COMBATTING INCREASED ABUSE AGAINST CHILDREN & ADOLESCENTS DURING COVID-19

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* The concepts expressed in this publication are the responsibility of each author. The IIN is pleased to enable this space for exchange and reflection with the region.

INTRODUCTION:

Since the beginning of the widespread occurrence of COVID-19 cases in inter-American countries, millions of citizens across the region have been required to remain isolated at home. Unfortunately, one of the most widespread issues that has prevalent is the alarming rise of the amount of abuse and traumatizing events inflicted upon children and adolescents in inter-American states. For thousands of children and teens in the region, schools, after-school programs and clubs were a refuge from physically abusive parents, sexually abusive neighbours, and verbally abusive relatives at home. Moreover, millions of teens and children are now suffering from not receiving adequate food and nutrition as they previously relied on hundreds of food programs - and where many children received their only sufficient meal of the day - conducted by various schools and organizations have now been forced to shut down operations due to health concerns. Additionally, many school teachers, councillors, and club supervisors were the only adults that many abused children could trust and contact for help and protection. What makes the situation worse is that most shelters have needed to shut down in order to reduce the spread of COVID-19. The most frightening of all of these cases is that because the general public has become so focused on the developments and aspects regarding the pandemic that sufficient attention and resources are not in place, causing many cases of abuse to go unchecked and insufficiently dealt with.

AN ANALYSIS OF WHAT IS OCCURRING:

There is international data collected from numerous inter-American countries that provide an eye-opening view of the current amounts of abuse increasing during the pandemic. These cases of abuse are also conducted in families among adults, with children being directly affected by the conflicts occurring between the adults. Furthermore, even prior to the pandemic, in the recommendations of the Pan American forum where more than
80 children participated in 2019 in Cartagena, Colombia, youth advisors and correspondents noted that the most unsafe places for them were in schools and their families. The following are several statistics of these examples that capture an understanding of the current situation in the Americas:

- In Canada, Edmonton Police Service reported that police have seen an almost 52 per cent increase in mental health calls from the city in March 2020 compared to March 2019, stating that “serious” domestic violence is also up significantly. There have been 62 per cent more calls for domestic violence, based on a wider timeframe, since January, compared to the same period last year.

- Over the course of only five consecutive days in March 2020, Dr. Jamye Coffman saw seven children and infants who had been abused so severely that they required hospitalization at Cook Children’s Medical Center in Fort Worth, Texas, USA. At the time, the city, along with the rest of Texas, had recently declared an emergency over the rapid spread of novel coronavirus. Typically, the hospital sees fewer than 10 cases of fatal child abuse in a year, but that week, two died from their injuries.

- Almost a third of surveyed households in Venezuela reported that isolation measures have resulted in an increase of aggression and hostility against children in their home situation.

- Argentina’s emergency 137 line for abuse victims, supported by the justice department, has seen a 67% rise in calls for help in April versus a year earlier, after a nationwide lockdown was imposed on March 20.

- In Chile, the women’s minister said calls to domestic abuse helplines had increased 70% in the first weekend of quarantine.

However, these statistics do not convey the true nature of the situation. Multiple organizations and government departments in the region according to Kera News in the United States and The Bogota Post in Colombia, such as Lina Arbaláez, director of Colombian Family Welfare Institute and Dr. Jayme Coffman, medical director of the Center for Prevention of Child Abuse and Neglect and with Cook Children’s in Fort Worth, have warned that the number of reported child & adolescents abuse cases have deceivingly dropped as victims are unable to reach and/or report their abuses or have signs (such as injury marks or unusual emotional expressions, for example) to other people, such as pediatricians, teachers and sports coaches. There is statistical data across the region to prove this: for example, in the first week of March 2020, over 11,000 calls
were made to the Texas abuse hotline of the Dallas Children’s Advocacy Center, according to the Texas Department of Family and Protective Services. However, by the last week of March, there were fewer than 2,500.

¿WHY HAS CHILD & ADOLESCENT ABUSE INCREASED DURING COVID-19?:

Millions of families in the region have lost their jobs, suffer from the increased prices of essential goods, are confined to their living quarters, in fear of contracting COVID-19, facing difficulties in finding necessary child care and are struggling to keep food on the table. These factors, among others, have caused significant stress among caretakers and adults, which ultimately causes many adults to sometimes release the extra tension in harmful and abusive manners, such as through shouting, negligence, physical or sexual abuse, emotional pressure and more. Moreover, these issues have caused familial tensions to be magnified. Furthermore, many adults who are not prepared to be parents due to not knowing what rights are guaranteed to their child may repeat patterns typical of the irregular situation doctrine that they themselves may have experienced in their childhood, subsequently continuing a cycle of trauma and abuse of children. In addition to the obvious risks of malnutrition and eviction, children and their caretakers are prone to anxiety, depression, and other mental health conditions, as families are trapped in cramped living quarters. The situation is especially hard for families already experiencing hardships prior to COVID-19. For example, 8.7% of Canadian households suffered from food insecurity in 2017/2018. However, in 2020 after the outbreak of COVID-19, 15% of Canadians indicated living in a household where they experienced food insecurity in the past 30 days. This has caused issues and has resulted in the increase of violence against children. For example, prior to the pandemic, over one-fourth of Canadians (26%) reported that they had been physically abused as a child. Furthermore, physical abuse was the most common form of child maltreatment in Canada in 2017. However, in recent months, the harsh realities facing young Canadians have been exacerbated by the COVID-19 pandemic. The statistics in this year’s report are alarming: One-third of children in Canada do not enjoy a safe and healthy childhood; one in three Canadians has experienced abuse before the age of 15; one in five children live in poverty, and suicide is now the leading cause of death for children aged 10 to 14. Furthermore, since the beginning of the COVID-19 outbreak, 57% of Canadian participants aged 15 to 17 report that their mental health is “somewhat worse” or “much worse” than it was prior to physical distancing measures. In the United States, community-based gun violence rose by 56% while
incidents inside the home also increased by 38% during this time period, “with a larger share of these incidents resulting in the injury or death of a child”, according to the research of Han Yu Stephanie Liou, MD, a resident physician at the University of Chicago Comer Children’s Hospital and her colleagues. In South America, The Colombian Society of Paediatricians explained that, even before the pandemic, the unemployment rate was 13% in January and 46.5% of Colombian’s economy was informal. They concluded that over half of all families could be without an income right now. Additionally, Christina Tortorelli, assistant professor of social work at Mount Royal University and a former senior administrator in child welfare, said the extra stress and mental health challenges that the COVID-19 crisis presents for kids and parents and many families “that (are) already struggling and living on the edge of their resources” is “like a powder keg” to an already dangerous and delicate situation that leaves children vulnerable to harm and abuse. It is necessary to point out that children who do not know their rights are not capable of identifying these violations, as they may not either have available or be aware of the tools or mechanisms for them to understand their rights and report any violations.

SOLUTIONS THAT THE IIN-OEA CAN IMPLEMENT TO ERADICATE THE SITUATION:

Policy makers at the IIN-OAS, along with the Inter-American Court of Human Rights, have already begun working towards combating and raising awareness about the rising rates of violence against children and adolescents during COVID-19. Since the beginning of the global COVID-19 outbreak, a commitment was made by the IIN-OAS and the Inter-American Court of Human Rights to follow up and act on resolving this issue on increased violence and raise awareness that had decreased due to the global alertness and panic regarding COVID-19. The groups also have implemented the recommendations of the III Pan American Forum, for which an intergenerational monitoring committee is being formed. In order to further the fight against abuse through several goals, the IIN-OAS may collectively implement strict policies that can protect their child and youth citizens by enacting some recommendations developed by the UN children’s agency, together with its partners at the Alliance for Child Protection in Humanitarian Action, such as:
1. Train health, education and child services staff on COVID-19 related child protection risks, including on the prevention of sexual exploitation and abuse and how to safely report concerns.
2. Train first responders on how to manage disclosure of gender-based violence (GBV Pocket Guide), and collaborate with healthcare services to support GBV survivors;
3. Ensure the protection of all children is given the utmost consideration in disease control measures.
4. Put in place concrete measures to prevent child-family separation, and ensure support for children left alone without adequate care due to the hospitalization or death of a parent or caregiver.
5. Provide targeted support to interim care centres and families, including child-headed households and foster families, to emotionally support children and engage in appropriate self-care.
6. Provide financial and material assistance to families whose income generating opportunities have been affected.

These recommendations may also apply to any agency of the Inter-American System, including the Inter-American Commission on Human Rights and Inter-American Court of Human Rights, who are able to implement these policies that would serve as solutions to the root and prevalent issues of the crisis. Further recommendations specific to other entities include:

1. Ensuring that COVID-19-related cases regarding children and abuse and violence are quickly and efficiently dealt with by creating special divisions in courtrooms and police departments, for example, dedicated towards solving these types of issues.
2. Enforcing policies involving protecting children from COVID-19 related abuses, such as investigations, extra protection, and law enforcements, by providing opportunities and penalizations for purposely not enforcing these.
These are issues that must be resolved, as they are not only correlated to the pandemic alone. Rather, these issues have always existed; what the pandemic did was make visible with colors what was already failing - the protection of children. It is necessary to have systems for the promotion and protection of rights, and that the responsibility to guarantee the rights of children is everyone's responsibility. It must be interinstitutional, interdisciplinary and intergenerational.

**BIBLIOGRAPHY:**


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