



Uned Atal Trais Violence Prevention Unit

Understanding the Impact of COVID-19 on Violence and ACEs Experienced by Children and Young People in Wales

Interim Report

November 2020

Authors: Annemarie Newbury, Emma R Barton, Lara C Snowdon and Joanne C. Hopkins

Public Health Wales, Policy and International Health, World Health Organization Collaborating Centre on Investment for Health & Well-being

Acknowledgements

We would like to thank Jonathan Drake (Director, Wales Violence Prevention Unit) and Vicky Jones (North Wales ACE Hub lead, Public Health Wales) for their contribution to the research, including the information, guidance and resources provided to inform the production and further development of the report, and for taking the time to review the report. We would also like to thank Nadia Butler (Public Health Researcher, Public Health Institute, Liverpool John Moores University) for reviewing the report, and Bryony Parry (Communication Officer, Public Health Wales) for her support and report design.

We are grateful to our colleagues and partners for sharing their data, intelligence, and expertise with the Wales Violence Prevention Unit, which has enabled us to produce this report. This includes: South Wales Health Board, Tarian Regional Organized Crime Unit, Welsh Women's Aid, Refuge, Papyrus, South West Grid for Learning, CrimeStoppers, National Society for the Prevention of Cruelty to Children, Hourglass, and the four Welsh Police Forces—Dyfed Powys Police, Gwent Police, North Wales Police, and South Wales Police.

This report was produced by Public Health Wales, under the Violence Prevention Unit and in collaboration with the ACE support hub:

The Wales Violence Prevention Unit (VPU):

The Wales Violence Prevention Unit is a partnership of organisations, with the core team comprising members from police forces, the Police and Crime Commissioners' Offices, Public Health Wales, Her Majesty's Prison and Probation Service (HMPPS), Home Office Immigration and the voluntary sector. The Unit is committed to taking a public health approach to violence prevention. This approach challenges the notion that violence is inevitable and instead shows violence can be predicted and prevented like any other health problem. It seeks evidence to understand the causes of violence and what works to prevent it. The team use this evidence to develop interventions focused on these root causes, before evaluating these interventions and scaling up effective projects and programmes through a whole systems approach to violence prevention.

The Adverse Childhood Experience (ACE) Support Hub Cymru:

The ACE Support Hub Cymru was set up in 2017 to support professionals, organisations and the community to help create an ACE aware Wales. Their mission is to tackle, mitigate and prevent ACEs by sharing ideas and learning, and to challenge and change ways of working, so together we can break the cycle of ACEs.

The ACE Support Hub is funded by Welsh Government and works closely leaders across public and third sector organisations to develop and deliver the ACEs agenda, including youth justice, housing, local authority, health, education and sporting bodies, as well as the local community.

For further information, please contact:

Lara Snowdon, Violence Prevention Programme Lead

Address: Floor 5, 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ

Email: PHW.ViolencePreventionUnit@wales.nhs.uk

Website: www.violencepreventionwales.co.uk/

Executive Summary

During the COVID-19 pandemic, public health measures, such as lockdown and social distancing restrictions, have been essential to contain the virus and protect the health of the population. However, for some people this has increased exposure to harm within the home and online, whilst reducing access to care and support from services. In particular, this has placed children and young people at risk, with the potential for increased exposure to adverse childhood experiences (ACEs) and violence to have long term consequences. This report explores the impact of COVID-19 and the associated health protection measures on children and young people through a review of the available literature and analysis of multi-agency data provided by partners to the Wales Violence Prevention Unit (VPU) during the pandemic. The report captures the inequitable and long-term impact that the pandemic could have on children and young people, and highlights considerations for mitigating these negative consequences.

Findings

The United Nations (UN) have projected that there will be over a million preventable child deaths globally as a result of the indirect impact of the pandemic on children and young people. The impact of COVID-19 has been experienced disproportionately across society, with children and families living in poverty likely to have experienced the greatest adversity during this time. The Welsh Government has implemented a number of strategies to mitigate the impact of COVID-19 on children and families who are most vulnerable during the pandemic, including those living in more deprived areas needing access to food and educational resources. However, the pandemic has placed a strain on the economy, and with the recent entry back into recession, there is a risk that child poverty in the UK could rise by the end of the year. Furthermore, with six months of school closures, the reliance on online learning to continue to deliver education risks extending the learning gap between the most and least deprived children in society.

Multiple stressors and the absence of access to support can increase the prevalence and frequency of violence in the home and harmful behaviours, including domestic abuse, parental alcohol and substance misuse, and physical, sexual and psychological abuse. This is coupled with the removal of protective factors and access to coping mechanisms which can strengthen individual resilience. Data highlights reduced reporting to public sector agencies, including police, health and social care during the lockdown. However, there has been a sharp rise in demand on supporting agencies, particularly third sector organisations which provide essential support through helplines and online resources. In particular, there has been an increase in reporting of concerns for parental/caregiver behaviour, emotional abuse, neglect, physical abuse

and sexual abuse. Demand on domestic abuse services have also been significantly higher, with one helpline reporting a 54% increase in calls from parents experiencing abuse.

Across the UK there are concerning levels of child sexual abuse and exploitation, both online and offline. Data has highlighted the challenges online protection agencies have experienced protecting children and young people from perpetrators during the lockdown, including the removal of videos and images of children being abused. The lockdown has further exacerbated the risk to children and young people online, with increased internet use and reduced mental well-being enhancing their vulnerability to grooming and exploitation.

There has been much focus on the impact of COVID-19 on the mental health and well-being of children and young people during the lockdown. Research has highlighted that the impact on mental health has varied across population cohorts, but suggests the impact has increased over time. Children and young people have reported feeling lonely and anxious during the lockdown, and have expressed concerns about their future as well as the return to school. Demand on the NSPCC Childline counselling service has risen considerably during lockdown, with a high level of demand for children and young people seeking support for mental and emotional well-being, self-harm and suicide. At present, there is no available data to indicate increased child suicide during the lockdown, however, services report that the removal of support and established distraction techniques have led young people to re-establish health harming coping techniques, including self-harming, alcohol and drug use and violence.

The conditions of lockdown enhances the vulnerabilities to exploitation for children, and as a result, there is a risk of a rise in child criminal exploitation, child sexual exploitation, youth violence and radicalisation. Police intelligence highlights the challenges drug suppliers have experienced with distribution during the lockdown, and indicate that many gangs are utilising the time to recruit vulnerable children and young people. Similarly, professionals across England and Wales have expressed concern that the lockdown has increased the risk of a small number of children becoming radicalised, with a greater exposure to harmful materials online and enhanced grievances.

Although there are a range of factors which have posed a high risk to children and young people during the lockdown and recovery period, there has been limited support available to manage these risks. Services have experienced significant disruptions and reduced capacity to respond to vulnerable children and families. Provisions were established to ensure access to food and education for the most vulnerable children and young people, however, there was a low up-take of school

places during the lockdown, with many vulnerable pupils not engaging with professionals during this time.

Schools play an integral role in helping children recover from the pandemic, however, upon return to school there will be a significant demand on education providers to identify children with trauma, manage a rise in disclosures, support pupils with their mental health and well-being, and catch children up on their missed learning. Schools cannot work alone, there is a need for services to work collaboratively to provide support to address the needs of children and young people. Third sector organisations often play an integral role in providing support and intervention for children and young people, however, the lockdown has had significant financial implications which may diminish their ability to continue to provide the support required. There is a need to invest in early intervention and prevention to mitigate the impact of exposure to abuse and violence for children and young people during the lockdown. Research highlights the exponential costs of ACEs and violence across the life course, with late intervention increasing the expenditure. Acting early can significantly improve outcomes for children and young people, whilst also reducing the costs on services.

Conclusion

There were considerable risks posed to children during the lockdown, and while service data and research literature provides a valuable insight into the experiences of children and young people during the lockdown, much of the harm caused has been hidden and the true impact unknown. There is a need to put children at the centre of the recovery plans, and invest in supporting them to overcome the effects of the pandemic to achieve immediate, long-term and intergenerational benefits. While the country faces a recession and needs to identify ways to protect the economy, failure to invest in early intervention can have greater financial consequences in the long run. There is a need for organisations to come together to enable a whole systems response to children and families, whilst pooling resources to increase the support that can be provided.

Further work is needed to fully understand the impact of the pandemic on marginalised and disadvantaged groups, to better understand how services have responded to provide support to vulnerable children and families, and to consider what works to mitigate the impacts of harm caused during the lockdown. A health needs assessment is currently underway to further build on the findings of this report and to gather further data and evidence to fully elucidate the impact of the pandemic on children and young people's experience of violence and ACEs.

Contents

Executive Summary	2
Findings.....	2
Conclusion.....	4
Introduction	6
Method and Objectives	7
The broader impact of the COVID-19 pandemic on children and young people	7
Socioeconomic impact.....	9
Educational Impact.....	10
Impact of COVID-19 on exposure to child maltreatment and violence	13
Adverse childhood experiences.....	14
Parental and caregiver alcohol use.....	15
Violence against women and girls; domestic and sexual violence and abuse (VAWDASV)	17
Child sexual abuse and exploitation (online and offline).....	19
Mental health and well-being.....	21
Suicide and Self-Harm.....	22
Child exploitation and serious youth violence.....	23
Access to support services	25
Considerations to be made	26
The need to invest in prevention and early intervention	28
Conclusion	29
References	32

Introduction

Across the globe, the coronavirus (COVID-19) pandemic has had a devastating impact, with millions of people falling ill and hundreds and thousands of deaths over several months. This has placed a significant strain on health services in most countries worldwide, and attempts to contain the virus, have had considerable global health, social and economic implications. Public health measures have been introduced to varying extents both nationally and internationally, with some of the measures taken including country-wide lockdowns; social distancing; closures of schools, drinking establishments and non-essential retail outlets; cancelling of sports and entertainment events; and for many, the introduction of home-working.

Whilst these public health measures have been essential to contain the pandemic and minimise the risk of harm to the health of the population, evidence suggests that these measures have increased the prevalence and complexity of violence experienced in 'private' spaces, such as the home and online, and in communities suffering multiple forms of deprivation and social inequality. International organisations have expressed grave concerns over rising levels of violence, particularly gender-based violence which United Nations Secretary-General António Guterres' described as a 'shadow pandemic'¹ running alongside the COVID-19 pandemic.

Organisations have adapted how they work to enable them to continue to offer essential services to the most vulnerable people in society, including children and young people. However, the public health measures have posed many challenges for professionals engaging with vulnerable children and families, particularly those who do not present with immediate safeguarding needs. As a result of reduced contact with children (e.g. schools) and capacity for services to offer support, the measures introduced are likely to have prevented the identification of those not yet known to services, and therefore reduced the ability to provide support to children and families at an early opportunity to address needs and prevent escalating risk.

Exposure to adversity and violence during childhood can have a lifelong impact on children and young people, increasing the risk of negative outcomes in later life. As a result, the impact of COVID-19 has the potential to extend beyond the duration of the pandemic. It is important to consider the experiences of children and young people during this period, the risks the pandemic has posed, and how services need to respond to mitigate the long-term impact of the pandemic.

Method and Objectives

The report explores the impact of COVID-19 on children and young people in Wales, with a focus on violence and adverse childhood experiences (ACEs). Furthermore, it seeks to understand service response to vulnerable children and families, and considerations needed as restrictions continue to ease and Wales takes its journey to recover from the effects of the pandemic. The report has the following objectives:

1. To understand the impact COVID-19 lockdown measures have had on children and young people in Wales, with a focus on violence and ACEs
2. To explore what considerations are needed in Wales to prevent violence and ACEs and reduce the long term impact of the COVID-19 pandemic.

To meet these objectives, the literature was reviewed to understand how the wider determinants of children and young people's health have been impacted by COVID-19, before focusing on the impact that the pandemic has had, and continues to have, on children and young people's experience of violence and ACEs. The data and research in the report is from the available literature in addition to data from the Wales VPU's Covid-19 and Violence Monitoring Reports that were established during the pandemic.²

The broader impact of the COVID-19 pandemic on children and young people

Research has highlighted that the impact of the COVID-19 pandemic has been felt disproportionately within society. For example, certain population groups are at a greater risk from the virus, including older and vulnerable people, and black and minority ethnic groups.³ Likewise, the negative impacts of the public health measures have been experienced disproportionately, including the impact among children and young people.³ The UN report that "*while children are not the face of this pandemic, its broader impacts on children risk being catastrophic and amongst the most lasting consequences for societies as a whole*".³ In a policy briefing, the UN identified three ways children will be affected by the pandemic; 1) through infection with the virus, 2) the immediate socioeconomic impact of the public health measures, and 3) the potential longer-term effects of delayed implementation of the sustainable development goals⁴ (see box 1 for an overview of the goals). While research is still in its infancy, there is evidence to suggest that, clinically, children are less impacted by COVID-19 than adults.⁵ However, it is anticipated that children will be affected significantly through the indirect impacts of the pandemic, with a projection of over a million preventable child deaths globally.⁶

Box 1: Agenda 2030: Sustainable development goals⁷



In 2015 World leaders agreed Agenda 2030, a new agenda to end poverty, combat climate change and fight injustice and inequality over the next 15 years, which promises a better future for all. Agenda 2030 sets out 17 sustainable development goals which governments have committed to achieving. The 17 goals include:

- | | |
|--|--|
| 1. No poverty | 10. Reduced inequalities |
| 2. Zero hunger | 11. Sustainable cities and communities |
| 3. Good health and well-being | 12. Responsible consumption and production |
| 4. Quality education | 13. Climate action |
| 5. Gender equality | 14. Life below water |
| 6. Clean water and sanitation | 15. Life on land |
| 7. Affordable and clean energy | 16. Peace, justice and strong institutions |
| 8. Decent work and economic growth | 17. Partnerships for the goals |
| 9. Industry, innovation and infrastructure | |

There are a wide range of factors which pose a risk of harm to children and young people during the COVID-19 pandemic. Evidence suggests that the COVID-19 restrictions are impacting the wider determinants of health, including social, economic, and environmental factors, such as increases in poverty, exacerbated inequality, and poor housing and food poverty; as well as decreased access to health and social care, and changes to individual health behaviour.³ While all children will be affected by the pandemic to some extent, this impact will not be distributed evenly. The risk of harm will be greater among more vulnerable groups of children and young people and differentiated by other factors such as age, gender, ethnicity, sexuality, immigration status and disability.

In a survey delivered by Barnardo's and Action for Children, professionals report concerns for vulnerable children, including those living in challenging home environments, and those who have experienced the trauma of illness and bereavement.⁸ Poverty related concerns were also expressed including references to food poverty and family financial pressures.⁸ At the start of UK lockdown, organisations expressed concerns of the implications the pandemic may have on children and the need to act to mitigate the risk of harm. The Children's Society called for politicians, professionals and communities to protect children during the crisis, including: protection from financial insecurity to prevent child poverty; ensuring they respond to every child, including those excluded from mainstream systems due to their

immigration status; keeping children and young people safe from abuse and neglect; and, support the mental health and well-being of all children through the crisis.⁹

Socioeconomic impact

The socioeconomic implications of the pandemic will have a greater impact on children and families living in poverty, and for many, reduced access to food, disruption of essential health services and limited access to support from social care services. Children living in poverty face a range of disadvantages, not just in childhood but throughout the life course. Research shows a relationship between poverty and poorer birth outcomes, developmental delays, behavioural problems and higher physical and mental health needs.¹⁰

Prior to the pandemic, the children's society estimated that within the UK, 1.7 million children aged 10-17 years were living in a household with problem debt, and approximately 2.1 million children were living in a household which struggles to pay the bills.¹¹ In Wales, there has been significant financial investment and legislative and strategic focus to address child poverty, including the implementation of the Child Poverty Strategy, and the 'Taking Wales Forward (2016-2021)' programme. While Wales has demonstrated success in making change against many of the twenty three child poverty indicators,¹² over a quarter of children still live in poverty (28%), the highest level of poverty in the UK (per capita).¹³ However, the level of poverty is expected to rise, with the pandemic causing an increase in financial instability.¹⁴ The UK government implemented a number of measures during the lockdown to provide households with financial support, protect jobs and support businesses to survive. Despite these efforts, the Office of National Statistics (ONS) has recently reported that the UK has entered into recession, with a 20.4% drop in Gross Domestic Product (GDP) in the last quarter (April-June 2020). It has been estimated that within the UK, a further 1.1 million people could face poverty by the end of 2020 due to the pandemic, and as a result, a total of 4.5 million children could be living in poverty.³

Research has evidenced a strong association between poverty and violence, with levels of violence highest in communities with high levels of deprivation.¹⁵ For example, recent figures show that in London, three quarter of boroughs with the highest levels of violent offending are also in the top 10% most deprived, and have the highest proportion of children living in poverty.¹⁶ A recent study in Denmark showed that poverty increases the risk of self-directed and externalised violence, which, after accidents, are the two most common causes of death in 20-24 year olds globally.¹⁰ The findings further demonstrate that children growing up in areas of deprivation are seven times more likely to harm themselves and be involved in violent crimes as young adults, and the longer a child has lived in poorer circumstances, the higher the risk of self-harm and experiencing violence either as a victim or a perpetrator.¹⁰ A study in

England further demonstrated the lifelong impact of poverty on children, with low household income at 2- and 11- years of age associated with increased risk of self-harm at 16-18 years.¹⁷

In addition to increasing the level of self-directed and community violence, poverty has the potential to increase violence within the home. Living in poverty increases parent stress levels, and as a result affects relationships and family dynamics. The Joseph Rowntree Foundation report that, while poverty is one of many factors which can lead to child maltreatment, there is a strong association between families' socioeconomic status and child abuse and neglect.¹⁸ Models of family stress hypothesize that frequent exposure to stressors and the lack of support can increase the risk of personal and family adversity, including domestic abuse, substance abuse, increased illness, divorce, accidents and child abuse and neglect.¹⁹ In Wales, many programmes have been implemented to reduce the impact of poverty on families, including provisions to: improve housing, tackle health and educational inequalities, reduce family pressures, address food poverty, and to provide children with the best start in life and to enable them to reach their full potential.²⁰ However, the pandemic will have reduced access to many of these services (e.g. Flying Start), placed additional pressures on many families already supported through schemes (e.g. health concerns and accessibility to food), and increased the number of families requiring support as a result of job losses or reduced income.

Educational Impact

Disruption to education provision is likely to have significant long-term consequences, with research evidencing that school closures may have more negative consequences than positive (i.e. reducing the spread of the virus) which will disproportionately affect children and young people across the population.²¹ Globally, COVID-19 has prevented continuous education for over 1.5 billion children and young people.⁴ In Wales, schools closed at the end of March 2020 and did not re-open until September 2020^a, taking children away from school for six months. For many young people, exams were cancelled, causing significant uncertainty for those undertaking their qualifications (e.g. GCSEs and AS/A-levels). Due to the high rate of infection, at very short notice schools were required to develop educational materials for pupils to be able to continue their education online, and to identify ways to engage with vulnerable children, including those who are reliant of free school meals (85,731 [18.3%] pupils are eligible for FSMs in Wales).²² In response, local and national governments, including the Welsh Government, established schemes to cater for children who

^a Schools in Wales opened back up for three weeks in June 2020 for children to return on a part-time basis. However, attendance levels were low during this time, and many young people who did return only did so for a very short period of time.

receive free school meals, as well as access to educational provisions for those considered the most vulnerable (see box 2 for an overview of the measures implemented by Welsh Government). However, learning provisions were at the discretion of each local authority, and spaces in learning hubs were restricted due to staff numbers and to safeguard those in attendance; this resulted in limited spaces due to the requirement on local authorities to also provide child care for children and young people of key workers, to ensure essential services such as supermarkets and in clinical settings could continue to operate during the pandemic.

Concerns have been raised that the impact of COVID-19 will increase the learning gap, with school closures hitting low income families the greatest. In Wales, school data highlights that academic attainment is typically lower in children from poorer households, with fewer children eligible for FSMs obtaining level 2 at GCSE (5 A*-C grades; 41.8%) than children not eligible (73.9%; academic year 2017-18).²³ However, the lockdown may further set back the attainment of disadvantaged children due to limited access to digital tools for online learning. In 2018, research demonstrated that within the UK, 1.3 million children aged 11-18 years did not have access to internet in the home (including 600,000 children with no internet access at all). Of the children who did have access to the internet, 68% felt it would be difficult to complete school work without it.²⁴

Research demonstrated that within the first few weeks of lockdown, there were low levels of engagement between learners and their education, which varied by gender, ethnicity, region, type of school (private or state), and eligibility for FSMs.^{25,26} In a survey distributed to families across the UK, concerning 4,559 children, learners were spending an average of 2.5 hours a day doing their school work, and were allocated an average of two pieces of homework a day (e.g. assignments, worksheets, videos).²⁶ Furthermore, one fifth of pupils in the UK (>2 million children) did less than an hour of school work a day, while only 17% did more than four hours of work a day; and, the level of school work completed was lower in Wales than the UK average (22% completed <1 hour and 15% completed >4 hours).²⁶ Children from more affluent families were reported to spend more hours a day on home-learning than those from poorer families, with private schools providing significantly more online lessons than state schools, as well as a higher number of activities which were more challenging for learners.²⁶ Furthermore, pupil engagement was lower in schools with the highest levels of deprivation, with concerns reported by teachers regarding the engagement of disadvantaged pupils, particular pupils with limited access to IT and/or a lack of study space at home.^{25,26} These concerns were reflected in the return of school work, with 58% of children from 'better-off' families reported to have submitted all of their school work, compared to only 38% of children from families in the lowest income quintile.²⁵

However, the aforementioned surveys were distributed early into the lockdown (April - May 12th), while arrangements were still being established to enhance learning provisions, particularly for children living in deprivation. The Welsh Government set up the 'Stay Safe. Stay Learning' programme (see box 2 for more details), and allocated funding for digital inclusion, and to improve the online learning centre used by schools to provide lessons and resources for home learning (referred to as the

Box 2: Overview of decisions made by Welsh Government regarding education provisions

Stay Safe. Stay Learning' programme: In April, the Welsh Government set out its educational priorities in the 'Stay Safe. Stay Learning.' Policy statement, to support learners, leaders, governors, practitioners and parents and carers during the COVID-19 pandemic. This includes supporting the safety and physical and mental well-being of all learners and education workforce, support learners ability to keep learning, and to support the transition back into school and learning. The Welsh Education Minister emphasised the importance of mitigating the impact of school closures on children and young people, particularly those who face socio-economic disadvantage or have Special Educational Needs.

Free School Meals: At the start of April, agreement was reached by Ministers and Local Government to provide funding for local authorities to provide financial assistance to families of pupils who are unable to receive free school meals during school closures. In September, the Minister for Education agreed further funding for local authorities to meet additional FSM costs incurred.

IT Equipment: To support digitally excluded learners, the Welsh Government worked in collaboration with local authorities to provide MiFi connectivity, school devices and up-to-date software (e.g. Microsoft). A £3 million budget was allocated to provide IT equipment, and as a result, 10,848 MiFi devices and 9,717 software licenses were provided to families across Wales.

Hwb EdTech: There has been substantial funding allocated by Welsh Government to fund the continued development of EdTech, a programme for improving the use of digital technology for teaching and learning in schools. The Hwb, a digital platform, has provided a large volume of users (~550,000 users) with bilingual digital tools and resources, while allowing teachers to create private networks for their schools/classes.

Summer Holiday Provision: Funded was provided to deliver a programme over the summer holidays to help children and young people re-engage with education, and take part in activities they may have missed out on whilst they were not in schools.

Hwb). Regardless, online learning does not replace the value of face-to-face teaching in educational settings, which provides a structured and safe environment for children to learn in. The disruption of education during the pandemic poses many risks for children and young people living in lower income households, which have the potential to prevent children from achieving their full potential. Low academic achievement has been linked to a wide range of poor outcomes in both adolescents and later life, including smoking, alcohol and drug use, sexual behaviours (resulting in unintended pregnancy and sexually transmitted diseases), inadequate physical activity and unhealthy dietary behaviours.²⁷ Furthermore, research provides a strong evidential link between academic outcomes and violence, with higher performing students significantly less likely to engage in or be a victim of violent behaviours, compared to lower achieving students.²⁷ As a result, it is important to consider opportunities to support low household income children and young people to catch up on missed education to mitigate the risk of them engaging in health harming behaviours.

Impact of COVID-19 on exposure to child maltreatment and violence

While the home provides a place of safety for most children, for some, the opposite is true, with violence by caregivers the most common form of violence experienced by children.⁴ The World Health Organisation recently released the Global Status Report on Preventing Violence against Children, which reported devastating levels of violence suffered by children.²⁸ It has been estimated that 1 billion children worldwide suffer some form of violence each year (1 in 2 children), while 300 million children aged 2-4 years regularly suffer physical punishment and/or psychological violence at the hands of parents and caregivers.²⁸ As a result of violence, there are 40,150 deaths per year in children aged 0-17 years.²⁸

Evidence suggests that risk of exposure to violence, either experiencing domestic abuse or as a victim of child abuse, has been elevated whilst families are confined at home during lockdown. The WHO reports that the pandemic has "*altered the intensity and frequency of risk factors for interpersonal violence*", including social, economic and gendered determinants.

In Wales, the Violence Prevention Unit (VPU; see box 3 for an overview) has endeavoured to monitor levels of violence during the COVID-19 pandemic. During lockdown and throughout the easing of public health restrictions, regular reports on violence were developed and disseminated to partners, drawing on data from Health, Police and third sector organisations.²⁹ These reports provided an assessment of the risk of harm to different cohorts and informed strategic and operational responses to emerging violence trends.²⁹

The data available has highlighted reductions in demand on public sector responding agencies such as police and health, but an increase in use of support services, particularly third sector organisations (e.g. helplines).² The data trends are presented alongside the available literature.^b

Box 3: Overview of the Wales Violence Prevention Unit

South Wales Police was one of 18 police forces across England and Wales to receive Home Office funding to establish a violence reduction unit focused on tackling serious violence. The Wales VPU operates Wales-wide, covering the four Welsh Police forces, with the ambition to prevent all forms of violence. The Wales VPU is a multi-agency team comprising of professionals from the Police, the Police and Crime Commissioners (PCC) office, Public Health Wales, Her Majesty's Prison and Probation Service (HMPPS), Welsh Government, Crime stoppers and Welsh Woman's Aid.

Adverse childhood experiences

Research has demonstrated the prevalence of adverse childhood experiences (ACEs) in the general population and the impact these can have on health and well-being.³⁰ ACEs include child maltreatment such as physical, sexual and emotional abuse and neglect, as well as stressors in the home, including parental mental health, alcohol and drug use and incarceration, domestic abuse and parental separation.³⁰ The public health measures introduced to protect the population from COVID-19 have potentially increased exposure to child maltreatment and stressors in the home, with families spending prolonged periods of time together in confined spaces, and increased stress levels due to social isolation, concerns for health and safety and risk of job and financial insecurity. The presence of these multiple stressors and reduced access to support can increase the prevalence and frequency of violence in the home and harmful behaviours, including domestic abuse, parental alcohol and substance misuse, physical, sexual and psychological abuse. This is coupled with the removal of protective

^b Police referenced data should be viewed as indicative at the time. It has not been validated or frozen so may vary week to week.

factors which strengthen individual resilience, including access to sporting and leisure activities, school and youth services, extended family and friends and the community. For many children and young people, this means a loss in connectivity with the trusted adult(s) in their life and reduced opportunities for signs of ACEs, trauma and wider vulnerabilities to be identified.

The National Society for the Prevention of Cruelty to Children (NSPCC) has reported substantial changes in the level of demand on the service during the lockdown. Childline, the UK-wide counselling service for children and young people, reported a large increase in demand during the pandemic, with 30,868 counselling sessions delivered over a seven week period (~19,000 counselling sessions a month^c); this is 43% of the total demand for the 2018-19 financial year.² Over a four month period (January-May 2020) 8,482 counselling sessions were delivered where coronavirus was specifically mentioned, and there was an increase in the number of contacts regarding self-harm, suicide, family relationships and emotional abuse.² Furthermore, there was a high level of demand for young people struggling with their mental health and emotional well-being, with over 2,000 counselling sessions a week since the start of lockdown (~17,000 in 7 weeks for mental health and emotional well-being).² Mental and emotional health was the most prevalent concern for children and young people, accounting for 37% of the demand.²

In addition to the Childline service, the NSPCC adult helpline responded to over 22,000 contacts from people worried about a child's health during the lockdown (April-June 2020).² In this time, there was a rise in concerns reported for parent/adult health/behaviour (e.g. alcohol use), emotional abuse, neglect, physical abuse and sexual abuse, with these concerns accounting for 78% of the total demand.²

Parental and caregiver alcohol use

Although the Night Time Economy (NTE) ceased to exist in the UK during the lockdown, there have been significant concerns about the level of alcohol consumption within the home, and subsequent impact on health vulnerability, risk-taking behaviours, mental health and violence.¹³ In addition to licenced shops (e.g. supermarkets and petrol stations), off-licences were added to the list of 'essential businesses' by the UK Government (25th March 2020), and as a result remained open. Research demonstrated that within the week prior to lockdown (week ending 21st March 2020), alcohol sales were up 67%, while supermarket alcohol sales were up

^c Figures represent the number of counselling sessions delivered rather than the number of children supported. Many children and young people frequently use the service, with multiple contacts monthly by telephone, online messenger and/or personal inbox.

43%.³¹ As individuals stockpiled, within the first three weeks of lockdown there was an extra £160 million spent on alcohol in the supermarkets.³¹

In a UK survey by the charity 'Alcohol Change' (2,000 respondents), 28% reported an increase in their level and frequency of alcohol consumption during the lockdown.³² One in five had reported consuming alcohol to cope with stress and anxiety, which was higher for adults with children under 18 years of age (30% of the sample) than parents without children (17%), or with adult children (11%).³² An increase in the frequency and volume of alcohol consumption within the home places children at risk of harm. Parental alcohol dependency can cause significant harm to a child, however, research further supports that non-dependent parental drinking can increase the risk of negative outcomes for children. In a recent study, parental alcohol consumption resulted in the parents giving their children less attention than usual, children spending less time doing their homework, and children being put to bed either later or earlier than usual,³³ demonstrating less responsive parenting.

Professionals reported concerns that increased alcohol consumerism, and subsequent consumption, may increase the risk of exposure to domestic abuse.³⁴ Research has demonstrated a strong association between alcohol consumption and interpersonal violence, with alcohol intake increasing the risk of both violence perpetration and victimisation.³⁵ Furthermore, a recent study reported a strong positive association between physical intimate partner violence (P-IPV), alcohol consumption and living with children: data across fifteen countries highlighted that women with children were more likely to be victims of P-IPV than woman without children, and that P-IPV is more likely if the participant is a drinker living with children.³⁵

To address the health and social harms caused by excessive alcohol consumption, the National Assembly for Wales introduced the Public Health (Minimum Price for Alcohol) (Wales) Act 2018, which received Royal Assent, and was introduced three weeks prior to the national lockdown (March 2nd 2020). This Act enforces a minimum unit price (MUP) for alcohol sales, which specifically aims to provide protection from low cost and high alcohol content products.³⁶ Research carried out by Alcohol Research UK and Alcohol Concern demonstrated that only 23% of respondents agreed that MUP would reduce their alcohol consumption, and that there was resistance to the introduction of MUP, suspicions about the motives of the policy, and a need for work to delivered to raise awareness about the policy.³⁷ Welsh Government social research, carried out with alcohol support services and service users, also highlighted some potential risks for the introduction of MUP; respondents perceived that MUP would increase expenditure for low-medium risk drinkers, which would be absorbed into existing budgets, but for high risk drinkers (i.e. individuals with an alcohol dependency), there were concerns that increased prices would cause consumers to switch to other substances, including

prescription medication, cocaine or opiates.³⁸ However, there is little evidence to demonstrate the impact MUP has had on alcohol consumption or substance misuse since it was introduced, or whether the pandemic has had any confounding effect on the impact of MUP.

Violence against women and girls; domestic and sexual violence and abuse (VAWDASV)

In the UK and internationally, news outlets, governments, and non-governmental organisations have widely reported on surges in demand for domestic violence and abuse helplines during the COVID-19 pandemic.²⁹ Concerns have been raised over online safety, stalking, and harassment, and associated increases in adverse childhood experiences, with experts voicing concern that the conditions of lockdown and social distancing magnify existing violent and abusive behaviour and creates new risks.²⁹

In Wales, the Welsh Government have funded Live Fear Free, the Wales national domestic abuse helpline managed by Welsh Women's Aid (WWA) to respond to all forms of VAWDASV. Evidence suggests that VAWDASV has become more prevalent during the pandemic and in many cases more severe and complex, with victims less able to access support from friends, family, or services.² WWA has received three times the number of webchat contacts since the beginning of lockdown compared to pre-lockdown figures; and spikes of up to 49% in contacts to the helpline during the pandemic. In regards to children, WWA note a 54% increase in contacts from survivors experiencing abuse who disclosed that they had children.² Despite this overall increase in calls, the proportion of calls from public and voluntary sector agencies decreased, meaning that the volume of calls was much higher from individuals seeking support for their own situation.²

The NSPCC have reported a sharp rise in contacts regarding concerns for the impact of domestic abuse on children and young people. During the 8 weeks following the first lockdown (from March 23rd 2020), 1,500 reports were made regarding domestic abuse, and in 40% of the contacts the caller reported the domestic abuse happening for at least six months.³⁹ Of the reports made, 58% resulted in a referral being made to a local agency, or information being shared.³⁹ Furthermore, in the same period, there has been an increase in the volume of demand to Childline, with over 500 counselling sessions provided to children and young people concerned about domestic abuse.³⁹

Furthermore, reports to the Revenge Porn Helpline have doubled during lockdown when compared to the same period last year.² In particular, there has been a noticeable rise in calls about sextortion with the traditional concern around male victims, but in more recent months there has been a rise in the number of female victims.² Data from Karma Nirvana, a UK charity providing support with honour based abuse (HBA) and

forced marriage, showed that the helpline received 12,107 calls during 2019, and supported 1,931 woman, of which, 600 had children that were impacted by HBA.⁶⁷ Furthermore, there were 1,355 cases referred to the Forced Marriage Unit during 2019, 363 of those referrals were for individuals under 18 years of age, and 81% had an 18 overseas element.⁶⁷ During the lockdown, the service experienced a 355% increase in calls, a 347% increase in emails and a 34% increase in cases for pregnant woman since the start of lockdown.⁶⁷ Victim self-referring had increased during lockdown, representing 42% of the demand compared to 25% in 2019/20.²

Data from the UK-wide domestic abuse charity RESPECT demonstrated that there was an initial decrease in both call and email demand for their male perpetrator service for men concerned about their own violent behaviours (February-March 2020). However, compared to the same period in 2019, there was a 61% increase in call demand during April and 70% in May (7% and 64% respectively for email demand). Furthermore, data on the demand for the RESPECT men's domestic abuse victim support service show that, compared to the same period last year, there was an increase in calls by 68% in April and 71% in May (86% and 66% respectively for email demand).²

In contrast to the helpline data, reporting to both A&E and the Police has decreased during the pandemic (in line with all reported crime), highlighting potential barriers for victims accessing support from emergency services. Overall, across the four police forces in Wales the reporting of domestic abuse to the Police has reduced by 15%.² Furthermore, compared to the same period last year, South Wales Health Boards reported an 18% reduction in attendances to A&E for 'own A&E home domestic assault' over a 3-month rolling average.² This is despite an overall reduction of A&E assault attendances of 58% across the same 3-month period.²

Furthermore, research has identified an increase in child and adolescent to parent violence (C/APV) during the COVID-19 pandemic.⁴⁰ The findings of a UK-wide survey highlighted that, of families with a history of C/APV, 70% of parents reported an increase in the number of violent incidences during the pandemic, and 64% of practitioners reported that the severity of the violence had increased. Data shows that 92% of the adults were female, and 72% of the children were male, which highlights high levels of son-to-mother violence. The age of the children and young people ranged from 6- to 22 years, peaking at 13-14 years (mean=13.85 years).⁴⁰ Reasons for increases in C/APV identified include confinement and coerced proximity, changes in structure and routine, fear and anxiety and lack of access to support.⁴⁰ Parents raised concerns for the risks to other children in the household, with greater exposure to the violence, and in many cases, resulting in the violence being directed towards them.⁴⁰

Data from North Wales Police shows that 521 C/APV incidents were reported within the period of a year (average of 43 a month; June 1st-May 31st 2020), with the peak

age of 15-16 years.⁴⁰ However, the research highlights that incidents of C/APV may be significantly higher than police data suggests; when asked about contacting the police, 41% of the parents reported previous contact with the police and 67% of which had done so during the lockdown.⁴⁰ Parents who had contacted the police had done so because of the severity of the violence (i.e. concerns for high levels of harm), or because there was no one else to help. However, many parents conveyed barriers to reporting to the police, including concerns for criminalising their child, causing the child anxiety or escalating violence and bullying within the household after the incident.⁴⁰

Child sexual abuse and exploitation (online and offline)

Within the UK, there are high levels of child sexual offences, with an average of 200 police recorded offences recorded daily.⁴¹ Over the past 5 years, there has been a 57% increase in the volume of child sexual offences, with 73,518 offences recorded, including rape, online grooming and sexual assault.⁴¹ This includes more than 8,000 offences committed against 14 year olds (the most common age group), over 12,000 offences recorded against children under the age of 10, and 449 offences recorded against babies under the age of one year.⁴¹ Data highlights that approximately 60% of children who are sexually abused are abused by people the family trusts, and 30% are abused by family members, although this percentage increases as the age of a child decreases (50% of children abused <6 years).⁴² Additionally, the Crime Survey for England and Wales report that 37% of incidents of sexual abuse are experienced in the victims' own home, while 40% take place in someone else's home.⁴³

Furthermore, there is a high prevalence of online abuse within the UK, with advancements in online platforms (e.g. social media sites) increasing perpetrator access to children and young people. Legislative changes have made it illegal for adults to send sexual messages to children under the age of 16 (Section 67 of the Serious Crime Act 2015), which carries a maximum 2-year prison sentence. Since this came into force in April 2017, more than 10,000 online grooming crimes had been reported by police.⁴⁴ Prior to lockdown, the UK government were consulting on the 'Online Harms White Paper', which puts forward plans for a new system of accountability and oversight for tech companies. This specifies company's responsibility to keep UK users, particularly children, safe from harm with more robust action to counter illegal content and activity. This includes content relating to child sexual abuse and exploitation, terrorism, incitement of violence, sales of illegal goods and services such as weapons.⁴⁵ However, following COVID-19 the UK government has delayed progressing the Bill to parliament, with concerns raised by the Chair of the Lords Democracy and Digital Committee that this may not come into effect until 2023/24.⁴⁶

The National Crime Agency (NCA) have identified over 300,000 individuals in the UK who pose a sexual threat to children and young people (both online and offline), and have observed offenders in online chat forums discussing opportunities to abuse children during lockdown.² Since the start of lockdown, children have spent a greater proportion of their time on the internet, with most children required to continue their education online. While the NCA and partner agencies have urged parents to supervise their children's time online, for many parents and guardians working from home, this is likely to have posed some challenges.

Technology firms have struggled to maintain content moderation with fewer resources to identify and disrupt child abuse on their sites. For example, the Internet Watch Foundation (IWF) and its partners reported that during the first two months of lockdown, they blocked at least 8.8 million attempts by UK internet users to access videos and images of children suffering sexual abuse.² Furthermore, Europol have reported a surge in attempts by offenders to directly contact young people on social media during the lockdown, which has posed further challenges in blocking child abuse online.²

The Lucy Faithful Foundation, a UK wide charity which works with victims and perpetrators of child sexual abuse, reported an initial dip in demand on the service at the start of lockdown for individuals concerned about their own sexual thoughts towards children.⁴⁷ However, demand for the helpline and self-help resources have since doubled, with new visitors accounting for 64% of the total users of the site.⁴⁷ The foundation report that the conditions of lockdown (including not working, disruption of daily routine, and more time spent online at home) are escalating the risk of individuals seeking harmful materials or acting on their urges.⁴⁷

Within Wales, TARIAN Regional Organised Crime Unit (ROCU) has a dedicated team to tackle child sexual abuse and exploitation (CSAE). This includes, but is not limited to, CSE, the sharing of indecent images of children (IIOC), harmful sexual behaviour (HSB), online abuse, intra-familial abuse and institutional abuse.⁴⁸ Over the course of the pandemic, TARIAN has continued to record both online and offline CSAE demand to be a significant threat. Police data from the four police forces in Wales report fluctuations in the level of reporting of CSAE, and while changes in demand vary across police force, overall there has been a 15% reduction in CSAE crimes in Wales (March – August 2020) compared to the same period the previous year.²

However, while police reported crime has reduced, there has been an increase in demand on support services. The Report Harmful Content (RHC) helpline, provided by the UK Safer Internet Centre and SWGfL^d, works with those aged 13yrs+ to provide

^d South West Grid for Learning (SWGfL) are a consortium partnering with UK safer Internet Centre to make the UK the safest place to access internet in the world.

advice on reporting harmful content and to provide support to those who have submitted a report for harmful content. RHC has recorded a sharp rise in demand, with a 200% increase in reports since lockdown began when compared to last year, and a rise in cases relating to abuse where the perpetrator is known to the client.

The NSPCC report that the risk of online harm is exacerbated by low mental well-being, with children who are lonely and unhappy at an increased risk of online grooming. Abusers often target children who have expressed vulnerability online, sharing thoughts and feelings on social media or in live streams.⁴⁴ The COVID-19 pandemic and public health restrictions has created conditions in which individuals mental health is adversely affected. Professionals and parents have raised concerns about the increased risk the lockdown poses to the mental health of children and young people, including increased anxiety and stress.

Mental health and well-being

For children and young people, the disruption of daily routine, isolation from friends and family members, and removal of social activities and opportunities for play, may adversely affect the mental and emotional health of children and young people. Furthermore, witnessing the pandemic unfold and the harm it was causing (e.g. rising death toll) may have increased anxiety in many children, particularly with the novelty of the virus and the limited information available to help young people understand what was going on around them. Furthermore, it is reported that as a result of their own experiences with the pandemic, parents may have struggled to provide the responsive parenting needed to help children thrive during the COVID-19 pandemic.⁶

There has been a significant amount of research carried out to better understand the experience of children and young people during the lockdown. This includes surveys which have largely explored the mental well-being of young people and their worries. The findings have demonstrated that the impact of COVID-19 on the mental health of children and young people have varied largely across different population cohorts.

Young Minds have reported that in the last few months, many young people have found it hard to cope with social isolation, anxiety and fears about what the future holds.⁴⁹ As previously noted, the NSPCC report that mental and emotional health has been the most prevalent concern children and young people have sought support for, with young people reported to have been feeling lonely and anxious during lockdown.⁴⁴ In a survey by Power2 (500 participants), 41% of children said lockdown was having a negative impact on their mental health, and 49% were struggling with the lack of routine.⁵⁰ Furthermore, the Children's Parliament reported a decline in the mental well-being of children and young people over the duration of the pandemic.⁵¹ Monthly reports were produced to share findings from the 'How are you doing survey',

demonstrated that in June, fewer children reported feeling cheerful and in a good mood than in April and May, and there was an increase in number of children feeling lonely or having multiple worries.⁵¹ Both the Power2 survey and Children's Parliament highlighted that more than half of children were worried about their future (61% and 56% of children respectively).^{50,51}

Conversely, in Wales, the Children's Commissioner carried out a two week consultation with 23,700 children and young people aged 3-18 years old. Snapshot findings from 200 participants highlighted that for many young people, the lockdown was a positive experience, providing them with a release from previous social pressures (e.g. bullying) and providing them the opportunity to spend time with their families. Young Minds study further supported this with findings showing, that for some children and young people, the experience of lockdown had a positive impact on their mental health, providing them with a break from stressors associated with school and friendship groups. However, this has caused concern around the impact that the easing of lockdown and return to 'normal life' would have on these young people, with a risk that many young people will suffer with stress and anxiety on the return to school. This is supported by Power2, which reported in June that 49% of children and young people were worried about going back to school.⁵⁰

Furthermore, research shows that the impact of lockdown has been felt much greater by those who were already struggling with their mental health. Young Minds surveyed children with pre-existing mental health problems, and found that of the 2,036 children and young people, 80% reported deterioration in their mental health over the duration of the lockdown, and 87% reported feeling lonely and isolated.⁴⁹

As a result of the impact of COVID-19 on mental health and well-being, there have been notable changes in the behaviour of children and young people. In research by Oxford University, parents reported changes in the behaviour of younger children during COVID-19 (age 4-10 years), with parents experiencing both emotional and behavioural difficulties, restlessness and attention difficulties.⁴³ These behaviours escalated over the duration of the lockdown, with more frequent temper tantrums, arguments and defiance. These patterns were not observed in older children (aged 11-16 years), with both parents and young people reporting no change in emotional difficulties.

Suicide and Self-Harm

There has been an observed increase in self-harm and suicidal ideation in young people since the start of lockdown. Self-harm is the strongest risk factor for suicide, which is the second leading cause of death among 15-19 year olds in UK.⁵³ The risk factors for young people who self-harm are consistent with other safeguarding risks

such as child abuse and neglect, substance misuse, intimate partner violence and sexual exploitation.

Papyrus (prevention of young suicide charity) reports the HOPELINEUK helpline is seeing a greater number of callers reporting that COVID-19 is affecting their ability to cope, and are hearing from young people struggling with traumatic family environments with nowhere to escape to.² In particular, young people who have a sibling with special needs have been seeking support from the helpline, reporting their sibling's behaviours becoming increasingly aggressive, and as a result, leaving them scared in their own home and unsure how to best respond.² Furthermore, Papyrus have reported that the lockdown restriction has caused a break-down in caller's former support and distraction techniques.² As a result, many callers are turning to self-harm as a way to cope, and young people who were recovering from previous health harming behaviours are re-establishing these maladaptive coping mechanism; this includes relapses for those with a history of self-harming, substance misuse, eating disorders, and other violent behaviours.²

In England, the National Child Mortality Database Programme have explored suicide in children and young people during the pandemic. There were no statistical difference in the number of suicides recorded immediately pre- and post-lockdown (26 and 25 suicides reported respectively), however, the data presented were for different durations (82 days prior to lockdown and 56 days post lockdown), and do not capture seasonal trends in suicide rates (i.e. comparisons to the same period previous years).⁵⁴ However, following a review of these cases it was reported that COVID-19 related factors were likely to have contributed to the suicide in 48% of the cases, including restrictions to education and other activities, disruption to care and support services, tensions at home and isolation.⁵⁴

Child exploitation and serious youth violence

In addition to increasing the risk of child sexual abuse both online and offline, research has highlighted that poor mental health and well-being, isolation and loneliness can increase the risk of child exploitation. This includes child sexual exploitation (CSE), child criminal exploitation (CCE) and radicalisation.

Intelligence from the Police and crime agencies across England and Wales have highlighted that while the restrictions to movement have caused challenges with supplying drugs during the lockdown, national and regional reporting has identified a minimal impact on organised drug activity, and subsequently, serious violence associated with serious organised crime.² The National County Lines Coordination Centre (NCLCC) assessed the threat from County Lines across the UK to be significant, demonstrating the resilience of the drug market.² Professionals in both England and

Wales expressed concerns about changes in tactics needed to continue to distribute drugs during the lockdown, reporting a risk of criminal gangs recruiting young people who were not in school during the lockdown.¹⁴ The vulnerabilities of children and young people are intensified during the pandemic, and has potentially increased the risk of children and young people being exploited to transport drugs for gangs, and as a result, involvement in violent crimes. There are a number of vulnerabilities and adversities in young people who associate with gangs, including parental substance misuse (68%), neglect (78%), physical abuse (41%), domestic abuse in the home (39%), a family history of offending (60%), social, emotional and mental health problems (95%), substance misuse (81%), and school instability, including moving schools (55% in the past 12 months) and permanent exclusion (5 times more likely for those in gangs).⁵⁵ Furthermore, involvement in gangs and youth violence is more prevalent in children and young people living in lower-income households, with poverty increasing the risk of young people getting drawn into gangs to obtain benefits which are not otherwise afforded (e.g. money, gifts, social status, power).⁵⁵

Police data in Wales shows a significant reduction in reported serious violence during the pandemic, however this does not indicate the threat has been reduced but rather signifies potential higher levels of hidden criminality.² Furthermore, the Youth Justice Service (YJS) has highlighted that, while in some areas there were reductions in the offences committed by children and young people during lockdown, others had reported changes in offence type, with an increase in shoplifting and antisocial behaviour (ASB), as well as an increase in more serious offences, such as driving offences, serious assaults and possession of drugs and weapons.⁵⁶

Drugs continue to be a large factor within serious violence across Wales as will the societal and economic changes resulting from the pandemic. Research by the National Centre for Gangs Research suggests that county lines drug gangs are finding new ways of doing business, and that grooming and recruitment may have shifted online.¹⁴ Furthermore Police intelligence highlights that there is a threat in relation to the type of commodities supplied and sourced, their quality and unpredictable affects to the users bringing much risk. Currently, there would appear to be drugs highly targeted at young people with great risks to their health and wellbeing, with the dangers of getting embroiled into criminality and subjected to violence, likely to have lifelong effects on the young people and services.

Furthermore, during the lockdown, concerns have been raised about the risk of children and young people becoming radicalised. The Wales Extremism and Counter Terrorism Unit (WECTU) reports a reduction in referrals since the start of the pandemic, however, the threat of terrorism has not diminished, and subsequently, the risk to vulnerable children and young people remain.² WECTU suggest that it is likely that the

risk of radicalisation has increased for a small number of vulnerable people, as the pandemic may have driven young people to spend more time online exposed to harmful materials (e.g. propaganda) and exacerbate grievances, which in turn makes individuals more vulnerable to radicalisation. Research has highlighted a number of risk factors associated with violent extremism, including early vulnerability and a lack of resilience, childhood trauma, social isolation, poor mental health, a need to belong or have a sense of purpose, reinforced prejudice and an aggrieved world view.⁵⁷ Many of these risk factors have the potential to have been exacerbated during the lockdown.

Access to support services

Although there are a range of factors which have posed a high risk to children and young people during the lockdown and recovery period, there has been limited support available to manage these risks. The National Youth Agency reported over a million young people to be at risk of the 'toxic trio' (addiction, mental health and domestic abuse), however, child protection referrals have plummeted by 50% in some areas'.¹³ As a result, the Local Government Association has expressed concerns about vulnerable children missing out on vital support during the pandemic.

Health and social care services have been required to strip back service provision to adapt to changes in staffing and resource capacity, and the restrictions to the level and methods of engagement they can have with vulnerable children, families and other professionals. As such, professionals have been required to prioritise the most vulnerable children (e.g. Looked After Children [LAC] children on the child protection register); to support with the decision making, the Welsh Government provided operational guidance to care providers (e.g. local authorities and care homes) on continued provision of support to vulnerable, at risk and care experienced children.⁵⁸

A survey carried out by Children in Wales highlighted the challenges services had experienced adapting to the lockdown. Many services experienced major disruption, with some required to temporarily and immediately close while they transitioned to remote working.⁵⁹ This included the suspension of face-to-face interactions, support groups for both children and parenting, and respite care.⁵⁹ Furthermore, most home visits were cancelled which impeded comprehensive assessments of the risk and needs of a family. Services experienced challenges maintaining contact with service users, as well as colleagues, with difficulties identifying effective remote communication mechanisms.⁵⁹

Although the Government implemented schemes to provide access to food and education for vulnerable children, data suggested low levels of engagement. Schools reorganised their education offer and established new hub arrangements to support vulnerable children and children of key workers, however, schools staff faced particular

challenges engaging pupils and ensuring they were safe. Many teachers with safeguarding responsibilities had set up mechanisms to 'check-in' with vulnerable families and pupils, but reported that not all households were effectively engaging.⁵⁹ A survey by the National Association of Head Teachers (NAHT) highlighted that 94% of schools opened to provide emergency cover in the UK, but they had less than 20% of their usual children attending and almost six out of 10 (58%) had less than a quarter of their usual teaching staff.¹³ Further data taken from DataCymru and the Welsh Government Pupil Level Annual Schools Census (PLASC) showed during lockdown 24,112 children across Wales were deemed vulnerable and entitled to access school schemes. However, data shows that between the end of 24th March 2020 and the 26th June 2020 only 1.2% to 6.3% of vulnerable children were attending local authority school settings.²

Furthermore, there are many children experiencing abuse and trauma who may not be known to public services and receiving support. With closures of schools and many health and social care services, identifying children at risk of harm has fallen to the local communities, with a reliance on neighbours and family members reporting concerns. At the start of lockdown, the NSPCC adult helpline saw a decline in the number of reports regarding concerns for children and young people, with children less visible to professionals. However, following an NSPCC four week media campaign displayed via television, radio, press and social media, there was a significant increase in demand to the helpline, with ~30% increase in reports compared to pre-lockdown. Of the calls made during the lockdown, 58% resulted in a referral to local authorities (i.e. child protection services). This highlighted that while children and young people were not in contact with professionals who are pivotal in identifying and safeguarding children at risk of harm, there continued to be opportunities for services to intervene. The community has played an important role in being the eyes and ears for services, to identify vulnerable children experiencing abuse and exploitation. However, concerns that child abuse may be going unreported during the lockdown remain. A survey by the NSPCC found that a quarter of British adults would not know where to seek help if they thought a child was being hurt or neglected.

Considerations to be made

Research shows that children are less likely to understand adverse incidents (e.g. disasters), leading to feelings of anxiety and stress, which can be difficult to cope with. Furthermore, children and young people living with trauma, loss and adversity can experience a range of reactions, including behavioural changes, emotional distress, grief, difficulties with attention, academic failure, nightmares or stress.⁸

Schools will play an integral role in responding to children following the pandemic, meeting the well-being and mental health needs of students. However, it is recognised

that schools cannot do this alone. Research by Barnardo's and Action for Children have highlighted the concerns educational professionals have for the return to schools; and a survey of 200 staff in Wales revealed that 85% of staff fear their pupils mental health will be affected by the lockdown.⁸ However, only 18.5% of staff felt they had the skills necessary to support their pupils when they return to school.⁸ Respondents reported a need for training to enable them to support children's mental health and well-being (71%), an increase in funding to support mental health and well-being initiatives and, due to the challenges experienced supporting students during the lockdown, support for the mental health and well-being of school staff.⁸

With a potential increase of exposure to ACEs and online harms, and the impact of lockdown on mental health and well-being, schools and educational professionals may experience a rise in disclosures from children and young people, and the need to implement child protection procedures in order to safeguard them. The Early Intervention Foundation highlights the biggest challenges may be yet to come, with early help services reporting a potential for a significant spike in early help and social care referrals once the social distancing and lockdown measures are eased.³

However, there is a risk that after a prolonged period of time away from school, children will struggle to seek support from school staff. This was evident in a recent survey carried out by the Children's Commissioner in Wales, which reported that only 53% of children and young people said they would feel comfortable speaking to a teacher about their mental well-being, and only 31% said they would feel confident to speak to a school counsellor.⁶⁰ The ACE prevalence study highlighted that individuals with higher ACE counts were less likely to report personal support from parents, other adult relatives, neighbours or friends and professionals (e.g. teachers, sports coaches, police, health professionals, religious leaders).⁶¹

Furthermore, research has evidenced that it takes children, on average, 7.8 years to disclose child abuse and neglect.⁶² This research highlighted that of the young people interviewed (n=60) 80% had attempted to disclose the abuse multiple times before the age of 18 years, and 66% had attempted to disclose while the abuse was happening; and, of the 203 disclosures made, only 117 disclosures were acted upon (58%).⁶² Of these disclosures, 23 were made to teachers by 18 of the young people which highlights that less than a third of young people disclosed the abuse to an education professional.⁶²

This research highlighted a number of barriers for young people disclosing abuse, including not having anyone to turn to due to the complex and chaotic nature of their family, not having the language capabilities to articulate what was happening to them, threats and intimidation by the perpetrator to remain silent, feelings of shame and embarrassment and concerns of stigmatisation and accusations of lying.⁶² Disclosures

were made possible when adults took notice of signs of abuse or behaviours and asking the young person questions on it, when the young person built trust with the adult and was given a safe place to talk, when they could no longer cope with the abuse or the harm escalated, and when they reached an age where they understood what was happening to them and they had the vocabulary to express it.⁶²

Identifying signs of trauma resulting from child maltreatment, neglect and exploitation may pose challenges for school staff. Some of the behavioural changes following previous pandemics, as noted in the literature, mirror the symptoms of trauma, which include appearing withdrawn, unengaged, and agitated. Particularly in larger classes or in more deprived areas, identifying children and young people most affected by the pandemic may be challenging. Furthermore, following the disruption of education, schools have the difficult task of supporting children to catch up on their learning, particularly those with pending exams, while also maintaining the health and safety in classrooms as COVID-19 continues to be present within society.

With these competing demands, schools and education providers are going to require the support of partner agencies to respond to the needs of children and young people. However, wider services have reported concerns around the impact of the pandemic on the capacity for organisations to respond, with the pandemic causing financial implications. Social care services (i.e. early help services) rely heavily on third sector organisations to provide support, many of which have struggled financially. Despite increases in workload, services have been unable to pay salaries and continue operating in the medium to long term, and as a result, staff were furloughed which has restricted their organisations ability to maintain the same level of service.⁵⁹ Furthermore, many organisations, particularly third sector organisations, have not been able to fundraise or acquire other forms of income, and many services have incurred extra costs for IT equipment, personal protective equipment and hygiene products.⁵⁹ These challenges has raised concerns for the sustainability of these services to continue to offer a service, and provide support to children and young people in need.

The need to invest in prevention and early intervention

Research has highlighted the lifelong impact of childhood trauma on children and young people. Exposure to ACEs can disrupt the development of children and result in cognitive, social, emotional and behavioural deficits. Children who have experienced ACEs are less likely to perform well at school and are at a greater risk of adopting health-harming behaviours, including smoking, under-aged sex, violence perpetration and victimisation, drug and alcohol use and incarceration. Furthermore, exposure to ACEs can have a number of health implications, reducing mental well-being and

increasing the risk of chronic diseases such as diabetes, heart disease and respiratory diseases. Consequently, individuals with ACEs use health services to a greater extent (e.g. GPs and A&E) and have reduced life expectancy. Such outcomes present a considerable burden on public services⁶³ with the long-term economic costs of ACEs and violence being substantial. The associated annual costs attributable to ACEs across Europe and North America have been calculated at US\$581 billion and \$748 billion respectively.⁶⁴

Research has evidenced the lifetime cost of non-fatal child maltreatment in the UK to be £89,000 per victim, accounting for the financial costs of maltreatment in terms of impact on health and social care, education and the criminal justices system, as well as the costs to the wider economy in lost productivity.⁶⁵ Furthermore, the Early Intervention Foundation (EIF) reports that the cost of providing 'late intervention' across England and Wales to be almost £17 billion per year (2016), referring to a range of acute and statutory services that are required to support children and young people that experience domestic violence and abuse, child neglect and maltreatment, mental health problems, youth crime and exclusion from education and the labour market.⁶⁶

Noticeably, the EIF report a rise in costs in late intervention to £5.2 million in a year for domestic violence and abuse cases,⁶⁶ Even before the public health lockdown measures were enforced in response to addressing the threat of the current COVID-19 pandemic, the cost of dealing with the short and long-term impacts of ACEs and child maltreatment were substantial and on the increase. With millions of people living with the after effects of ACEs, and the potential rise in ACEs experienced by children and young people during lockdown, investing in early intervention and the reduction of ACE prevalence is crucial.

The WHO-UNICEF-Lancet commission report stated the need to invest in children and young people following the pandemic, recognising that *'what is good for children is good for societies: investment in children's wellbeing provides benefits that are immediate, long term, and intergenerational'*.⁴ The report further stated that there is a need for *'global movement, to bring together governments, civil society, communities, and children to put action for children at the centre of the Sustainable Development Goals. The policy choices being made today will shape our societies' wellbeing for years to come'*.⁴

Conclusion

The COVID-19 pandemic has had considerable consequences for our global society, the implications of which will continue to be experienced for many years to come. While the events of the last year have had significant health, social and economic implications, there is a need to put children at the centre of recovery plans.

Although some children have adapted well to the lockdown, there are many children who have been trapped in home environments which have posed a risk, with exposure to adverse childhood experiences such as parental alcohol use, domestic abuse, physical, sexual and emotional abuse and neglect. Children and young people have been spending more time on the internet, which has provided them access to educational resources and a means to interact with friends and family. However, this has increased the access perpetrators of online sexual abuse and exploitation have to children, and as a result, there has been an increase in these areas. In addition, the pandemic and subsequent public health measures, has had a detrimental effect on the mental health and well-being of children, with higher levels of stress, anxiety and loneliness. For some, this has resulted in health harming behaviours and suicidal ideation, with these children and young people struggling to identify healthy coping mechanisms due to the restricted access to both formal and informal support and the removal of protective factors.

Furthermore, it is becoming increasingly apparent that the impact of the pandemic has not been felt equally within society, and as a result, many disadvantaged children will have suffered the effects of child poverty, including restricted access to food and education resources. Consequently, the pandemic has the potential to further widen the learning gap between the most and least deprived children within society, making it challenging for many children to catch up when they return to school, and impeding on their academic achievement.

It is important to note that the observed impacts of COVID-19 on children and young people, including exposure to child maltreatment, mental health problems, restricted access to education, and deprivation, are identified as risk factors for child exploitation and youth violence. This raises concerns that many vulnerable children will be drawn into gangs and used to transport drugs, further increasing their vulnerability.

The data available on the experiences of children and young people is limited, however, what is available highlights that there has been a reliance on helplines for help and support during the pandemic, with reduced reporting to emergency services such as the police and health. There are concerns that there is a high level of hidden harm, and that many of those who have experienced trauma will not be identified until schools return. That said, schools staff have a significant role to play when children return to their formal education, which is likely to place a significant strain on already over-stretched schools. Schools cannot act alone in responding to the needs of children and young people affected by ACEs and violence during the pandemic, but wider services, such as third sector organisations, face challenges of their own, included reduced staff and funding to continue to offer support.

COVID-19 has the potential to have a life-long impact on children and young people, particularly for children who have experienced trauma. These experiences can cause disruption to a child's development and lead to a wide range of negative outcomes in later life. While the country faces a recession and need to identify ways to protect the economy, failure to invest in early intervention can have greater financial consequences in the long run. There is a need for organisations to come together to ensure children and young people are given the support they need to mitigate the effects of the adversity they have experienced.

Finally, while this report has provided an insight into the potential experiences of children and young people during the COVID-19 lockdown, further work is needed to fully understand the effects of the pandemics on marginalised and disadvantaged groups, to better understand how services have responded to provide support to vulnerable children and families, and to consider what works to mitigate the impacts of harm caused during the lockdown.

References

1. UN News. UN chief calls for domestic violence 'ceasefire' amid 'horrifying global surge.' 2020 Apr 6; Available from: <https://news.un.org/en/story/2020/04/1061052>
2. The Wales Violence Prevention Unit. COVID-19 and Violence: Monitoring Report. Cardiff;
3. Champs Public Health Collaborative. Direct and indirect impacts of COVID-19 on health and wellbeing: Rapid Evidence Review [Internet]. Liverpool; 2020. Available from: Direct and indirect impacts%0Aof COVID-19 on health and%0Awellbeing
4. United Nations. Policy Brief: The impact of COVID-19 on children [Internet]. 2020. Available from: https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_children_16_april_2020.pdf
5. European Centre for Disease Prevention and Control. COVID-19 in children and the role of school settings in COVID-19 transmission [Internet]. Stockholm; 2020. Available from: <https://www.ecdc.europa.eu/sites/default/files/documents/COVID-19-schools-transmission-August-2020.pdf>
6. Clark H, Coll-Seck AM, Banerjee A, Peterson S, Dalglish SL, Ameratunga S, et al. After COVID-19, a future for the world's children? Lancet [Internet]. 2020; Available from: [https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(20\)31481-1.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)31481-1.pdf)
7. United Nations. Sustainable Development Goals: The 17 Goals [Internet]. [cited 2020 Aug 24]. Available from: <https://sdgs.un.org/goals>
8. Barnardos, Action for Children. Lessons from Lockdown: Supporting vulnerable children and young people returning to school and to learning [Internet]. 2020. Available from: <http://www.barnardos.org.uk/sites/default/files/uploads/lessons-from-lockdown-supporting-vulnerable-children-young-people-returning-school-learning-english.pdf>
9. The Childrens Society. The impact of COVID-19 on children and young people [Internet]. 2020. Available from: <https://www.childrensociety.org.uk/sites/default/files/cv-19-impact-on-children-report-from-the-childrens-society.pdf>
10. Mok LH, Antonsen S, Carr CBPMJ, Kapur N, Nazroo J, Webb RT. Family income

- inequalities and trajectories through childhood and self-harm and violence in young adults: a population-based, nested case-control study. *Lancet Public Heal* [Internet]. 2018;3(10):498–507. Available from: [https://www.thelancet.com/journals/lancet/article/PIIS2468-2667\(18\)30164-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS2468-2667(18)30164-6/fulltext)
11. The Childrens Society. Good Childhood Report [Internet]. 2017. Available from: https://www.childrensociety.org.uk/sites/default/files/the-good-childhood-report-2017_full-report_0.pdf
 12. Welsh Government. Child Poverty Progress Report 2019 [Internet]. 2019 [cited 2020 Sep 10]. Available from: https://senedd.wales/laid_documents/gen-ld12921/gen-ld12921_e.pdf
 13. Green L, Morgan L, Azam S, Evans L, Parry-Williams L, Petchey L, et al. A Health Impact Assessment of the Staying at Home and Social Distancing Policy in Wales in response to COVID-19 pandemic. Main Findings [Internet]. Cardiff; 2020. Available from: https://whiasu.publichealthnetwork.cymru/files/4515/9618/5918/HIA_-_Rapid_Review_of_SAH_Policy_Main_Report.pdf
 14. The Public Health Institute. Direct and indirect impacts of COVID-19 on health and wellbeing: Rapid Evidence Review. 2020.
 15. Crutchfield RD, Wadsworth T. Poverty and Violence. In: Heitmeyer W, Hagan J (eds) *International Handbook of Violence Research*. Netherlands: Springer;
 16. Hobart V. Progressing a Public Health Approach to Violence Prevention and Reduction, Appendix A: Proposed Public Health Approach [Internet]. 2019. Available from: <https://data.london.gov.uk/dataset/a-public-health-approach-to-serious-youth-violence>
 17. Page A, Lewis G, Kidger J, Heron J, Chittleborough C, Evans J, et al. Parental socio-economic position during childhood as a determinant of self-harm in adolescence. *Soc Psychiatry Psychiatr Epidemiol* [Internet]. 2014;49:193–203. Available from: <https://link.springer.com/article/10.1007/s00127-013-0722-y>
 18. Bywaters P, Bunting L, Davidson G, Hanratty J, Mason W, McCartan C, et al. The relationship between poverty, child abuse and neglect: an evidence review [Internet]. 2016. Available from: <https://www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review>
 19. Families and Schools Together (FAST). Family Stress Theory [Internet]. 2020 [cited 2020 Aug 24]. Available from: <https://www.familiesandschools.org/why-it-works/based-on-research/family-stress-theory-2/>
 20. Welsh Government. Extra £3 million to support 'digitally excluded' learners in Wales. 2020 Apr; Available from: <https://gov.wales/extra-3-million-pounds->

- support-digitally-excluded-learners-wales
21. University of College London. School closures do not have a significant effect on Covid-19 spread. 2020 Apr 7; Available from: <https://www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review>
 22. StatsWales. Pupils eligible for free school meals by local authority, region and year [Internet]. 2020 [cited 2020 Aug 24]. Available from: <https://statswales.gov.wales/Catalogue/Education-and-Skills/Schools-and-Teachers/Schools-Census/Pupil-Level-Annual-School-Census/Provision-of-Meals-and-Milk/pupilseligibleforfreeschoolmeals-by-localauthorityregion-year>
 23. StatsWales. Key Stage 4 key indicators by Free School Meal entitlement and gender (legacy data) [Internet]. 2019 [cited 2020 Sep 8]. Available from: <https://statswales.gov.wales/Catalogue/Education-and-Skills/Schools-and-Teachers/Examinations-and-Assessments/Key-Stage-4/ks4keyindicators-by-freeschoolmealentitlement-gender>
 24. Lloyds Bank. UK Consumer Digital Index 2018 [Internet]. 2018. Available from: https://www.lloydsbank.com/assets/media/pdfs/banking_with_us/whats-happening/LB-Consumer-Digital-Index-2018-Report.pdf
 25. Andrew A, Cattan S, Dias MC, Farquharson C, Kraftman L, Krutikova S, et al. Learning during the lockdown: real-time data on children's experiences during home learning [Internet]. 2020. Available from: <https://www.ifs.org.uk/publications/14848>
 26. Green F. Schoolwork in lockdown: new evidence on the epidemic of educational poverty. [Internet]. 2020. Available from: https://www.llakes.ac.uk/sites/default/files/LLAKES Working Paper 67_0.pdf
 27. Bradley BJ, Greene AC. Do Health and Education Agencies in the United States Share Responsibility for Academic Achievement and Health? A Review of 25 Years of Evidence About the Relationship of Adolescents' Academic Achievement and Health Behaviors. *J Adolesc Heal*. 2013;52(5):523–32.
 28. World Health Organization. Global status report on violence prevention. Geneva; 2014.
 29. Snowdon LC, Barton ER, Newbury A, Parry B, Bellis MA, Hopkins JC. Addressing the "shadow pandemic" through a public health approach to violence prevention. *J COMMUNITY Saf WELL-BEING*. 2020;5(2):60–5.
 30. Bellis MA, Kathryn A, Hughes K, Ford K, Bishop J, Paranjothy S. Adverse Childhood Experiences and their impact on health-harming behaviours in the Welsh adult population. [Internet]. Cardiff; 2015. Available from: <http://www2.nphs.wales.nhs.uk:8080/PRIDDocs.nsf/7c21215d6d0c613e80256f4>

- 90030c05a/d488a3852491bc1d80257f370038919e/\$FILE/ACE Report FINAL (E).pdf
31. Institute of Alcohol Studies. Alcohol consumption during the COVID-19 lockdown: summary of emerging evidence from the UK [Internet]. 2020. Available from: [http://www.ias.org.uk/uploads/pdf/IAS reports/sb28062020.pdf](http://www.ias.org.uk/uploads/pdf/IAS_reports/sb28062020.pdf)
 32. Change A. Research: drinking in the UK during lockdown and beyond [Internet]. 2020 [cited 2020 Aug 24]. Available from: <https://alcoholchange.org.uk/blog/2020/drinking-in-the-uk-during-lockdown-and-beyond>
 33. Bryant L, MacKintosh AM, Bauld L. An Exploration of the Impact of Non-Dependent Parental Drinking on Children. *Alcohol Alcohol*. 2020;55(1):121–7.
 34. Finlay L, Gilmore I. Covid-19 and alcohol—a dangerous cocktail. *Br Med J*. 2020;
 35. Graham K, Bernardis S, Laslett A-M, Gmel G, Kuntsche S, Wilsnack S, et al. Children, Parental Alcohol Consumption, and Intimate Partner Violence: A Multicountry Analysis by Perpetration Versus Victimization and Sex. *J Interpers Violence*. 2020;35(18):18AD;
 36. Welsh Government. Minimum unit pricing of alcohol [Internet]. 2019 [cited 2020 Sep 10]. Available from: [Minimum unit pricing of alcohol](https://gov.wales/minimum-unit-pricing-of-alcohol)
 37. Alcohol Concern, Alcohol Research UK. Findings from a survey of adults in Wales concerning alcohol and minimum unit pricing (MUP). 2018.
 38. Welsh Government. Minimum pricing for alcohol: research into potential consequences [Internet]. 2019 [cited 2020 Sep 10]. Available from: <https://gov.wales/minimum-pricing-alcohol-research-potential-consequences>
 39. NSPCC. The impact of the coronavirus pandemic on child welfare: domestic abuse [Internet]. 2020. Available from: <https://learning.nspcc.org.uk/media/2241/impact-of-coronavirus-pandemic-on-child-welfare-domestic-abuse.pdf>
 40. Condry R, Miles C, Brunton-Douglas T, Oladapo A. Experiences of Child and Adolescent to Parent Violence in the Covid-19 Pandemic [Internet]. 2020. Available from: https://www.law.ox.ac.uk/sites/files/oxlaw/final_report_capv_in_covid-19_aug20.pdf
 41. NSPCC. Child sexual offences jump 57% in 5 years. 2020 Aug 10; Available from: <https://www.nspcc.org.uk/about-us/news-opinion/2020/child-sexual-offences-rise/>
 42. Darkness to Light. Child Sexual Abuse Statistics [Internet]. 2017. Available from:

- https://www.d2l.org/wp-content/uploads/2017/01/all_statistics_20150619.pdf
43. Office for National Statistics. Child sexual abuse in England and Wales: year ending March 2019 [Internet]. 2019. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/childsexualabuseinenglandandwales/yearendingmarch2019>
 44. NSPCC. Online child grooming offences pass 10,000. 2020 May 29;
 45. UK Government. Online Harms White Paper [Internet]. 2019 [cited 2020 Sep 8]. Available from: <https://www.gov.uk/government/consultations/online-harms-white-paper>
 46. BBC News. Online Harms bill: Warning over “unacceptable” delay. 2020 Jun 29; Available from: <https://www.bbc.co.uk/news/technology-53222665>
 47. Harte A. Self-help for child sex thoughts up 100% since lockdown. BBC News [Internet]. 2020 Jun 2; Available from: <https://www.bbc.co.uk/news/uk-52883373>
 48. Tarian Regional Organised Crime Unit (ROCU). Child Sexual Abuse/Exploitation [Internet]. 2017 [cited 2020 Oct 1]. Available from: <https://www.tarianrocu.org.uk/the-teams/#jumper>
 49. Minds Y. Coronavirus: Impact on young people with mental health needs: Survey 2 [Internet]. 2020. Available from: <https://youngminds.org.uk/media/3904/coronavirus-report-summer-2020-final.pdf>
 50. Power2. Life in Lockdown [Internet]. 2020. Available from: <https://www.power2.org/lockdown-survey>
 51. Children’s Parliament. How are you doing? Survey report [Internet]. 2020. Available from: <https://www.childrensparliament.org.uk/wp-content/uploads/HOW-ARE-YOU-DOING-SURVEY-REPORT-August-2020.pdf>
 52. University of Oxford. Children show increase in mental health difficulties over COVID-19 lockdown. 2020 Jun 16; Available from: <https://www.ox.ac.uk/news/2020-06-16-children-show-increase-mental-health-difficulties-over-covid-19-lockdown>
 53. Office for National Statistics. Deaths registered in England and Wales (series DR): 2017 [Internet]. 2018. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredinenglandandwalesseriesdr/2017#suicide-accounted-for-an-increased-proportion-of-deaths-at-ages-5-to-19-years-in-2017>
 54. Odd D, Sleaf V, Appleby L, Gunnell D, Luyt K. Child Suicide Rates during the

- COVID-19 Pandemic in England: Real-time Surveillance [Internet]. 2020. Available from: <https://www.ncmd.info/wp-content/uploads/2020/07/REF253-2020-NCMD-Summary-Report-on-Child-Suicide-July-2020.pdf>
55. National Youth Agency. Hidden in Plain Sight: Gangs and Exploitation, a youth work response to COVID-19 [Internet]. 2020. Available from: <https://nya.org.uk/wp-content/uploads/2020/06/NYA-Hidden-in-Plain-Sight-1.pdf>
 56. Nolan D. 'Spend time with me': Children and young people's experiences of COVID-19 and the justice system [Internet]. 2020. Available from: <https://cycj.org.uk/wp-content/uploads/2020/06/COVID-19-and-justice-report-final.pdf>
 57. Bellis MA, Hardcastle KA. Preventing violent extremism in the UK: Public health solutions [Internet]. 2019. Available from: https://www.researchgate.net/publication/332869104_Preventing_violent_extremism_in_the_UK_Public_health_solutions_Preventing_violent_extremism_in_the_UK_Public_health_solutions_Acknowledgements
 58. Welsh Government. Children's social services during the COVID-19 pandemic: guidance [Internet]. 2020 [cited 2020 Sep 10]. Available from: <https://gov.wales/childrens-social-services-during-covid-19-pandemic-guidance-html>
 59. Children in Wales. COVID 19 RESULTS FROM OUR MEMBER SURVEY: SUMMARY REPORT [Internet]. 2020. Available from: <https://www.childreninwales.org.uk/news/news-archive/children-wales-members-survey-covid-19-results-summary-report/>
 60. Childrens Commissioner for Wales. Coronavirus and me. 2020.
 61. Hughes K, Ford K, Davies AR, Homolova L, Bellis MA. Sources of resilience and their moderating relationships with harms from adverse childhood experiences. Wrexham; 2018.
 62. Allnock D, Miller P. No one noticed, no one heard [Internet]. 2013. Available from: <https://learning.nspcc.org.uk/research-resources/2013/no-one-noticed-no-one-heard>
 63. A Butchart, Brown D, Khanh-Huynh A, Corso P, Florquin N, Muggah R. Manual for estimating the economic costs of injuries due to interpersonal and self-directed violence [Internet]. 2008. Available from: https://apps.who.int/iris/bitstream/handle/10665/43837/9789241596367_eng.pdf;jsessionid=C27BA0F101B302D0ACA613E6C4824220?sequence=1
 64. Bellis MA, Hughes K, Ford K, et al. Life course health consequences and associated annual costs of adverse childhood experiences across Europe and

- North America: a systematic review and meta-analysis. *Lancet Public Heal.* 2019;4(10):517–28.
65. Gabriella Conti, Morris S, Melnychuk M, Pizzo. E. The economic costs of child maltreatment in the UK [Internet]. Available from: <https://learning.nspcc.org.uk/media/1094/economic-cost-child-maltreatment-united-kingdom-preliminary-study.pdf>
 66. Chowdry H, Fitzsimons P. The cost of late intervention: EIF analysis 2016 [Internet]. 2016. Available from: <https://www.eif.org.uk/report/the-cost-of-late-intervention-eif-analysis-2016>
 67. Nirvana K. Factsheet & Stats: Honour-Based Abuse Helpline [Internet]. 2020 [cited 2020 Sep 20]. Available from: https://karmanirvana.org.uk/wp-content/uploads/2020/07/KN_FACTSHEET_20-V22.jpg



Uned Atal Trais Violence Prevention Unit

Public Health Wales

Policy and International Health

World Health Organisation Collaborating Centre on Investment for Health & Well-being

Floor 5, 2 Capital Quarter

Tyndall Street

Cardiff

CF10 4BZ

ISBN: 978-1-78986-154-133