

# Impact of the COVID-19 pandemic on children living in shelters and children in the community (Review)

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**Abstract.** In the first 2 years of the pandemic, from late 2019 to late 2021, several studies were conducted to determine the experience of children during the continuous lockdowns, school closures and isolation from their friends, teachers or relatives. The studies conducted included children being raised in childcare facilities and children being raised in their own homes, in various parts of the world. Numerous children worldwide, in addition to the stress and difficulties experienced by adults and minors during these years of the coronavirus disease 2019 (COVID-2019) pandemic, have experienced physical, psychological and sexual abuse. The available data indicate that the number of children presenting to hospitals with injuries from abuse has increased, despite the fact that there was a decrease in the number of reports of child abuse during the lockdowns. The financial difficulties that a number of families have faced, and continue to face, comprise the most prominent risk factor for child neglect. Additionally, a marked decrease has also been noted in the provision of care to children in care homes as regards quality. This has been mainly due to a reduction in the number of employees, either as they themselves or someone they cared for became infected with COVID-19, or as the employees and care givers suffered from exhaustion brought on by the very difficult working conditions and very strict measures taken during this period of the pandemic.

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## 1. Introduction

Over the past 2.5 years, the worldwide population has been experiencing an unprecedented viral outbreak, hitherto known only from history, namely the coronavirus disease 2019 (COVID-2019) pandemic. Mankind has experienced other pandemics in the past, which were treated according to the data, possibilities and facilities available at the time in terms of medicines, scientific knowledge and means of prevention.

Currently, with the COVID-19 pandemic, although there have been tremendous advancements in science, technology has also proven useful in dealing with difficult situations with greater ease and the majority of individuals have direct access to knowledge if they wish. However, the coronavirus was something unknown, and its impact was aggressive and lethal that it forced the majority of countries worldwide to impose strict precautionary measures and to implement lockdowns for weeks or even months. In addition to the impact these measures have had and continue to have on the economy and on businesses, many of which have been forced to close, the psychology of individuals has also been negatively affected. Some individuals have either lost a relative due to the disease, or have become ill themselves, or others have lost their jobs and have been devastated financially; all these negative effects have also caused a notable amount of distress among children (1). The situation of both children residing with their families in their homes and children in care facilities has been affected (Fig. 1).

According to the World Health Organization, since the start of the pandemic, the identified risk factors for the maltreatment in children have escalated. Such risk factors include economic

insecurity, social isolation and family stress (2). UNICEF, in its report on the pandemic (3), has also identified three main potential secondary impacts on children and their caregivers. Firstly, child neglect and the lack of parental care and concern was identified, mental health and mental distress were also identified, and finally, reduced protection and increased exposure to violence and sexual harassment were identified.

## 2. Children in residential care

*Reduced number of visits to institutions.* With the pandemic and the ongoing lockdowns that have been implemented in the majority of countries worldwide, there has also been a disruption in the continuity of care for the guests in caregiving facilities, as well as a lack of coordination between organizations, to ensure basic service delivery. Automatically with these changes, key activities to ensure the protection of children were also reduced (4). The majority of children residing in institutions and other protection shelters during the crisis and along with the measures taken for coronavirus, have received very limited care services compared to those received before the pandemic.

A key deprivation that is a fact is the much-reduced frequency of visits to children residing in shelters by their biological relatives. Due to repeated long-term implementation of lockdowns, during which individuals were prohibited from any outdoor events or external visits, even to visit their children, children in the childcare facilities were only able to see their caregivers. Moreover, when the first lockdowns were lifted, the measures in the closed shelters remained very strict, often for a long period of time. One of these measures involved a ban on visits by any outside visitors. When these measures began to be relaxed and relatives were allowed to visit their children again, they were required to be vaccinated and at the same time to produce a negative rapid test or a negative PCR test; however, the relatives themselves were required to bear the cost of these tests. Usually, the financial situation of the relatives of children living in shelters is extremely poor and are barely able cover the costs of their daily living. When a rapid test per week costs 8-10 Euros, plus travel to and from the shelter, it is very difficult for them to respond consistently. Another version of the same problem is the emergence of a positive case of coronavirus within the shelter itself. If a member of the care staff or one of the hosted children has become ill, automatically the whole chamber in which the child is staying, or even the entire facility when there is a spread, is placed into isolation for days or even weeks, resulting in the children not being able to meet their relatives.

*Understaffing of childcare units due to workers becoming ill with COVID-19.* Throughout the pandemic, in numerous childcare facilities, as well as in other care facilities for the elderly or disabled or in hospitals, caregivers, nurses, doctors and other care staff were required to work for extremely long hours and under strenuous conditions, often wearing suffocating and exhausting equipment (masks, gloves, caps, full body suits to protect themselves from exposure to the virus); numerous workers did not manage to avoid becoming ill before the vaccines were administered for partial protection. When some workers initially became ill, they were automatically

quarantined to protect themselves and to allow for recovery, but also to protect inpatients and guests, as well as other workers in the institution. At the beginning of the pandemic, when things were particularly harsh and severe, anyone who became ill, and anyone who had come into contact with them, was required to be absent from work for at least 14 days. They could only return to work if they produced a negative PCR test and had no active symptoms (cough, runny nose, headache or fever). Furthermore, those who were not essential in meeting the basic needs of the guests or inpatients were not even admitted to the accommodation. This gradually changed after vaccinations became available and after the first mutations of the virus indicated that it was weaker and therefore, less dangerous. This reduced the number of days of isolation and quarantine to 10 and subsequently to 5.

According to the study by Fallon *et al* (5), the emergency measures taken against COVID-19 were effective against the spread of the virus; however, the effect these measures had on children's shelters was the intermittent, reduced and ultimately poor delivery of existing services. Facilities remained understaffed for long periods of time and less necessary services (such as speech therapies, occupational therapies, physical therapies and psychotherapies) were discontinued for long periods of time. These gradually resumed with fairly strict protective measures, due to the event of a positive case in a closed accommodation facility.

*No possibility of providing technology to children in institutions.* With the closure of schools and the impossibility of providing e-learning in the shelters, the children residing there have been isolated for months from school, lessons, teachers and their classmates. Their daily lives and habits were disrupted, with negative consequences for their mental health, as articulated in the study by Haffejee and Levine (6) on the experiences and impact of the pandemic on children residing in shelters in South Africa. School closures, the disruption of daily habits, isolation from friends and peers, and fear of the unknown, resulting from the pandemic, can cause increased feelings of anxiety and distress (6). Children's outings and certain activities, accompanied by volunteers, which are very helpful and useful for children residing in shelters, were terminated immediately and in several cases, never resumed. The volunteers employed in these shelters are often individuals >60 years of age, who were identified during the coronavirus pandemic as being in the vulnerable population; the volunteers themselves were also restricted by the measures and confinement in their homes. Even today, a number of individuals >60 years of age find it difficult to 'feel free' to coexist with others in enclosed spaces. and to return to their old habits and activities. All this has had a tremendous impact on the developmental situation of the children in their care. It is already known that institutionalization has a negative, even abusive effect on the psychosomatic development of children residing in institutions, and currently, with the adversities created by the coronavirus, the situation has taken on marked proportions (7,8).

*Insufficient training and information for staff in childcare units.* According to the data and research, it appears that caregivers, social workers and other members of the treatment

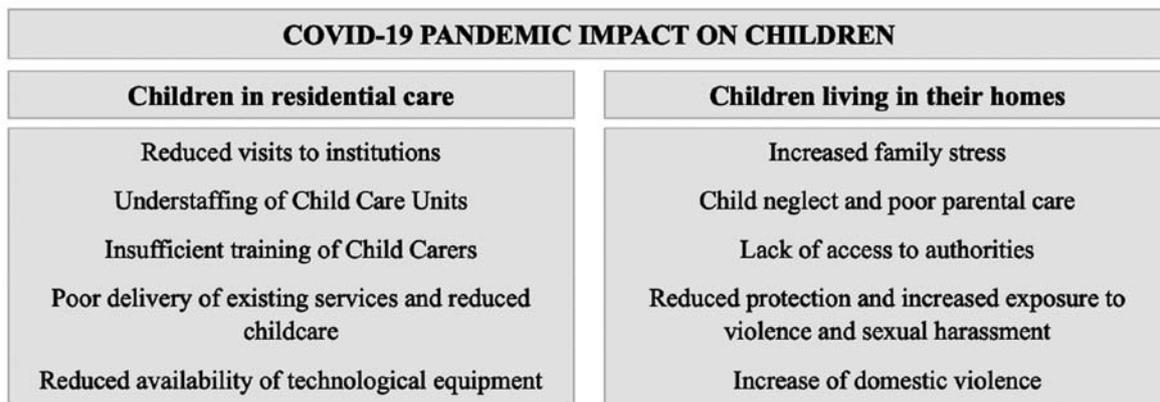


Figure 1. Impact of the COVID-19 pandemic on children in residential care and children residing in their homes. COVID-19, coronavirus disease 2019.

teams that provide care for children in shelters, have little or no training beyond what is required to recognize any signs of abuse. The need for training for those involved in child care, is deemed necessary even during the pandemic, using tools that have become widely known over the past few years, e.g. e-learning (9).

### 3. Children being raised in their homes

*Increased family stress.* The amount of stress inflicted on families with the advent of COVID-19 markedly increased due to uncertainty about the future, and concerns about the job of each parent, the health and safety of each family member, and the general economic crisis that isolation, illness and uncertainty can bring to a household. This is a risk factor that can increase the chances of parents becoming abusive and exhibiting neglectful behavior against their children (2). Parental stress is compounded by the stress that each individual child also faces. Social isolation, the interruption of contact with their friends, classmates and teachers, as well as fear of the unknown, of their own and other the health of other family members, placed additional stress on parents who were required to manage a burdened situation. This resulted in even more intensely abusive and neglectful behavior of the parent towards their children (10).

Another major risk factor, as reported in the study by Tummala and Muhammad (11), was the high probability of an economic disaster that a family may experience as a consequence of the pandemic and the difficulties that arise even in meeting the basic needs that a family requires to survive. This markedly increases the chances of even the young girls of a family being forced into marriage or child trafficking. Numerous families are also likely to be forced into homelessness (11).

In addition, during the COVID-19 pandemic, a number of individuals lost their jobs, which led to difficulties in paying debts and everyday expenses. Numerous families also found it very difficult to pay their rent, buy essentials and other activities of daily living, such as food, clothing, public transport and scheduled medical check-ups, thus increasing the neglect of children living with these families (12).

*Reduction in reports of violence due to lack of access to authorities.* Despite the apparently difficult conditions that prevailed during the lockdowns, and while everything was conducive to an increase in various forms of abuse, the numbers of reports of child abuse decreased (13). A very notable point made in the study by Salt *et al* (14) was that 67% of child abuse cases in the USA in 2018 were reported by individuals who were primarily associated with children due to their profession (e.g., teachers, caregivers, lawyers, health care professionals, etc.) and only 16% of the reports were made by a relative, a neighbor, or friend. During the pandemic and lockdowns, the physical contact of these individuals with children was almost zero. This was mainly due to the fact that the children were following tele-education programs and in health care the data changed in a similar manner. Tele-health was markedly enhanced, with experts encouraging patients to use it in every way possible, thus avoiding their physical presence in hospital premises, unless this was an emergency. This led to a reduction in the number of reports of child abuse; this reduction did not occur due to decrease in the phenomenon, but due to the fact that children who were being abused in any form no longer had a 'voice' to be heard. In some areas, such as Kentucky, USA, the number of complaints received by the Cabinet for Health and Family Services for incidents of child abuse decreased by 43% from the spring of 2019 to the spring of 2020 (14). Nationally, over the same time period, the rates of allegations received by the Cabinet for Health and Family Services decreased by 20-70% (15). It was not possible to record events as everyone was confined to their own homes and was thus not aware of the situation behind the locked doors of other homes. Along with everyone, the children were also confined to their homes, most likely with one of the family members who was equally abusive towards them (10).

The study by Katz and Cohen (16) explained the reduction in the number of complaints in a similar manner, citing the importance of schools in safeguarding and protecting children. During the implementation of lockdowns, children were not only denied access to public spaces in which they were more protected due to the crowds, but also did not come into contact with other adults, such as teachers, gym teachers, school nurses and other school workers, who observe children

in their daily lives and at the appearance of some characteristic of abuse, alert the relevant authorities (17).

As reflected in various studies conducted during these years of the pandemic, there appear to be decreases in the number of reports of abuse during the pandemic (18-25). Of note, data collected from various countries and have revealed increases in the number of complaints in some areas and decreases other areas. More specifically, in Quebec, Canada, the Director of Youth Protection, from mid-March to the end of May, 2019 had received 2,473 complaints of some type of child abuse, while for the same period in 2020, there was a 33.4% decrease, with only 1,647 complaints, and in May, 2020 the lowest rate in their history was recorded. A similar situation was observed in Ontario, Canada, with the rates of complaints decreasing by 40%, where the largest percentage of complaints were made by the children's teachers. Typically, during the pandemic, one agency receiving such complaints received 27 calls from teachers, whereas two years earlier, it had received 158 similar calls. In Colombia, comparing the time periods from March to June, 2019 and from March to June, 2020, a 21% decrease in the number of complaints of child abuse was also noticeable. Finally, in Germany, there appeared to be no increase in the number of complaints amidst a lockdown. In most cases, there was no increase, although in many cases, there was a decrease in the number of calls for complaints of abuse (17).

*Reports on domestic violence increase during the pandemic.* However, the data appear to be reversed in a few other studies. According to data published in the journal Archives of Disease in Childhood, at Great Ormond Street Hospital For Children NHS Foundation Trust in London, there was a 1493% increase in domestic child abuse during the coronavirus pandemic. This was noted for the period between March 23 and April 23, 2020 and the same period in 2017, 2018 and 2019, and relates to new cases of head injuries in young children aged 17 days to ~13 months resulting from physical violence and abuse (26). In addition, in their study, Salt *et al* (14) identified and reported the finding that in Kentucky, USA, the rates of physical abuse and maltreatment before and after the closure of schools due to the pandemic did not exhibit a statistically significant difference, although the incidence of sexual abuse after the closure of schools due to COVID-19 exhibited an 85% increase. The study by Katz *et al* (27) demonstrated a decrease in reports in the majority of the countries studied; in South Africa there was an increase; specifically, during the lockdown, there was a 400% increase in the number of calls to Childline South Africa regarding infant abuse and abandonment. In numbers, this translates into at least 30 infant abandonments (27). Finally, it appears that despite the reduced number of complaints, there was an increase in the number of child abuse injuries in hospitals. In the study by Kovler *et al* (28), which recorded cases at John Hopkins Children's Center (JHCC) Hospital, designated by the Maryland Institute of Emergency Medical Services Systems (MIEMSS) as a level I pediatric trauma center and regional burn center, it appears that during the COVID-19 pandemic, 8 children were diagnosed with child abuse injuries, representing 13% of all trauma patients, compared to 4 children diagnosed in 2019 representing 4% of all trauma patients and 3 children diagnosed in 2018 representing 3% of all trauma patients (28).

At Golisano Children's Hospital of Southwest Florida during the months of the lockdown, while there was a decrease in the incidents of child abuse, there was an increase in the number of children requiring hospitalization for injuries resulting from abuse. At the same time, there has been a more than doubling of reports to the National Centre for Missing and Exploited Children, reaching approximately 2,000,000 reports in March, 2020, compared to ~984,000 in March, 2019 (29).

In France during the period 2017-2020, which includes the first lockdown, while the number of children who suffered physical violence was not markedly altered compared to previous years, the number of hospitalizations of children up to 5 years of age with injuries from physical violence increased by 40% (30).

#### 4. Conclusions and future perspectives

It appears from the data and studies that have been conducted, that in the majority of countries where it was possible to record and collect data on child abuse in the midst of pandemic and lockdowns, calls and reports of child abuse not only did not increase, but decreased by a fairly large percentage. In a few cases, it appears that the numbers remained stable and in a few cases, there was a slight increase. However, although there has been a decrease in the number of complaints of child abuse, there has been an increase in the number of injuries in hospitals with injuries associated with child abuse. The services provided in childcare facilities have also been markedly reduced, with the exclusion of children from outings, activities, school and visits by relatives and volunteers dominating the very difficult conditions they have had to experience. Furthermore, with the stringent measures implemented in the closed children's shelters, the protection of the hosted children was also interrupted.

The COVID-19 pandemic has already given several countries cause for concern in terms of the number of children being abused during the lockdowns, while it was not possible to record these events during this period of confinement. Planning is required globally to enable competent authorities to reach out to families, parents and caregivers who are struggling to cope with the hardships caused and continue to be caused by the coronavirus. Without the right support and help, the amount of stress placed on adults (due to fear of the unknown, uncertainty about the future) causes them to react negatively towards their children the fatigue. Strategies of observation, help and support are required for children who are usually victims of psychological, verbal or physical violence or even sexual abuse from their relatives or caregivers. Children who are subjected to violence need to know that there is someone they can turn to when the need arises. There should be intensive information and ongoing training for teachers, therapists and individuals working with children at a distance during the pandemic so that are able to recognize possible signs of violence within or outside their family environment and report them to the relevant authorities for further investigation. Children should be constantly informed, whether through social media, television advertisements or posters on the streets, of the possibility of contacting a hotline to report incidents of abuse inside or outside their homes and families. Municipalities should set up teams of experts with experience in child abuse, who would

visit homes in the municipality to which they belong to record situations they identify or testimonies from people in the neighborhoods concerning possible cases of violence against children, and then carry out social checks and interventions in suspected cases. The new challenge for governments worldwide is to develop strategies to coordinate the new world order so that all individuals learn to co-exist with the coronavirus, and all services can begin to function again with improved conditions for greater safety and greater convenience. A major challenge that will affect the world in the following years will be the impact of the COVID-19 breakout and the lockdowns during the first 2 years of the pandemic on the psychological state and mental health of children and adults. Primary affects that are already recorded indicate a significant deterioration of the mental health of children and adults, and a five-fold increase in the possibility of future adverse mental health symptoms in parents and caregivers. It is thus expected that the long-term effects of the pandemic on mental health will be revealed in the forthcoming future and will be the focus of ample amounts of research and discussion on how governments, authorities, communities and households can act in a preventive and therapeutic manner for the protection of the mental wellbeing during such strenuous times.

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