 percent). The remaining roughly one-third of contacts about abuse and violence were classified as unspecified/other, neglect, physical punishment or witnessing violence.

Child helplines are relatively easy and cost-effective to establish. Unlike other formal child protection reporting mechanisms (through schools, police, child protection authorities or health care centres), child helplines offer a clear advantage as they provide a confidential channel for children to speak openly and receive advice without confronting the formalities of a child protection system. Child helplines also present the opportunity to capture cases of violence from particularly vulnerable populations of children who have very limited access to, or are afraid to reach out to, formal reporting mechanisms.

One key caveat is that access to child helplines is dependent on the availability of reliable telecommunications (or Internet) networks within an area as well as individuals’ access to a phone and/or the Internet. Most marginalized children, often at an increased risk of violence and abuse, would naturally have less access to devices and connectivity, including children living on the streets, migrant children, exploited and trafficked children, children deprived of liberty or living in institutions. Similarly, reports made to helplines from children themselves are likely to primarily reflect the situation among those of older ages since they are capable of reaching out to such services independently.

1.2. Using data from service providers as a source of information on violence against children

The appraisal of whether children’s experience of violence has actually increased during the COVID-19 pandemic would require the availability of baseline figures on prevalence, frequency and severity of victimization, as well as the implementation of quantitative studies aimed at understanding changes in patterns of exposure. However, most countries lack baseline data on basic indicators of violence against children (Cappa & Petrowski, 2020). Additionally, direct data collection on children’s experience of violence during COVID-19 may not be feasible due to disruptions in data collection efforts and protocols, and is, in any case, problematic due to a number of ethical and methodological issues (Berman, 2020; Bhatia, Peterman, & Guedes, 2020; UN Women & World Health Organization, 2020). Alternative sources of information may exist, such as records from service providers, but a number of caveats need to be considered when assessing the usefulness of such data to understand incidence and patterns of violence in times of COVID-19.

Data on children’s experience of violence are gathered by authorities and service providers from diverse sectors such as police, prosecutors and courts, health, education, and social welfare. In countries with well-developed and functional administrative systems (as is often the case in upper middle-income and high-income countries) administrative data are a useful tool for generating insights into both the utilization and demand for services to prevent and respond to violence. Such data can also be used to explore patterns and trends in identification, reporting and response to violence over time, and to assess and inform service capacity and resource allocation and estimate service costs. Child helplines are an example of one source of such data since they typically record and keep track of at least some basic information on each contact received. Administrative data are also commonly used to support referrals to the child protection authorities and the consequent case management and provision of the required specialized services (United Nations Children’s Fund, 2020b).

While administrative data are critical for planning, budgeting and improving quality of service delivery, such data do not provide estimates of the number, proportion and characteristics of children who experience violence. For this, statistically representative surveys on actual experiences of violence are needed. Indeed, administrative data only reflect a small portion of the children who experience violence, since a large number of children never report their experience to official agencies and service providers. In many cases, only the most severe cases of violence against children are reported. Indeed, levels of disclosure, help-seeking behavior and reporting by children who experience violence to professionals are very low. Based on data from 30 countries, only 1 percent of adolescent girls who have experienced forced sex reached out for professional help (United Nations Children’s Fund, 2017). A secondary analysis of nationally representative Violence Against Children Survey data in six countries concluded that the prevalence of help-seeking behaviors ranged from: 1) 23 percent to 54 percent for informal disclosure; 2) 16 percent to 28 percent for knowledge of where to seek formal help; 3) under 1 percent to 25 percent for formal disclosure or help-seeking; and 4) between 1 percent and 11 percent for receipt of formal help (Pereira et al., 2020). While the primary reasons for not seeking help varied by country, the most common ones included self-blame, apathy and not needing or wanting services.

1.3. The current study

Because many countries have worked to ensure that child helplines remain operational during the pandemic, such services have become an even more critical mechanism for proving counseling and support to children, and for reporting and referring cases of violence, in times when schools and other channels have been disrupted. Data collected by these service providers can therefore provide important insights to better assess and understand how children are faring during times of crisis. They can also fill a void left when other reporting mechanisms, data sources and modes of data collection, such as other administrative records and surveys, have been suspended or postponed. The purpose of this paper is therefore to document what has occurred, and been reported, to child helplines during COVID-19. In addition, the paper discusses the implications of using such information to make inferences about the impact of the pandemic on violence against children.
2. Methods and data sources

2.1. Survey of child helplines

The first data source used in this paper was a survey of child helplines that was conducted by Child Helpline International (CHI). As of May 2020, CHI had over 168 member organizations (including both full and associate members) in 139 countries and territories around the world. All member organizations are helplines rather than hotlines. Full members are those that are fully operational while associate members are start-up child helplines or those that have been operating for less than one year. CHI estimates that over 20 million children and young people access child helplines within the network every year (Child Helpline International, 2015).

The survey requested child helplines to report about contacts received both directly from children as well as from adults about issues concerning children. This includes contacts received through any outlet (i.e., phone calls, Internet chats, emails, SMS messages, etc.). The results presented in this paper are based only on “counseling” contacts, defined as those in which some form of support, such as advice, guidance, or referrals, was provided (i.e., it does not include contacts that were silent, missed, abusive and/or tests).

Two rounds of surveys were conducted. During the first round, which took place between April and June 2020, Child Helpline International invited all its full members (n = 133) to submit data on the contacts received in the first quarter of 2020. Seventy-one child helplines from 63 countries submitted data, representing a 53 percent response rate. The response rates varied greatly by region, from an 80 percent response rate in Europe to 46 percent in Africa, 44 percent in Asia and the Pacific, 42 percent in the Middle East and North Africa, and only 31 percent in the Americas and Caribbean. These 63 countries are home to around 958 million children under 18 years of age, representing roughly 41 percent of the world’s population of children. The survey included questions relating to the number and reasons for contact received by the helplines. First, the helplines were asked to report the total monthly numbers of contacts they received in January, February, and March 2019 (to serve as baseline) and 2020. For 2020, the helplines were invited to report both the total number of contacts and the number of contacts that were related to COVID-19. The definition of a “COVID-19-related contact” was a contact that could be either directly or indirectly associated with COVID-19. For example, this could include a contact in which COVID-19 was directly mentioned. Focusing on these COVID-19 contacts, the survey then asked the helplines to indicate the number of COVID-19 contacts received disaggregated per reasons of contact, organized according to CHI’s 13 category framework including violence (Child Helpline International, 2020). Twenty-six helplines provided data on violence-related contacts.

A second survey was launched in July which requested CHI members to report the total monthly numbers of contacts they received in the second quarter (April to June) of 2019 and 2020. As with the first survey, helplines were also requested to report on the number of contacts received specifically in relation to COVID-19 for the second quarter of 2020. Unlike the first survey, this second round of data collection captured the number of contacts received (both for all reasons and for COVID-19), disaggregated by reason of contact. This change was introduced to address the fact that the classification of contacts as being related to COVID-19 could be prone to different interpretations by helpline staff. In addition, both the total number of contacts received as well as COVID-19 contacts further broken down into categories (namely violence, mental health, family relationships and peer relationships) were also sought. Forty-nine child helplines from 46 countries submitted data during the second wave (representing a 37 percent response rate). These 46 countries are home to around 920 million children under 18 years of age, representing roughly 39 percent of the world’s population of children. All of the 46 countries that are represented among the second quarter survey results had also submitted data in the first quarter survey (with the exception of Colombia).

There were a total of 48 child helplines that reported data for the first and second quarter of 2019 and 2020 (although some did not systematically report all monthly totals). This paper analyzes data from these 48 helplines (unless otherwise stated) spanning 45 countries. These 45 countries are home to around 905 million boys and girls under the age of 18, representing roughly 38 percent of the world’s population of children. Given that the countries where these helplines are located vary in terms of containment measures related to COVID-19, the Stringency Index (SI) developed by the University of Oxford was included as a measure of the severity of the stay-at-home orders (University of Oxford, 2020). The index is built on the basis of 17 indicators and each country is scored between 1 and 100, with scores closer to 100 indicating more strict government policies (primarily related to those that restrict people’s behavior). Scores on the SI are not meant to be interpreted as an indication of the level of appropriateness or effectiveness of a country’s response to the pandemic. The SI was preferred over COVID-19 infection rates as a measure of the countries’ contexts because containment measures can better explain changes in provision of VAC-related services and possible risks of violence rather than the virus per se, as countries with similar infection rates may have adopted different measures to contain its spread.

Table 1 includes the list of the 48 child helplines that responded to the CHI survey. Together with the location of the helpline, the table also presents each helpline’s standard hours of operation as of 2019 (prior to the pandemic) and number of call centers. More detailed information about staffing and types of services provided was not available. The table also includes each country’s SI score at two points in time, which reflect the mid-point for each survey (i.e., March 1, 2020 and June 1, 2020). As can be seen, the countries in which these 48 helplines are located vary widely in terms of the SI scores. As of March 1, 2020, 10 of the countries had an SI score of 0, while by June 1, 2020, none of the countries did. As of March 1, the country or area with the highest SI score was Hong Kong, China (52.78) whereas by June 1, it was Nepal (92.59). In fact, all of the countries or areas in which these helplines are located had SI scores
Table 1
Respondents to the CHI survey of child helplines and countries’ SI scores.

| Name of child helpline                  | Country or area          | Number of call centers | Standard operating hours (as of 2019) | Stringency Index score (March 1, 2020) | Stringency Index score (June 1, 2020) |
|-----------------------------------------|--------------------------|------------------------|--------------------------------------|----------------------------------------|----------------------------------------|
| Childline Kenya                         | Kenya                    | 2                      | 24/7                                 | 13.89                                  | 88.89                                  |
| Child Helpline Mauritius                | Mauritius                | 2                      | n/a                                  | 0.00                                   | 65.74                                  |
| Linha Fala Criança – Child Helpline     | Mozambique               | 1                      | n/a                                  | 8.33                                   | 62.04                                  |
| Cece Yara Child Helpline                | Nigeria                  | 1                      | 24/7                                 | 11.11                                  | 80.56                                  |
| HDI Nigeria Child Helpline              | Nigeria                  | 1                      | n/a                                  | 11.11                                  | 80.56                                  |
| Childline South Africa                  | South Africa             | 7                      | 24/7                                 | 2.78                                   | 80.56                                  |
| Tanzania National Child Helpline        | United Republic of Tanzania | 2                  | 24/7                                 | 2.78                                   | 32.41                                  |
| Sauti 116                               | Uganda                   | 1                      | 24/7                                 | 16.67                                  | 80.56                                  |
| Childline Zambia                        | Zambia                   | 1                      | 24/7                                 | 16.67                                  | 39.81                                  |
| Childline Zimbabwe                      | Zimbabwe                 | 3                      | 24/7                                 | 8.33                                   | 87.96                                  |
| Telefon Pa Hubentud (Aruban Youth Telephone Line) | Aruba              | 1                      | 2pm-6pm every day                    | 0.00                                   | 38.89                                  |
| Fonoinfancia 800 200 818                | Chile                    | n/a                    | 10am-10pm every day                  | 0.00                                   | 78.24                                  |
| Linea Azul                              | Uruguay                  | 4                      |                                     | 0.00                                   | 57.41                                  |
| Boys Town National Hotline              | United States            | 1                      | 24/7                                 | 8.33                                   | 72.69                                  |
| Kids Helpline (Australia)               | Australia                | 2                      | 24/7                                 | 19.44                                  | 62.04                                  |
| Bangladesh Child Helpline 1098          | Bangladesh               | 1                      | 24/7                                 | 13.89                                  | 62.96                                  |
| Parent-Child Support Line               | Hong Kong, China         | 1                      | Monday-Friday: 9am-9pm               | 52.78                                  | 52.78                                  |
| Childline India                         | India                    | 6                      | 24/7                                 | 10.19                                  | 75.46                                  |
| Telefon 150                             | Kazakhstan               | 2                      | 24/7                                 | 0.00                                   | 77.31                                  |
| Child Helpline 1098                     | Nepal                    | 6                      | 8am-8pm every day                    | 22.22                                  | 92.59                                  |
| Kideline                                | New Zealand              | 1                      | 24/7                                 | 19.44                                  | 33.33                                  |
| Tinkle Friend Helpline                  | Singapore                | 1                      | Monday-Thursday: 2pm-7pm             | 25.00                                  | 81.48                                  |
| Childline Thailand - Saidek 1387        | Thailand                 | 10                     | Monday-Friday: 9am-9pm               | 52.78                                  | 52.78                                  |
| Azerbaijan Child Helpline               | Azerbaijan               | 5                      | 24/7                                 | 19.44                                  | 77.78                                  |
| Plavi Telefon (Blue phone)              | Bosnia and Herzegovina   | 1                      | 5pm                                  | 11.11                                  | 54.63                                  |
| Hrabritelefon                           | Croatia                  | 1                      | n/a                                  | 13.89                                  | 50.93                                  |
| BerneTelefonen                          | Denmark                  | 2                      | 9am-2am every day                    | 11.11                                  | 62.96                                  |
| Lasten ja Nuorten Puhelin ja Netti -    | Finland                  | 3                      | Saturday-Saturday: 5pm-8pm           | 19.44                                  | 41.67                                  |
| Child and Youth Phone                   | Belgian                  |                        |                                      |                                        |                                        |
| Kinder- und Jugendtelefon               | Germany                  | n/a                    | Monday-Saturday: 2pm-8pm             | 25.00                                  | 59.72                                  |
| The Smile of the Child                  | Greece                   | 6                      | 24/7                                 | 19.44                                  | 54.63                                  |
| Together for Children 11525            | Greece                   | 1                      | Monday-Friday: 9am-9pm               | 19.44                                  | 54.63                                  |
| ISPCC Childline                         | Ireland                  | 6                      | 24/7                                 | 11.11                                  | 83.33                                  |
| NATAL Helpline                          | Israel                   | 1                      | Monday-Friday: 8am-10pm              | 19.44                                  | 75.00                                  |
| Uzticicas Taironis - Child and Adolescent Helpline 116 111 | Latvia   | 1                      | Monday, Wednesday, Friday: 5pm-10pm | 0.00                                   | 43.52                                  |
| Kanner Jugendtelefon (KJT)              | Luxembourg               | 1                      | Tuesday, Thursday, Saturday: 2pm-10pm | 0.00                                   | 43.52                                  |
| Kelliinmi.com                           | Malta                    | 1                      | 24/7                                 | n/a                                    | n/a                                    |
| Telefoniul Copilului 116111            | Republic of Moldova      | 1                      | 24/7                                 | 8.33                                   | 80.56                                  |
| De Kindertelefoon                       | Netherlands              | 7                      | 11am-9pm every day                   | 0.00                                   | 62.96                                  |
| Helpwanted.nl                           | Netherlands              | 1                      | Monday-Friday: 9am-5pm               | 0.00                                   | 62.96                                  |
| SOS Helpline for Children & Youth       | North Macedonia          | 1                      | n/a                                  | n/a                                    | n/a                                    |

(continued on next page)
that were higher by June 1 compared to March 1 (with the exception of Hong Kong, China, which had the same score at both points in time).

2.2. Media reports

To explore how the COVID-19 pandemic has impacted reporting of violence against children to helplines and hotlines, a Google search of media articles and news stories published between March 1 and June 17, 2020 was conducted using the following combinations of key search terms: (“covid” OR “covid-19” OR “coronavirus”) and (“child abuse” OR “child maltreatment” OR “violence against children”) and (“covid” OR “covid-19” OR “covid 19” OR “coronavirus”) and (“domestic violence” OR “family violence” OR “violence against women” OR “intimate partner violence”). Articles that included statistics on changes in domestic violence reporting to helplines and hotlines were searched given that research has shown that children witnessing violence at home or living with a mother who is a victim of domestic violence are at a heightened risk of themselves experiencing abuse within the home (Levendosky & Graham-Bermann, 2001; Tajima, 2015).

While the search terms did not include “helpline” or “hotline”, criteria for inclusion encompassed the availability of any statistics or figures on changes in the number of reports received by helplines (either child helplines or those for reporting of domestic or gender-

| Name of child helpline | Country or area | Number of call centers | Standard operating hours (as of 2019) | Stringency Index score (March 1, 2020) | Stringency Index score (June 1, 2020) |
|------------------------|-----------------|------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Kors På Halsen (Cross my heart) | Norway | 1 | Monday-Friday: 2pm-10pm | 11.11 | 54.63 |
| SOS Criança | Portugal | 1 | Monday-Friday: 9am-7pm | 11.11 | 71.30 |
| NADEL | Serbia | 1 | 24/7 | 13.89 | 43.52 |
| National Telephone Helpline - TOM | Slovenia | 9 | 2pm-10pm every day | 0.00 | 42.13 |
| Pro Juventute Beratung + Hilfe | Switzerland | 3 | 24/7 | 19.44 | 62.96 |
| Ukraine National Child Toll-Free Hotline | Ukraine | 1 | Monday-Friday: 12pm-4pm | 0.00 | 72.69 |
| Childline UK | United Kingdom | 12 | 24/7 | 11.11 | 67.59 |
| Sawa 121 | State of Palestine | 2 | 24/7 | 5.56 | 80.56 |

n/a = not available.

| Country | Stringency Index score (March 1 2020) | Stringency Index score (June 1 2020) |
|---------|---------------------------------------|---------------------------------------|
| Argentina | 11.11 | 90.74 |
| Australia | 19.44 | 62.04 |
| Belgium | 11.11 | 75.00 |
| Bosnia and Herzegovina | 11.11 | 54.63 |
| Brazil | 5.56 | 77.31 |
| Canada | 2.78 | 70.83 |
| Chile | 0.00 | 78.24 |
| China | 81.02 | 81.94 |
| Colombia | 12.04 | 87.04 |
| Cyprus | 0.00 | 76.85 |
| France | 37.50 | 75.00 |
| India | 10.19 | 75.46 |
| Ireland | 11.11 | 83.33 |
| Israel | 19.44 | 75.00 |
| Italy | 69.91 | 63.89 |
| Jamaica | 19.44 | 80.56 |
| Lebanon | 25.00 | 74.07 |
| Montenegro | n/a | n/a |
| Portugal | 11.11 | 71.30 |
| Singapore | 25.00 | 81.48 |
| Spain | 11.11 | 66.67 |
| Turkey | 19.44 | 63.89 |
| Tunisia | 0.00 | 79.63 |
| Uganda | 16.67 | 80.56 |
| United States | 8.33 | 72.69 |
| United Kingdom | 11.11 | 67.59 |

n/a = not available.
based violence) or hotlines. Articles and stories that simply speculated an increase (or decrease) in reporting or actual levels of child abuse or domestic violence, without the inclusion of any supporting evidence, were excluded.

While the search was conducted using key terms in English, some additional relevant articles and news stories published in other languages were also included and translated using Google translate.

The media search identified a total of 70 articles that met the inclusion criteria. These articles span 26 countries (see Table 2) and within the United States alone, articles covered 21 states. Slightly more than half of the articles included data on reports made to child helplines or hotlines for reporting of suspected cases of child abuse. Meanwhile, the remaining half of the articles included statistics on reports made to helplines or hotlines dedicated to domestic violence or violence against women issues or to generic helplines. Of the 26 countries captured by the media search, 10 were also covered by the child helpline survey. As of March 1, 2020, only two of the 26 countries had an SI score above 50, while by June 1, 2020, all of them did (with the exception of Montenegro for which no SI scores were available).

3. Results

3.1. Survey of child helplines

As shown in Fig. 1, there has been a 31 percent increase in the number of counseling contacts (for any reason) received in the first six months of 2020 (1,083,148 contacts) as compared to the first six months of 2019 (830,076 contacts) among the 40 child helplines that provided data for both trimesters of both years. The data also show that the number of contacts increased by 35 percent in the first two trimesters of 2020. Comparatively, there was a 2 percent decrease in the number of contacts received between the first and second quarters of 2019.

Of the initial 48 child helplines, 38 reported on the number of COVID-19-related contacts received from January to June 2020. As shown in Fig. 2, the number of COVID-19-related contacts to these 38 helplines drastically increased from the start of 2020 until April, and then seemed to decrease between May and June.

Looking at the reasons for the COVID-19 contacts during the first quarter of 2020, the data indicate that the top reason for contact was to seek COVID-19-related information (17,619 contacts), suggesting that most users who contacted the child helplines early in the year wanted to obtain information about the pandemic, such as implications of national lockdowns and containment measures. In the second quarter of 2020, the top reason for contacts related to COVID-19 was about accessibility issues (69,965 contacts), which reflects concerns about access to various services, including questions on how to access services, problems with access, and being denied services. This is in contrast to the first quarter where accessibility was the sixth most common reason for contact (results not shown).

Of the 38 helplines with data on COVID-19-related contacts, 13 reported the number of contacts that were about violence. The survey only collected quarterly counts of contacts disaggregated by reason, and not monthly totals. Data reveal that a greater proportion of COVID-19-related contacts received in the second quarter of 2020 were concerning issues of violence when compared to the first quarter. In the first three months of 2020, a total of 617 contacts were about violence (or 7 percent of all COVID-19-related contacts). Meanwhile in the second quarter of 2020 there were a total of 6,815 contacts made about violence (or 16 percent of all COVID-19-related contacts) (results not shown).
Fig. 3 presents the rate of COVID-19-related contacts about violence received by the 13 child helplines from January to June 2020 normalized to the size of the child population in each country where the helpline is located, alongside the SI score for the country as of June 1, 2020. Among the 13 helplines, nine had rates of COVID-19-related contacts about violence that were below 20 per 100,000 child population but Stringency Index scores that ranged from a low of 38.89 to a high of 80.56. This suggests that in these countries, child helplines were receiving a similar rate of calls despite differing levels of strictness of the containment measures. The helpline with the highest rate of contacts (119) had an SI score similar to other helplines with rates at 5 or less per 100,000 child population.

Fig. 4 displays the change in COVID-19-related contacts about violence between the first and second quarters of 2020 alongside the change in the Stringency Index scores between March 1 and June 1, 2020. The purpose of this analysis was to explore whether a change in the number of contacts about violence tagged as COVID-related was associated with a change in the country’s Stringency Index.
Fig. 4. Changes in COVID-19-related contacts about violence received by 13 child helplines (as expressed by the number of contacts in the second quarter of 2020 over the number of contacts in the first quarter of 2020) and changes in the SI scores (as expressed by the SI scores on June 1, 2020 over the SI scores on March 1, 2020).
Note: Each dot represents a child helpline.

Fig. 5. Changes in violence-related contacts received by 41 child helplines (as expressed by the number of contacts in the second quarter of 2020 over the average number of contacts in any quarter of 2019) and SI scores for June 1, 2020.
Notes: Each dot represents a child helpline. Two child helplines located in Malta and North Macedonia could not be included in the figure as there were no SI scores for these countries.
scores. For most of these 13 child helplines, the change in the number of COVID-19-related contacts about violence during the first six months of 2020 was not proportionate to the change in SI scores over the same time period and, therefore, there is no clear association between the change in contacts and the change in SI scores. An exception is the helpline in Ukraine which recorded a dramatic increase of more than 50 times more contacts in the second quarter compared to the first quarter of 2020 coupled with a significant change in the SI scores.

To explore whether there has been any change in reporting to child helplines about violence over time, results from 41 child helplines that had data on the number of violence-related contacts received in 2019 (any quarter) as well as in 2020 (second quarter) were analyzed. Contacts about violence (not just those tagged as related to COVID-19) were not collected for the first quarter of 2020. In any case, examining the violence contacts received in the second quarter of 2020 is more relevant given these data reflect the situation during the peak of the pandemic and a time when countries had implemented more strict containment measures. On average in 2019, there were around 77,612 contacts to child helplines about violence in a quarter compared to 64,235 contacts in the second quarter of 2020. This represents an approximate 17 percent decrease in contacts concerning violence during this time period.

Fig. 5 shows the change in violence-related contacts between any quarter of 2019 and the second quarter of 2020, alongside the country’s Stringency Index score as of June 1, 2020. A ratio greater than 1.0 (i.e., above the red line) indicates that the helpline received more contacts about violence in the second quarter of 2020 as compared to the quarterly average for 2019. In slightly less than half of the helplines (17) there has been an increase in violence contacts while in the same number (i.e., 17), there has been a decline, and for seven there has been no change. Also, the change in violence-related contacts does not seem to have a clear association with the intensity of the restrictions (i.e., SI scores).

### 3.2. Media searches

The available evidence from the media search on whether prevention and control measures to curtail COVID-19 have led to an increase or decrease in reporting of violence also shows a mixed picture.

Slightly more than half of the articles (37 out of 70) documented an increase in the total number of calls (for any reason) received by helplines or hotlines. This corresponds to reported increases in 25 of the 26 countries for which articles were found. However, this does not necessarily translate into a direct increase in calls related to violence against children or domestic violence since the nature of the calls received was not always made explicit, or in some cases, it was simply stated that the increased calls were related to concerns over COVID-19.

For example, Canada’s Kids Help Phone saw a 112 percent increase in calls in April 2020 as compared to a year prior, and this included a spike of 28 percent in calls specifically related to violence (Slaughter, 2020). In Australia, the free online and telephone counseling service for youth reported that the number of contacts received since January 2020 related to the coronavirus had increased by 25 times (Gerova, 2020). Uganda’s Child Helpline dealt with an increased number of cases (881) since the national lockdown in that country began in late March 2020 compared to its average case load (248) (Donovan, 2020). The Childhelp National Child Abuse Hotline, which operates in Canada and the United States, said that calls were up by 20 percent and texts by 439 percent between March 1 and 24, 2020 compared to the same time period in 2019 (Donaghue, 2020; Childhelp, 2020). However, this surge in calls to helplines seen in some places during periods of lockdown cannot be directly attributed to increased reporting of violence but might rather be indicative of people reaching out to request information or ask questions related to COVID-19.

Despite the above, the media search did reveal an increase in reporting to child helplines of concerns specifically related to violence and abuse in countries including France, India, and the United Kingdom. For instance, France’s child abuse hotline (Allo Enfance en Danger 119) saw the number of calls from minors alerting to their own dangerous situation increase by 34 percent during the first three weeks of confinement in the country as compared to an equivalent three-week period in February before the measure came into effect (Franceinfo, 2020). India’s Childline 1098 reportedly received more than 92,000 calls requesting protection from violence and abuse in just 11 days during the nation’s lockdown (The Hindu, 2020). In the United Kingdom, the helpline operated by the National Society for the Prevention of Cruelty to Children (NSPCC) reported having received more than 5,000 contacts from adults concerned about the safety and well-being of a child in the month since the lockdown began in that country on March 23, 2020 (Express & Star, 2020).

An increase in reporting of incidents of domestic or gender-based violence to helplines and hotlines was documented in several countries including Argentina, China, Colombia, India, Lebanon, Singapore, and Tunisia. In Argentina, there was an apparent 67 percent increase in calls for help to the country’s emergency 137 line for abuse victims in April 2020 compared to a year earlier (Sigal, Ramos Miranda, Martinez, & Machicao, 2020). A Beijing-based NGO, the Yuanzhong Family and Community Development and Service Centre, which operates a national telephone hotline, reported a roughly 50 percent increase in reports received about domestic abuse (Vanderklippe, 2020). Colombia’s national women’s hotline saw a nearly 130 percent rise in daily domestic violence calls during the first 18 days of the country’s quarantine (Sigal et al., 2020). In India, the National Commission for Women said that it had registered an almost 50 percent increase in domestic violence complaints between March 23 and April 16, 2020 as compared to the previous 25-day period from February 27 to March 22, 2020 (Rukmini, 2020). Lebanese officials reported a 100 percent increase in the number of calls received to a hotline in relation to violence against women at home during the month of March 2020 while the country was under lockdown (Khalife, 2020). The Association of Women for Action and Research’s hotline for women in Singapore saw a 33 percent increase in calls related to family violence in February 2020 (when the first coronavirus infections were detected) compared to the same period in 2019. This is in stark contrast to national data suggesting a decline in cases reported to authorities between 2016 and 2019 (Sambhi, 2020). In Tunisia over a period of just five days in March 2020, a hotline for reporting of domestic violence witnessed a spike in the number of calls (Asharq Al-Awsat, 2020).

As was the case with child helplines, a number of articles citing data from Belgium, Bosnia and Herzegovina, Brazil, Cyprus, Ireland,
Montenegro, Spain and Turkey made reference to increased calls and reports to domestic violence helplines and hotlines during periods of lockdown. However, the nature and types of calls received were not specified and therefore it is unclear whether these reflect increased reporting of incidents of domestic violence or simply an increase in the number of contacts made to the services for any number of reasons. Since mid-March 2020 in the United States, the National Domestic Violence Hotline has reportedly received more than 2,000 calls in which COVID-19 was cited as a condition of abuse (Sandler, 2020).

On the other hand, reporting of violence to hotlines seems to have dropped in some contexts. Notably, in the United States, decreased reporting to child abuse hotlines has been documented in 19 states on the basis of results from the media search. Reported declines in calls made to state and local hotlines for reporting child abuse and maltreatment ranged from 14 percent to 69 percent. For instance, California saw a 60 percent decline in the number of reports made to the San Diego child abuse hotline during the first week of school closures (Hong, 2020). In Connecticut, there was a 69 percent drop in the number of daily calls received by the state’s hotline for reporting suspected child abuse or neglect after COVID-19 appeared in the state and social distancing measures were put in place (Rabe Thomas, 2020). New Jersey saw calls about reported child abuse and neglect to the state hotline down by 32 percent in March 2020 as compared to March 2019 (Koloff & Rimbach, 2020). Typically, Oregon’s child abuse hotline receives around 700 calls every weekday from people reporting child safety concerns. That number dropped by more than half on March 16, 2020, the day primary and secondary schools were ordered to close, and the hotline did not receive more than 300 calls in a single day in the week that followed (Young, 2020). Louisiana, Montana and Oklahoma have all reported declines in calls to state child abuse hotlines of around 45 percent since schools were ordered closed in those states in March 2020 (Hanson, 2020). Other states, which were found to have documented declines in reports made to child abuse hotlines, include Arizona, Colorado, Florida, Illinois, Maine, Missouri, Nevada, Pennsylvania, Tennessee, Texas and Washington State. In Jamaica, the largest residential facility for victims of domestic violence reported that calls to its helpline had slowed significantly since containment measures had been introduced (Barrett, 2020).

4. Discussion

4.1. Implications

Administrative data derived from helplines (and other service providers) reflect reporting of incidents of violence and cannot be used to determine whether violence against children (or women) has increased (or decreased) during the COVID-19 pandemic. In other words, such data can shed light on how reporting (and indeed service availability) might be changing but not on whether (or how) the underlying magnitude of the issue is changing. An analysis by Child Helpline International of global child helpline data collected over a 10-year period from 2003 to 2012 showed a steady increase in contacts, and the number of child helplines reporting, over this period (Child Helpline International, 2003–2013). It was concluded that this indicates that children and young people are feeling more empowered than before to reach out to child helplines to get information, support and care. Also, it suggests that there is increased accessibility and awareness; and that there are new and emerging issues that need to be addressed by decision-makers.

The increased use and contacts suggest that such services are a critical lifeline for many children and women during times of crisis. While there was a 31 percent rise in the total number of contacts to child helplines between the first six months of 2019 and 2020, the overall number of VAC-related contacts decreased by 17 percent between any quarter of 2019 and the second quarter of 2020. In particular, in slightly less than half of the child helplines (17) there has been an increase in VAC-related contacts while in the same number (i.e., 17), there has been a decline, and for seven there has been no change.

While evidence of the effectiveness of child helplines to reduce child maltreatment still needs to be established, the fact that such helplines provide an outlet for children to ask questions or talk about things that concern them, including violence, is in and of itself important. Of course, the quality and type of services provided by helplines across the world may vary greatly. It is therefore plausible to expect that their usefulness and ultimate impacts will also vary. That said, there is potential value in strengthening and equipping child helplines with sufficient resources and staff capacity to handle an increased volume of contacts during an emergency. This also highlights the need for investing in preparedness plans to ensure that conditions are in place, such as access to protective equipment, training and tools so helplines can continue to operate effectively and carry out their vital work when a crisis breaks out and other providers are unable to deliver services. Indeed, previous evidence reviews have documented a range of positive outcomes of the work undertaken by child helplines (see Stoiłova, Livingstone, & Donovan, 2019). However, much of the existing evidence pertains to benefits and outcomes related to individual service users while few studies have evaluated the effectiveness of child helplines at the family, organizational, societal and community levels. The fact that access to helplines can be constrained by a number of factors, including children’s age, implies that other types of outreach are also needed to ensure a comprehensive service delivery response to violence against children. Some guidance on what child helplines can do during a pandemic to continue supporting children and families has been outlined elsewhere (see The Alliance for Child Protection in Humanitarian Action et al., 2020).

Of course, there can also be a number of alternative explanations for increased contact such as the fact that people are staying home much more frequently than would otherwise be typical given the restrictions to work, social, leisure and community activities in many places. The spike in calls to helplines documented during periods of lockdown in some places could be the result of people simply wanting to request information or ask questions.

On the other hand, findings that suggested a decline in some places in contacts to helplines are perhaps not altogether surprising given that one of the most common public health responses to COVID-19 has been the closure of primary and secondary schools. Additionally, a drop in the number of contacts made to child helplines could be indicative of access issues such that vulnerable populations, including children, are less able to safely reach out for help when confined or in close quarters with those who may be perpetrating violence and abuse. This implies a need to seek out innovative solutions and adopt alternative mechanisms that facilitate
and promote access for users under such conditions. Efforts should also be made to raise public awareness of the existence and continued availability of helpline services even during times of crisis.

Finally, the analyses exploring the relationship between reporting about violence to child helplines and restriction measures in place to respond to the pandemic did not yield any clear pattern.

4.2. Limitations of the study and directions for future research

An important limitation of the media search includes the fact that it was not exhaustive. Additionally, a thorough quality assessment of the media sources publishing the articles was not conducted (although some effort was made to prioritize articles and stories from known and reputable news outlets). Finally, only those articles that were publicly available and free to access were included and since the search was conducted in English, articles in other languages were not systematically picked up.

When it comes to the survey of child helplines, only 71 helplines submitted data for the first quarter of 2020 and 49 for the second quarter of 2020. Therefore, the inferences drawn from the data can only be partial. The survey conducted in the first quarter of 2020 did not include questions about the reasons for all contacts, but only for the COVID-19 contacts, so it was not possible to utilize these data for the analyses on violence due to lack of comparability with the data from the second quarter of 2020. Also, child helplines were not able to report on whether the violence-related contacts were made by repeat callers or by new ones, which is key to assessing changes in number and characteristics of beneficiaries. Finally, changes to staffing and operating hours for the child helplines that participated in the survey may have occurred during the pandemic, but an assessment of how this might have impacted reporting was beyond the scope of this study.

The above available evidence clearly highlights that it is challenging to draw definitive conclusions about reporting of violence against children to helplines during COVID-19, given the mixed picture that has emerged. Future research is needed to understand whether the impact of the pandemic on violence against children mostly relates to an increase in the severity and frequency of abuse, as opposed to an increase in the overall magnitude and scale. The hypothesis here is that caregivers that are not violent prior to an epidemic would not necessarily become violent as a result but rather that situations in which children were already living in violent or dysfunctional family settings prior to a global crisis could deteriorate further. Understanding the reasons why children and people contact helplines by strengthening or establishing accurate and reliable reporting systems is a necessary first step to interpreting any changes in their use. Further understanding of help-seeking behaviors among child victims of violence, alongside improved data quality and availability, will be critical to strengthening reporting mechanisms, response services and prevention strategies. As mentioned above, more research is also needed to evaluate the effectiveness of child helplines in reducing maltreatment, taking into account their quality and functioning since the impact is likely to be linked to these other factors. Additionally, it will be critical to analyze how the reporting levels to child helplines, child protection authorities and other service providers evolve in the months to come. Finally, the effects of the COVID-19 crisis on the maltreatment of children who are unable to reach out to child helplines due to their young age (such as infants, toddlers or other young children) or certain vulnerabilities, such as children with certain disabilities, should be further investigated. This should occur alongside the assessment of how the crisis has impacted other forms of violence, such as exposure to peer and community violence.

5. Conclusions

Containment measures to control COVID-19 have resulted in disruptions to child protective services. The disruptions to such services have also inhibited reporting of cases of child abuse and maltreatment. Child helplines, however, have remained operational in most countries.

The results of the current study shed light on some of the challenges with drawing definitive conclusions about reporting of violence against children to helplines during COVID-19, given the mixed picture that has emerged. There is evidence indicating that some helplines have recorded an increase in contacts related to violence against children and women, while in other cases, reporting of violence has seemingly dropped. As a result, and considering that data from helplines do not consistently provide information on the reasons for the contact, it cannot be concluded at this stage that any reported increase necessarily reflects an increase in the actual cases of violence against children.

In order to ensure national capacities to monitor trends during the pandemic and track progress against Sustainable Development Goal target 16.2 more generally, countries need to strengthen their routine monitoring systems for collecting data on violence against children. This entails investing in both periodic population-based surveys that collect prevalence data on violence and in robust administrative data systems. Strengthening the quality of records along with reporting mechanisms across agencies, including child helplines and schools, should be prioritized.

As child helplines are less likely to be disrupted than other child protection services following containment measures, they are a critical platform to provide counseling and support to children, to report and refer cases of violence, and to provide data to track use of services. Disparities in global connectivity and access to devices by children, and limited capacities to provide services across countries remain key challenges to realizing the full benefits and potential of child helplines. Additionally, the usefulness of such data to guide policy, learning and practice will depend to a large extent on whether the information collected is reliable and sufficiently detailed. In the case of using such data to understand violence, it is necessary, as a minimum, to collect information on the reason and type of contact being made since child helplines generally deal with a wide range of issues. Additional details about the caller (such as sex and age) and incident being reported (if there is one) would also be important to distill data useful in informing responses to violence.

Accordingly, child helplines should be strengthened and equipped with sufficient resources and staff to handle increased demand.
and need of services during an emergency and make necessary referrals. Understanding the reasons why children contact child helplines by establishing accurate and reliable reporting systems is a necessary first step to interpreting any changes in their use. Recognizing the essential nature of child protection services would also be indispensable to ensure child victims receive support. This implies a need to seek out innovative solutions that facilitate and promote access for children to reach child protection services under containment measures. Efforts should also be made to raise public awareness of the existence of child helpline services even more during times of crisis. Public and private investment to improve connectivity will also be important.

Acknowledgements

The authors wish to thank Averill Daly for her assistance with data extraction.

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