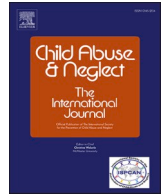




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## What was missed in child protection responses during COVID-19? Perceptions of professionals from various countries

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### ABSTRACT

**Background:** The COVID-19 pandemic increased the likelihood of child maltreatment and made already difficult circumstances for children and their families much worse. This increased the significance of the child protection system's role in responding to child maltreatment and ensuring children's rights, including their right to a safe life without violence. Unfortunately, accumulating evidence has indicated that the rates of child maltreatment increased during the pandemic.

**Objective:** The current study sought to identify the gaps within child protection responses in various countries during the COVID-19 pandemic and to discover how we can respond to crises in the future while preserving children's rights, including their right to protection from maltreatment.

**Method:** Five focus groups with a total of 47 professionals working with children from various countries were conducted via Zoom and analyzed using a thematic approach.

**Results:** Three main themes were identified: 1) gaps in policies, 2) gaps in practice, and 3) professionals' messages to improve policy and practice.

**Conclusions:** This study emphasizes what was missed in child protection policy and practice, highlighting the continuous neglect of children's needs and voices within policies, practices and guidelines worldwide during the pandemic. Professionals' recommendations for policy and practice are also discussed.

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## 1. Introduction

Since the [World Health Organization \(2020\)](#) declared COVID-19 a global pandemic, several domains of life have been significantly impacted, spanning health, economic, and social spheres and major financial and health crises were caused by pandemic-related circumstances ([Berger et al., 2023](#); [Kolahchi et al., 2021](#)). The COVID-19 pandemic presented the risk of infection with a potentially fatal coronavirus, forcing the public into lockdowns and adhering to social distancing restrictions. Furthermore, scholars worldwide have asserted that the subsequent rise in poverty, food insecurity, unemployment, and inequalities put children at considerable risk for abuse ([Van der Berg & Spaull, 2020](#)). Despite the exacerbation of risk factors for child maltreatment during the pandemic, controlling the virus's spread appeared to be a top priority for most governments ([C. Katz & Cohen, 2021](#)).

In light of the deployment of lockdowns, social isolation, and service closures, which served as major challenges to providing effective child protection services, a number of researchers raised concerns regarding children's rights during this time, including their right to protection from maltreatment ([C. Katz et al., 2021](#)). In this regard, numerous studies have emphasized the impact and consequences of the pandemic and its related restrictions on families and children. Multiple risk factors for child maltreatment during the pandemic have been discussed. For instance, parental stress, work-family conflict and marital conflict (e.g., [Chung et al., 2022](#); [Graham et al., 2021](#)) were cited as risk factors for child maltreatment ([Sturge-Apple et al., 2012](#); [VanBuren Trachtenberg et al., 2009](#)). Nevertheless, the neglect of creating safety net policies and procedures for children undergoing abuse during the pandemic was evident and caused these children to become "doubly marginalized" ([I. Katz et al., 2022](#)). In other words, children from vulnerable groups (e.g., impoverished, migrants, and minority ethnic communities), who were invisible to the system before the pandemic, were at higher risk as a result of the sidelining of child health and social services, including child protection, during COVID-19 ([Sinha et al., 2020](#)). Thus, the pandemic could be thought of as "an additional systemic shock" for children who were already strongly impacted by substandard living conditions, poverty, and other variables that increase marginalization ([Sinha et al., 2020](#), p. 1).

Globally, the COVID-19 pandemic increased the risk of child abuse and posed difficulties for child protective agencies as well as exacerbated problems in child protection that existed prior to the pandemic ([C. Katz et al., 2021](#)). Data has shown that, during the first stage of the pandemic, child maltreatment reports significantly decreased in all regions. However, this was primarily a result of the decrease in reports from schools ([C. Katz et al., 2021](#)). Indeed, accumulating evidence has indicated that the rates of child maltreatment increased during the pandemic. For instance, according to a study from Korea, the average number of hotline calls regarding child abuse drastically decreased during the early stages of the pandemic ([Kim, 2022](#)). Yet, the hotline received many more calls after the first few months, with the exception of a few months when the average was not statistically different from zero. According to this study, it is best to prevent child welfare service interruptions to avoid underreporting or delayed responses to suspected cases of child maltreatment. In line with these findings, some studies have revealed alarming data, including increases in children's physical injury cases ([Kovler et al., 2021](#)).

In such a challenging context, the role of child protection systems is critical. Child protection systems are mandated to offer care and support to parents and children during both routine and crisis times. However, many difficulties were presented to child protection systems by the COVID-19 restrictions and context. In particular, no gold standard for child protection was developed for this global crisis in a timely way ([C. Katz & Cohen, 2021](#)), and risk factors for child abuse were only exacerbated during the pandemic ([Ahad et al., 2020](#); [Giuffrida, 2010](#); [Laborde et al., 2021](#)). Furthermore, child protection professionals had to continue working while dealing with an increased workload, service interruptions, and staff reductions ([Kingstone et al., 2022](#); [Lavié et al., 2021](#)).

Moreover, lockdowns, quarantines, and the shift to remote employment created barriers between professionals and service users, making it more difficult to engage with families and continue assessing and monitoring children's well-being and safety ([Marmor et al., 2023](#)). Issues of maltreatment identification were exacerbated due to the closure of essential services and, particularly, schools ([Baron et al., 2020](#)). A systematic review indicated that the closure of schools led to a rise in adolescent anxiety and loneliness as well as adolescent stress, depression, frustration, disciplinary problems, and hyperactivity. Furthermore, the review stated that the healthcare services provided in schools, specialized services for children with disabilities, and nutrition programs were no longer available to children ([Chaabane et al., 2021](#)). Not less important, interrupting child protection services and facilities, such as closing out-of-home placements and the rapid return of children to their families with no proper assessment and preparation ([Wilke et al., 2020](#)), confined children in their homes, and in many cases with their perpetrators. In other words, the COVID-19 restrictions generated a "pandemic paradox" ([Bradbury-Jones & Isham, 2020](#)) by forcing children to stay home to safeguard themselves from the coronavirus, despite the potential abuse or unsafe conditions. Such policies and others raised concerns among scholars worldwide and led to the essential need to uncover the gaps in child protection responses. Thus, the objective of the current study is to better comprehend children's rights and needs and learn how we can better respond to future crises while safeguarding children's rights, including their right to live without violence.

### 1.1. The current study's rationale and context

The growing body of research on preventing child maltreatment during COVID-19 has emphasized the tremendous obstacles to child safety and the urgent need to identify and uncover gaps in child protection responses during COVID-19. The current study was designed to examine professionals' perceptions of these gaps across varying contexts and countries, in consideration of the differences in child protection systems and the variations in how the pandemic impacted these countries differently. To do so, an email explaining the research was sent to professionals working with children who were registered as members of the International Society for the Prevention of Child Abuse and Neglect (ISPACAN). Those who expressed interest and gave their online informed consent were invited to participate in the focus groups. Professionals from multiple services (e.g., mental health services, child abuse clinics, educational

services, child advocacy centers, residential care, NGOs) and various countries participated in the current study. This investigation shares the viewpoints of professionals from a variety of international backgrounds and fields concerning gaps in child protection based on their frontline experiences. It also addresses common issues that arise while protecting children during crises and, as a result, has the potential to offer guidelines for policymaking and practice. The main questions presented to participants in this study were: "From your experience, what do you think were the gaps in child protection attempts during COVID-19? And how would you explain these gaps?"

With the ongoing assistance of the ISPCAN, this innovative inquiry was made possible as part of an international effort of the *International Consortium of Scholars Protecting Children from Maltreatment* during COVID-19. Leading academics from 13 countries (Australia, Brazil, Canada, China, Colombia, Germany, Israel, Japan, South Africa, Sweden, Uganda, United Kingdom, and the United States) are involved in this project, which aims to create an innovative platform that promotes the protection of children from abuse while conducting cutting-edge research. The international group's findings provided evidence of how policies worldwide neglected and mistreated children during the COVID-19 pandemic (C. Katz et al., 2021; I. Katz et al., 2022). The group has also created a framework regarding important risk and protective factors that must be considered in child protection, both during and after the pandemic (C. Katz et al., 2021). Their research has underscored the urgent need for a better understanding of child abuse and the responsibility of society to protect children from it.

## 2. Method

### 2.1. Data collection

Focus groups were employed as the data collection method to gather information through group interactions on a subject chosen by the researchers. With the assistance of the ISPCAN, an e-mail was sent to numerous professionals working worldwide to protect children from maltreatment, inviting them to participate in two focus groups in the English language. In addition, participants of three focus groups conducted in Israel were invited by the Israeli members of the international group of scholars. Professionals who expressed interest were invited to attend the focus groups, conducted via Zoom in real-time in their native language (Hebrew and Arabic). The quotes of the Israeli participants were translated to English and back-translated to the original languages to ensure that the meaning was still kept in these quotes. Technical assistance was provided when needed. In each focus group, participants were invited to elaborate on the child protection system's gaps in protecting children during COVID-19. Observing interactions about a topic in focus groups is one of this methodology's key benefits. Another advantage is the simplicity of conducting fewer formal interviews, which is particularly advantageous for exploratory research (Morgan, 1996).

### 2.2. Sample

The current study is based on five focus groups that took place between December 2021 and April 2022, with a total of 47 professionals who work with children. These groups included professionals from various disciplines and countries to provide a wide range of viewpoints and topics. Two focus groups were international and comprised professionals ( $n = 17$ ) from various disciplines (e.g., social workers, teachers, mental health professionals, physicians) and countries (e.g., United States, Greece, Nepal, Argentina, Mexico, and Guatemala). Three focus groups were conducted among professionals from Israel: one included Jewish professionals working in non-governmental organizations (NGO;  $n = 9$ ), the second focus group included Arab psychologists ( $n = 8$ ) working in the Arab community in Israel as part of the public psychological services, and the third included Arab educators ( $n = 13$ ) working in various schools. The focus groups were 1.5 to 2 h in duration. The primary goal of the focus groups was to offer the participants a respected and safe space to reflect on their experiences and perceptions related to their role in protecting children during COVID-19.

The open-ended questions aimed to give the participants the freedom to openly discuss their experiences and go into further detail on the topics that were important to them. The key questions presented in all focus groups were: (1) "Tell me about yourself and your profession." (2) "Tell me about your role in protecting children from maltreatment during COVID-19." (3) "From your experience, how did COVID-19 affect children and families? And specifically at-risk families?" (4) "From your experience, what do you think were the gaps in child protection attempts during COVID-19? And how would you explain these gaps?" and (5) "Please share with us your recommendations and conclusions for how child protection professionals can better protect children during the pandemic."

Additionally, the focus groups were conducted by the international group's members (authors KMJ, NV, PM, AAN and NM) through Zoom. The members gave all participants an opportunity to share and explained that the purpose of focus groups was to find out about child protection attempts during COVID-19 and its gaps. Prior to their participation, participants were informed that there were no right or wrong answers, that each participant's experiences and opinions are important, and that it is important to hear a wide range of viewpoints and experiences. Research assistants transcribed the focus groups and compared them to the digital recording for accuracy. The study was approved by Tel Aviv University Ethics Committee and the Externado University Ethics Committee in Colombia. Identifying information about participants was omitted to protect their privacy.

### 2.3. Data analysis

The focus group discussions were recorded, transcribed and analyzed using a qualitative thematic analysis approach (Braun & Clarke, 2006; Strauss & Corbin, 1998). The transcripts were examined by four independent researchers, and the multiple-stage procedure emphasized reading through the transcripts and focusing on the participants' perceptions concerning the gaps in child

protection responses during COVID-19. To become familiar with the participants' accounts and enhance trustworthiness, each researcher independently examined the transcripts. The next step was finding units of meaning within the text and labeling them in accordance with their content; as a result, basic categories were established.

Following this phase, the researchers met for a consensus discussion to debate the basic categories, and the codes were then put into early themes. These discussions led to the removal or modification of several themes, as well as the creation of new codes and categories. Themes and subthemes were then assessed by the researchers and classified based on their dimensions and features. The themes were improved upon and named in the final phase. Three themes were found after conducting the extensive thematic analysis.

To determine the trustworthiness of the study, the researchers used Shenton's (2004) four criteria: credibility, transferability, dependability, and confirmability. Credibility was attained by controlling potential bias in the data. Consequently, the authors had no direct interaction with the study subjects and used self-awareness and reflexivity throughout the study phases. The authors also held lengthy reflection sessions and made great efforts to maintain the participants' points of view throughout the study to ensure the results reflected the participants', rather than the authors', viewpoints in regard to the research issue. Transferability of the results was ensured by giving readers access to rich, in-depth descriptions of both the results and the study's context so they can assess if they are applicable in other contexts. Dependability was attained by providing thorough explanations of the study sample, method, data collection, and analysis. The authors also used critical and reflective dialogues to counteract the influence of subjectivity at every stage of the analysis. The authors used peer debriefing and member checking to verify confirmability.

### 3. Findings

A thematic analysis was applied to the five focus groups' transcripts, generating three main themes: gaps in policies; gaps in practice, and professionals' messages for policy and practice.

#### 3.1. Gaps in policies

Participants in the current study highlighted policy gaps, including neglecting children's voices and needs, COVID-19 guidelines that restricted abuse identification, lack of regulations and applicable protocols, and unequal distribution of resources. All of these factors were found to have impacted the protection of children during the pandemic.

##### 3.1.1. Neglecting children's voices and needs

The participants indicated several areas where children were overlooked by policymakers. Namely, they discussed the gap regarding the neglect of children's needs and voices during the pandemic and in policy discussions and decisions. In addition, they referred to issues of child abuse identification, a discourse of protection or rights, lack of services adapted to children's needs and groups of children who need further attention.

One of the main points noted in several focus groups was the lack of acknowledgment of children's voices, needs and rights during the pandemic. The participants pointed out how, throughout the pandemic, child protection had received less priority: "We are talking about the fact that other things have been prioritized. They have prioritized commercial activity, production, and so on, and children have been relegated to the background. I think that was an unwise decision at the time."

Children's rights, including their right to protection, were not prioritized nor given attention by policymakers, which was emphasized in relation to several aspects. The neglect of children's needs was manifested in various ways. Participants stated that children's position in societies could be understood in relation to the time they began to be included in the process of quarantine flexibilization. As one participant from Mexico stated: "They [children] are the last ones to be incorporated into "normality." Another participant from Argentina noted:

They [children] were the last ones to go out on the streets, the last ones to join their activities... the child care centers, the neighborhood promotion centers, all the territorial centers, all those territorial spaces where children and adolescents could go have been initially closed for almost a whole year, in addition to the schools, which, as I was saying before, are like these central institutions in the protection system.

Some participants stated that the neglect of children in policy decisions and actions is based on the way policymakers and stakeholders perceive and approach children. One participant from México who is an executive advisor of the child protection system explained how the lack of a budget dedicated to child protection might have hindered reaching out to and protecting children:

The most difficult thing here [in the area of México where she works] is that we do not have 911 [...] they [children] were totally absent, many times there is no way to identify them, no phone number. In particular, not having a budget. I believe that budgets are important to be able to reach out and address or take on as much as we would like. As I was saying, I feel that children are seen as subjects of protection, not subjects of rights [...] I would have liked if they took more into account the children and adolescents, that there was a budget to be able to reach them.

Some participants emphasized that children were treated as objects with no opinion or voice, and not as people with whom you can talk about their needs and the new ways of intervention. Decisions about their lives were taken 'above their heads,' such as not listening to migrant children's voices when they were rapidly returned to their home countries, where "[t]here were no designs for reorientation in the need for a safe return" as a participant highlighted when he referred to children from vulnerable groups. Another participant who works in an NGO with children of asylum seekers in Israel stated:

Children felt lonely and abandoned. There were no alternatives, there were no alternatives, because even when a school gave a laptop, how many laptops can a school give? [...] Again, in a place where a population is most in need, then the price is doubled and multiplied [...] we have to ask more children what they want and what is good for them, because they often know from very young, small stages, what is right for them.

The missing voices of children were also reflected in the failure among professionals and decision-makers to speak with children. This absence of dialogue deprived children of expressing their needs, experiences, and opinions about the interventions implemented during the pandemic, as noted by an Arab psychologist from Israel who works in elementary school:

We stopped talking about the coronavirus, what happened to the children, how they coped, how their parents were, how available and accessible things were, how effective the studies [in schools] were, and how cooperative they were [...] We missed their [children's] voices [...] children at schools came and said to me that no one asks us how we are, how we feel, and what we want.

Other participants, stated that educational institutions focused primarily on meeting academic demands, disregarding the mental health and emotional well-being of children. Thus, the participants saw teachers' concerns as centered around academic progress rather than recognizing and addressing the emotional impact of the crisis on children's developmental stages:

The teachers all the time and until now complain that the children are not as expected for their age. There are far more complaints than considering what these children went through, what can be done with them and dealing with them in a different way. So, unfortunately, there is no such thing. The consideration is in grades and the need to follow up so that they graduate on time because the material has not changed because the Ministry of Education has not changed anything.

**Table 1**  
Main findings.

Theme	Subtheme	Manifestations
Gaps in policies	Missing children's voices and needs	<ul style="list-style-type: none"> <li>• Failure to ask children directly about their experiences and perceptions concerning the services (e.g., return to school)</li> <li>• Child protection received lower priority in terms of budget and quarantine flexibilization</li> <li>• Shortage of budget aims at CM identification and prevention efforts.</li> <li>• Missing the specific needs of disadvantaged groups [e.g., migrants, asylum seekers]</li> </ul>
	COVID-19 guidelines restricting abuse identification	<ul style="list-style-type: none"> <li>• Services are closed and children are locked in homes.</li> <li>• Reaching out to children is more challenging due to COVID-19 restrictions</li> </ul>
	Lack of regulations and applicable protocols	<ul style="list-style-type: none"> <li>• Policies were not adapted to the reality of the context of COVID-19 for vulnerable groups</li> <li>• Challenges in implementing protocols due to personnel shortages and inadaptability of regulations to the needs in the field</li> <li>• Implausible protocols for remote assessments and case management</li> <li>• Unintended negative consequences of protocols for children's health and well-being</li> </ul>
Gaps in practice	Unequal distribution of resources	<ul style="list-style-type: none"> <li>• Lack of dedicated and independent services for child protection</li> <li>• Exacerbation of existing inequalities</li> </ul>
	Challenges handling alternative ways of communication/practices	<ul style="list-style-type: none"> <li>• Challenges with new platforms for communication</li> <li>• Innovative outreach methods demanded significant time and dedication</li> <li>• Gaps in pre-existing relationships with families, hindering collaborative efforts and communication</li> </ul>
	Neglecting contact and essential aspects with children and families	<ul style="list-style-type: none"> <li>• Pre-pandemic gap in relationships with families that hinder collaborative efforts</li> </ul>
Messages for policy and practice	Raising expectations for non-existing resources and/or withholding resources	<ul style="list-style-type: none"> <li>• Missing children's mental and emotional needs</li> <li>• Promises of support for children were made without available resources</li> <li>• Withholding resources and acting unjustly with resources</li> </ul>
	Professionals' well-being was left behind	<ul style="list-style-type: none"> <li>• Neglecting professional well-being impacted their ability to help families and children effectively</li> <li>• The urgent need for mental health support</li> <li>• Children possess valuable insights into what is best for them</li> </ul>
	Ask children what they think and need	<ul style="list-style-type: none"> <li>• Directly involve children in discussions and decision-making processes that impact them</li> </ul>
	The pandemic as an opportunity for learning	<ul style="list-style-type: none"> <li>• Reframe the crisis as an opportunity for learning and strengthening the child protection system</li> <li>• Evaluate the impact of the new approaches for protection</li> <li>• Consider the new approaches for child protection in future plans and interventions</li> </ul>
	To establish collaborative work, creating guides and sharing tools	<ul style="list-style-type: none"> <li>• Collaborative efforts among agencies for effective child protection during crises</li> <li>• Recording professionals' experiences for future crisis handling</li> <li>• Coordinated plans and learning from challenges for better crisis preparedness</li> </ul>

Overall, the neglect of children's voices and needs within policy decisions and educational settings was apparent. The failure to prioritize their rights of protection and participation in issues related to them, engage with their perspectives, and consider their mental well-being highlighted systemic deficiencies in understanding and addressing the unique challenges faced by children during the pandemic.

### 3.1.2. COVID-19 guidelines restricting abuse identification

The ability to recognize signs of abuse and violence against children was represented as essential to child protection responses. However, due to the restrictions imposed by COVID-19 guidelines, this became obscured and more challenging. Participants discussed the difficulties in identifying abuse during the pandemic, and shared instances where severe cases of abuse were discovered only after a significant delay. A participant from South Africa who works for an NGO for abused children shared:

In the case of physical abuse some of the gaps were, it was not identified because of the restrictions. We found that we had one of the siblings at our child abuse clinic at the hospital arriving, a 10-year-old with multiple fractures and bruises and lacerations. And on further exploration and legal investigation, we found that a younger sibling had been battered to death. The typical non-accidental injury. And so those are some of the gaps because medical care was not accessible. With the hard lockdown, people were very fearful, did not know what to do or how to access support.

This instance represents the hidden nature of abuse, which enabled it to remain undetected due to restricted access to medical care and support caused by lockdowns and their implications on families and others. In the same manner, another participant emphasized the irreversible damage of the quarantine, which was conceptualized as an obstacle to child protection as there were no accompanying practices to protect children locked in their homes without supervision. As one participant who works in an office for children's and families' rights in Argentina shared:

The vulnerability has been accentuated by this mandatory quarantine and this pandemic, leaving children in situations of much greater vulnerability and in which there are situations of abuse and mistreatment, in much more serious cases, including some that, as [name of another participant] had commented, are shocking the whole country through the mass media because they have sadly ended in death. The deceased children [...] because it was discovered in the expert reports that there have been many months of mistreatment that, as I was saying, were invisible or locked up in their homes until they reached the educational services.

The participants' accounts underscored a distressing reality: the inability to recognize signs of abuse and violence against children due to COVID-19 restrictions, which exacerbated vulnerabilities and led to grave consequences. These discussions emphasized the urgent need for adaptable policies to effectively identify and respond to abuse, especially during times of crisis when children are at heightened risk and when traditional safeguarding measures may be compromised. [Table 1](#) illustrates the main findings.

### 3.1.3. Lack of regulations and applicable protocols

One point that was raised across the focus groups was the lack of regulations that impacted their practice and, consequently, many children and their families. There was an absence of clear and comprehensive guidelines or protocols specifically tailored to child protection during the pandemic. The lack of detailed frameworks often left professionals struggling to adapt their practices to ensure adequate protection for children in various settings:

The other one that is important is the regularization issue. There are many people who were in Mexico, who were crossing the border, who were asking for asylum, etcetera, etcetera, etcetera, etcetera, etcetera. The conditions of these children were stopped and so far, many states have not generated policies adapted to the reality of the context of COVID-19 to be able to carry out migratory processes. If we already had a significant delay, now the delay is increasing. So, children and families continue to be much more affected

Operational challenges were discussed as resulting from the inadaptability of regulations to the needs in the field. Such challenges included the lack of resources and limited services that led to lengthy waiting times for assistance, and the role shift among professionals where many were deployed to the healthcare system or other tasks. This posed significant challenges and impacted child protection, even when regulations were in place, as explained by a participant from South Africa:

Another blind spot was the establishment of the Gender-Based Violence Command Center, which is a national 24-hour facility, toll-free facility where you phone in, and they would send a law enforcement officer to the nearest post where you are. However, we found that those lines, people had to wait for lengthy periods of time, and when you're in a crisis, every second and minute counts [...] Even in terms of the medical, legal facilities, and forensic examinations of children, there were limited resources available because healthcare practitioners were all called into the COVID wards at different centers in different hospital facilities. So that proved to be a huge challenge. So having legislation in place, we have the best legislation in place, but it's the implementation where we found to be challenging on a micro level and even on a macro level.

Other participants shared that protocols for conducting assessments, interventions, and follow-ups in remote or restricted-access environments were inadequate or non-existent. Furthermore, hardships in implementing new instructions and guidelines that were somewhat implausible to accomplish were reported, impacting the ability to provide timely and appropriate support to vulnerable children:

The issue of case management, if the system told you that people should work from their homes, how to identify children who are being affected or who are being abused, and some used remote tools, but how are you going to work remotely in case management when a person does not have credit on their cell phone? If the session is cut off, what are you going to do, weakness with the protocols. So, I think the protection systems were also not so strong on how we were going to handle case management adapted in COVID contexts.

Some participants shared how guidelines were not applicable and caused harm and serious consequences to children's health and well-being. They highlighted how guidelines during the COVID-19 pandemic, such as court hearing delays, guidelines advocating for remote learning or telehealth services, and policies that restricted 'non-urgent' services, although well-intentioned, had unintended negative consequences for children's health and well-being. Addressing these issues requires a careful balance between public health measures and the recognition of children's specific needs to mitigate potential harm during crises. However, this was missed in policymaking during the pandemic. A regional advisor for child protection in a humanitarian organization for children in Mexico shared:

Everything was open except the schools; the bars were open, the stadiums were open, but the schools were still closed in some countries. So, it is important to say that we did not work. I think that a blind spot was the safe return to school that was not worked on as it should be, and what you end up with is saying: "Ok, we are going to do hand washing," but there are many schools that do not have water. So how are you going to do hand washing when there is a lack of water in many places? When many teachers still do not know how to implement social-emotional care when a child enters a crisis and so on. So, I would think that this is a significant blind spot, the safe return to school that needs to be worked on in a better way.

Participants' accounts underscored the critical importance of having clear, adaptable, and comprehensive regulations and protocols for child protection. The lack thereof resulted in disruptions in reporting mechanisms, challenges in identifying abuse, and increased vulnerabilities for children. Establishing and implementing standardized guidelines tailored to crisis situations is crucial to ensure the safety and well-being of children, especially during times of uncertainty and crisis.

#### 3.1.4. Unequal distribution of resources

The participants noted the impact of issues concerning resources on child protection and assisting families in need of intervention. Unequal distribution of resources during the COVID-19 pandemic exacerbated existing disparities, disproportionately affecting vulnerable children and hindering effective child protection efforts. An Arab teacher from Israel who works in a poor unrecognized village in Negev shared:

When you work with them [children], you will see how oppressed they are by the State... Our school doesn't have a yard for the child to play, so why would he like it [the school]? There is no [proper] laboratory, there are hardly any materials in the laboratory, only a few things. One computer room for the whole school, which has almost 20 computers. No resources are coming to the school. The budget for a whole year is 20,000 NIS [5,396 USD]. Twenty thousand NIS are transferred to a school for a whole year! There are no budgets... the children are very poor, the children there don't go out, they don't know the world... they are exposed to great risk.

Furthermore, the participants noted that the issue goes beyond the lack of resources; rather, it is related to the unequal distribution of these resources between services, sectors, cities and regions. A child protection social worker from Malaysia shared:

We also expected from the State an incorporation of resources that has taken place in the health system, of first-line resources, but not in the child protection systems. On the contrary, as I mentioned before, some key actors, such as promotion centers or child care centers, have not been active [...] Although we continue working, the truth is that we are insisting and we are beginning to observe burnt out professionals [...] Sadly, we have not had any kind of response in terms of resources and in general, not only in terms of budget but also in terms of human resources, the strengthening of teams and other policies that have been implemented for other sectors of the population and that have not been implemented in the case of children and young people.

The shortage of resources to protect children had far-reaching consequences on children's lives and well-being, especially when countries did not dedicate separate and independent services for child protection. One participant, who works at a 24/7 helpline, explained the systemic failure and inadequacy of Greece's child protection services, particularly in responding to cases of abuse during the COVID-19 pandemic. The absence of dedicated short-term shelters for abused children and the hospitals' refusal to accept them due to their own constraints, resulted in a dire situation. This led to a scenario where children were sent back to their abusers because there were no immediate alternative placements or support mechanisms available:

I want to make known how my country works [...] when a report is made for abuse in children [...] so the child is moved to a shelter, a short-term shelter here in Greece. These shelters are hospitals for children. We don't have any other shelter short-term for children. So, during COVID, the hospitals didn't accept children because they had ill children, so they closed the doors for the abused children, and the public prosecutor did not know what to do with these children. So most commonly, they were sent back to their perpetrators. And that is huge. It's tragic, really. And firstly, we don't have social service support working 24/7, and we don't have shelters for children short-term to stay there until the social research is done

Furthermore, the pandemic exacerbated existing inequalities, especially in terms of unequal distribution and access to resources among vulnerable populations. Children from low-income families or marginalized communities faced disproportionate challenges in

accessing essential services like healthcare, education, and social support. One participant from Israel who works with asylum seekers shared:

There is a feeling of mistrust in Israelis, in a broad sense, but I think that, as a population [asylum seekers] that is from the beginning very weakened and has experienced such a difficult period in terms of a great lack of resources, as if it really is that there are no grants, no support... and the State that managed the entire struggle during Corona [pandemic] didn't count them. And then, as if it created some kind of feeling of alienation... I think it's another experience that creates another trauma which is already as if the uncertainty and the feeling that we have no place here, so it's deepened even more during this period.

The participants highlighted the detrimental impact of the unequal distribution and scarcity of resources on child protection efforts during the COVID-19 pandemic. They reported a lack of equitable access to various services, a lack of dedicated and independent services for child protection, and an exacerbation of inequalities. In essence, the unequal distribution of resources not only hindered effective child protection but also deepened existing disparities among vulnerable populations, exacerbating the challenges they faced during the pandemic.

### 3.2. Gaps in practice

The participants in the current study highlighted four gaps in practice: challenges in handling alternative ways of communication/practices; neglecting contact and essential aspects with children and families; raising expectations for non-existent resources and/or withholding resources, and professionals' well-being was left behind.

#### 3.2.1. Challenges in handling alternative ways of communication/practices

Remote work, which was a common solution to overcoming issues of child abuse identification and intervention, limited professionals' direct access to children and families, making reliable assessments of their living situations, safety, and well-being, impossible. A lack of in-person contact also impeded the professionals' capacity to create rapport and trust. Furthermore, the alternative methods to provide services, such as remote classes, were not accessible for some children from specific groups due to a lack of resources among families or other contextual factors. As one Arab participant from Israel shared:

They are the kind of children who are in the middle. They are good at studies but they may have social problems or children who do not like to be exposed and appear in front of everyone. And then Zoom comes and puts them in the middle, as if when the child wants to speak, he becomes the focus and the camera focuses on him, which causes him social anxiety and increases the social problems. This makes him more afraid and more hesitant and thinks more than once before he speaks on Zoom, especially since sometimes the lessons are recorded and there is the possibility that they will repeat the lesson and see what he said and shared.

This participant continued and raised another point relevant to the challenges related to new technological developments, which might be an additional barrier to communicating with children:

We have seen many cases where the children were afraid of being photographed [in Zoom meetings] and made into stickers. There was always something we couldn't overcome. On the one hand, we do want Zoom and want the children to cooperate, on the other hand, it has other consequences that we may have missed.

Another practitioner from Mexico shared that they had to be innovative in reaching out to families, using megaphones to invite communities to report, as well as phone calls, WhatsApp, and even by radio when no telephone was available. This required huge amounts of time and perseverance:

We used the *perifoneo*. I do not know if you know the word *perifoneo*. It is a car that mentions certain announcements and with the *perifoneo*, we wanted to achieve that if a child could not use a number or a telephone, as another colleague commented that she has a direct line so that a child could talk and report any abuse. The *perifoneo* was so that the neighbors could alert us and get them involved anonymously so that we could approach them [...] I looked for them all via WhatsApp or telephone. I am talking about 900 calls, between calls and WhatsApp, to be able to locate them. I was not always successful, to be honest, but it was the only way to be attentive with the few tools they gave us, and that is my contribution.

To conclude, new platforms for communication, like Zoom, exacerbated social anxieties for some children and hindered effective communication, CM identification and intervention. Innovative outreach methods were employed, however, they demanded significant time and dedication.

#### 3.2.2. Neglecting contact and essential aspects with children and families

Not investing enough in establishing a close and strong relationship with families before COVID-19 was reported and emphasized in the focus group discussions. Participants stated that this made the relationship and collaborative work after COVID-19 more difficult, as declared by an Arab teacher from Israel:

I want to say a simple sentence in relation to the COVID-19 pandemic. This is divided into two, the parents and the school. The communication between both sides should have been present, and I think that we, as teachers, discovered that the communication did not exist between the parents and the school, and this is a blind spot that they did not notice at first. Only after

Zoom and these things they discovered that the parents were not present, and this may be because, from the beginning, we were not in contact with the parents.

Similarly, some participants noted that not giving importance to the children's mental and emotional needs and not initiating a discourse with them regarding their feelings and experiences during COVID-19 was another gap in the professionals' practice. As one participant stated:

It occurred to me that all the time we were talking about the educational aspect and we did not refer to the mental aspect, the mental needs of the child, what is needed, and how we will deal with it during the Corona period. The majority said that the parents were not present or did not make phone calls, did not make a specific schedule for the children. At the same time, the teachers did not introduce activities even through Zoom so that there would be communication with children and enable children to express their feelings [...] there was a great need to work with the children on the emotional side. I think the thing was lost... the aspect of emotions.

In sum, the participants underscored a critical gap in relationships with families before the pandemic, hindering collaborative efforts and communication amid COVID-19. These issues of communication became exacerbated when the professionals began working remotely. Furthermore, focusing primarily on educational aspects rather than addressing the children's emotional well-being was also addressed.

### 3.2.3. *Raising expectations for non-existent resources and/or withholding resources*

Participants shared instances of services and organizations raising expectations for resources such as support, services, or interventions that were not available due to constraints or lack of planning, leading to children not having their needs met. Some participants shared how their workplaces asked them to contact the families without any adjusted messaging, which raised expectations for help and resources that were not accessible or available during COVID-19. A Jewish practitioner from Israel shared:

I can say when the COVID-19 virus started, I was a student at the welfare department, and they [social workers] were very distressed, like, they felt that they can't reach their families. And they asked me and the students with me to simply call hundreds of families and talk to them, without the families even knowing who we are [...] it kind of felt like a resource that the quality of it really wasn't what was important. It was simple, just call as many families as possible, see how they are doing, document it and later we'll see what we do... And in the end, we were left with lots and lots of needs, and mainly material ones, with no resources.

Other participants shared how their colleagues used their power in unjust or unfair ways, preventing children from their rights. Consequently, children faced the repercussions of unfulfilled promises or withheld resources, which affected their well-being and exacerbated existing vulnerabilities. As one participant shared:

When they sent us some laptops with routers from the Ministry of Education to deliver them to children, the director [of the school] was afraid to give them to the students because they [the children] might not return them or she doesn't know what they will do. So, it was a point we didn't pay attention to, or it was a mistake by the school or the unit itself. And she preferred that they [the laptops] stay in the school.

During the pandemic, promises of support for children were made without the necessary available resources, which worsened their vulnerabilities. This highlights the importance of realistic resource planning and just practice during crises like COVID-19.

### 3.2.4. *Professionals' well-being was left behind*

All participants shared their experiences and feelings about working to protect children during the pandemic. They indicated that their mental health and overall well-being faced significant challenges as a result of the emotionally taxing nature of their roles and complexities of remote work. Thus, they felt that their well-being was left behind or neglected:

The first few months, since I was in a risk group, I was 62 years old at that time. Because of that, I was isolated in my house, and I couldn't attend anything related to the hospital. [...] Still, my private activity was conducted through video calls. Later, well, those who were dealing with what could be done, how to act, were the younger colleagues who remained in the hospital. But at that time, well this was until December, in December I returned to my place of work despite not receiving any COVID vaccine, but, taking into account the needs of the service and that the number of cases and the risk of contagion were lower.

Furthermore, participants emphasized the need to prioritize mental health support, resources, and policies required to sustain the well-being of those working in child protection, especially in times of crisis where they have to deal with new challenges and demands, affecting their well-being and work:

At the level of system operators, I believe that those of us who have remained active are very overloaded. In our case, and with those with whom we interact, we have not been able to take vacations these two years and that affects our interventions, our capacity to listen attentively in everything that has to do with the intervention with families, with children, with all the young people as well.

To conclude, the professionals stressed the urgent need for mental health support, noting their prolonged work hours without breaks, impacting their ability to help families and children effectively. They emphasized that comprehensive support systems are crucial for

their well-being during crises.

### 3.3. Professionals' messages to policy and practice

The participants from all focus groups were asked to share their recommendations for the child protection system and policymakers to better respond to child abuse and maltreatment within a highly challenging context. They mentioned several recommendations, including the need to hear children's voices regarding their needs; to perceive the pandemic as an opportunity for learning; and the essentialness of establishing collaborative work, creating guides and sharing tools among practitioners worldwide.

#### 3.3.1. Ask children what they think and need

The crucial need to hear what children want to convey regarding their experiences and needs, which in many cases were missed during the crisis, was highlighted. As one participant noted:

The most striking thing was that there wasn't talk and conversation with children on anything. Once, children at schools came and said to me that no one asks us how we are, how we feel, and what we want, absolutely no one did that.

In a similar way, another participant shared:

I have one thought that I can say and I don't know if it will be enough for the rest, but I think I would try to ask more children what they want and what is good for them, because they often know from very young, small stages, what is right for them.

Participants stressed the necessity of directly involving children in discussions and decision-making processes that impact them, acknowledging that children often possess valuable insights into what is best for them.

#### 3.3.2. To perceive the pandemic as an opportunity for learning

Some participants emphasized the need to reframe this period and perceive it as an opportunity for learning and strengthening the response of the child protection system:

I remember us driving around with the car, going to deliver packages to families when it was raining. This was before the lockdown. And I will say that in all areas we also had to reorganize [...] also, in the field of assistance to families. Then also in the educational field, that our principals took a very significant part in how to maintain contact with children. I mean, in the end, I think we developed our expertise in how to deal with this situation while we kept moving.

The participants shared that realizing the impact of using online and technical resources to address issues, including maintaining contact with children, their families and other practitioners, should be acknowledged and taken into account when shaping future plans and interventions. As one participant stated:

I think that we should take them into account in consultation forums, for example, with children and adolescents; they are a wealth of ideas, innovative issues, updated in the technological world, which many of us do not have, and that from now on this will be greatly enhanced. Technological resources, technological activities will continue for a long time. It is part of the updating that we are going through, and that many activities are going to go hand-in-hand and with the support of these technologies.

Participants highlighted the need to reframe the pandemic period as an opportunity for learning and fortifying the child protection system. They recounted experiences of adapting to new approaches despite challenges. They also stressed the importance of recognizing the impact of technological resources in enhancing future plans and interventions and the value of input from children and adolescents.

#### 3.3.3. The essentiality to establish collaborative work, creating guides and sharing tools

Participants stressed the critical need for collaborative action among various agencies and organizations to address the limitations of resources and capacity in delivering timely interventions to children:

Somehow, the overwhelmingness of the task, because sometimes the task or the responsibilities were being burdened onto a certain organization or somehow agencies or personnel or even authority in charge of dealing with it. And then somehow this has caused the limitation of resources, the limitation of capacity, and these caused the delays of intervention being given to these children. So, we need to have collaborative action, not only from one agency but also other agencies related to these issues [...] So, we need to really look into how the collaborative effort needs to be done so that when there are cases being reported, how to handle these cases with high effectiveness and efficiency.

They also highlighted the importance of sharing guides and tools among practitioners and families to mitigate frustration and prevent cases of violence, emphasizing the creation of adaptable resources for different contexts.

Parents don't have the tools to facilitate, educate, and work schematically. Because of that, they end up frustrated, and we also had an increment in cases of physical and mental violence. About this, we worked by creating guides. For example, in Mexico, we worked on a guide about how to educate from home. So, we shared tools. Different countries talked about what kind of tools we had, and part of our effort was to facilitate these tools from country to country. So other countries can adapt them in the context of specific types of violence present inside the houses, in the homes.

The participants emphasized the need to record professionals' experiences and learn from them as a referral resource in handling and protecting children during crises in the future: "I think that we have to record our experiences, all the things we have experienced during COVID-19." Another participant emphasized the significance of documenting professionals' experiences as a valuable resource for handling and safeguarding children during future crises and establishing an effective child protection system:

We need to emphasize that in our protocols. And lastly, I think maybe we need to come up with an effective child protection system, especially focusing on during crisis especially. So we can make COVID-19 a benchmark, how we can come up with an effective child protection system, especially during a crisis, so that it can be a manual or toolkit that can become our own guidelines on how to provide services in sexual abuse in children at risk of maltreatment. So that our social workers know what to do when we, hopefully not, but somehow if it occurs again.

The critical need for available and responsive personnel, especially during times of crisis or emergencies involving children at risk, was also highlighted. The participants emphasized the challenges faced when necessary interventions, such as removing children from harmful situations or conducting home visits, were hindered due to the unavailability of staff. This underscores the importance of establishing a robust and coordinated multisectoral platform that includes clear referral pathways and backup plans to ensure that adequate personnel and resources are ready to address and guarantee the safety and protection of children in need:

Even when we needed children to be removed, when we needed law enforcement to go out and make home visits to see some of the complaints, to attend to it, investigate, explore, people were not available at their workstations. It was a really challenging time because many children were at great risk. And that is something that we've learned hard lessons around [...] in a multisectoral platform, looking at referral pathways, looking at back up in terms of Plan A, and if Plan A fails, Plan B. So ensuring that there would be people available to reach out and ensure the safety and protection of children.

Another participant stated: "I think that the difficulties must make us stronger. We arise stronger from this, and we have to use our experience to be prepared for another crisis. We cannot go to another crisis blinded."

In sum, the participants stressed the need for collaborative efforts among agencies to ensure effective child protection during crises. They highlighted the need for adaptable tools and guides to prevent violence and emphasized recording professionals' experiences to improve the handling of future crises. Thus, a comprehensive child protection system and responsive personnel are vital, necessitating coordinated plans and learning from challenges for better crisis preparedness.

#### 4. Discussion

The current study sought to uncover the gaps in child protection responses during the COVID-19 pandemic. It aimed to better comprehend children's rights and needs and learn how to better respond to future crises while safeguarding children's rights, including their right to live without violence. To reach this objective, 47 frontline practitioners from various countries participated in five focus groups. A thematic analysis generated three overarching themes: gaps in policies, gaps in practice, and professionals' messages for policy and practice.

The results highlighted four main gaps in policies: the reiterated neglect of children's voices and needs; COVID-19 guidelines that restricted abuse identification; the lack of regulations and applicable protocols; and unequal distribution of resources, which all impacted the protection of children during the pandemic. At the beginning of 2020, the closure of schools emerged as a primary measure adopted globally to contain the COVID-19 virus. This significant interruption in education was driven by uncertainties surrounding the risks posed by COVID-19 to children, alongside the belief that children might play a crucial role in transmitting the new virus (Buonsenso et al., 2021). Studies have explored the impact of school closures on children, especially children from vulnerable groups, highlighting the risks children were exposed to (e.g., Baron et al., 2020; Masonbrink & Hurley, 2020). Nevertheless, resources of all kinds were diverted to attend to the health concerns of the pandemic, and the main implemented guidelines and policies placed children at higher risk of abuse.

In March 2020, mandatory lockdowns were employed to reduce the deadly consequences of the coronavirus contagion. As highlighted in previous studies, these lockdowns and quarantines generated a "pandemic paradox" (Bradbury-Jones & Isham, 2020), forcing individuals to stay home to safeguard their health, even though these spaces may have been abusive or unsafe. Consequently, it is unsurprising that children's voices were not considered in guidelines and policymaking. Research has shown that incorporating children's voices into policymaking processes not only strengthens the evidence base for policy but also leads to more effective implementation (Berkley & Wright, 2022). It stresses the need to avoid assumptions about children's thoughts and needs, advocating for thorough assessments of policy impacts on different societal groups before implementation. Thus, meaningful engagement with children in policy design, rather than superficial consultation, is crucial. Without children's input in policymaking, there is a great risk that the policies will not echo the reality of their views, lives, and needs (Berkley & Wright, 2022). This was globally demonstrated during COVID-19 in policies and guidelines and confirmed by practitioners in this study. Involving children in policymaking is a process that requires professional expertise and a considerable amount of time and resources (Berkley & Wright, 2022). This study provides additional support for prior findings that the time and resources of policymakers were deeply invested in controlling the virus's spread while neglecting children's needs (C. Katz & Cohen, 2021).

Furthermore, once the virus was more controlled through vaccination and safety measures, the global lockdowns began to gradually ease and become more flexible, but astonishingly, children were once again not prioritized in terms of quarantine flexibilization, thereby ignoring their social needs, emotional well-being and right to protection. In this research, practitioners around the world shared how school openings, home visits, and daycare were the last services to be granted flexibility in the lockdowns, thus echoing a

loud and clear message that: children's rights and well-being were never the priority, not even when the virus was controlled. The practitioners also agreed that rather than a lack of resources, the problem was the unequal distribution of resources across services, sectors, cities, and regions, greatly impacting children, and especially children from vulnerable groups. In this regard, Reyes (2020) stated that our many social identities and the social groupings to which we belong define our place in society and, consequently, our vulnerability to infectious diseases. Therefore, social policies must demonstrate a commitment to respecting and safeguarding the most vulnerable people as well as to provide the framework necessary for everyone to protect their economic and social rights to achieve social inclusion.

Regarding practice, participants in the current study highlighted important gaps, including neglecting contact and essential aspects with children and families and how professionals' well-being was not a priority. The practitioners recognized that failing to create a good relationship with families prior to the pandemic hindered the interventions and collaborative nature of the work during the pandemic. Research has shown that building trust and connecting with families is essential to building more sustainable child protection systems and creating better conditions for children and their families (Healy et al., 2016). Of course, this requires time and psychological resources for practitioners who are already known to be at high risk of work stress and burnout (Anderson, 2000). This was linked to the sense shared by the practitioners about their needs and well-being not being adequately prioritized. The practitioners disclosed that their large workloads made it difficult to schedule holidays or free time. Previous research has shown that workload is a high stressor, and workers perceive such conditions as an indication that their welfare is not important to their employers (McFadden et al., 2015). Additionally, practitioners in this research acknowledged this as hindering their practice and interventions with families.

Although burnout and workload have already been acknowledged and discussed in many articles prior to the pandemic (Dillenburg, 2004; Juby & Scannapieco, 2007; McFadden et al., 2015; Van Hook & Rothenberg, 2009), they were exacerbated during the COVID-19 pandemic. Systems must prioritize practitioners' mental health as this is imperative to continued success when working with children, families and organizations (Hansel, 2020; Peinado & Anderson, 2020; Roberts et al., 2021). During the COVID-19 pandemic, frontline health professionals frequently reported excessive workload, isolation, and discrimination. Thus, they were highly vulnerable to physical exhaustion, fear, emotional disturbances, and sleep problems (Kang et al., 2020). A recent study involving 1563 health professionals in China found that more than half of the participants reported depressive symptoms, 44.7 % reported anxiety, and 36.1 % reported sleep disturbance (Liu et al., 2020). It is vital to recognize signs of burnout in frontline practitioners and implement interventions to promote overall well-being and job satisfaction, especially during periods of crisis (Peinado & Anderson, 2020).

Regarding suggestions for policy and practice, the practitioners emphasized three aspects: the importance of hearing and accounting for children's voices regarding their needs; the importance of perceiving the pandemic as an opportunity for learning; and the need to establish collaborative work, creating guides and sharing tools among practitioners worldwide. Indeed, continuing to neglect children's needs and ignoring their voices throughout the policymaking process is a mistake that governments cannot afford to make any longer, not only because of the devastating economic and social consequences but also the strong evidence of its importance. Since the UN Convention on the Rights of the Child, in which respect for children's views is a core principle, there has been strong evidence acknowledging its importance in tackling inequalities experienced by families and children and understanding better how to respond, especially during crises (Berkley & Wright, 2022). Children's needs and well-being must be accounted for in every guideline and policy, particularly when reacting to a crisis. Additionally, professionals once more expressed intersectoral work as paramount. This is not the first time this aspect has been acknowledged in research. A study in Brazil highlighted the importance of intersectoral work, the coordination of different providers and areas to protect children, and the support of families, especially when sexual violence has occurred (Silva et al., 2012). Therefore, sectors, services and resources must work jointly to put children and families at the center of their actions.

A final important message shared by the practitioners was finding the silver lining of the pandemic to learn how to better respond in future crises, while acknowledging the advantages of online and technical resources for family interventions. Online interventions used during the COVID-19 pandemic could facilitate the development of child protection service interventions and improve their quality and effectiveness. Several studies have shown that, in many instances, practitioners were positive about the effectiveness of online interventions during the COVID-19 crisis and reported flexibility, a lower threshold for contact, and lack of travel time as advantages (Feijt et al., 2020; Li et al., 2020; Liu et al., 2020). However, not all interventions are equally amenable to online interaction. The most prominent needs of such interactions also concern better technological, organizational, and logistical support, as was reported in this study. Thus, it is critical that these needs are suitably addressed by institutions and governments (Feijt et al., 2020). In addition, future research on online intervention within child protection service systems is needed as their effectiveness has not been rigorously evaluated. Furthermore, it is debatable whether such interventions are universally appropriate, including in different types of institutions, frontline child protection practitioners, family members, and children in the child protection system.

#### 4.1. Limitations and implications for future research

The current study provided a glimpse into the gaps within child protection responses during the COVID-19 pandemic and the implications for policy and practice to better respond to crises in the future while preserving children's rights. Nevertheless, the limitations must be addressed. First, it is possible that the participants' characteristics, such as age differences, agency affiliations, and various levels of experience with child abuse, played a vital role in their perceptions regarding the research topic. Second, although each country has unique contextual factors, the current study emphasized the common themes and topics among the participants. Although the current study explores gaps in child protection responses to child maltreatment during COVID-19, additional studies conducted with parents, children, adolescents, and community members are needed to expand our understanding of responses to child abuse during the pandemic. Furthermore, future studies might benefit from considering different contextual factors and the local ways

of responding to child maltreatment during crises, as well as examining strengths and innovative responses, not only gaps, in responding to child abuse during crisis times.

#### 4.2. Implications for policy and practice

Based on previous findings and the current results that accounted for worldwide voices of frontline practitioners, the following is recommended for policymakers: (1) Always prioritize children's rights regarding their provision, protection and participation when formulating guidelines and policies, regardless of the nature or stage of the crisis. Specifically, provision refers to the ability to obtain the things one needs to survive, such as food, medical attention, and education. Protection is the right to be free from harmful acts or practices, such as sexual or economic exploitation and/or any kind of abuse. Participation is the right to having a voice in decisions that impact one's life (Hammarberg, 1990). The current study findings call for the acknowledgment and consideration of children's rights in policymaking during crisis times. (2) Guarantee a fair distribution of resources between services, sectors, cities, and regions. This would ensure a comprehensive response to the crisis while preventing collateral damage of unintended ripple effects, such as child maltreatment. (3) Acknowledge children's voices in policymaking, and ask children about their needs and perspectives, while also recognizing the diversity and each child's own unique voice, which reflects inequalities associated with factors such as social class, gender, race/ethnicity, disability, etc. This can play a vital role in tackling inequalities experienced by families and children and developing more effective responses, especially during a crisis (Berkley & Wright, 2022). (4) Prioritize frontline child protection practitioners' well-being and mental health, as their work is paramount to protecting children and families. Thus, ensuring fair and reasonable workloads and providing interventions to prevent and tackle burnout, compassion fatigue, and stress is paramount. (5) Acknowledge and evaluate the advantages of online and technical resources for interventions with families and children within child protection systems. (6) Protocols for the inclusion of youth voices should proceed during non-pandemic times as part of emergency preparedness, and youth experiences must inform practice plans.

Implications for practice were also reported. First, to check the adaptability of services to families' characteristics. Second, to be innovative and reach out to families in novel ways, especially when traditional and suggested ways (e.g., online services) are not accessible for children and families. Third, keeping continuous contact and establishing a close and strong relationship with children and their families is essential in general but particularly during crisis times. Finally, establishing communication and a community of practitioners worldwide that aims to learn from the experiences and what worked for others is also fundamental in responding to child maltreatment.

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#### CRediT authorship contribution statement

**Carmit Katz:** Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Supervision, Validation, Writing – original draft, Writing – review & editing. **Afnan Attrash-Najjar:** Conceptualization, Data curation, Formal analysis, Methodology, Visualization, Writing – original draft, Writing – review & editing. **Natalia Varela:** Data curation, Formal analysis, Methodology, Project administration, Writing – original draft. **Kathryn Maguire-Jack:** Data curation, Formal analysis, Methodology, Writing – original draft. **Olivia D. Chang:** Investigation, Methodology, Validation. **Ansie Fouché:** Conceptualization, Methodology, Validation. **Nadia Massarweh:** Data curation, Methodology, Validation. **Pablo Munoz:** Data curation, Investigation, Methodology. **Sidnei Rinaldo Priolo-Filho:** Formal analysis, Methodology, Writing – original draft. **Hayley Walker-Williams:** Methodology, Validation. **Christine Werkele:** Conceptualization, Data curation, Investigation, Methodology, Validation, Writing – original draft.

#### Declaration of competing interest

None.

#### Data availability

The data that has been used is confidential.

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## References

- Ahad, M., Parry, Y. K., & Willis, E. (2020). Spillover trends of child labor during the coronavirus crisis—An unnoticed wake-up call. *Frontiers in Public Health*, 8, 488. <https://doi.org/10.3389/fpubh.2020.00488>
- Anderson, D. G. (2000). Coping strategies and burnout among veteran child protection workers. *Child Abuse & Neglect*, 24(6), 839–848. [https://doi.org/10.1016/S0145-2134\(00\)00143-5](https://doi.org/10.1016/S0145-2134(00)00143-5)
- Baron, E. J., Goldstein, E. G., & Wallace, C. T. (2020). Suffering in silence: How COVID-19 school closures inhibit the reporting of child maltreatment. *Journal of Public Economics*, 190, Article 104258.
- Berger, A. N., Karakaplan, M. U., & Roman, R. A. (2023). *The economic and financial impacts of the COVID-19 crisis around the world: Expect the unexpected*. Academic Press.
- Berkley, N., & Wright, A. (2022, July). Reframing childhood: *Final report of the Childhood Policy Programme*. British Academy. <https://apo.org.au/sites/default/files/resource-files/2022-07/apo-nid318870.pdf>.
- Bradbury-Jones, C., & Isham, L. (2020). The pandemic paradox: The consequences of COVID-19 on domestic violence. *Journal of Clinical Nursing*, 29(13–14), 2047–2049. <https://doi.org/10.1111/jocn.15296>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp0630a>
- Buonsenso, D., Roland, D., De Rose, C., Vásquez-Hoyos, P., Ramly, B., Chakakala-Chaziya, J. N., ... González-Dambrauskas, S. (2021). Schools closures during the COVID-19 pandemic: A catastrophic global situation. *The Pediatric Infectious Disease Journal*, 40(4), e146–e150. <https://doi.org/10.1097/INF.0000000000003052>
- Chaabane, S., Doraiswamy, S., Chaabna, K., Mamtani, R., & Cheema, S. (2021). The impact of COVID-19 school closure on child and adolescent health: A rapid systematic review. *Children*, 8(5), 415. <https://doi.org/10.3390/children8050415>
- Chung, G. S. K., Chan, X. W., Lanier, P., & Wong, P. Y. J. (2022). Associations between work-family balance, parenting stress, and marital conflicts during COVID-19 pandemic in Singapore. *Journal of Child and Family Studies*. <https://doi.org/10.1007/s10826-022-02490-z>
- Dillenburg, K. (2004). Causes and alleviation of occupational stress in child care work. *Child Care in Practice*, 10(3), 213–224. <https://doi.org/10.1080/1357527042000244356>
- Feijt, M., De Kort, Y., Bongers, I., Bierbooms, J., Westerink, J., & Ijsselstein, W. (2020). Mental health care goes online: Practitioners' experiences of providing mental health care during the COVID-19 pandemic. *Cyberpsychology, Behavior, and Social Networking*, 23(12), 860–864. <https://doi.org/10.1089/cyber.2020.0370>
- Giuffrida, A. (2010). Racial and ethnic disparities in Latin America and the Caribbean: A literature review. *Diversity in Health and Care*, 7(2), 115–128.
- Graham, M., Weale, V., Lambert, K. A., Kinsman, N., Stuckey, R., & Oakman, J. (2021). Working at home. *Journal of Occupational and Environmental Medicine*, 63(11), 938–943. <https://doi.org/10.1097/jom.0000000000002337>
- Hammarberg, T. (1990). The UN convention on the rights of the child—And how to make it work. *Human Rights Quarterly*, 12(1), 97–105. doi:<https://doi.org/10.2307/762167>.
- Hansel, T. (2020). Social worker well-being in the time of COVID-19. *Social Work Today*. [https://www.socialworktoday.com/archive/exc\\_040220.shtml](https://www.socialworktoday.com/archive/exc_040220.shtml).
- Healy, K., Harrison, G., Venables, J., & Bosly, F. (2016). Collaborating with families in differential responses: Practitioners' views. *Child & Family Social Work*, 21(3), 328–338. <https://doi.org/10.1111/cfs.12149>
- Juby, C., & Scannapieco, M. (2007). Characteristics of workload management in public child welfare agencies. *Administration in Social Work*, 31(3), 95–109. [https://doi.org/10.1300/J147v31n03\\_06](https://doi.org/10.1300/J147v31n03_06)
- Kang, L., Li, Y., Hu, S., Chen, M., Yang, C., Yang, B. X., ... Liu, Z. (2020). The mental health of medical workers in Wuhan, China dealing with the 2019 novel coronavirus. *The Lancet Psychiatry*, 7(3), Article e14. [https://doi.org/10.1016/S2215-0366\(20\)30047-X](https://doi.org/10.1016/S2215-0366(20)30047-X)
- Katz, C., & Cohen, N. (2021). Invisible children and non-essential workers: Child protection during COVID-19 in Israel according to policy documents and media coverage. *Child Abuse & Neglect*, 116(2), Article 104770. <https://doi.org/10.1016/j.chiabu.2020.104770>
- Katz, C., Priolo Filho, S. R., Korbin, J., Bérubé, A., Fouché, S., ... Varela, N. (2021). Child maltreatment in the time of the COVID-19 pandemic: A proposed global framework on research, policy and practice. *Child Abuse & Neglect*, 116(2), Article 104824. <https://doi.org/10.1016/j.chiabu.2020.104824>
- Katz, I., Priolo-Filho, S., Katz, C., Andresen, S., Bérubé, A., Cohen, N., ... Yamaoka, Y. (2022). One year into COVID-19: What have we learned about child maltreatment reports and child protective service responses? *Child Abuse & Neglect*, 130(1), Article 105473. <https://doi.org/10.1016/j.chiabu.2021.105473>
- Kim, Y. E. (2022). Unemployment and child maltreatment during the COVID-19 pandemic in the Republic of Korea. *Child Abuse & Neglect*, 130, Article 105474. <https://doi.org/10.1016/j.chiabu.2021.105474>
- Kingstone, T., Campbell, P., Andras, A., Nixon, K., Mallen, C., Dikomitis, L., & Q-COVID-19 Group. (2022). Exploring the impact of the first wave of COVID-19 on social work practice: A qualitative study in England, UK. *The British Journal of Social Work*, 52(4), 2043–2062.
- Kolahchi, Z., De Domenico, M., Uddin, L. Q., Cauda, V., Grossmann, I., Lacasa, L., ... Rezaei, N. (2021). COVID-19 and its global economic impact. In N. Rezaei (Ed.), *Vol. 1318. Coronavirus disease - COVID-19. Advances in experimental medicine and biology* (pp. 825–837). Springer. [https://doi.org/10.1007/978-3-030-63761-3\\_46](https://doi.org/10.1007/978-3-030-63761-3_46).
- Kovler, M. L., Ziegfeld, S., Ryan, L. M., Goldstein, M. A., Gardner, R., Garcia, A. V., & Nasr, I. W. (2021). Increased proportion of physical child abuse injuries at a level I pediatric trauma center during the COVID-19 pandemic. *Child Abuse & Neglect*, 116, Article 104756.
- Laborde, D., Martin, W., & Vos, R. (2021). Impacts of COVID-19 on global poverty, food security, and diets: Insights from global model scenario analysis. *Agricultural Economics*, 52(3), 375–390. <https://doi.org/10.1111/agec.12624>
- Lavié, A. H., Ramos, A. M. G., & Fernández, A. I. L. (2021). Social work practice during the COVID-19 state of emergency in Spain. *Social Work and Social Sciences Review*, 22(2), 88–102.
- Li, W., Yang, Y., Liu, Z. H., Zhao, Y. J., Zhang, Q., Zhang, L., ... Xiang, Y. T. (2020). Progression of mental health services during the COVID-19 outbreak in China. *International Journal of Biological Sciences*, 16(10), 1732–1738. <https://doi.org/10.7150/ijbs.45120>
- Liu, S., Yang, L., Zhang, C., Xiang, Y. T., Liu, Z., Hu, S., & Zhang, B. (2020). Online mental health services in China during the COVID-19 outbreak. *The Lancet Psychiatry*, 7(4), e17–e18. [https://doi.org/10.1016/S2215-0366\(20\)30077-8](https://doi.org/10.1016/S2215-0366(20)30077-8)
- Marmor, A., Cohen, N., & Katz, C. (2023). Child maltreatment during CoViD-19: Key conclusions and future directions based on a systematic literature review. *Trauma, Violence & Abuse*, 24(2), 760–775. <https://doi.org/10.1177/15248380211043818>
- Masonbrink, A. R., & Hurley, E. (2020). Advocating for children during the COVID-19 school closures. *Pediatrics*, 146(3), Article e20201440. <https://doi.org/10.1542/peds.2020-1440>
- McFadden, P., Campbell, A., & Taylor, B. (2015). Resilience and burnout in child protection social work: Individual and organisational themes from a systematic literature review. *The British Journal of Social Work*, 45(5), 1546–1563. <https://doi.org/10.1093/bjsw/bct210>
- Morgan, D. L. (1996). Focus groups. *Annual Review of Sociology*, 22, 129–152. <https://doi.org/10.1146/annurev.soc.22.1.129>
- Peinado, M., & Anderson, K. N. (2020). Reducing social worker burnout during COVID-19. *International Social Work*, 63(6), 757–760. <https://doi.org/10.1177/0020872820962196>
- Reyes, M. V. (2020). The disproportional impact of COVID-19 on African Americans. *Health and Human Rights*, 22(2), 299–307.
- Roberts, R., Wong, A., Jenkins, S., Neher, A., Sutton, C., O'Meara, P., ... Dwivedi, A. (2021). Mental health and well-being impacts of COVID-19 on rural paramedics, police, community nurses and child protection workers. *Australian Journal of Rural Health*, 29(5), 753–767. <https://doi.org/10.1111/ajr.12804>
- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information*, 22(2), 63–75.
- Silva, L. M. P. D., Ferriani, M. D. G. C., & Silva, M. A. I. (2012). Judiciary as the last resort to protect children and adolescents: Intersectoral actions, investment in human resources, and structuring of services. *Revista Latino-Americana de Enfermagem*, 20, 444–452.
- Sinha, I., Bennett, D., & Taylor-Robinson, D. C. (2020). Children are being sidelined by covid-19. *BMJ*, 369. <https://doi.org/10.1136/bmj.m2061>
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Grounded theory procedures and technique* (2nd ed.). Sage.
- Sturge-Apple, M. L., Skibo, M. A., & Davies, P. T. (2012). Impact of parental conflict and emotional abuse on children and families. *Partner Abuse*, 3(3), 1–11. <https://doi.org/10.1891/1946-6560.3.3.e8>

- Van der Berg, S., & Spaul, N. (2020). Counting the cost: COVID-19 school closures in South Africa & its impacts on children. *South African Journal of Childhood Education*, 10(1), Article a924. <https://doi.org/10.4102/sajce.v10i1.924>
- Van Hook, M. P., & Rothenberg, M. (2009). Quality of life and compassion satisfaction/fatigue and burnout in child welfare workers in community based care organizations in central Florida. *Social Work and Christianity*, 36(1), 36–54.
- VanBuren Trachtenberg, J., Anderson, S. A., & Sabatelli, R. M. (2009). Work-home conflict and domestic violence: A test of a conceptual model. *Journal of Family Violence*, 24(7), 471–483. <https://doi.org/10.1007/s10896-009-9246-3>
- Wilke, N. G., Howard, A. H., & Goldman, P. (2020). Rapid return of children in residential care to family as a result of COVID-19: Scope, challenges, and recommendations. *Child Abuse & Neglect*, 110, Article 104712. <https://doi.org/10.1016/j.chiabu.2020.104712>
- World Health Organization. (2020). *WHO Director-General's opening remarks at the media briefing on COVID-19 – 11 March 2020* [Press release]. <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19—11-march-2020>.