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Children on the brink: Risks for child protection, sexual abuse, and related mental health problems in the COVID-19 pandemic

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Abstract

In developing contexts such as India, children in adversity form a high-risk group, one that cannot be subsumed under the general category of children, who are generally considered as a vulnerable group in disaster and crisis situations. Child mental health issues in contexts of protection risks and childhood adversity tend to be over-looked in such crises. This article focuses on examining the impact of the COVID-19 pandemic and its socio-economic consequences on children in adversity, describing the increased child protection and psychosocial risks they are placed at, during and in the immediate aftermath of the COVID-19 crisis and its lockdown situation. It specifically links the lockdown and the ensuing economic issues to sexuality and abuse-related risks, as occur in contexts of child labour, child sex work and trafficking, child marriage and child sexual abuse, and that result in immediate and long-term mental health problems in children. It proposes a disaster risk reduction lens to offer recommendations to address the emerging child protection, psychosocial and mental health concerns.

Keywords: Child protection, children at risk, COVID-19, economic crises, mental health, sexual abuse

INTRODUCTION

Although the COVID-19 pandemic is a recent phenomenon, there is already an emerging literature on its adverse protection, psychosocial, and mental health effects on children.[1,2,3,4,5] While the perspectives presented thus far are useful, it is imperative, as in any crisis, to examine its impact on the most vulnerable populations. It is also well-established that neither all population groups are impacted equally by a given disaster, nor are access to disaster assistance and mitigation services and resources[6,7] – so, because some are less “equal than others,” they are more severely impacted, in ways that have long-term life consequences.

In developing contexts such as India, children in adversity form a high-risk group – one that cannot be subsumed under the general category of children, who are generally considered as a vulnerable group in disaster and crisis situations. This article focuses on examining the impact of the COVID-19 pandemic and its socioeconomic consequences on children in adversity, describing the increased child protection and psychosocial risks they are placed at, during and in the immediate aftermath of the COVID-19 crisis and its lockdown situation. It specifically links the lockdown and the ensuing economic issues to sexuality and abuse-related risks, aspects that often tend to be over-looked in such crises, and the consequent mental health problems; it proposes a disaster risk reduction lens to offer recommendations to address the emerging child protection and “psychosocial” and mental health concerns.

COVID-19 context in India vis-à-vis children

Disease and mortality in children The health and mortality impact of COVID on children is varied, and age-dependent. The largest study to date of children and the virus[8] has found that most develop mild or moderate symptoms, and only a small percentage, especially babies and preschoolers, can become seriously ill. The study, which included over 2000 children, found that about half of them had mild symptoms, such as fever, fatigue, cough, congestion, and possibly nausea or diarrhea, over a third of them became moderately sick, with additional symptoms including pneumonia or lung problems, but with no obvious shortness of breath; that only about 6% developed very serious illness (these were the very young children) and that only one child died. The researchers concluded therefore that while children may become infected like adults, the severity of the illness is considerably less, with only a handful of (young) children requiring aggressive treatment.[8]

Thus, most children, especially those who are above the age of 5 years, are probably not at serious risk of severe health impacts and mortality due to COVID. Consequently, (older) children, while they must follow social distancing and other precautions, because they constitute a risk for transmission, may not need to be prioritized as a vulnerable group from a health and mortality perspective.

General psychological impact on children According to the UN policy brief on COVID-19 and need for action on mental health concerns, the pandemic has led to widespread psychological distress due to the consequences of social and physical isolation, and of (the fear of) loss of income and livelihoods; children and adolescents are faced with new emotional difficulties, of social isolation and disrupted education. These troubles are exacerbated by family stress, probable increases in abuse (for some), and the unpredictability of their future lives.[9]

As of April 2020, social distancing measures implemented in much of the world, have not only caused disruptions to children's daily routines but also for 90% of enrolled learners to be out of education, due to closure of schools and educational institutions. For children with mental health issues, school routines serve as a coping mechanism and an anchor; for others, the closures have caused loss of access to mental health resources they have through schools.[4] Parents and caregivers are having to work remotely, if at all, while also looking after their children for what maybe an indefinite period. For many, especially for low-income families, living in (over) crowded homes, keeping their children busy and safe is challenging. Parents and children are living in stressful situations, characterized by fear and uncertainty. The economic impact of the pandemic also increases parenting stress, abuse, and violence against children.[10]

The lockdown and its economic impact on poor and vulnerable groups The Covid-19 pandemic, like everywhere else in the world, has had an adverse impact on the Indian economy. With the prolonged country-wide lockdown, global economic downturn, and attendant disruption of demand and supply chains, the Indian economy is likely to face a lengthy period of slowdown. [11] In India, unemployment rose from 6.7% in mid-March to 26% on April 19, 2020.[12] More than half of the nation's households report a major drop in income.[13]

The enforcement of the lockdown had a negative impact on vulnerable populations. There has been rising hunger particularly among those who work in the informal economy.[14] Many migrant workers and their families have been left without food and jobs, and forced to return to their homes in the rural areas.[15] Thus, among the most economically vulnerable, migrant labor, and others employed in informal sectors, farmers, and daily wage earners, were faced with a sudden loss of livelihoods and income, poor access to food, shelter, and other basic needs, exacerbating their already difficult existences.

As the lockdown eases with the government gradually permitting movement and economic activity to resume, with continued adherence to social distancing norms and other safety precautions, the Indian government has also announced special economic packages and safety net measures for the vulnerable. However, given the prediction for low economic growth and the time that it will take for the global economy, including the Indian economy to recover from the losses and impacts of the pandemic,[11] the lives and existence of the poor and vulnerable population groups in the country, may continue to become increasingly precarious in the medium to long term. As is well established, the poorest groups are the most adversely impacted by disasters,[16,17] natural, man-made or disease (as in this case); they have little to no assets to begin with limited means of social protection, thus making it hard for them to recover from or mitigate the impact of disaster.[18] Therefore, the little resources they have would be consumed in times of disaster,[19] further exacerbating their already unstable existence.

Heightened vulnerability of children in adversity

While the impacts relating to restriction of physical mobility, social isolation, and uncertainty may be common to all children, when the lockdown lifts, many children can start returning to school and resuming their daily lives. However, there is a (sub) group of children who are unlikely to be able to do so; they will be impacted far more severely than others, and interestingly, it is in fact when the lockdown lifts and the possibility of resuming economic activities opens up, that these children are going to be at increasing risk.

This subgroup, containing large numbers in India, comprises children in adversity or children living in difficult circumstances. India is home to over 30% of almost 385 million children living in extreme poverty or adversity, the highest in South Asia.[20] For children, “adversity” has been defined as the experience of life events and circumstances which may combine to threaten or challenge healthy development.[21] This definition assumes that children's developmental trajectories can be affected by various adverse factors such as incidents of physical or sexual abuse, traumatic incidents of loss and bereavement, chronic situations such as environments of neglect, experiences of discrimination, and family stressors, structural inequalities, and socioeconomic disadvantages.[22]

Children in adversity thus belong to families characterized by various demographic vulnerabilities such as poor socioeconomic status and unemployment, single-parent families, migrant labor, daily wage earners, and psychosocial risks such as neglect, violence, abuse, parental marital discord, illness/disability in primary caregivers, separation from caregivers due to death or abandonment and so on. Always vulnerable, both demographic and psychosocial vulnerabilities are likely to be exacerbated by the COVID pandemic, placing them at heightened risks of child protection and psychosocial problems.

When their primary caregivers lose employment and the family suffers loss of income and livelihoods, children will be at risk of being engaged in child labor. It has been observed, previously also in the 2008 global economic crisis that such situations deepen poverty and result in increased child labor.[23,24] However, while poverty or a sudden downturn in a family's economic well-being may not be a direct determinant in the chances that a child will enter child labor, they are certainly factors in household decisions regarding the coping strategies they choose to adopt; when faced with economic shock, these strategies may also include reassessment of the allocation of children's time, in terms of education, training, or work.[25]

While there may be a push factor from within families, who may have little choice but to use their children as a means for economic support, there is also likely to be a pull factor in certain states in the country: In an effort to attract investment and restart economic activity that was affected by coronavirus-induced lockdown, some state governments are in the process of changing their labor laws.[26] The combined factors of relaxation of safety measures and other forms of monitoring as usually provided by the labor law, and a shortage of labor created by the mass exodus of migrant labor from cities, is likely to cause increased risk of children entering the labor market. In an economic downturn, economic enterprises are likely to view engagement of child labor as being advantageous as they would fulfill “low skill” labor needs, they are easily exploited with low wages, and there are no unions to help them bargain for better deals.[27] In addition, the informal economy creates conditions for exploitation and child labor, which is also difficult to regulate and monitor, thus constituting an increased institutional vulnerability factor for child labor.[28]

CHILD PROTECTION AND PSYCHOSOCIAL RISKS FOR CHILDREN IN ADVERSITY

The economic crises created by the COVID-19 pandemic are likely also to lead to abuse and exploitation of children in adversity, through exposure to child labor activities as well as directly through sex trafficking, as discussed below. Furthermore, child marriage, which also has been shown to increase in times of economic crises, is another route through which children will be sexually abused.

Child labor and sexual abuse

Surprisingly, the literature is relatively silent about the sexual abuse experiences of those engaged in child labor and much of it focuses on children in the street, who may be variously engaged in activities for survival and/or income generation for their families, and their vulnerabilities to different forms of violence and abuse,[24,29,30] i.e., it does not focus on the abuse experiences of children working in different types of occupations. Given the vulnerability and powerlessness of those who are forced into child labor,[31] and the separation from families and loss of social networks that migrant child labor is especially characterized by, the risk of sexual abuse is high.

However, the literature acknowledges that in times of emergency and crisis, the likelihood of children migrating to cities and entering the labor force is high, and consequently, these children become susceptible to exploitation.[29] Many of these children work in the streets and are at higher risk of exploitation and verbal, physical, and sexual abuse, with both male and female children reporting that they are openly propositioned by adults for sexual intercourse. [30] Many children engaging in the informal sector, especially girls working as domestic help and in the streets (hawking or begging) are also subjected to sexual abuse.[32,33] Suffering from hunger, and with the burden of supporting their families, they are sexually exploited and forced into prostitution, placing them at risk of pregnancies and sexually transmitted infections.[33]

Child sex work and trafficking

According to the ecological framework, there are several levels of risk factors for leading children to sex work and sex trafficking,[34,35] which typically starts in early adolescence.[36] At the individual level, children with a history of abuse and neglect[37] and who are homeless[38] and abandoned by their families[39] are most vulnerable; at family level, domestic violence and other family dysfunction are risk factors; and community level factors include social isolation, poverty, under-resourced, and high crime neighborhoods.[40] In addition, children in adversity characterized by other factors such as history of substance abuse, disability, mental/physical/intellectual difficulties, families involvement in prostitution and pornography, poverty and unemployment in the family, gender inequity/discrimination, sexualization through prior victimization by child sexual abuse, are also vulnerable to sex trafficking.[41]

Although accurate data are hard to come by on this issue, the recent studies and surveys estimate that there are about 3 million sex workers in the country, of which an estimated 40% are children.[42] The superimposition of the economic crisis resulting from the COVID-19 pandemic would only render them at greater risk of child sex work and trafficking. In fact, crisis and emergency response programs view sexual exploitation and sexual violence as umbrella terms that encompass a “variety of harmful and sexually abusive behaviors,” including all forms of sexual abuse, sexual assault, pornography, prostitution, trafficking for sexual purposes, sex tourism, early and forced marriage, and enslavement.[43] Problems of trafficking are intensified in situations of humanitarian emergency and that vulnerable or displaced populations are likely to be preyed on by traffickers; and that in the absence of protection measures people, including children, will resort to low-paid labor and exploitation.[44] In such situations, vulnerable populations, such as children are at risk of sex trafficking, including sexual

exploitation or forced labor with major health and well-being risks for victims.[45] Children, or rather adolescents, also in search of improved lives and opportunities, but lacking access to (information on) mitigation programs and are therefore vulnerable to trafficking for sexual exploitation or forced labor, not only during but even in the aftermath of the crisis.[46] Furthermore, the evidence for how economic crisis specifically, renders children vulnerable to sex work, trafficking, and prostitution can be found in several countries such as Cuba,[47] Indonesia,[48] and Brazil.[49]

Child marriage

As per its definition, child marriage occurs when at least one of the spouses is below the age of 18 years, a child, as defined in the Convention on the Rights of the Child. However, it has been argued that the definition should extend to viewing all child marriage as forced marriage, even when the child appears to give his or her consent.[50] According to research from several countries, on the transactional costs of marriage in the developing world,[51] and other studies,[52] childhood poverty is closely associated with marriage during adolescence. It shows that while both bride price and dowry commoditize the value of girls, bride price is more beneficial to girls than dowry. In South Asia, the later a girl marries, the higher the price her family has to pay,[51] and this is one of the reasons why girls living in poor households are almost twice as likely to be married before the age of 18 years, compared to those in higher income families.[53] Cash and asset transfer programs aimed at reducing child marriage are, in fact, based on the premise that increase in household income will enable parents with low resources to delay marrying their daughters.[54] Studies from Africa and South Asia also show that in addition to traditions and gender-discriminatory norms rooted in patriarchal values and ideologies, poverty, economic instability, and conflict and humanitarian crisis are root causes and exacerbating factors contributing to child marriage.[55,56,57]

Despite substantial declines in child marriage in India, in recent years, 27% of girls are still married off before they are 18 years of age,[58] for reasons relating to poverty, perceptions of the girl child as being an economic burden, lack of awareness and education, thus rendering child marriage a continued child protection concern. In the wake of the COVID-19 crisis and its adverse economic impact on the most vulnerable households, there is the risk of child marriage increasing. This claim is supported by evidence from other disaster-affected countries on how in times of crisis and disaster, in the wake of extreme economic hardship, vulnerable households adopt various coping mechanisms including trying to find other sources of income or reducing the households' existing burden (i.e., reduce households' expenditures or size). [59]

As also shown by a model Kim and Prskawetz,[60] in which children serve as the saving device to enable households to overcome economic crises, adjusting the number of children under the family's care is one such method of coping.[61] As part of this, they also use the strategy of marrying off their children, as seen in disaster-prone countries such as Indonesia[61] because this would help reduce household food consumption[62] and help to mitigate the income effects of the crises. Such a phenomenon has also been observed in countries such as Bangladesh and Somalia,[63] which are also affected by natural disaster and war respectively, and economic crises. Such household economy models help explain why low economic status is closely linked with child marriage.[64] However, families' concern for girls' well-being during and post the disaster also serve as push factors for child marriage, as evidence from crisis

contexts such as Uganda,[65] Kenya, and Afghanistan,[63] reflects that insecurity, hunger, and extreme poverty drives parents to marry off their daughters at a young age in the hope of protecting them from (further) harm.

Child abuse and maltreatment

In addition to the specific child sexual abuse, as it occurs (and is already described) in contexts of child labor, child sex work and trafficking, and in child marriage, children are otherwise also vulnerable to child sexual and physical abuse. While even in normal times, child abuse can go unnoticed, in times of a pandemic such as COVID-19, social isolation is a major risk factor for physical, emotional, and sexual abuse of children. The child abuse and neglect are more prevalent in low-income families and the financial uncertainties resulting from the current pandemic are also associated with increasing risk of abuse. This has been particularly evident in times of pandemics and economic crisis.[3] Research from other epidemics such as Ebola, in Africa, have shown that school closure resulted in elevated rates of neglect and sexual abuse of children, and in the doubling of the number of teen pregnancies.[66]

Currently, data from some countries such as the UK, France, US, and Australia support the notion that the rate of child abuse and neglect has increased due to COVID-19: They have recorded increased rates of child abuse, ranging from 20% to 40%.[67] In India, the national children's helpline, CHILDLINE, received 92,000 calls on child abuse and violence, within a duration of in 11 days, during the lockdown, which was 30% of the total calls received for that time period.[68]

At the same time, disclosure and identification of child abuse have been hindered by quarantine and social isolation measures put in place to combat the COVID-19 pandemic.[1] This is because with limited social activity, and withdrawal from preschool, school, community and youth programs, as well as lack of contact with wider social networks of family and friends, the early warning systems (for abuse) that such engagements serve to provide, are lost.[3,1] In times of COVID-19, with lockdown and social isolation, child abuse will continue but behind closed doors, and due to poorer access to (mental) health care and other social services, children become increasingly vulnerable to abuse and its consequences.[3]

Although helplines exist for children suffering various forms of abuse, there are two problems in the current context of COVID-19: (i) their usual modus operandi of physical rescue of the child and provision of other child protection and welfare services are hampered by the mobility restrictions necessitated by the lockdown, thus limiting the (emergency) assistance they can provide to children; (ii) as children maybe in lockdown with the alleged perpetrators of abuse, especially if these are family members, with no respite, they are not only at greater risk of more frequent sexual or physical abuse but also hindered from accessing helplines and reporting the abuse. This new challenge of communication via electronic devices, can thus be unsafe for child victims, since it is difficult to ensure that children have opportunities to communicate privately on helplines;[69] and this challenge in reporting may account for the "artificial fall" in the rates of child abuse.[70]

MENTAL HEALTH IMPACT OF CHILD SEXUAL ABUSE AND PROTECTION VIOLATIONS

Research has long established an association between childhood psychosocial adversity, such as various forms of abuse (physical, sexual, psychological, and neglect), parental loss in terms of death, divorce, or separation, parental mental illness or substance use, and poverty, and the development of psychiatric disorders; children in low-income countries particularly have more posttraumatic stress disorder and depression than unexposed youth.[71] Negative events in childhood have also been found to pose risks for the development of serious mental illness such as psychosis.[72] Studies on the effects of early adversities on adult psychopathology have shown that children experiencing multiple adversities had an increased risk of having anxiety and mood disorders, or substance abuse/dependence in adulthood[73,74] and that individuals with higher cumulative adversity had disproportionately poorer mental health because of the severity of the adversities they were exposed - in fact the latter finding has implies that public health efforts should target prevention of childhood adversities, but aimed at the most severe adversities, in order to have greatest benefit to mental health in young adulthood. [75]

The immediate and long-term mental health impacts of child sexual abuse have been well-documented, amongst which is Finkelhor's seminal model of traumagenic dynamics, which explains traumatic sexualization, betrayal, stigmatization, and powerlessness as the core of the psychological injury inflicted by child sexual abuse.[76] His model also explains how these dynamics result in emotional and behavioral impacts commonly observed in victims of child sexual abuse, namely: Confusions around sexual identity and sexual norms; negative connotations of sex due to the association of sexual engagement with fear, anger and powerlessness which can be generalized to other life situations; feelings of isolation and low self-esteem leading to high risk behaviors such as substance abuse, criminal activity and prostitution; depression, hostility, fear, and anger, which also have long-term consequences for intimate partner relationships in the long term.[76] More recent literature supports these findings in various ways, [77] with child sexual abuse being associated with higher rates for childhood mental disorders, and personality disorders, anxiety disorders, and major affective disorders in adulthood[78] and that childhood sexual abuse victims are significantly at risk of a wide range of medical, psychological, behavioral, and sexual disorders.[79] Even after adjustment for childhood adversity, the child sexual abuse was associated with a range of outcomes such as poorer psychological well-being, teenage pregnancy, and in adulthood, with adverse parenting behaviors, and adjustment problems in the victim's later offspring.[80]

Coming to the specific groups above-described, in terms of "psychosocial" risks, studies have shown emotional, behavioral, and psychiatric problems in working children are a considerable public health problem in developing countries[81,82] and that the development of different types of psychopathology is predicted by variables such as poverty (low income), perceived quality of relationships (with peers and their boss), working hours, and lack of health insurance.[83] Risk factors for poorer mental health in child laborers were also associated with involvement in domestic labor, younger age, and greater intensity of work, and could be due to the potential of child labor to cause isolation, low self-esteem, and perception of an external locus of control.[82]

There is considerable evidence to indicate that children engaged in sex work and sex trafficking are especially vulnerable to mental health problems. With experiences of violence involving robbery, rape, and physical assaults during sex work, children suffer chronic stress, periodic acute trauma, in the absence of positive, support systems. They have been found to have problems relating to self-esteem, shame and guilt (for being or doing something “wrong”); they have reported depression, hypervigilance, and symptoms of posttraumatic stress disorder; and been diagnosed with depression and bipolar disorder.[84] With health risks, including violence-related injuries, sexually transmitted infections, and unwanted pregnancy, they also present with chronic mental health problems, including complications of substance abuse, posttraumatic stress disorder, self-injurious behaviors, suicidality, and anxiety.[40,85] Other mental disorders associated with child sex workers are dissociation, affect dysregulation, oppositional behaviors, attachment, problems, somatization, mood disorders, suicidality, and eating disturbances.[41]

Child marriage is most often perceived as a social problem than as a protection and mental health risk, when in fact, it is a form of child sexual abuse with an added problematic dimension to it: Unlike other forms of child sexual abuse, which are universally condemned, child marriage is unfortunately linked to a legitimate social institution, i.e., that of marriage, and is actually legitimized by a group of people, such as the child's family. Thus, when those closest to the child are responsible for placing the child in the way of abuse, the feelings of powerlessness and betrayal she experiences are possibly more intense than in other contexts of child sexual abuse. This might also help explain the findings of studies that show girls who were ever married, were promised in marriage or had received marriage requests were significantly more likely than girls who were never in the marriage process to have had suicidal thoughts and the odds of suicide attempt were twice as high among girls with marriage requests as compared to those with none.[86] Longer term mental health impacts are evidenced by the fact that the overall lifetime and 12-month rates of psychiatric disorders were found to be higher for women who married as children as compared to those who were married as adults.[87] Furthermore, child brides, apart from their difficulties with effectively negotiating safe sex, leaving them vulnerable to sexually transmitted infections, and early pregnancy, also are at risk of intimate partner sexual abuse, somatization, and behavior problems for their children.[88]

IMPLICATIONS FOR CHILD PROTECTION AND MENTAL HEALTH INTERVENTIONS AND FIELD PRACTICE

Currently, there is much discussion by governmental and nongovernmental agencies on the child protection and mental health concerns emerging from the COVID-19 crisis. Activity and training manuals for children's mental health and child protection systems/staff are being put out by various stakeholders, at times with greater zeal than understanding of the facts and nuances of the COVID-19 crisis. For example, some justify the need for psychosocial interventions for institutionalized children on the erroneous premise that children, like the elderly are vulnerable to illness.

Others have strongly recommended that in order to avoid over-crowding that may occur in institutions, and with a view to promoting social distancing, children in institutions should, as soon as possible, be repatriated, i.e., sent home to their families. This suggestion failed to take

into account the lockdown and the lack of (intrastate and interstate) transportation, as well as the need to conduct systematic home studies to evaluate families' capacities to provide optimum care to children, especially in the wake of the recent economic crises.

In normal times, before the onset of this pandemic, child rights activists and child care workers in India had been advocating for deinstitutionalization of children, including reducing the number of children in institutional care, by (re) uniting children with families. There is a large body of evidence on the adverse developmental and mental health impacts of institutionalization in children.^[89,90,91] While deinstitutionalization is certainly a desirable goal, the current time with the onset of the COVID crisis, may not be the appropriate time to pursue it. Now more than ever before, is the time for the state to open the doors of its child care institutions so that severe deprivation and poverty resulting from the pandemic's economic crisis do not push families and children into resorting to unsafe activities for the latter. There is a need for the country to scale up its services in terms of transit shelters and medium to long term residential care for children - so that children in adversity are able to access basic needs. The establishment of such safe spaces vis-à-vis institutions will act as a prevention and preparedness measure, helping children avoid the various child protection risks erstwhile described, and protect them from major child rights violations that would otherwise occur, in the absence of such supports for children.

Given the nature and scale of the crisis, and the fact that a slow economic recovery is predicted, its risks to child protection and “psychosocial” problems are likely to continue for an indeterminate period of time. The resulting mental health problems are grave, and likely to have long-term effects on the lives of affected children. It is therefore imperative for the state (and its nongovernmental partners/collaborators) to strengthen its child care and protection mechanisms across the country, in ways that integrate the crisis response into on-going, routine programs, and services.

A useful lens to view the situation, and aid in relevant program planning and intervention would be to consider adopting a disaster risk reduction (DRR) framework, which in the context of child protection, with particular emphasis on children in adversity. A DRR framework^[92] would entail: (a) a systematic approach to identifying, assessing, and reducing child protection and psychosocial health risks; (b) minimizing vulnerabilities and risks of children being propelled into unsafe activities so as to prevent or limit the adverse impacts of the disaster; and (c) mitigating the adverse (socio-economic) impacts of the disaster/pandemic by ensuring children with access to basic needs, i.e., care and protection.

The translation of the DRR objectives into practice would mean the implementation of an integrated child protection and psychosocial care response to provide the social supports and safety nets that children urgently require, through interventions for prevention, preparedness, early response and recovery and sustainability, to help alleviate the adverse impacts of the COVID crisis. In practice, the state would need to strengthen interventions at primary, secondary and tertiary levels as follows:

Primary level

- Creating community awareness and participation in child protection issues, through CHILDLINE functionaries, Anganwadi teachers, community health workers (ASHA workers), and gram panchayat members as well as police personnel, including the Special Juvenile Police Units (SJPU)s; they must be oriented and sensitized to identifying and assessing children at risk
- Enhancing the capacity of child care institutions by improving their facilities and infrastructure so as to be able to accommodate additional children requiring care and protection
- Training and capacity building of government Integrated Child Protection Scheme (ICPS) staff and counselors in identifying protection and psychosocial/mental health-care needs; delivering life skills and personal safety programs for children and adolescents with a view to prevention of violence and abuse against children as well as activities for promotion of optimal and age-appropriate development
- Sensitization programs for ICPS staff and caregivers in child care institutions to equip them recognize and provide first level responses to mental health problems and needs of children experiencing separation and loss; this includes an understanding of children's anxieties relating to the COVID-19 pandemic, and their concerns about their families (particularly in recognition that for many children, institutional care could be a temporary emergency measure, i.e., until their families are able to recover from health and/or economic crises and take care of them again).

Secondary level responses

- Building the Capacity of Child Protection Systems and Decision-Makers, namely Child Welfare Committees (CWCs) and Juvenile Justice Boards (JJBs) to respond appropriately, and differently, in the current COVID-19 situation, i.e., to enable them to shift from their traditional ways of thought about repatriation/family reunification being the best (and sole) option for children to making decisions in favor of children's safety and best interests, based on systematic home studies and evaluation of family capacities to care for children
- Facilitating liaisons between District Mental Health Program (DMHP) Services and child care institutions/CWCs/JJBs so that children with severe and acute mental health issues may access treatment
- Monitoring and vigilance by committees comprising of DMHP staff and CWC members not only of infrastructure and facilities within institutions and child protection systems, but also of child safety issues in residential care spaces.

Tertiary level responses

- Liaising with primary and secondary child protection services, including child care institutions, by tertiary care facilities such as departments of psychiatry and pediatrics, to provide children with severe and acute issues may have access to advanced treatment and consultation, including through online/telemedicine services
- Supporting the DMHP and other district level protection and health services, with requisite training and treatment protocols for the implementation of child mental health interventions at field level.

In addition, the interventions for preparedness and mitigation must harness the support of government schemes and programs such as Rashtriya Bal Swasthya Karyakram, Rashtriya Kishore Swasthya Karyakram, Integrated Child Development Scheme, ICPS, National Mental Health Program, and others under the Ministries of Women and Child Development and/or Health and Education so that they can, through their routine work, link children at risk with available protection supports and services.

Furthermore, given the nature of the economic crises and its pathways to child protection risks, social protection, and safety net measures such as (conditional/unconditional) cash transfers, food distribution, school-based feeding programs are likely to have direct impacts^[28] on preventing vulnerable children from being pushed to the brink, and so need to be actively considered by the state and its child protection and welfare agencies.

CONCLUSION

The complex nature of adversity, and its multiplicity, especially places vulnerable children at heightened risk for exploitative circumstances. This article has provided an understanding of how a pandemic and its ensuing economic crisis can exacerbate protection and related psychosocial risks for such children, with issues such as child labor, child trafficking, child marriage, and sexual abuse being of particular concern, and result in adverse mental health impacts for them, including approaches to addressing these concerns. Indeed, it is at such unprecedented times that the vulnerability of children is sharply outlined. There is thus an obligation to be cognizant of these risks and make the adequate preparations to prevent their occurrence and assist children if the risk pathways are already established. This would call for universal interventions for all children in difficult circumstances as also targeted interventions for children affected by the specific concerns described in this article. Unlike in geographically circumscribed disasters, the COVID-19 pandemic has impacted children across the world. Such unusual circumstances both create and compel an opportunity for innovating systemic interventions that places an emphasis on child protection and psychosocial risks.

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