CHILDREN AND COVID-19 ADVOCACY BRIEF

Violence and injury

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Early in the COVID-19 pandemic child rights activists raised concerns about how rising unemployment, food insecurity and the stresses of lockdown would increase children's exposure to and experience of violence and injury in the home – at a time when social isolation and the disruption of schools, health and child protection services made it harder for children and families to access care and support services.

This advocacy brief draws on data from Red Cross War Memorial Children's Hospital to trace the impact of the pandemic and lockdown on intentional and unintentional injuries, and draws on lessons learnt to identify opportunities to better protect women and children during the pandemic and future crises.

What was the situation prior to the COVID-19 pandemic?

Violence and injuries violate children's rights to a safe environment and protection from violence and injury as enshrined in the Constitution, the African Charter on the Rights and Welfare of the Child, and the United Nations Convention on the Rights of the Child (UNCRC).[1] Yet even before the COVID-19 pandemic, injury mortality rates in South Africa were four times higher than in high-income countries,[2] and early in lockdown child rights activists raised concerns that rising unemployment, food insecurity and the stresses of lockdown would increase children's exposure to violence and injury.

Intentional and unintentional injuries

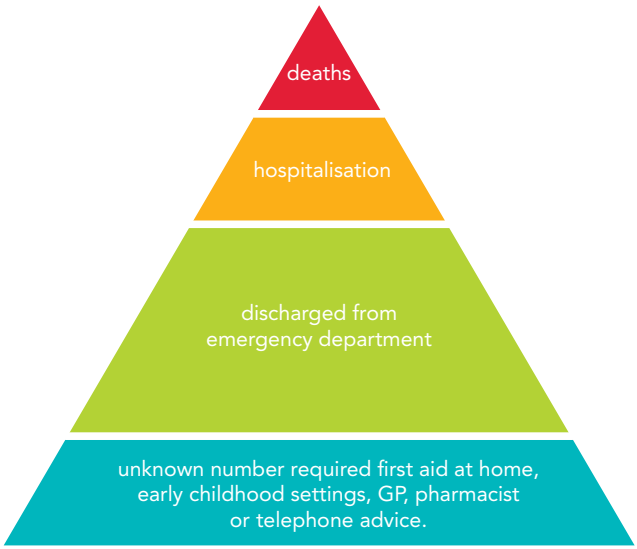
The World Health Organization makes a distinction between intentional and unintentional injuries:

- Intentional injuries are caused by purposeful human acts of violence intended to cause harm, whether directed at oneself or others e.g. abuse, neglect and suicide.
- Unintentional injuries are unplanned and unexpected. Yet most of these "accidental" injuries can be prevented e.g. road traffic injuries, falls and burns.[6]

The South African Burden of Disease Study shows that children under five years old and older adolescents bear the brunt of child injury deaths.[3] The leading causes of child injury deaths in South Africa vary by age, and include road traffic injuries (36%), homicide (28%), other unintentional injuries such as burns and drowning (27%), and suicide (8.5%).[4]

Fatal injuries are but the "tip of the iceberg" as non-fatal injuries affect much larger numbers of children with long-lasting health effects and disability burden, as illustrated by the child-injury pyramid[5] in Figure 1, and are the leading cause of disability in children and adolescents[4].

Figure 1: Child deaths are the tip of the iceberg



The determinants of injuries and violence are complex, and children are exposed to injuries across a range of settings. Violence and injury share many common risk factors such as poverty, high use of alcohol and drugs, poor housing, harsh living, gender inequality and violent forms of masculinity.[4]

In addition, violence against women and violence against children are deeply linked.[7] They co-occur in the same households, share the same risk factors and drive an intergenerational cycle of violence.[8]

How did COVID-19 impact on violence and injuries among children?

The lockdown measures imposed by most countries to prevent the spread of COVID-19 have the potential to increase children's exposure to risks in the home for both intentional and unintentional injuries.[9] These lockdown measures meant that many children were confined to their homes with disrupted schedules and stressed parents who were facing loss of income or potential joblessness or juggling working from home. All of which meant less active child supervision[10] with consequences for children's risk of unintentional injuries.

Unintentional injuries

Red Cross War Memorial Children's Hospital Trauma Unit data[11] showed a 15% decrease in the numbers of children treated for unintentional injuries during the lockdown period, from 6 568 in 2019 to 5 647 in 2020. This decrease is largely due to a 56% reduction in road traffic injuries during the hard lockdown period (March - June 2020), compared to the same period in 2019.[12] This reduction is mainly due to fewer cars on the roads, children not at school and a ban on alcohol during level 5 lockdown. The pedestrian injuries that were recorded were mainly children playing in streets, driveways and crossing unsafe roads, and these injuries increased to pre-lockdown levels as soon as South Africa moved to level 1 in October 2020.

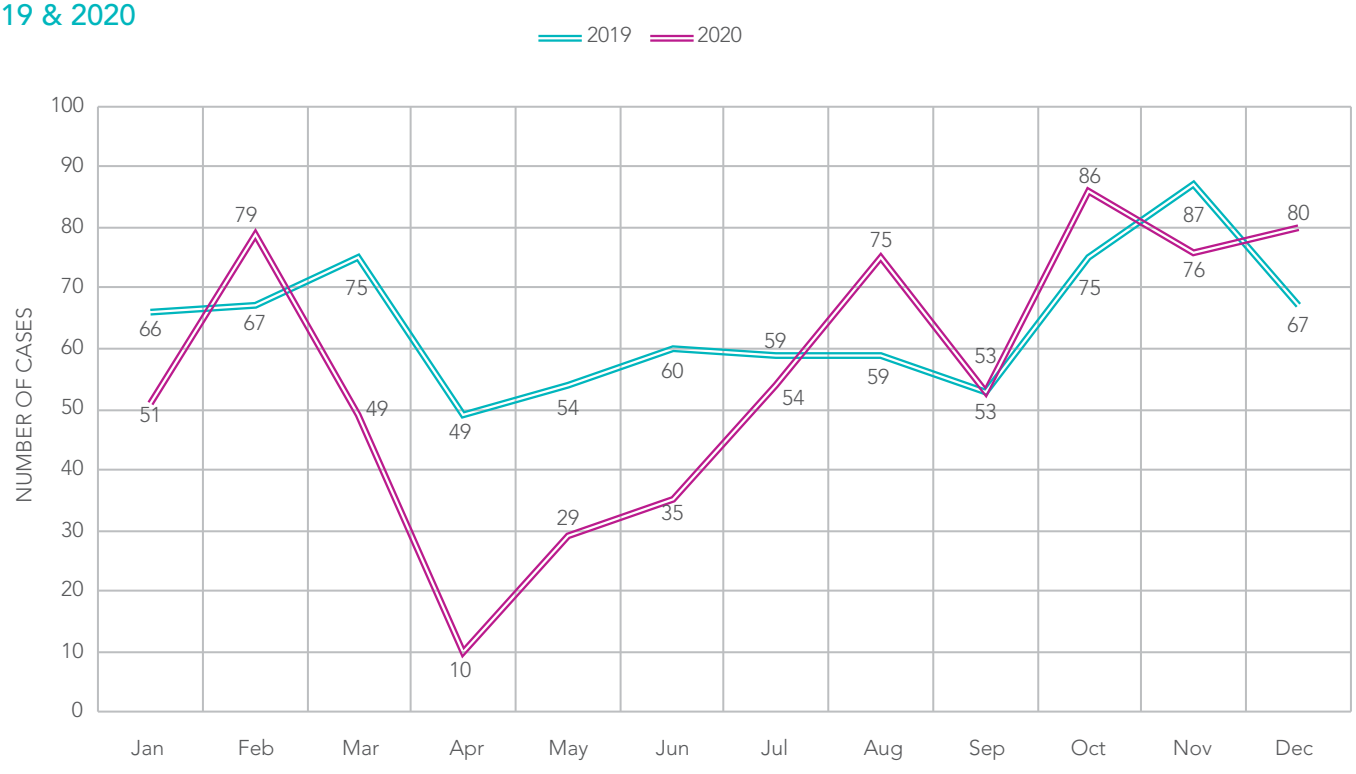
Injuries in the home

We, however, noted an increase in unintentional injuries which occurred within the home, as illustrated in Figure 3:

- Falls increased by 5% (more children falling out of attendants' arms, falling off beds, falling down stairs)
- Burns increased by 10% (85% liquid burns, mainly in the kitchen) and
- Dog bites increased by 13% (most by family dogs).

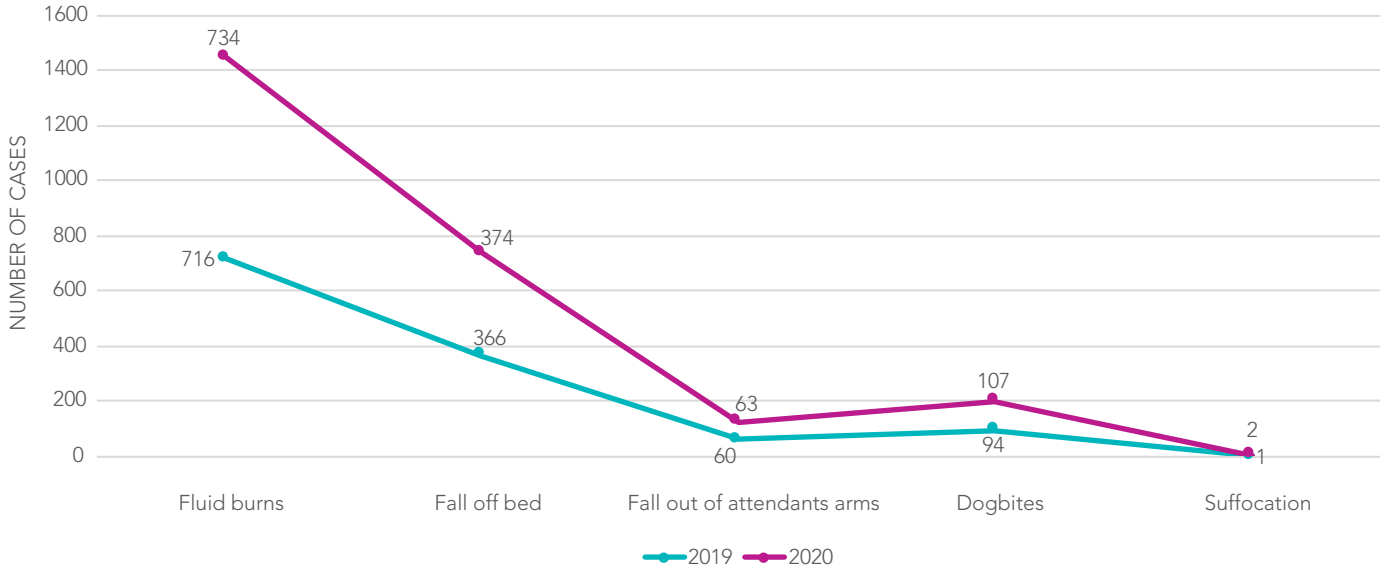
It is not surprising that we saw the highest increase in these injuries during the level 5 lockdown period when everyone was confined to home. In most communities in South Africa, families live in small, one room dwellings, where all household activities from washing, cooking, sleeping, amongst others, take place. Young children are therefore potentially in close proximity to sources of heat (burns), unsafe water containers (drowning), unsecured heights (falls), and toxic household

Figure 2: Motor vehicle injuries presenting at Red Cross War Memorial Children's Hospital, by month, 2019 & 2020



Source: ChildSafe South Africa trauma database

Figure 3: Unintentional injuries in the home, presenting at Red Cross War Memorial Children's Hospital, by type of injury, 2019 & 2020



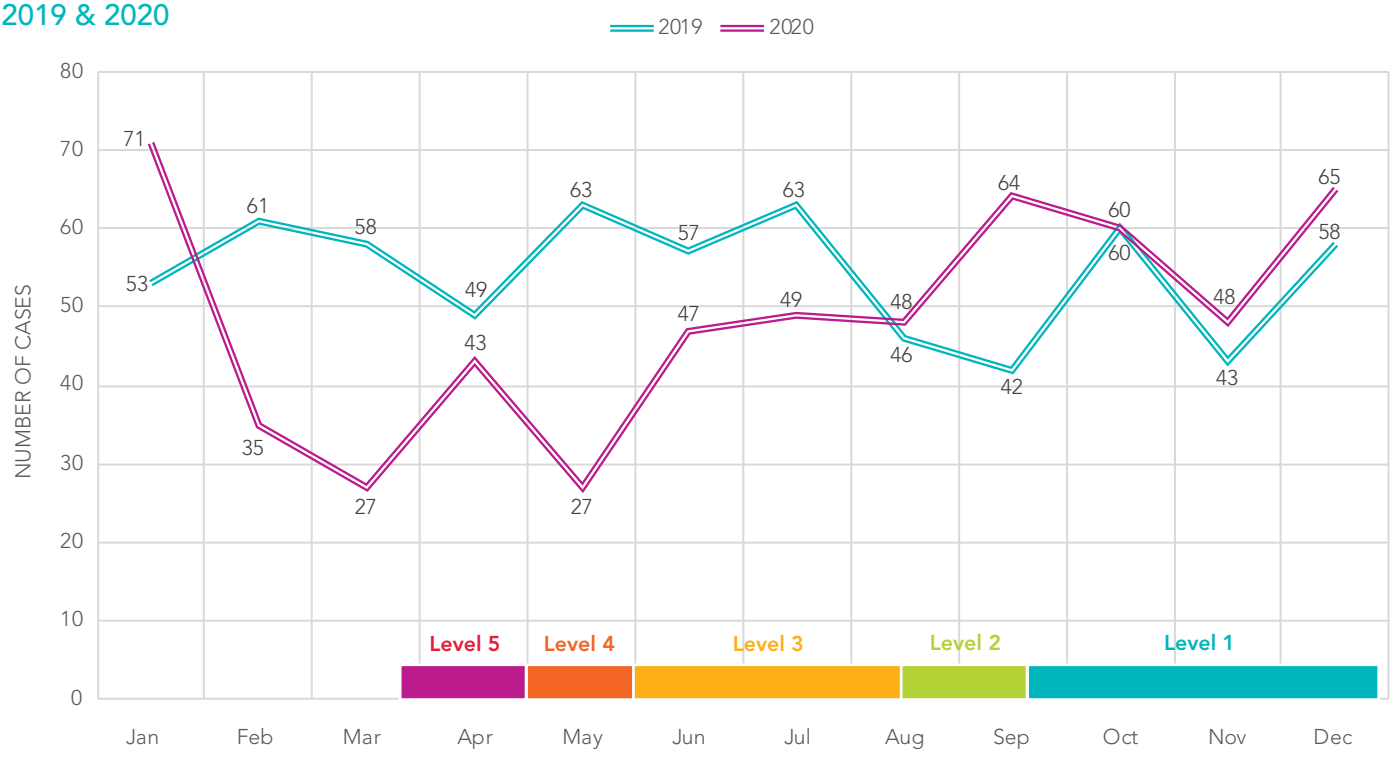
Source: ChildSafe South Africa trauma database

products (poisoning), amongst others. This increased exposure to potentially hazardous home environments may be directly responsible for the increase of home injuries in 2020.

Intentional injuries / Non-accidental injuries

In keeping with the decrease found for unintentional injuries, Red Cross War Memorial Children's Hospital also saw a 10% decrease in children presenting with non-accidental injuries from 2019 to 2020. Figure 4 shows a general reduction in non-accidental injuries in the period February to July 2020 compared to the same period for 2019. Some months saw a decline of more than 50% (March and May), coinciding with the level 5 and 4 lockdown restrictions and the ban on alcohol sales which have been known to increase the risk of violence in the home and community.[13] The decline in cases in the preceding month of February is an anomaly we are unable to explain. The number of cases returned to previous levels by September with some variations due to school holidays as in previous years.

Figure 4: Non-accidental injuries presenting at Red Cross War Memorial Children's Hospital, by month, 2019 & 2020



Source: Red Cross War Memorial Children's Hospital, Social Work Department non-accidental injury data

Table 1: Type of non-accidental injury, 2019 & 2020

Type of Abuse	2019 (n=624)	2020 (n=560)
Abandonment	6	4
Suspected Child Abuse and Neglect	51	53
Gun Violence	42	38
Multiple Abuse	25	28
Neglect	186	175
Physical Abuse	217	182
Sexual Abuse	97	80

Source: Red Cross War Memorial Children's Hospital, Social Work Department non-accidental injury data

Table 1 shows an overall reduction in non-accidental injuries during 2020. The hospital saw the largest reduction in sexual abuse (18%) followed by physical abuse cases (16%). But this does not necessarily mean that there was a decline in these forms of abuse, rather that cases were not being reported to the hospital during lockdown. Instead, we should be asking how we can better facilitate reporting of cases during various levels of lockdown.

Similar trends were noted in other countries. Official hospital statistics in Italy and the United Kingdom during the lockdown periods also show a substantial decrease — ranging from 73% to 88%— in paediatric emergency department visits compared with the same period in 2019 and 2018.[14,15] Whether this is a decline in the actual burden of injuries – or simply a decline in care-seeking behaviour due to lockdown, curfews and the disruption of health services and transport services, is not yet known. Children's decreased access to medical care was further compounded by their reduced access to their regular social support and safety networks, such as schools and psychosocial support services, during the various lockdown stages.[15] This may have resulted in children experiencing violence in the home that remains hidden.

Studies of past epidemics and humanitarian crisis have documented devastating impacts on violence against children and the delivery of support services.[16] A systematic review that explored child abuse within the context of natural disasters and conflicts found that, while the level of violence against children increased after the onset of many emergencies, reporting of such violence was lower due to disruptions in services, infrastructure and reporting mechanisms.[16] During the current COVID-19 pandemic, there have been reports of major disruptions to services even in the most developed countries, with a UNICEF study noting disruptions to violence prevention and response services in 104 developed and developing countries.[17]

Interconnections between violence against women and children

Early in the COVID-19 pandemic, concerns were raised regarding an increase in violence against children (VAC) and violence against women (VAW) based on data emerging from China.[18] Although the body of literature on the linkages between COVID and VAW/VAC is scarce, the fear, uncertainty and stress associated with pandemics provide an enabling environment that can either spark or exacerbate violence in the home.[18]

In South Africa the picture is less clear. Although Gauteng Childline report calls related to violence and abuse increased by 60% in the hard lockdown period, services that remained open during lockdown such as Rape Crisis and Thuthuzela Care Centres saw a decrease in cases.[19]

What placed children at risk?

The deepening levels of poverty, food insecurity and joblessness, combined with the social isolation imposed by lockdown, all contributed to an escalation in levels of stress and conflict within the home. Many women and children were trapped in very dangerous households, as the toxic mix of stressors all heighten the risk of violence in the home, both between intimate partners and by caregivers against children.

Social isolation

Social isolation limited the usual support from family and friends who are often the first line of support when women and children are in danger in their homes. Child abuse is less likely to be detected as children have less contact with trusted adults, including teachers, to detect signs of abuse

and monitor their wellbeing. In addition, child protection services were limited and often inaccessible to most children and women during the various levels of lockdown with reduced numbers of social workers in office.

Disruption of child protection services

Some in the NGO sector "kept their doors open" and supplied attending children and families with on-site masks (suitable for children and donated by many benefactors) and sanitizer. Crises did not stop during all stages of the lockdown and many families required urgent psycho-social care and therapy. Gender-based violence continued to be problematic, but gaining entrance to shelters for women and children was an insurmountable challenge, tempting some women to return to the home in which the family had resided and in which the offender remained. Police responses related to protection orders were slow due to COVID compliance patrols. Courts were not fully functional, making maintenance and protection orders difficult to obtain.

Anecdotal evidence from services suggests that there were delays in following up reports of suspected cases of child abuse and neglect when Form 22s were completed, even after the hard lockdown ended.[20] Communication with the Department of Social Development was also hampered by social workers working on alternate days and working from home.

Disruption of family care

A further challenge of great concern is the illness and death of a parent or caregiver due to COVID-19. Children's care and protection needs to be actively considered when a parent or caregiver enters the health system, and children also need adequate preparation for the loss of a parent or caregiver.

Orphaning of children was recognised as a concern during the early days of the HIV and AIDS pandemic, but this phenomenon has not yet been recognised as a consequence of the COVID 19 pandemic, despite the loss of parents, grandparents and other carers. The integration of a child protection response into the health system is therefore critical to ensure that children are safe and do not fall through the cracks.

What promising practices emerged during COVID-19?

The COVID-19 pandemic also served as a catalyst for innovation, with programmes exploring a range of new tools and strategies to reach out and maintain support services for vulnerable children and families.

- Community support networks across the country stepped in to assist families in need.[21] This included the Community Action Networks (CANs) that mobilised communities and harnessed local resources to respond to emerging challenges.[22] In addition, appeals for clothing and food by NGOs were responded to with big-heartedness, which enabled hungry and cold children who presented at organisations such as Jelly Beanz Centre for trauma victims and the Boost Centre in Dunoon to leave warm and fed.
- JellyBeanz Trauma Centre used WhatsApp facetime and messaging, Zoom and other web-based applications to keep in contact and offer counselling. The challenge of internet connectivity sometimes made this difficult, but most children and adults have access to a cellphone even if belongs to another family member, friend or neighbour. Learning how to use these applications was not difficult and younger staff inducted older staff, children and parents into their use.
- The Department of Social Work at Red Cross War Memorial Children's Hospital also used mobile platforms such as WhatsApp to stay in contact with clients during lockdown. This allowed social workers to offer children and their families support and ensure their ongoing safety. This form of technology could be used in other settings too, for example, by schools and ECD programmes to keep in contact with children and parents and provide support during periods of lockdown.
- Empathic care and self-care are essential in ensuring effective and sustainable support to children and families in times of crisis. An online training course was developed by the Children's Institute, National Association of Child Care Workers, Jellybeanz and UNICEF to support the work of child and youth care workers and enable them to safely serve children, families and communities during the COVID-19 crisis.
- ChildSafe, the Child Accident Prevention Foundation of Southern Africa, used a range of strategies to help families and carers prevent injuries and keep children safe at home during lockdown, and included a focus on poison prevention given the high alcohol content of hand sanitisers. They partnered with the Department of Health to share materials through the department's Side-by-Side campaign, MomConnect mobile platform and community health workers.
- PatchSA, a national charity supporting palliative care for children in South Africa, developed an online course[23] to help parents, teachers and other frontline workers to support children experiencing grief and loss.

What are the key recommendations?

1. It is vital to establish integrated systems and clear referral pathways between the departments of health, social development, basic education, justice and the police service to ensure the safety of women and children. This includes making use of every point of contact including schools, ECD programmes, health facilities and contact tracing teams to identify and respond to cases of violence and abuse.
2. Child protection should be designated as an essential service during any emergency and local response teams should be established at community level to facilitate access to support services.
3. Accidental injuries are preventable. Public information campaigns and helplines are needed to guide caregivers of young children on how to prevent and respond to accidental injuries – especially during periods of lockdown when children and families are confined at home.
4. Alcohol drives both intentional and unintentional injuries. Thus limiting the sale of alcohol to prevent over-burdening of the health system with injuries and reduce the risk of interpersonal violence in the home is critical.

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This is one of a series of advocacy briefs that trace the impact of COVID-19 on children in order to identify opportunities to better support children during the COVID-19 pandemic and similar crises.

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