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Australian Institute of
Health and Welfare

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Child protection in the time of COVID-19

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Child protection services aim to protect children from abuse and neglect in family settings. In 2019–20, 1 in every 33 Australian children—or 174,700 children—received child protection services, a similar rate to 2018–19 (AIHW forthcoming 2021).

Child abuse and neglect can take place behind closed doors, so it is difficult to know how often it occurs. Data on child protection services does not necessarily give an accurate picture of how many children are being abused or neglected, but can provide insight into how often suspected child abuse and neglect is detected.

Suspicious about child abuse or neglect are often reported by schools, child care centres, and other people or services children regularly come into contact with. The COVID-19 pandemic has affected daily life through restrictions on people's movements and interactions, while also affecting how businesses and services can operate—potentially limiting opportunities for child abuse and neglect to be detected and reported.

At the same time, the pandemic has affected the way families live and work, with many experiencing financial and other stresses. All families experience some challenges when caring for their children, but the COVID-19 pandemic may have made some more vulnerable. While this does not necessarily mean a child will be harmed, these factors may have some effect on the likelihood of child abuse and neglect occurring.

This report presents child protection data from March to September 2020 (covering the 'first wave' of COVID-19 restrictions for Australia, and part of the 'second wave' of restrictions for Victoria) with comparisons to the same period in 2019. For simplicity, this period is referred to throughout the report as 'during COVID-19' although it is recognised that the COVID-19 pandemic continues. Data prior to March 2020 are referred to as 'pre-COVID-19'. Selected information is also presented on a number of risk factors for child abuse and neglect, including income and housing stress, parental mental health and substance use, and domestic violence. This report complements the regular annual national reporting on child protection, for example, *Child protection Australia 2019–20* (AIHW forthcoming 2021).



Notifications to child protection services fell during the 'first wave' of COVID-19, and increased once restrictions eased.



The number of children in out-of-home care remained relatively stable between March to September 2020.



Several risk factors for child abuse and neglect increased during COVID-19, including financial hardship, housing stress, and poor mental health.

AIHW

What are child protection services?

Some children are unable to live safely at home as they may be at risk of being abused or neglected, or their parents may be unable to provide adequate care or protection. In Australia, state and territory governments assist these vulnerable children.

Where suspected child abuse and neglect is reported, child protection services may investigate. This could result in the provision of support services to keep children with their families, children being placed on a protective court order, or being placed in out-of-home care, such as with a relative or foster carer.

Box 1: What has happened in previous crises?

Concerns that children will be particularly vulnerable during COVID-19 are based on experiences from previous crises including disease outbreaks, natural disasters and financial downturns.

In the United States, child abuse reports were disproportionately higher following Hurricane Hugo and the Loma Prieta Earthquake in 1989, in counties that experienced widespread damage (Curtis et al. 2000).

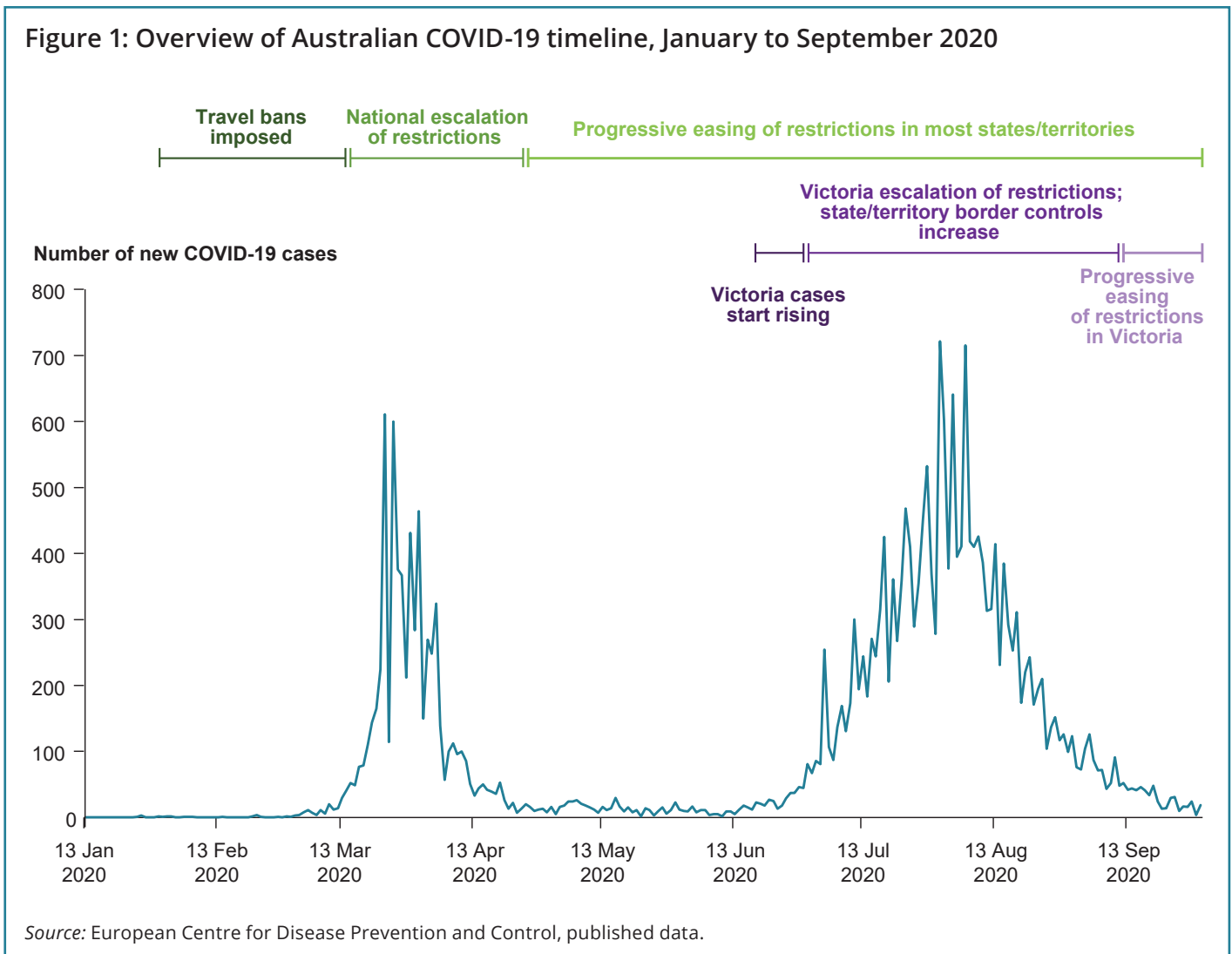
During the 2008 Global Financial Crisis in the United States, the rates of child neglect increased alongside growing economic hardship. Although national data on cases coming to the attention of child welfare authorities indicated that child maltreatment rates fell, there was an increase in cases of serious child physical abuse recorded in hospital admissions data during this time (Meadows et al. 2015).

During the 2014 Ebola epidemic in Sierra Leone, more than half (55%) of children surveyed indicated that violence against children had increased in their community compared with before Ebola (Risso-Gill & Finnegan 2015).

A review of various research on emergencies and natural disasters found that while the rate of violence against children does increase during times of crisis, the reported rate of violence is less than the actual rate due to weakened child protection systems and reporting mechanisms (Seddighi et al. 2019).

How did COVID-19 impact child protection services?

This section provides an overview of key child protection service activity during the initial stages of the COVID-19 pandemic in Australia. Available data are presented for selected measures (Box 2). The timeframe of interest is March to September 2020, as this includes the 'first wave' of COVID-19 restrictions for Australia, and part of the 'second wave' of restrictions for Victoria (Figure 1).



Although child protection services are considered essential services and have continued during the COVID-19 pandemic, there may have been some impacts on the way these services are delivered. For example:

- Where deemed appropriate, face-to-face contact with children and their families may have been replaced with telephone, videoconferencing or other online contact.
- Where face-to-face contact is still required, COVID-19-related travel and contact restrictions, and personal safety practices, may have increased the complexity of tasks such as conducting home visits and finalising assessments.
- The reduced activity of courts during COVID-19 restrictions may have delayed some legal processes and thereby impacted out-of-home care admissions and exits, including processes to reunify children with their families.

However, just as the extent of COVID-19 restrictions varied across states/territories, so too did the extent of impacts on service delivery.

Box 2: Selected child protection services presented in this report

Children aged 0–17 may be involved in 1 or more of these services:

- **Notification:** Contact made to an authorised department by people or other bodies (for example, police, schools, neighbours) alleging child abuse or neglect, child maltreatment or harm to a child.
- **Substantiation:** Where a notification has been investigated and it was concluded there was reasonable cause to believe the child had been, was being, or was likely to be, abused, neglected or otherwise harmed. This includes cases of physical abuse, sexual abuse, emotional abuse (including exposure to domestic violence), and neglect (including inadequate supervision and failing to provide appropriate food, clothing shelter and medical care). Substantiations may also include cases where there is no suitable caregiver, such as children who have been abandoned, or whose parents are deceased.
- **Out-of-home care:** Overnight care for children (for example, with foster carers or relatives, or in residential care), where there is ongoing case management and the state makes a financial payment or where a financial payment has been offered but has been declined by the carer.

States and territories are responsible for the delivery of child protection services and the approaches to delivery vary across jurisdictions. Further information is provided in AIHW (2020a).

Online child sexual exploitation is usually handled as a separate matter (see Box 3).

The child protection data presented in this report were supplied by states/territories through an accelerated national data sharing approach. As such, some data were preliminary at the time of writing, some measures are presented for March to August 2020 (rather than to September) and these data are not considered directly comparable across states/territories (further details provided in 'Data notes'). However, some common patterns found across jurisdictions are described below.

Notifications dropped during COVID-19 shutdowns and increased once restrictions eased

The number of notifications recorded each month fluctuated considerably across March to August 2020, and patterns varied across jurisdictions (Figure 2); notifications data for Tas were available up to April 2020. A common pattern observed in most jurisdictions was a drop in notifications in April 2020 (during the initial COVID-19 restrictions) followed by an increase in May or June (once restrictions had eased). In 4 jurisdictions (NSW, Qld, SA and NT), this post-April increase saw higher numbers of notifications than pre-COVID-19 levels (prior to March 2020). In 3 jurisdictions (Vic, WA and ACT), the post-April 2020 increase in number of notifications was larger than the same period in 2019, although the May/June 2020 numbers did not exceed pre-COVID levels (Supplementary tables S1a–S8a).

In all states and territories, teachers are required by law to report suspected abuse and neglect to government child protection services. Notifications from schools usually fall during school holiday periods and rise once school resumes. In all 7 jurisdictions with available data, there was a drop in the number of notifications received from schools in April 2020, followed by an increase in May or June. This coincided with the April school holidays and subsequent return to school in each state/territory, however, the 2020 increase was larger than the increase over the same period in 2019, suggesting COVID-19-related schooling restrictions may have had an added effect (Supplementary tables S1c–S8c). In addition to the scheduled school holidays, many schools implemented remote learning, optional on-site attendance, partial/staged return and student-free days in response to COVID-19. Because of this, children were less visible to school personnel for a longer period, potentially limiting opportunities for child abuse and neglect to be detected and reported. Notifications from school personnel then increased when children

returned to attending school in person. In Vic, there was a second drop in notifications from school personnel over July to September 2020, when COVID-19-related school restrictions were put in place during the 'second wave'.

Similar patterns have been found in other parts of the world. For example, in New York City, there was a substantial drop in the number of suspected cases of child maltreatment being reported to child welfare authorities during COVID-19-related school closures and other restrictions in March–May 2020, particularly from mandated reporters such as school personnel (Rapoport et al. 2020).

The total number of notifications for the 6-month period March to August 2020 varied across jurisdictions—compared with the same period in 2019, notifications were higher in NSW (9% higher), Qld (21%), SA (19%) and NT (9%), lower in WA (14% lower) and ACT (6%), and similar (less than 5% difference) in Vic (Supplementary tables S1a–S8a). However, in some jurisdictions an overall increase in notifications was already occurring before COVID-19. For example, in NSW notifications have been increasing over the last few years, thought to be due to a number of factors, including increased awareness of child protection issues and improvements which have made it easier for people to report child protection concerns.

Substantiations were relatively stable during COVID-19

The number of substantiations recorded each month remained relatively stable across March to August 2020 for all jurisdictions (Figure 2); data were not available for Tas.

The total number of substantiations for the 6-month period March to August 2020 varied across jurisdictions. Compared with the same period in 2019, the number of substantiations was higher in SA (16% higher), lower in Vic (25% lower), WA (14%) and ACT (31%), and similar (less than 5% difference) in NSW, Qld and NT (Supplementary tables S1a–S8a).

In 6 jurisdictions (Vic, Qld, WA, SA, ACT and NT), the most common type of abuse for the 6-month period March to August 2020 was emotional abuse, which includes exposure to domestic violence (Supplementary tables S1d–S8d). This pattern is consistent with the same period in 2019.

Number of children in out-of-home care remained relatively stable during COVID-19

The number of children in out-of-home care each month remained relatively stable across March to September 2020 for all jurisdictions (Figure 2); that is, there was minimal fluctuation in numbers month-to-month (less than 2%) over this period. However, Qld had an overall 5% increase in the number of children in out-of-home care between March and September 2020; all other jurisdictions had less than 3% change.

When compared to the previous year, in 4 jurisdictions (Vic, Qld, WA and SA) the number of children in out-of-home care each month in 2020 was consistently higher than the same months in 2019, whereas in NSW and NT the 2020 monthly numbers were consistently lower than in 2019 (Figure 2). In Tas and ACT the numbers fluctuated somewhat (some months in 2020 had higher numbers than 2019, and some had lower).

This reflects that, over time since January 2019, a larger number of children were admitted to out-of-home care compared to those exiting care in Vic, Qld, WA and SA, whereas NSW and NT had fewer children admitted than exiting (Supplementary tables S1b–S8b).

In most jurisdictions (NSW, Vic, Qld, WA, SA and Tas), the most common out-of-home care placement types across March to September 2020 were with relatives/kin or with foster carers (Supplementary tables S1e–S8e). This is consistent with the same period in 2019.

Ongoing monitoring is required

The data presented in this section provide an overview of the impacts of the early stages of COVID-19 observed in child protection data available to date. Different services may be impacted by COVID-19 at different times. For example, while notifications appear to have fluctuated immediately in response to COVID-19 restrictions, the impacts on substantiations and out-of-home care may take longer to manifest. For example, the time taken for a notification to be investigated and an outcome decided and recorded in the departmental data system, means there may be a subsequent increase in substantiations. Likewise, when courts resume their usual processes, there may be a subsequent increase in out-of-home care entries and exits. In addition, families' experiences of risk factors for child abuse and neglect (such as income stress and parental mental health) are likely to continue to evolve throughout the pandemic. As such, ongoing monitoring will be required to determine the longer-term impacts of COVID-19 on child protection services. This would also provide an opportunity to describe the impacts on specific groups of children, for example, by age, sex, Aboriginal and Torres Strait Islander status, and those in regional and remote areas.

Box 3: Online child sexual exploitation

Online child sexual exploitation most commonly includes grooming, live streaming, consuming child sexual abuse material, and coercing and blackmailing children for sexual purposes (ACCCE 2020a). These matters are usually reported to, and handled by, the police or the Australian Centre to Counter Child Exploitation (ACCCE). Cases may come to the attention of child protection services where the child's parent/carer is involved in the exploitation and/or has failed to protect the child.

During COVID-19, public tipoffs about online child sexual exploitation material more than doubled—reports made by members of the public to the ACCCE increased by 122% as Australia went into COVID-19 restrictions through April–June 2020. In the 2019–20 financial year, the ACCCE Child Protection Triage Unit received more than 21,000 reports, an increase from more than 14,000 reports in 2018–19, the ACCCE's first year (ACCCE 2020b). Each report may contain thousands of images of children being abused.

Figure 2: Child protection notifications, substantiations and out-of-home care, January to September 2019 and 2020

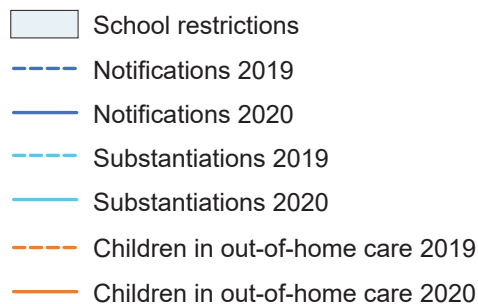


Notes

(a) Substantiations data not available. Notifications data available to April 2020.

1. 'School restrictions' indicates months where students may have been off-site for at least part of the month due to COVID-19 arrangements, including parents encouraged to keep children home, remote learning, optional on-site attendance, partial/staged return, student-free days and adjacent school holidays.
2. Some August and September 2020 data may have been preliminary at the time of writing and therefore numbers may differ noticeably to preceding months.

Source: Supplementary tables S1a–S8a.



Could COVID-19 increase the risk of children being harmed?

There are many factors that may either place a child at increased risk of abuse or neglect, or protect them (AIFS 2017). Previous findings suggest that children are at increased risk of violence during emergencies and natural disasters (Box 1).

It is important to note that risk factors are not causes of child abuse or neglect. The presence of 1 or more risk factors will not necessarily result in child abuse and neglect, just as the presence of protective factors does not guarantee that children will be kept safe (AIFS 2017). In addition, risk factors are often interconnected—for example, parental unemployment can be connected to socioeconomic disadvantage, housing stress and mental health problems. For families already experiencing some of these challenges, the COVID-19 pandemic may have made them particularly vulnerable and in need of greater support. This section looks at a number of factors which have readily available data and are considered relevant to the COVID-19 environment. For some topics, the available data are not specifically about parents or families, but instead provide an overview of broader patterns in the community during the COVID-19 period.

It should also be acknowledged that the broad national patterns presented here may not reflect the local COVID-19 experiences of each state/territory or region.

What help and support is being sought during COVID-19?

Parental access to support reduces the risk of child abuse and neglect (AIFS 2017). The social and economic impacts of COVID-19 restrictions may not only increase the need for support, but also make accessing support more challenging.

Informal networks provided support during COVID-19

In early April to early May 2020, 1 in 10 adults (10%) sought some form of support from others due to COVID-19—this includes support for tasks they would normally do themselves (for example, grocery shopping) or for other reasons, such as financial help. Among those who received support (95%* of those who sought support), it was commonly received from informal networks such as a family member (71%*) or a friend or work colleague (17%*) (ABS 2020a).



People needing domestic violence support most likely to encounter difficulties accessing services

People also required more formal support from services. Among adults who reported they had a need for a service during the first peak of the COVID-19 infection period in Australia (roughly mid-March to mid-May 2020), three-quarters (76%) sought help. The most common issues people sought help for were health/medical (76%), mental health support (75%), and information, advice and referral (72%). By comparison, there is evidence that people were least likely to seek help for drug and/or alcohol counselling, and domestic and family violence support, although there was less widespread need for these services (Biddle & Gray 2020).

Around 1 in 5 (23%) of those who sought help reported they had difficulty accessing a service. The most commonly reported barriers were 'operator busy / unable to speak to someone' (47%), 'service/ appointment not available when required' (44%) and 'was not sure who to contact' (33%). Those seeking domestic and family violence support were most likely to report a difficulty (Biddle & Gray 2020).

Further information on other help and support sought and received during COVID-19 is included in the following sections on income, housing, mental health and family violence.

How has COVID-19 affected employment and income?

Socioeconomic disadvantage and parental unemployment are risk factors for child abuse and neglect (AIFS 2017).

In late March 2020, Australia introduced widespread restrictions to slow the spread of COVID-19, including the shutdown of non-essential industries. A number of government support programs were put in place to minimise the impact of these changes. Two of the largest, introduced in late April / early May 2020, were the JobKeeper wage subsidy for eligible businesses and employees, and increased income support through the Coronavirus Supplement (paid to those receiving the JobSeeker payment, the Parenting Payment, Youth Allowance and other selected allowances) (DSS 2020; The Treasury 2020a). For selected payments, some requirements were also waived (e.g. asset tests, and the obligation to actively seek work) (DSS 2020).

Unemployment and underemployment increased during COVID-19

One in 5 people in the labour force (20%, or almost 2.7 million) were either unemployed or underemployed in April 2020 (Figure 3; ABS 2020b). This represented a rapid increase from the rate in February (14%), reflecting the impacts of COVID-19 restrictions. The rate had declined by September 2020 (18%), but remained above pre-COVID-19 levels.

The underemployment rate includes employed people who want, and are available for, more hours of work than they currently have. This rate, combined with the unemployment rate, is known as the underutilisation rate. JobKeeper recipients are counted as employed, even if they worked zero hours.

Reliance on government financial support increased during COVID-19

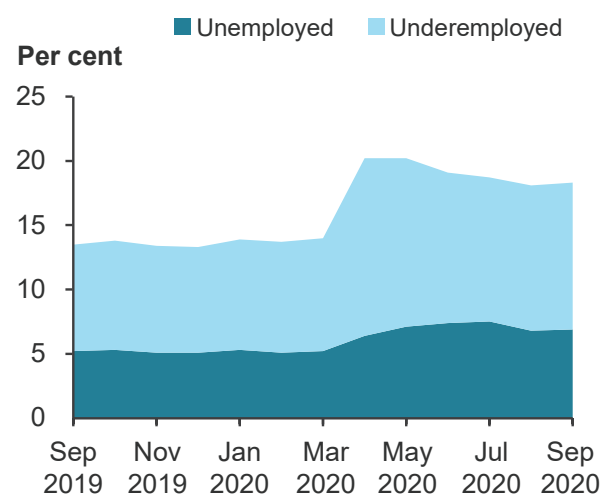
Around 1 in 5 employed people received JobKeeper benefits—at 20 May 2020, around 2.9 million employees from nearly 760,000 businesses had received benefits under the JobKeeper program (The Treasury 2020b; ABS 2020c).

The number of people receiving unemployment payments doubled compared with pre-COVID-19 levels—between February and May 2020, JobSeeker recipients increased from around 720,000 to 1.46 million, and Youth Allowance unemployment recipients increased from around 86,000 to 171,000. Since then, numbers remained relatively steady to September (Supplementary table S10).

At end-July 2020, there were over 1.1 million children whose parents received the Family Tax Benefit and were receiving a Coronavirus Supplement payment. This includes around half a million children living in a single-parent family receiving the Parenting Payment and half a million children who have a parent receiving the JobSeeker payment (Parliament of Australia 2020).

The JobKeeper and Coronavirus Supplement payments had a protective impact on families by reducing poverty compared with pre-COVID-19 levels—specifically, the poverty rate for single-parent families more than halved (from 20% to 8%), while the rate for couples with children remained steady (between 3–4%) (Phillips et al. 2020). However, due to the impacts COVID-19 has had on the economy, the late-September 2020 reduction in payments, while still more generous than what was available prior to COVID-19, is expected to increase the number of households in poverty, both compared with early September and with pre-COVID-19 economic conditions (Phillips et al. 2020).

Figure 3: Labour force underutilisation rate, September 2019 to September 2020



Source: Supplementary table S9.

Household finances worsened for many

Although income support payments had reduced the overall proportion of households below the poverty line during COVID-19 as at September 2020, individual families may still be financially worse off.

Incomes have reduced compared with pre-COVID-19 levels. Among all households, average household income is estimated to have fallen by 9% between February and April 2020, and had not recovered by August (Biddle et al. 2020a). Among JobKeeper recipients, over 3 in 5 (64%) were receiving less income than their usual pay (ABS 2020d).

Around 3 in 10 Australians (31%) reported their household finances had worsened due to COVID-19 in mid-April 2020, and almost 2 in 10 (19%) reported this in mid-June (ABS 2020e).

Has COVID-19 affected housing?

Housing stress is a risk factor for child abuse and neglect, while adequate housing has been identified as a protective factor (AIFS 2017). Housing stress occurs when housing costs are too high for household incomes (AHURI 2018).

Housing stress increased during COVID-19



Between April and May 2020, the proportion of Australians who experienced housing stress more than doubled—from 7% to 15%—that is, they were not able to pay their mortgage or rent on time due to a shortage of money (Biddle et al. 2020b).

During May 2020, housing stress was more common among renters (27%) than mortgage holders (17%), and among low-income renters (40%) than those renting on higher incomes (10%) (Biddle et al. 2020b).

There have been several initiatives aimed at reducing the cost of (or freezing payments for) housing during COVID-19. While some people have been able to access these initiatives—for example, 16% of mortgage holders and 11% of renters negotiated lower payments, while 8% and 2%, respectively, negotiated a freeze on payments—these measures are only temporary. There are concerns that when this support ends and income support is also reduced, housing stress for vulnerable Australians will intensify (Biddle et al. 2020b).

Homelessness service client numbers remained steady during COVID-19

The number of clients supported by specialist homelessness services remained steady across January to June 2020, for all clients, child clients (under 18s), and clients who have experienced family and domestic violence—among these client groups there was minimal fluctuation in numbers month-to-month (5% or less) (AIHW 2020b). Monthly client numbers across January to June 2020 were also similar when compared with the same months in 2019, except for child clients. The number of child clients was somewhat lower in May and June 2020 (9% and 6% lower, respectively) than for the same months in 2019 (AIHW 2020b).

Although the use of specialist homelessness services appears to have remained relatively steady during the initial stages of COVID-19 this may reflect that a number of homelessness-related policies were implemented by governments across Australia, not all of which were delivered through specialist homelessness services.

What impact has COVID-19 had on family life at home?

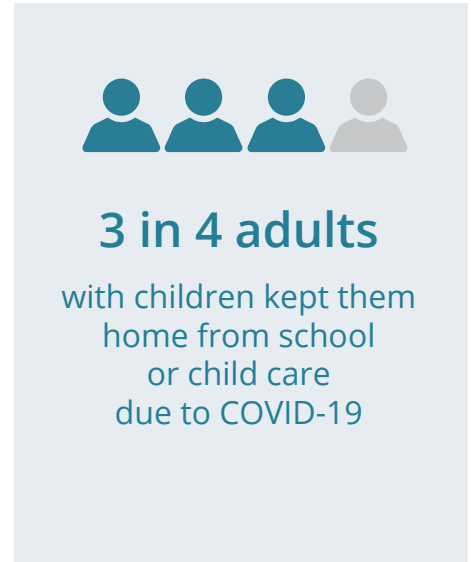
In March 2020, a range of measures were introduced to slow the spread of COVID-19, including school closures and remote learning, and working from home was encouraged. This may have caused stress for some parents, and limited their access to support networks; these are risk factors for child abuse and neglect (AIFS 2017).

Many families juggled work, home and child care during COVID-19

For many families, the COVID-19 pandemic disrupted their normal routines, with many parents taking on additional child care responsibilities. At May 2020, 3 in 4 (76%) adults with children had kept them home from school or child care due to COVID-19 (ABS 2020f). While 30% of families reported using parent-only child care before COVID-19 restrictions were introduced, this rose to 64% during restrictions (AIFS 2020).

For many, these changes affected their own working arrangements, with 38%* working from home, 22% changing or reducing their working hours, and 13% taking leave from work (ABS 2020f). These changes can have flow-on effects to the family's finances and stress levels, as well as a general increase in the responsibilities of parents. For 1 in 3 (34%) adults caring for children, they spent an increased amount of time providing care to their children while also completing tasks like working from home and household chores (ABS 2020g).

Three-quarters (76%) of adults with school-aged children said their children were being schooled remotely or online. Over half (59%*) of these parents said their children were having difficulties concentrating while learning from home (ABS 2020f).



Family law courts saw an increase in urgent parenting disputes during COVID-19

In late April 2020, the Family Court of Australia and the Federal Circuit Court of Australia established a court list dedicated exclusively to urgent parenting-related disputes that have arisen due to COVID-19 (for example, disputes about children's living or visitation arrangements). This list was introduced in response to an increase in the number of urgent applications filed between mid-March and mid-April 2020—a 39% increase in the Family Court of Australia and a 23% increase in the Federal Circuit Court (Family Court of Australia 2020).

Has mental health been affected by COVID-19?



Poor parental mental health is a risk factor for child abuse and neglect (AIFS 2017). Mental health problems tend to increase during times of adversity (UN 2020).

Mental health can be measured in a number of ways, but a person doesn't need to be formally diagnosed with a mental health condition to experience symptoms of poor mental health. This can be measured by their self-reported experiences of worry, depression, distress and general feelings of satisfaction with their life.

Parents experienced high levels of mental distress during COVID-19

In early June to early July 2020, considerably more parents were experiencing high levels of mental distress than pre-COVID levels. Adults are considered to be experiencing high mental distress if they report they felt nervous and/or depressed most or all of the time. Among all mothers, high mental distress increased the most—from 9% in 2017 to 22% in June/July 2020—for mothers of high-school-aged children (youngest child aged 12 to 18). Among fathers, the biggest increase—from 9% to 33%—was for fathers of primary-school-aged children (youngest child aged 5 to 11) (Broadway et al. 2020).

Among all Australian adults, two-thirds (67%) experienced anxiety and worry due to COVID-19 in April 2020. This fell in May (57%), but rose again in August (63%). Similar patterns were seen for psychological distress, which was higher than pre-COVID-19 levels (Biddle et al. 2020a).

Between May and August 2020, the level of psychological distress had worsened in Victoria relative to the rest of the country. This reflects that August was a time when Victoria had their highest COVID-19 infection rates of the 'second wave' and significant restriction conditions had returned to that state (Biddle et al. 2020a).

Use of mental health helplines increased during COVID-19

For Lifeline, April and August 2020 were both record months for the 57-year old service. At early September 2020, the phone service was receiving up to 90,000 calls a month, approximately 1 call every 30 seconds (Lifeline 2020). Calls to MensLine also increased (see section on family violence below).

Among adults who reported they had a need for a mental health support service during the first peak of the COVID-19 infection period in Australia (roughly mid-March to mid-May 2020), three-quarters (75%) sought help (Biddle & Gray 2020). However, there may have been a number of people who were experiencing symptoms of poor mental health, but did not feel they needed a support service. People who sought mental health support but reported they had difficulty accessing a service were more likely to report 'cost', 'dislike or fear of service' and 'isolating due to COVID-19' as barriers (compared with barriers reported by those seeking help for other health/medical issues during this period) (Biddle & Gray 2020).

Contact with Kids Helpline increased



33% increase

in Kids Helpline
duty-of-care
interventions for children
at imminent risk of
child abuse

In regards to the mental health of children and young people, Kids Helpline experienced a 24% increase in contacts between March and July 2020 (yourtown 2020a). At early September, Kids Helpline was receiving around 10,000 contacts per week (yourtown 2020b). The service provided 33% more duty-of-care interventions for child abuse between 1 January and 31 July 2020, compared with the same period the previous year. A duty-of-care intervention is where Kids Helpline contacts police, child safety or ambulances when a child or young person is deemed to be at imminent risk (yourtown 2020b).

Has substance use changed during COVID-19?

Parental substance use is a risk factor for child abuse and neglect (AIFS 2017). People may increase their substance use during times of stress, as a coping mechanism (ADF 2020).

1 in 5 said their alcohol consumption had increased since the spread of COVID-19, although the increase was moderate for most

Of those Australians who said that they drank alcohol, 20% reported that their alcohol consumption at May 2020 had increased compared with before COVID-19; however, a higher proportion reported their alcohol consumption had decreased (27%) (Biddle et al. 2020c).

Among those whose alcohol consumption increased, the self-reported increase was moderate for most—46% said that the increase had been 1–2 standard drinks per week, with a further 28% reporting a 3–4 standard drink increase. Key predictors of increased consumption were: for females, having a child caring role; for males, loss of job or a decline in hours worked; for both sexes, experiencing psychological distress (Biddle et al. 2020c).

National wastewater monitoring indicates the use of some substances changed during COVID-19. Available data for April and June 2020 shows instances of record high drug consumption, including regional methylamphetamine and heroin consumption, and capital city cocaine, cannabis and nicotine consumption, compared with historic data since 2016 (ACIC 2020). There was also record low regional consumption of fentanyl and capital city consumption of oxycodone during this period. Capital city alcohol consumption fell to a record low in April 2020 but returned to pre-COVID-19 levels in June 2020, once restrictions were eased.

How has COVID-19 impacted family and domestic violence?

Family conflict is a risk factor for child abuse and neglect (AIFS 2017). Exposure to domestic violence is a form of child abuse (Box 1). The widespread social and economic restrictions during COVID-19 may have made it more difficult for people experiencing family and domestic violence to report the perpetrator or leave the violent situation.

The extent of family, domestic and sexual violence in the population can be difficult to measure. Incidents frequently occur behind closed doors and are often concealed by, and denied by, their perpetrators and sometimes by their victims. Data sources can only capture incidents that are disclosed by the individuals involved or recorded by the relevant authorities (ABS 2017).

Although there are no nationally representative data sources on the experience of domestic violence during COVID-19, several sources suggest that it has been a growing concern.

Survey findings suggest women experienced escalation in domestic violence during COVID-19

An online survey of 15,000 women found that during February to May 2020, 1 in 20 (5%) women experienced physical or sexual violence from a current or former cohabiting partner—among these, 65% reported it was either first-time violence, or the violence had worsened in frequency or severity since February. One in 17 (6%) women experienced coercive control, that is, they experienced 3 or more forms of emotionally abusive, harassing and controlling behaviours—among these women, 55% reported it was either first-time abuse, or the abuse had escalated since February (Boxall et al. 2020). There are no comparable data available on pre-COVID levels.

Many women experiencing domestic violence in this period said they did not seek help, on at least 1 occasion, due to safety concerns. This was reported by more than a third (37%) of women who experienced either physical or sexual violence, or coercive control, and more than half (58%) of women experiencing both (Boxall et al. 2020).

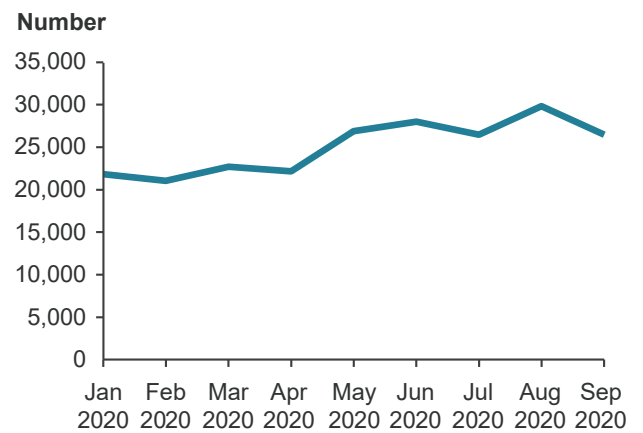
Increased demand for domestic violence support services during COVID-19

Although not all those experiencing domestic violence sought help, there has been increased demand for support services during COVID-19, including a:

- 75% increase in Google searches for family and domestic violence help during COVID-19, compared with the average for the previous 5 years (Prime Minister of Australia 2020; ABC 2020)
- 32% increase in all contacts (telephone and internet) to 1800RESPECT between March and August 2020 (Figure 4)
- 26% increase in calls to MensLine, compared with the previous year (ABC 2020).

Domestic violence support workers in NSW, Vic and Qld have reported an increase in client numbers, increase in the frequency and severity of violence, increase in first-time violence, increasing complexity of client needs, and abusers using COVID-19 as a reason for violence—for example, limiting contact with others, and anger due to COVID-related income or job loss (Pfitzner et al. 2020; Women's Legal Service Queensland 2020; Women's Safety NSW 2020).

Figure 4: 1800RESPECT contacts answered January to September 2020



Source: Supplementary table S11.

Data notes

This is a point-in-time report that provides an overview of the impacts of COVID-19 observed in available child protection data for Australia.

This report takes a broad 'monitoring' approach to provide an overview of general patterns. This is in contrast to 'surveillance' data collection and analyses done by the federal, state and territory governments specifically to take action to manage the epidemic and its impacts.

The child protection data for this report were supplied by states/territories through an accelerated national data sharing approach. As such, some data were preliminary at the time of writing, and data for some measures are presented for March to August 2020 (rather than to September). Due to differences in the way jurisdictions collected and reported the data for the accelerated process, these data are not considered directly comparable across states/territories. This also means the data included in this report may not match other state/territory or national reporting (for example, *Child protection Australia* and the *Report on Government Services*).

This report includes selected risk and protective factors for child abuse and neglect that had readily available data at the time of writing. For some factors, data about parent or families were not available, so instead the data presented provides an overview of broader patterns in the community during the COVID-19 period. This report does not provide comprehensive analysis of all available data on all topics; the intent is to provide an overview of selected key findings. The extensive use of published data means that some of the available findings are somewhat limited in scope. In general, some caution should be used in interpreting the results, given the quality of data sources may vary, particularly those that were developed and compiled rapidly during COVID-19.

The supplementary data tables referred to in this report are available online <<https://www.aihw.gov.au/reports/child-protection/child-protection-in-the-time-of-covid-19/data>>.

Symbols

* Indicates data that have a margin of error between 10–16%, which should be considered when using this information. Further details are provided in the sources (ABS 2020a, 2020e).

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Help and support

Child protection

If you believe a child is in immediate danger or in a life-threatening situation, call 000.

For non-emergency situations that still require a timely response, contact your local police station or call 131 444.

If you wish to report a child protection matter, directly contact the agency responsible for child protection in your state or territory:

<https://www.aihw.gov.au/reports-data/health-welfare-services/child-protection/links-other-information>.

You can report child online sexual exploitation via the Report Abuse Button on the ACCCE (<https://www.acce.gov.au/report>) or ThinkUKnow (<https://www.thinkuknow.org.au/>) websites.

Counselling and support services

Kids Helpline 24/7 counselling for 5–25 year olds | **1800 551 800** or www.kidshelpline.com.au

Lifeline 24/7 crisis support and suicide prevention | **13 11 14** or www.lifeline.org.au

1800RESPECT 24/7 support for sexual assault or domestic/family violence | **1800 737 732** or www.1800respect.org.au

MensLine Australia 24/7 counselling for men | **1300 789 978** or <https://mensline.org.au>

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