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Child protective services during COVID-19 and doubly marginalized children: International perspectives

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https://doi.org/10.1016/j.chiabu.2022.105634
Received 23 December 2021; Received in revised form 29 March 2022; Accepted 11 April 2022
Available online 18 April 2022
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ARTICLE INFO

Keywords:
COVID-19
Child maltreatment
Child protection services
Intersectionality
Inequality
Discrimination
Racism

ABSTRACT

Background: Alongside deficits in children’s wellbeing, the COVID-19 pandemic has created an elevated risk for child maltreatment and challenges for child protective services worldwide. Therefore, some children might be doubly marginalized, as prior inequalities become exacerbated and new risk factors arise.

Objective: To provide initial insight into international researchers’ identification of children who might have been overlooked or excluded from services during the pandemic.

Participants and setting: This study was part of an international collaboration involving researchers from Brazil, Canada, Colombia, Israel, South Africa, Uganda, the UK and the USA. Researchers from each country provided a written narrative in response to the three research questions in focus, which integrated the available data from their countries.

Method: Three main questions were explored: 1) Who are the children that were doubly marginalized? 2) What possible mechanisms may be at the root? and 3) In what ways were children doubly marginalized? The international scholars provided information regarding the three questions. A thematic analysis was employed using the intersectional theoretical framework to highlight the impact of children’s various identities.

Results: The analysis yielded three domains: (1) five categories of doubly marginalized children at increased risk of maltreatment, (2) mechanisms of neglect consisting of unplanned, discriminatory and inadequate actions, and (3) children were doubly marginalized through exclusion in policy and practice and the challenges faced by belonging to vulnerable groups.

Conclusion: The COVID-19 pandemic can be used as a case study to illustrate the protection of children from maltreatment during worldwide crises. Findings generated the understanding that child protective systems worldwide must adhere to an intersectionality framework to protect all children and promote quality child protection services.

1. Introduction

For many countries, times of crisis often mean a damaged economy with snowballing, detrimental consequences for members regarding their social, emotional and physical wellbeing and functioning (Kallinikaki, 2015). Children might be especially vulnerable, as the formal and informal child protection systems they depend on face new challenges and navigate the increasingly complicated social context (Rochelle & Buonanno, 2018). During COVID-19, formal child protection agencies often operated under a growing workload, unsafe environment and limited workforce (Boonzaaier et al., 2021; Truter & Fouché, 2019). Meanwhile, informal child protection sources, such as communities, were preoccupied with the crisis, which compromised children’s ability to fulfill their rights (e.g., their rights for protection and education). The current study demonstrates how policy and child protective services might overlook certain children in times of crisis. This will be done by examining COVID-19 as a case study regarding potential worldwide crises.

In this study, we were guided by concerns for children who, for multiple reasons, were overlooked and/or excluded from policies in child protective services during COVID-19. It is widely recognized that all children were susceptible to child maltreatment (CM) throughout the pandemic due to the barriers created between them and various protection services. However, many children already faced limited access to services prior to the pandemic due to inequalities such as social and economic disadvantages (Raman et al., 2020). These pre-existing risk factors were augmented during the pandemic and exacerbated the pandemic’s negative effects on their wellbeing. In the current study, we will term this as being “doubly marginalized” as these children were marginalized twice: once prior to the pandemic as their needs were often unanswered by the state, and again during the pandemic as they were further excluded from decision-making processes of policymakers regarding social service practices.

1.1. Protecting children from maltreatment during COVID-19

As of 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 exacerbated by lockdowns (Thompson & Rasmussen, 2020), which resulted in increased stress for communities and families as well as intensifying pre-existing challenges (e.g., Bérubé et al., 2020; Katz et al., 2020; Katz & Fallon, 2020). Containing the spread of the virus seemed to be prioritized by authorities and certain populations (e.g., the elderly and those with pre-existing medical conditions) appeared to receive the most attention. During this time, various researchers expressed concerns about children’s rights being disregarded in light of the health restrictions, implementation of lockdowns, social distancing and service closures, which could act as barriers to providing effective child protection services (CPS; Katz & Cohen, 2020; Katz et al., 2020; Katz et al., 2021; Nay, 2020).

There has also been accumulating knowledge related to what appears to be a dramatic decrease in CM reports to many formal
systems worldwide (e.g., Katz et al., 2021). Researchers have suggested that this decrease may not be attributed to the increased safety of children during COVID-19 but rather the adverse impact of lockdowns on the ability to identify and respond to maltreated children (Baron et al., 2020; Katz et al., 2021; Katz & Cohen, 2020; Tener et al., 2021). Moreover, there is growing evidence that during COVID-19, various CM risk factors have increased significantly (Conrad-Hiebner & Byram, 2020; Proulx et al., 2021; Rodriguez et al., 2020; Wu & Xu, 2020), especially those related to the adverse impacts of the pandemic on parents, such as job loss (Lawson et al., 2020), social isolation (Lee et al., 2021), increasing mental health challenges (Russell et al., 2020) and the dramatic increase worldwide in domestic violence (Boserup et al., 2020), all of which impact children’s wellbeing. Furthermore, there has also been evidence of an increase in children’s displays of stress (Jiao et al., 2020) and their reports to helplines of experiencing violence (Petrowski et al., 2020), as well as an increase in cases of physical injuries in children (Kovler et al., 2020) and a decrease in referrals in pediatric settings (Garstang et al., 2020).

The COVID-19 outbreak was followed by forced lockdowns and a shutdown of formal systems central to children’s daily lives, such as schools. The State of the World’s Children report (UNICEF, 2021) indicated that more than 1.6 billion children suffered some loss of education, with at least 463 million unable to access remote learning. These school closures could have devastating effects on children’s wellbeing as they are a central facet of their daily routine (Letzel et al., 2020). For some, schools are a safe haven from abuse and neglect at home (Bartholet, 2020), a place to ask for support, or their main source of a hot meal (Cardoso et al., 2019). Consequently, studies have indicated that the social isolation, school closures and limited interactions and communication with school staff during COVID-19 have serious ramifications for some children’s wellbeing (Lee, 2020). Previous findings have also consistently linked school closures to a drop in CM reports, with the largest decrease being informants from educational systems (Baron et al., 2020).

The lockdowns were also found to affect CPS and disrupt their service delivery. A recent study (Katz et al., 2021) demonstrated the international variance in policies, resource allocation and prioritization of child protection. In some countries, such as Israel (Katz & Cohen, 2020) and South Africa (Fouché et al., 2020; Rasool, 2020), policymakers’ automatic response to COVID-19 neglected to address the risk of CM. They overlooked the crucial role of CPS and declared social workers to be “non-essential.” Such actions reveal a blind spot regarding the needs of children, especially those already at risk. In other countries, child protection workers reported a change of focus in their work, with more resources dedicated to fulfilling families’ basic needs rather than child protection (Toro & Falch-Eriksen, 2020). However, countries such as Canada, Germany and Australia prioritized CM through policies and resources dedicated to supporting children and their families.

Beyond these differences, a common feature during lockdowns was the surge in the usage and centrality of the internet in daily life, for example, the switch to remote work for CPS providers and other frontline practitioners, which damaged the continuity of their relationships with children and families. Although some digital interventions have been developed and implemented (Honda et al., 2020), social services workers have mixed opinions about their efficacy (Self-Brown et al., 2020). CPS workers have highlighted (Tener et al., 2021) the lack of physical access to families as a challenge to protecting children in need and noted that face-to-face meetings are irreplaceable, particularly when working with children (Jenisch & Schnick, 2020).

In addition, the shift to the virtual world during COVID-19 has been linked to a rise in online child sexual exploitation. Child sexual exploitation can be defined as “sexual activities perpetrated on children (persons under 18) that involve an element of exchange such as money, material goods, immaterial things like protection or shelter, services, privileges or attention/affection, or even the mere promise of these things” (ECPAT International, 2021, p. 3). According to police reports covering the first months of the pandemic, luring a child online was up 15% and the making and distribution of child sexual abuse material was up 27%, compared to pre-pandemic levels (Statistics Canada, 2021). Furthermore, as families struggled to sustain themselves, children became especially vulnerable to digital and non-digital sexual exploitation, such as trafficking and child marriages (Giammarinaro, 2020). In understanding the enormous challenge of protecting children from maltreatment during COVID-19, there is an urgent need to further examine these impacts while considering the various identities of children and how they overlap, such as their social and economic context. Therefore, the current study’s examination is guided by the intersectionality framework and its crucial importance in child protection systems.

1.2. Intersectionality as a theoretical framework

A key challenge was identified by the International Scholars Protecting Children from Maltreatment During COVID-19 group. Although the pandemic has affected all children, the impacts of the pandemic, and in particular the lockdowns and other restrictions, have disproportionately affected specific groups of children from vulnerable and disadvantaged contexts – i.e., those who are disadvantaged due to the intersection of age, socio-economic status, disability, refugee status and other forms of marginalization. Hence, the current study’s exploration is guided by the intersectionality framework and its importance in protecting vulnerable children at all times, particularly during worldwide crises such as COVID-19. Intersectionality provides a critical unifying interpretive and analytical framework to reframe how scholars can conceptualize, investigate, analyze, and address disparities, disproportionality and social inequities in child protection and development (Almeida et al., 1998; Nadan & Korbin, 2018).

The concept of intersectionality is rooted in Black feminism and Critical Race Theory. It analyzes the interlocking ways in which social structures such as gender, race, class, sexual orientation, and disability intersect at the micro-level of individual experience to produce and entrench (at the macro social-structural level) power relations, inequities, and marginalization, such as racism, sexism and classism (Crenshaw et al., 1995; Davis, 2006). Intersectionality invites critical reflections on how structures of oppression are related and, therefore, how struggles are linked, elucidating how various aspects overlap to create different types of discrimination and privilege that ultimately affect families and children. Therefore, the current analysis proposes an intersectionality framework that examines how current structures and systems, in particular CPS, engage with the multiple identities of children to influence how
different groups of children have been protected during the pandemic and beyond. In addition, the study will consider how structural racism, disablism, class prejudice and other oppressive behaviors and attitudes have exposed these children and their families to contact with CPS (RELAF & UNICEF, 2013) or prevented them from accessing protective interventions.

2. The current study

The current study was designed to focus on the challenges associated with protecting children during crises. Specifically, the study aimed to gain an international view of the circumstances under which children were not engaged by the services mandated to protect them. Drawing on the intersectionality framework, we looked at how the multiple intersections of poverty, race, ethnicity, disability, gender, geographical location, citizenship and socio-economic status rendered some children particularly vulnerable and heightened the risk for CM when formal and informal child protection systems were restricted in their interventions/movements. Therefore, the present international examination was led by three main questions: (1) Who are the children that were doubly marginalized? (2) What possible mechanisms may be at the root of the marginalization? and (3) In what ways were children doubly marginalized?

3. Method

To examine and report on how children across the globe may have been overlooked/disadvantaged during the COVID-19 pandemic and how different factors of intersectionality were at play in their exclusion, scholars from eight countries provided written narratives in response to three open-ended questions: 1) Who were the children that were doubly marginalized? 2) What possible mechanisms may be at the root of the marginalization? and 3) In what ways were children doubly marginalized?

The scholars who provided narratives in response to these three questions were from eight countries: Israel (n = 4), the UK (n = 4), Canada (n = 5), Colombia (n = 2), Brazil (n = 1), Uganda (n = 1), South Africa (n = 4), and the USA (n = 2). All of the scholars are part of the group, International Scholars Protecting Children from Maltreatment During COVID-19, founded and led by the first author and supported by ISPCAN (International Society for the Prevention of Child Abuse and Neglect). This group was established in April 2020 and conducts group meetings and discussions once a month. The development of the group was through snowballing, without eligibility criteria.

A group of scholars from each country provided a written narrative in response to the three questions in focus. They were invited to support their writing with the available data from their countries – this data was based on empirical studies or from formal institutions in their country. The written narratives and supporting data were collected in April 2021. Therefore, the scholars were asked to reflect on their perceptions and provide supporting evidence regarding these questions a year into the pandemic.

The data provided by the scholars in each country mainly came from official government agencies. It is important to note that, in some countries, the available data were only found in 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 countries in how data were collected and reported.

The narratives from the various countries were thematically analyzed guided by an inductive thematic analysis and followed Braun and Clarke’s (2006) method for data analysis. The goal of the analysis was to identify themes with respect to the study questions. Themes were constructed from the narratives presented for each country. First, the first four authors read the narratives several times to gain familiarity with the data. The authors then examined the data to identify initial codes. The first and fourth authors generated initial codes, identified patterns among the codes and established themes. The authors gathered the data relevant to each theme and created new themes for data that did not fit the existing themes. The authors also combined themes when relevant based on the themes’ properties. Next, the themes were reviewed and compared to the data to ensure that the themes represented the data. This established the ‘essence’ of each theme.

The study’s trustworthiness was ensured by achieving four criteria: credibility, dependability, confirmability, and transferability (Guba, 1981). Techniques used by researchers to establish credibility included peer-debriefing, member-checking and reflective discourse. Furthermore, researchers returned several times to the data to re-examine the data vs. the findings. Dependability was achieved by maintaining an audit trail of process logs and peer-debriefings between authors. To establish confirmability, researchers kept detailed notes of their decisions throughout the study stages and their analysis as it progressed. These decisions were also discussed in peer-debriefing sessions with the international group of scholars. Transferability was achieved by providing rich and detailed descriptions of the context and narratives of the eight countries.

3.1. Ethical approval

This study was approved by the Tel Aviv University ethical board. In addition, it is important to stress that the data provided by the scholars in the various countries only included published data (i.e., empirical studies, information from formal institutes or gray literature). No sensitive or confidential information was included.

4. Findings

The thematic analysis yielded three major themes: children’s characteristics and identities; unplanned, discriminatory and un-adjusted actions; and exclusion and challenges among vulnerable groups. Fig. 1 displays the study’s themes and sub-themes.
4.1. Theme 1: children’s characteristics and identities

The analysis of the narratives of the eight countries accounted for five vulnerable groups of doubly marginalized children, which included children with disabilities, children from low socio-economic status, children living in rural and remote locations, children from migrant families and unaccompanied asylum-seeking children, and children who are part of minority communities:

Children within urban poor settings were very much challenged. Many had to start engaging in some form of labor to contribute to and help cover their parents/families’ lost incomes (Sserwanja et al., 2021). Some children had to engage in commercial sex exploitation for survival (The AfriChild Center of Excellence for the Study of the African Child, Makerere University, 2021) - one of the worst forms of child labor.

(Uganda)

There are however children that are further marginalised as a result of their status in society; like undocumented minors as well as children living with disabilities.

(South Africa)

During COVID-19 lockdowns, access to education and other services that switched for online attention was particularly affected for rural children.

(Colombia)

Furthermore, multiple identities among vulnerable groups, such as poverty and race, intersected and resulted in serious dangers for the children’s lives and wellbeing:

The closure of schools, especially in rural areas of Indigenous and Afro-descendant territories that were specifically targeted for the illegal groups, was an important factor (Defensoria, 2020). This practice thrives in a context filled with poverty, violence and exclusion, where children are recruited to be informants and vigilantes, assist in the transfer of weapons and drugs, and be abused in commercial sexual exploitation.

(Colombia)

The narratives provided by the scholars stressed that children who were part of marginalized societal groups were at an increased risk for marginalization and exclusion during the COVID-19 pandemic.

4.2. Theme 2: unplanned, discriminatory and inadequate actions

The findings highlighted the mechanisms by which children were doubly marginalized. Several factors were found that interacted and resulted in children experiencing multiple marginalizations. These factors included the lack of preparation at the government level for such an impactful crisis, with efforts focused on pandemic containment, structural inequalities and unequal access to resources, and closure of essential services.

4.2.1. Countries unprepared to face the crisis

The lack of preparedness across the globe to deal with COVID-19 manifested in the lack of resources and limited government support, difficulties coping with the uncertainty of the pandemic, instability of governments’ plans, and prioritizing other issues for
interventions and dealing with other crises. Hence, the efforts of most countries focused on and prioritized developing vaccines to “contain the spread of the virus” and decrease death rates, which masked other concerns regarding children’s needs and risks:

Brazil has one of the highest cases and deaths in the pandemic. This created new hurdles for children’s wellbeing and protection. 

(Brazil)

A social worker from the Western Cape noted that the focus on food parcel distribution and social distancing meant that children’s other needs were not addressed, exposing them to higher risk for abuse. 

(South Africa)

It seems that in the current global COVID-19 crisis, the struggle to contain the spread of the virus remains the top priority for authorities and the protection of the most vulnerable individuals in the community, such as children, is at risk of being compromised. 

(Israel)

Like all pandemics the world has experienced and particularly as the first in modern history (Gates, 2020), COVID-19 found systems that were underprepared to face it. […] the gap between the ‘haves’ and ‘have-nots’ has widened more. 

(Uganda)

Although some countries tried to institute a plan to intervene, deliver services and maintain service continuity, the instability of the many national governments’ plans impacted vulnerable groups the most:

Although the government put funds into providing 1.3 million laptops and extending free internet access for pupils in particular disadvantaged groups and those without such existing access (Department for Education, 2020), it is estimated that only just over a third of those in need of this support received it. 

(UK)

A 500 billion package was made available however there was mismanagement of funds and lack of clarity regarding communications meant that funds were not properly distributed. 

(South Africa)

To compound matters, no sooner had some segments of the population of school going children returned to schools than the government announced a second closure of schools in order to stem the third wave of COVID-19 in the country. This has rubbed the vulnerable families and their children the wrong way as many of those still struggling to find stability had squeezed the little they could afford to pay for fees which now seems to have been in vain. 

(Uganda)

Such instability in dealing with COVID-19 was due to the uncertainty of the virus’s implications and consequences as well as the constant need for agility in responding to a rapidly changing situation: “Constant adaptation to uncertainty has taken its toll since 2020” (UK).

4.2.2. Pre-existing crisis

The pandemic did not happen in a socio-political vacuum. Some countries encountered other crises before – and during – the pandemic. For instance, the Arab community in Israel suffers from an ongoing high level of violence in its day-to-day life, which only escalated during COVID-19:

Arab society is dealing with a dangerous phenomenon, some refer to it as the real epidemic of Arab society. The Arab society is suffering from a wide phenomenon of violence and crime that have been on a worrying rise in the scope of this phenomenon in recent years. The violence includes community violence, domestic violence, unprecedented street violence, severe crime, and homicide, all of which worsened during the pandemic. 

(Israel)

Similarly, in Colombia, which is still struggling with the half-century of war between the government and illegal groups, the pre-existing issues only intensified:

Several reports confirmed that lock downs to prevent the spread of COVID-19 were used by illegal armed groups to continue and increase the recruitment of children and adolescents in 2020 and 2021 (FIP, 2020). The closure of schools, especially in rural areas of Indigenous and Afro-descendant territories that were specifically targeted for the illegal groups was an important factor (Defensoria, 2020). 

(Colombia)

This challenge was not restricted to Majority World countries. In the UK, withdrawal (known as Brexit) from the European Union (EU) resulted in the loss of many funding sources and a rapid reclassification of lawful and unlawful presence of non-citizens, creating periods of significant instability for migrant families in particular:

Following the UK’s withdrawal from the EU, EU citizens wishing to remain lawfully in the UK were required to register by 30 June 2021 under the EU Settlement Scheme, the largest registration programme ever conducted in the UK. Failure to register
has resulted in unlawful presence and the consequent risk of removal from the UK. Irregular migration status increases vulnerability to exploitation and trafficking. (UK)

4.2.3. Structural inequalities and unequal access to resources

Pre-existing inequalities were further amplified by unequal access to a wide range of resources and services. In particular, this was seen during lockdowns concerning unequal access to essential services, such as an internet connection, electronic devices, digital readiness for distance learning in rural and remote areas, lack of suitable and functioning internet connections, and poor digital literacy:

In the context of high levels of structural inequality and unequal access to resources like education and health, social services as well as basic resources like electricity and clean running water in South Africa, the added impact of COVID-19 has had a devastatingly negative impact on families and children [...] These pre-existing structural and systemic challenges have also created a situation where many children have been and continue to be doubly marginalized. (South Africa)

Data of 2019 about education reported that 70% of children who did not attend school at that time were from rural areas (Gutierrez, 2019). Moreover, data indicated that 90% of the rural areas in Colombia didn’t have proper access to internet." (Colombia)

Indigenous communities constitute 4.9% of the total Canadian population; however, 1% of federal resources were delegated to these communities in response to the COVID-19 pandemic. The result has been that First Nations, Métis, and Inuit children are facing an exacerbation of pre-existing inequities generated from colonial legacies over the course of the pandemic. (Canada)

The pandemic revealed and highlighted previous structural inequalities and deficiencies in systems that became more obvious – and in many cases deepened – during the pandemic. Our analysis suggested that this could amplify feelings of being doubly marginalized for children already vulnerable to maltreatment:

Job losses suffered by migrants as a result of the pandemic (Gardner, 2021, p. 5) mean that more migrant families who could not access services due to the NRPF (No Recourse to Public Funds) condition, set out in section 15 of the Immigration and Asylum Act 1999, are likely to be experiencing poverty as a result of an inability to access necessary support." (UK)

Moreover, vulnerable groups were impacted by quarantine restrictions and safety guidelines, including losing jobs and facing financial difficulties, which greatly impacted children’s and families’ wellbeing and functioning:

Not only have marginalized communities experienced much higher rates of infection, hospitalization, and mortality from the COVID-19 virus, but they have also been significantly affected by the work interruptions imposed by quarantine restrictions (Statistics Canada, 2021; Subedi et al., 2020). According to a crowdsourcing survey, visible minority groups, particularly South Asian, Black, and Filipino participants were more likely to report that the pandemic had a moderate or major impact on their ability to meet financial obligations. (Canada)

Resource differences were exacerbated by the COVID-19 pandemic, with low-income workers being more likely to become unemployed or be unable to stay home with their children when traditional care arrangements (childcare and school) become unavailable. (USA)

Quarantine restrictions and lockdowns implemented in several countries during the pandemic resulted in the disruption of many essential services for children and their families and resulted in increased school dropouts among vulnerable children:

School closures had a secondary negative effect, more specifically for vulnerable children. Official data shows that school dropouts increased from 1.8 million children to 4 million during 2020, indicating an active and future crisis with this generation of out-of-school children and adolescents. (Brazil)

School closures have more negative effects upon vulnerable children, such as minority children, children from low socio-economic groups, and children with pre-existing learning difficulties, for which schools play a particularly important role in their wellbeing. For example: “For Arab children, who are deprived of basic facilities in their neighborhoods, schools are sometimes the only place to engage in some playful activities and entertainment” (Israel).

4.3. Theme 3: the various displays of exclusion

In addressing how children were marginalized and excluded, the analysis yielded four subthemes: eligibility criteria for accessing
services, limited availability and adjustability of crucial services and misfit of hybrid interventions, challenges imposed on families, and new risks for children’s wellbeing.

4.3.1. Eligibility criteria for accessing services

Several countries had set up eligibility criteria prior to and during the COVID-19 pandemic for accessing multiple services, which excluded vulnerable families and their children from receiving essential services:

The NRPF (No Recourse to Public Funds) condition, set out in section 15 of the Immigration and Asylum Act 1999 and paragraph 6 of the Immigration Rules, means that such migrants are unable to access the majority of welfare benefits (e.g., income support, housing benefit), including those intended to maintain the basic welfare of children (e.g., child benefit).

(UK)

The South African government provided some relief through a number of social support grants. One limitation of these relief efforts was the eligibility criteria, which stipulated that to access a South African grant, one needed a South African identity document (Save the Children, 2020). This meant that some individuals living in South Africa, like undocumented South African citizens, asylum seekers, unaccompanied youth and migrants were not able to benefit from these poverty alleviation measures. Data suggests that almost one million children are estimated to have no identifying documentation.

(South Africa)

Non-citizens (migrants, asylum seekers, refugees and Palestinians) are not eligible for government financial aid and must rely on private health insurance through their employer. During COVID-19, approximately 80% of asylum seekers and refugees in Israel have lost their place of employment. NGOs have reported an increase of 70% in requests for financial aid for basic needs such as diapers, baby food, and rent (Yaron, 2020). Moreover, they have lost their health insurance. Most of them did not have the option to vaccinate.

(Israel)

Even groups that were eligible for benefits were not always able to access them due to not being aware of their eligibility, or fear and confusion:

NRPF (No Recourse to Public Funds) has caused problems during the pandemic even for categories of migrants, such as refugees, who are not subject to this condition and therefore eligible for benefits. A recent survey from JCWI (Joint Council for the Welfare of Immigrants) indicates that some migrants formally eligible for benefits have not accessed them during the pandemic. This is due to a lack of awareness of eligibility and because of the climate of fear and confusion fostered by the hostile environment policy pursued by the Government since 2012 (Gardner, 2021, pp. 5–6).

(UK)

Moreover, although some countries allowed ineligible groups to access services, many ineligible families preferred not to access services due to several concerns:

Even though many states, including the UK, allowed unlawfully staying migrants to access all emergency health care services on an equal footing with citizens (EMN/OECD, 2020, p. 8), fear of deportation and the aforementioned hostile environment will have prevented many such migrants from doing so.

(UK)

The pandemic highlighted the differential treatment of children based on their belonging and status, which highlighted the process of being doubly marginalized. Therefore, the first level of marginalization was based on belonging to vulnerable groups and the second marginalization was due to being intentionally differentiated and excluded by the state:

The impact of the pandemic on migrant children in the UK highlights the differential treatment of children depending on whether they are citizens or non-citizens, and the adverse effects of such differential treatment. It reflects “the pervasive failure in states to adopt a child rights focus in administrative procedures involving child migrants,” instead producing “impoverishment and neglect – a second class childhood for the foreign born” (Crock & Benson, 2018, pp. 14 & 21).

(UK)

In several countries, government stances went beyond differential treatment and included a process in which children were categorized and excluded from being considered vulnerable. Nevertheless, children not considered vulnerable by the state were often the most affected and in need of services:

There were also further school closures in England between January and March 2021 due to another national lockdown. During these periods, schools were only open to vulnerable children and children of key worker parents. Hence, despite the vulnerability of migrant children, they were largely not included in the categories allowed to attend school in-person unless they also fell into another specified category.

(UK)
4.3.2. Limited availability and adjustability of crucial services and misfit of hybrid interventions

Findings emphasized that the quarantine restrictions and lockdowns had limited the availability of essential services:

Children with disabilities rely on specialized services to support their needs, such as rehabilitation, physical therapy, occupational therapy, and psychological counselling, and the loss or interruption of these services can have adverse effects on children’s health and development [...] while children from low-income households experiencing food insecurity could normally receive meals from school programs, this is no longer the case with school closures throughout.

(Canada)

Although many children did not access services, others who did found them to be inadequate in several ways, including the changing focus of CPS, difficulties in detecting and reporting cases of CM, and moving to virtual learning and hybrid interventions. Defining issues to address and prioritize by policymakers had concealed other concerns, including CM, and reshaped the focus of services:

Child protection workers reported a change of focus in their work, with child protection becoming second priority to fulfilling the families’ basic needs [...] the therapeutic interventions with families and children move from processing the abuse and its implications for the dynamics to family maintenance/stabilization as the focus. The nature of the intervention during this period has become more of holding – focusing on the family’s daily routine, anxieties, financial worries, etc.

(Israel)

In addition, the closure of crucial services, including schools, affected detecting and reporting cases of abuse and maltreatment:

Decreasing reports have aroused concern that children are not being accurately identified and reported as maltreated and in need of services. It is not just identified maltreatment that is of concern with pandemic-related conditions. Prevention, delivered in prenatal care (nurse home visiting), early childhood settings, etc., has been curtailed by the pandemic and restrictions on in-person contacts.

(USA)

Furthermore, moving to virtual learning and hybrid interventions resulted in inadequate action/procedure regarding efficiency, accessibility, adaptability for group characteristics, community resources, learning and intervention goals:

Virtual home visits hinder the ability of the service provider to holistically view the home situation, observe the child in person, and thoroughly examine the parent-child interactions. The effectiveness of such programs being delivered in a virtual format is, at this time, little understood.

(USA)

While efforts have been made to provide support virtually through telehealth, this format is often inaccessible for many members of this population. For example, children who have a hearing impairment may be unable to access video-based telehealth interventions without the support of assistive technology which is often incompatible with the server.

(Canada)

4.3.3. Challenges imposed on families

4.3.3.1. Childcare. Parents encountered several challenges as a result of the closures of essential services, including childcare:

This created additional challenges for parents and families with the child’s monitoring while parents were returning to in-person work. (Brazil)

Resource differences were exacerbated by the COVID-19 pandemic, with low-income workers being more likely to become unemployed or be unable to stay home with their children when traditional care arrangements (childcare and school) become unavailable. As a result, parents were faced with the difficult decision to leave a child in an informal care arrangement, leave a child unsupervised, or lose their job. Loss of job inevitably results in loss of income, which hinders a parent’s ability to provide for a child’s basic needs. (USA)

4.3.3.2. Overloading parents with tending to children’s needs. Overloading parents with tending to their children’s needs did not happen in a vacuum. Findings across the eight countries emphasized that parental wellbeing and stress due to COVID-19 had multiple implications on the lives of their families and children:

There have been reports of family separations increasing as families grapple with challenges of day-to-day living.

(Uganda)

In March 2021, the unemployment rate rose to 14.2% (DANE, 2021). The COVID-19 National Survey reported that a higher number of families are lacking financial resources and are under high levels of stress.

(Colombia)
Loss of job inevitably results in loss of income, which hinders a parent’s ability to provide for a child’s basic needs. In addition to the possible linkages with neglect, all of these conditions led to sharp increases in stress for parents, which is associated with a greater risk for physical and psychological abuse of children.

(USA)

Learning from home during the pandemic meant children had to rely on their families to support them in their virtual learning activities. However, parents faced difficulties in accessing and utilizing digital learning technology:

The sudden closure of schools led to several effects which will bear long-term impacts on the lives of children including, in particular, those from poor households as well as those whose parents or guardians are illiterate. Those who did also found utilization difficult as many children and their parents could not make sense of corresponding instructions to be followed. Yet, well-to-do families took it upon themselves to hire teachers to privately support the learning of their own children.

(Uganda)

Now in the second year of the pandemic, many schools continue to teach children on a rotational basis. This means that children have to work independently while at home. For many families, this is a significant challenge, with parents unable to or not equipped to teach children.

(South Africa)

Parents with lower levels of education reported having more difficulties in fulfilling their child’s basic needs during the lockdown than parents with a postsecondary diploma.

(Canada)

4.3.4. Marginalization and exclusion as imposing new risks for children’s wellbeing

COVID-19 social processes created an accumulating impact on children worldwide, with children who were marginalized or excluded during the pandemic placed at heightened risk. Health concerns were highlighted in our findings regarding children’s psycho-emotional wellbeing:

The Standing Committee on Indigenous and Northern Affairs reported that the implementation of public health guidelines increased rates of isolation and anxiety in Indigenous children in Canada.

(Canada)

It was also suggested that the lockdowns imposed new concerns and threats for specific communities:

The formal demand of the authorities to close down schools was perceived by members of the community as a decision that would risk children’s religious involvement, thus causing major danger for the children’s spiritual wellbeing as well as for the adults responsible for that commandment. For this reason, many ultra-Orthodox schools felt they had to disobey the formal guidelines and open schools.

(Israel)

Furthermore, although an online connection served as a way to access services, it also appeared to be a risk factor for children’s safety. Indeed, there were increasing numbers reported worldwide for online child sexual abuse and cyberbullying, which affected all children but more so for those who were doubly marginalized:

Continuous data streams supported through the use of such technologies can act both as a ‘defender’ and ‘offender’ for migrant children as such vulnerable users’ personal data can be exposed to ‘unwanted hands.’ For example, location tracking is a typical example of collected data that can be used potentially for both good and bad (Madianou, 2015). Indeed, three key challenges emerge as part of ICTs usage and location tracking: 1) privacy, security and safety; 2) counter-surveillance; 3) interoperability issues across different ICT platforms and technologies.

(UK)

In addition, the accumulating impact of marginalization of children during COVID-19 also included other types of sexual exploitation of children as well as increasing numbers of children entering the workforce. As the pandemic imposed new realities upon families, they tried to deal with the accompanying hardships and adapt to circumstances that threatened their lives. In this process, children were forced to face new realities:

The pandemic and the associated public health and social measures turned children particularly from poor households into caretakers and tools of survival for their families […] In one report, an officer of Save the Children in Uganda noted that in some villages, “parents were giving away their girl child into marriage so that they can get some money for food.”

(Uganda)

5. Discussion

The present study presents an analysis of international perspectives regarding doubly marginalized children during COVID-19 through the framework of intersectionality. Although all children suffered a reduced ability to fulfill their rights (e.g., the right to
protection and education) due to schools closing, parental stressors, and limited access to services and frontline practitioners (Katz et al., 2020), the impact of the COVID-19 pandemic has not been experienced as the same by all. Certain children suffered human rights violations long before the pandemic. Consequently, they were more disadvantaged and adversely impacted by the pandemic due to factors such as the digital divide and socio-economic inequality (Galasso, 2020; Lai & Widmar, 2021). The COVID-19 pandemic has emphasized the fragility of support systems and it has once more highlighted how these hardships fall disproportionately on the most disadvantaged communities (UNICEF, 2021).

The reflections and information provided by the scholars of the eight countries drew attention to five groups of children who were at greater risk during the pandemic: children with disabilities, children from low socio-economic status, children from rural areas, immigrant or asylum-seeking children, and children who are part of minority communities. All of these children already faced increased risks and barriers to fulfilling their rights (United Nations Committee on the Rights of the Child, 2005) prior to the pandemic, which then posed additional barriers and risks to their wellbeing. Fig. 2 spotlights the social determinants of marginalization as identified in the current study. This was adapted from the main social determinants of health graph (Canadian government, 2020).

One example is the economic ramifications of the pandemic. A recent economic analysis by UNICEF and Save the Children (2020) stressed that the number of children living in multidimensional poverty increased to approximately 1.2 billion due to the COVID-19 pandemic. This is a 15% increase of children living in poverty in low- and middle-income countries or an additional 150 million children since the pandemic started in 2020. The most negatively affected were those already experiencing disadvantages, for example, those with lower income (Kanter et al., 2021) and minorities (Vargas & Sanchez, 2020). As a result, many households were left struggling to afford basic needs (Karpman et al., 2020).

As a result, the elevated stress that families have faced has been linked to negative changes in the home, such as potential parental child abuse, harsh parenting (Brown et al., 2020), and intimate partner violence that children might be exposed to (Kaukinen, 2020). This might have far-reaching consequences that go beyond economic hardship. For example, forced migrant families who were already at a greater risk of poverty and social exclusion, suffered an increased risk of their children ending up in child protection systems (Davidson & Carr, 2010). This also points to enormous additional risks for children, such as child labor, which has been highlighted as a major area of concern for vulnerable children (Ghosh et al., 2020; Iqbal & Tayyab, 2020). Past findings have indicated that decreases in household incomes are linked to an increase in child labor (Moore, 2020). Moreover, research has shown that the probability of child

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Fig. 2. The social determinants of marginalization.
labor for Indigenous children is 60% higher than for non-Indigenous children. When adding gender into the equation, girls are 23% more likely than boys to be engaged in child labor (Zapata et al., 2011).

Therefore, gender is also an important identity aspect to consider when reflecting on child protection during the pandemic since, during health emergencies such as COVID-19, violence against girls and women tends to increase (WHO, 2020). Before the COVID-19 crisis, the Inter-American Court of Human Rights noted that sexual violence, particularly against girls, was widespread in the Latin America and Caribbean regions, with several countries having some of the highest rates worldwide (CIDH, 2017). This is a shared experience for countries classified as low- and lower-middle-income countries, which stresses the importance of an intersectionality framework (WHO, 2021). The patriarchal systems still internationally present, enhance gender inequality and entrench it systematically, thereby increasing the vulnerability of women and children. Moreover, sexual violence towards girls and women produces and reproduces the patriarchal relations based on the overlapping inequalities of gender, age, ethnicity, class, and socio-economic position (WHO, 2020).

Children’s age is another identity aspect that could act as a risk factor. For example, previous studies have indicated that younger children are at a greater risk of experiencing sexual exploitation (ECPAT International, 2021). In addition, findings have indicated that mothers of younger children (aged 1–5) experienced more reductions in their work hours than mothers of older children, also highlighting the gender inequalities in childcare and income. This could have economic consequences for these families, although the effects are not yet clear (Collins et al., 2021).

The current study’s findings stress that, alongside poverty, race and gender, children with disabilities have experienced major risks during the pandemic (Colizzi et al., 2020; Tso et al., 2020). First, they may have experienced human rights violations of being excluded from education long before the pandemic (Series, 2019). Although it has been suggested that children with disabilities may benefit from the positive aspects of homeschooling (Hoekstra, 2020; Thorell et al., 2021), not all homes are safe. For those experiencing violence, stay-at-home orders mean isolation from support systems and an escalated risk. While this is true for all children and not solely those with disabilities, previous studies have illustrated that families of children with disabilities may face heightened stressors (Asbury et al., 2021; Pfefferbaum & North, 2020; Willner et al., 2020). These stressors and burdens may increase significantly during the pandemic due to the reduced social support network from schools or other support systems (McFayden et al., 2021; Westrupp et al., 2021). In turn, this can influence the quality of family relationships and lead to significantly more conflicts at home (Fegert et al., 2020).

Some children’s vulnerability, which was not necessarily recognized before the pandemic, nonetheless, was exacerbated and made more visible by it. Health disparities among population groups provide an example of the complex dynamics between social exclusion, poverty, adverse environmental factors, and cultural/behavorial factors (Giuffrida, 2010). This was clearly marked during the COVID-19 pandemic in the USA, where African and Hispanic communities were disproportionately affected (Centers for Disease Control and Prevention, 2021). Furthermore, studies have indicated that Black children in the USA experienced a disproportionate COVID-19 related parental mortality rate (Kidman et al., 2021). Adding to this, a study of middle-aged Black and Hispanic mothers found that those with lower education levels, higher BMI and foreign-born had a higher chance of testing positively for COVID-19 (Wang et al., 2021). Similar patterns have been observed in Brazil, with a higher prevalence of cases and deaths among the Black population (Martins-Filho et al., 2021).

In the current study, it is important to discuss two further issues: parallel crises in the various countries and systemic structural inequality. Many countries are navigating parallel crises that create a unique context of risk for children. This puts certain communities at greater risk of directly experiencing negative outcomes related to power relations, inequities, and marginalization, such as racism, sexism and classism. The present study of an eight-country analysis presented examples of these crises, including the political imbalance in countries such as Israel (Oxford Analytica, 2020), war in Colombia (Morales, 2021), the UK’s withdrawal from the EU (Bhattacharjee et al., 2020), and the child migration crisis in the USA (Duane, 2021). Systemic inequalities, contemplated within the intersectionality framework, elucidate the exacerbated effects of the pandemic for certain sectors.

In addition to understanding these social and structural processes, it is imperative to understand how it was observed by CPS and what adaptations were made. With many families struggling to fulfill basic needs, COVID-19 shifted the focus of CPS to the whole family unit’s survival, while protection from CM became a secondary priority. Many agencies and schools provided online services, such as telehealth (Racine et al., 2020). However, this excluded families and children without access to digital services. The digital divide has also been discussed in relation to remote school classes (Lai & Widmar, 2021) and reduced access of CPS to at-risk parents and children (Baginsky & Manthorpe, 2021).

Inequality of access to technology can also be found regarding demographic and gender characteristics. For example, research has indicated differences regarding the perceived value of technology in migrant contexts, whereby females experience stress reduction when using their mobile phones while males do not (Chib et al., 2013). Similarly, migrant children’s acceptance and perceived value of technology can differ depending on their families’ socio-economic status and cultural background, if they are accompanied minors (Dion & Dion, 2001; Maclean, 1967). As Mclean (1967, p.72) said: “Migrant children need an opportunity for diagnostic and remedial instruction in basic skills such as language arts and reading, computational skills, science and the humanities.” This becomes even more important when dealing with multiple concurrent crises. In addressing how technology can provide accessibility and inclusion to migrant children (Sabie & Ahmed, 2019), which has intensified during the COVID-19 pandemic (Mupenzi et al., 2020), and the impact of Information and Communication Technologies (ICT) use, migrant children need to be considered when designing appropriate safeguarding frameworks for their protection and wellbeing.
5.1. Lessons learned

The long-term effects of the different measures to contain the virus are still unknown, and how services will return to regular activities in the future are a major concern across the globe. Additionally, scholars and professionals must work together to investigate and intervene in new forms of CM that might arise worldwide after the pandemic is under control. Therefore, it is important to discuss the needs expressed by the different group members from the various countries. The first lesson learned, which needs to be stressed, is that the discussion of doubly marginalized children must be carried out alongside the discussion of their parents’ characteristics. Scholars from the various countries emphasized the vital importance of better understanding the impact of the pandemic on parents and families and how the related difficulties they are facing can be more effectively approached and supported. Furthermore, when delving into the parental and family characteristics, another central lesson highlighted by the scholars was the importance of providing food for children in future crises worldwide. For example, this could be done by adapting school meal services to the reality of lockdowns and school closures and finding new ways to ensure children’s nutrition which is an essential step in ensuring children’s survival (Kinsey et al., 2020).

An additional lesson that was repeated by all of the scholars was the need for international collaboration in various areas of child protection. This was exemplified in the present manuscript and is consistent with other reviews, which have found that research collaborations have been mainly conducted between a few specific countries (Cai et al., 2021). As all countries face the pandemic, they may benefit by learning from each other (Okwilagwe, 2021) and implementing others’ existing policies by adapting them to their specific contexts.

5.2. Limitations

The primary limitation of this study resides in the nature of the data available at this point in the COVID-19 pandemic. The countries represented were not systematically selected; rather, they were based on the network of individuals represented in the International Collaboration of Scholars seeking to better understand the impact of COVID-19 on child maltreatment and child protection. Furthermore, while the authors recognized within-country variability, the results are presented as representing the country as a descriptive unit. In addition, differing data sources were available in these countries, ranging from formal data of reports on rates and distributions, to anecdotal evidence, to representations in the gray literature. The present study thus presents a thematic analysis based on the descriptions of the data rather than a strictly comparative analysis.

5.3. Future research

It is crucial to be mindful of the overlap and interconnections between social structures, such as gender, race, class, and disability, which intersect to produce power relations, inequalities, and marginalization. This, in turn, creates differing conditions that ultimately affect families and children. The current study suggests relationships that should be systematically tested both within and across national and cultural groups.

It is also important to stress that, although there were profound differences between the countries included in the current study, the fundamental issue of child protection was experienced in every country. Moreover, the characteristics, mechanisms and manifestations of doubly marginalized children were similar. It is crucial to further examine the issue of doubly marginalized children in future studies with the inclusion of additional countries that could advance this exploration.

6. Conclusions

The alarming picture presented in the present study emphasizes the various factors in children’s identities that must be taken into account when designing policies aiming to protect children. As others have previously stated, these policies should reflect a child rights-based response (Raman et al., 2020) and a public health approach to child wellbeing and welfare (Herrenkohl et al., 2021) based on the assumption that every person has a right to protection from violence (Richards, 2007). Such an approach views protection as a human right for all communities that should be anchored by law and policy (Bross & Krugman, 2020).

Acknowledgments

The authors would like to thank the International group of scholars protecting children in COVID-19 which has been an amazing platform for all the contributors of the paper and greatly inspired us in the writing. The authors would like to thank ISPCAN for their amazing ongoing support in the international group activities and projects. The data that support the findings of this study are available from the corresponding author upon reasonable request.

Funding

This study was funded in part by a research grant awarded to Carmit Katz by the Tel Aviv University Center for Combating Pandemics.
Raman, S., Harries, M., Nathawad, R., Kyeremateng, R., Seth, R., & Lonne, B. (2020). Where do we go from here? A child rights-based response to COVID-19. BMJ Paediatrics Open, 4(1), Article e000714. https://doi.org/10.1136/bmjpo-2020-000714

Rasool, S. (2020). April 13). Social workers are an untapped resource to address the psychosocial effects of Covid-19. Mail & Guardian. https://mg.co.za/article/2020-04-13-social-workers-are-an-untapped-resource-to-address-the-psychosocial-effects-of-covid-19.

RELAF, & UNICEF. (2013). Discriminación en las instituciones de protección de niñas, niños y adolescentes. https://www.observatoriodelainfancia.es/liferosiosa/documentos/4053_d_Discriminacion_en_las_instituciones_de_cuido_en_LAC.pdf.

Richards, E. P. (2007). Public health law as administrative law: Example lessons. Journal of Health Care Law & Policy, 10, 61–88.

Rochelle, S., & Buonanno, L. (2018). Charting the attitudes of county child protection staff in a post-crisis environment. Children and Youth Services Review, 86, 166–175. https://doi.org/10.1016/j.childyouth.2018.01.032.

Rodriguez, C. M., Lee, S. J., Ward, K. P., & Pu, D. F. (2020). The perfect storm: Hidden risk of child maltreatment during the COVID-19 pandemic. Child Maltreatment, 26(2), 139–151. https://doi.org/10.1177/1077559520928266

Russell, B. S., Hutchison, M., Tambling, R., Tomkunas, A. J., & Horton, A. L. (2020). Initial challenges of caregiving during COVID-19: Caregiver burden, mental health, and the parent-child relationship. Child Psychiatry & Human Development, 51(5), 671–682. https://doi.org/10.1007/s10578-020-01057-x

Saheb, D. V., Ahmed, S., & Elnouri, M. (2021). Moving into a technology land: exploring the challenges for the refugees in Canada as they access its computerized infrastructures. In Proceedings of the 2nd ACM SIGCAS Conference on Computing and Sustainable Societies (pp. 218–233). July.

Save the children. (2020). Vulnerable children must be included, COVID-19 responses. Available from: https://www.savethechildren.org.nz/news-and-events/news/-vulnerable-children-must-be-included-covid-19%20response.

Self-Brown, S., Reuben, K., Perry, E. W., Bullinger, L. R., Osborne, M. C., Bielecki, J., & Whitaker, D. (2020). The impact of COVID-19 on the delivery of an evidence-based, prevention program: Evaluation of the perspectives of SafeCare® providers. Journal of Family Violence. https://doi.org/10.1007/s10896-020-02176-7

Series, L. (2019). Disability and human rights. In N. Watson, & S. Vehmas (Eds.), Routledge handbook of disability studies (pp. 72–88). Routledge.

Serrwanjia, Q., Wakuki, J., & Kim, J. H. (2021). Increased child abuse in Uganda amidst Covid-19 pandemic. Journal of Paediatrics and Child Health, 57(2), 188–191. Statistics Canada. (2021). After five years of increases, police-reported crime in Canada was down in 2020, but incidents of hate crime increased sharply. https://www150.statcan.gc.ca/n1/daily-quotidien/210727/dq210727a-eng.html.

Subedi, R., Greenberg, L., & Turcotte, M. (2020). COVID-19 mortality rates in Canada’s ethno-cultural neighbourhoods. Statistics Canada. Available at: https://www150.statcan.gc.ca/n1/health-sante/11107727a-eng.html.

Tener, D., Marmor, A., Katz, C., Newman, A., Silovsky, J. F., Shields, J., & Taylor, E. (2021). How does COVID-19 impact intrafamilial child sexual abuse? Comparison of reports by practitioners in Israel and the US. Child Abuse & Neglect, 116, 104759.

The AfiChild Center of Excellence for the Study of the African Child, Makerere University. (2021). Kampala, Uganda: AFRICHILD.

Thompson, L. A., & Rasmussen, S. A. (2020). What does the coronavirus disease 2019 (COVID-19) mean for families? JAMA Pediatrics, 174(6), 628. https://doi.org/10.1001/jamapediatrics.2020.0828

Thorell, L. B., Skoglund, C., de la Peña, A. G., Baeyens, D., Fuermaier, A., Groom, M. J., Mammarella, I. C., van der Oord, S., van den Hoofdakker, B. J., Luman, M., Marques de Miranda, D., Siu, A. F. Y., Steinmayr, R., Iedres, I., Stepheane Soares, I., Sorlin, M., Luis Luque, J., Moscardino, U. M., Roch, M., ... Christiansen, H. (2021). Parental experiences of homeschooling during the COVID-19 pandemic: Differences between six European countries and between children with and without mental health conditions. European Child & Adolescent Psychiatry, 1–13.

Toros, K., & Falch-Eriksen, A. (2020). A child’s right to protection during the COVID-19 crisis: An exploratory study of the child protective services of Estonia. Children and Youth Services Review, 86, 104779. https://doi.org/10.1016/j.childyouth.2020.104779.

Truter, E., & Fouché, A. (2019). Risk-laden working lives of child protection social workers in South Africa. Social Work/Maatskaplike Werk, 55(4), 451–467. https://doi.org/10.15270/55-4-763

Tso, W. W., Wong, R. S., Tung, K. T., Rao, N., Fu, K. W., Yam, J., ... Wong, I. C. (2020). Vulnerability and resilience in children during the COVID-19 pandemic. European Child & Adolescent Psychiatry, 1–16.

UNICEF. (2021). The state of the world’s children 2021. Available from: https://www.unicef.org/media/108161/file/SOWC-2021-full-report-English.pdf.

UNICEF, & Save the Children.. (2020). 150 Million Additional Children Plunged Into Poverty Due to COVID-19. https://www.unicef.org/press-releases/150-million-additional-children-plunged-poverty-due-covid-19-unicef-save-children.

United Nations Committee on the Rights of the Child. (2005). General comment no. 7. https://www.refworld.org/docid/460be5a6e2.html.

Vargas, E. D., & Sanchez, G. R. (2020). Reducing childhood obesity through a comprehensive approach to food consumption, physical activity and education. Journal of Economics, Race, and Policy, 4, 269–306. https://doi.org/10.1007/s10364-020-00071-0

Wang, G., Foney, D. M., DiBari, J., Hong, X., Showell, N., Kim, K. S., Ji, H., Pearson, C., Mirolli, G., Rusk, S., Sharfstein, J., Cheng, T. L., Zuckerman, B., ... Wang, X. (2020). Effect of the COVID-19 pandemic on the mental health of children. JAMA Pediatrics, 174(6), 635–640. https://doi.org/10.1001/jamapediatrics.2020.0943-x

Westrup, E. M., Bennett, C., Berkowitz, T., Yousuf, G. J., Tombourou, J. W., Tucker, A., Andrews, F. J., Evans, S., Teague, S. J., Karantzias, G. C., Melvin, G. M., Olsson, C., Mardonald, J. A., Greenwood, C. J., Mikočka-Walus, A., Hutchinson, D., Faller-Tynkiewicz, M., Stokes, M. A., Olive, L., ... Sciberras, E. (2021). Child, parent, and family mental health and functioning in Australia during COVID-19: Comparison to pre-pandemic data. European Child & Adolescent Psychiatry, 1–14.

Willner, P., Rose, J., Stenfert Kroese, B., Murphy, G. H., Langdon, P. E., Clifford, C., ... Cooper, V. (2020). Effect of the COVID-19 pandemic on the mental health of carers of people with intellectual disabilities. Journal of Applied Research in Intellectual Disabilities, 33(6), 1523–1533.

World Health Organization. (2020). Coronavirus disease (COVID-19): Violence against women. https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/coronavirus-disease-covid-19-violence-against-women.

World Health Organization. (2021). Violence against women prevalence estimates. 2018. https://www.who.int/publications/i/item/9789240022256

Wu, Q., & Xu, Y. (2020). Parenting stress and risk of child maltreatment during the 2019 COVID-19 pandemic: A family stress theory-informed perspective. Developmental Child Welfare, 23(3), 180–196. https://doi.org/10.1177/2516103320976793

Yaron, L. (2020, October 26). Mivtakhei hamiklat al saf krisha: C-80% morevetlan ‘rabim ibedu zakoat l’hitashc reful [Asylum seekers on the verge of collapse: Approximately 80% are unemployed, many have lost medical insurance eligibility]. Haaretz. https://www.haaretz.co.il/news/education/.premium-1.9261655.

Zapata, D., Contreras, D., & Kruger, D. (2011). Child labor and schooling in Bolivia: Who’s falling behind? The roles of domestic work, gender, and ethnicity. World Development, 39(4), 588–599. https://doi.org/10.1016/j.worlddev.2010.08.022