Bracing for Impact: Lessons Learned from the COVID-19 Pandemic and the Response to Child Abuse and Neglect

Andrea Repine, APRN
Jennifer Macaulay, MSW
Stephanie Anne Deutsch, MD, MS, FAAP

The onset of the COVID-19 pandemic in early 2020 felt nothing short of apocalyptic. Tense with uncertainty about the future, communities across the globe quickly faced medical equipment shortages, widespread morbidity and mortality, and economic and social disruption; for many, life seemed at a standstill, with traditional activities like school, work, and play indefinitely halted. Not surprisingly, as societal fear and panic peaked in those early months, traditionally vulnerable segments of society—the elderly, the homeless, the chronically ill, and impoverished children—experienced disproportionate burdens as critical access to mental health, substance use disorder treatment, and community-based resources like food and housing support inevitably decreased in efforts to limit infectious spread. As social isolation, job loss, food and housing insecurity, and the juggle of multiple work-life demands pervaded common experience, fear spread regarding the potential for a second wave of contagion—that of a new epidemic of child abuse and neglect (Agrawal & Kelley, 2020; Woodall, 2020). Many experts foretold of potential unprecedented spikes in child maltreatment rates among those vulnerable youngsters isolated behind closed doors with stressed caregivers, citing historical data suggestive that children have not fared well under such distressed or disastrous conditions, experiencing high rates of physical abuse, abusive head trauma, and neglect victimization (U.S. Department of Health and Human Services [USDHHS], 2021; Agrawal & Kelley, 2020; Frioux et al., 2014; Brooks-Gunn et al., 2013, Wood et al., 2012; Berger et al., 2011; Woodall, 2020). It seemed inevitable that parenting would be easily overwhelmed, that dynamics of interminably disrupted routine and consistency, coupled with burdens of additional responsibilities to simultaneously educate children while performing work duties, would facilitate frustration, distraction, emotional dysregulation, and increased physical force as discipline. Concerns flared over loss of children's traditional social safety net—limited support from or access to teachers and educational personnel, those key mandated reporters historically accounting for approximately one fifth of child protection hotline reports (USDHHS, 2021). A crisis of child abuse seemed nothing but inevitable.

What really followed after those early bleak months remains largely unknown, and while federal *National Child Abuse and Neglect Data System* statistics may shed some light two or so years down the road as data is compiled, the true prevalence of abuse victimization experienced during COVID-19 may remain elusive for generations to come. Early data suggests mixed findings; while jurisdictional child abuse hotlines across the nation experienced plummeting volume, sources like *Childhelp* national child abuse and sexual assault hotlines reported unprecedented call volume including from child and teen victims themselves, in contrast to mandated

reporters, endorsing concerns about isolation at home with abusers (Schmidt & Natanson, 2020). Many families opted to stay home rather than visit emergency department settings for traditional non-urgent chief complaints; published data suggests the proportion of hospitalizations directly related to abuse increased, with some data suggesting hospitalized children sustained more severe injuries (Swedo et al., 2020; Schmidt & Natanson, 2020; Kaiser et al., 2020; Lawson et al., 2020; Woodall, 2020). Noted trends sparked interesting dialogue; many experts speculated initial hotline volume declines may have actually reflected prior overreporting practices of "lower level" concerns not necessarily warranting child welfare involvement or response. Others opined about a previous inappropriate overreliance on professionals as mandated reporting sources, potentially representative of systemic flaws in the traditional approach to child welfare and safety issues (Swedo et al., 2020; Herrenkohl et al., 2021; Brown, 2021). A traditionally reactionary system remained poised to respond, waiting for the surge as experts wondered: Would things really become as dismal as predicted? (Woodall, 2020).

Fast forward to over a year later, and pandemic-related conditions largely persist, with acute stressors having become chronic and many families continuing to navigate "new normal" life. Answers to the questions above—what is really happening out there, behind closed doors—remain largely unknown. Yet, despite this, what is known with certainty is COVID-19 has indelibly impacted the multidisciplinary team (MDT) response to child abuse and neglect, having forced both unprecedented adaptations and innovations in approach but also having spotlighted several glaring deficits in our existing cross-systems response. These deficits suggest an urgent need for a paradigm shift. Never before has it been so apparent that supporting families before they are in crisis, a shift from a reactionary response to purposeful prevention, is truly necessary to keep children safe and thriving. There have been multiple lessons learned throughout COVID-19; a few key insights presented below lay foundation for change in our approach to the issue of child abuse and neglect and suggest advocacy opportunities to compel a true paradigm shift.

Lesson 1: Harness the Power of Technologic Innovation

Perhaps one of the most profound adaptations that has permeated society during the COVID-19 pandemic was the shift from in-person interactions to that of electronic, virtual platforms to continue essential societal functions. Many jurisdictional child welfare agencies and MDTs across the nation were early adopters of a shift to utilizing technology, rapidly modifying methods used to engage families and professional colleagues to mitigate disruptions in responses to child safety issues in the face of infectious spread (Font, 2021). Whereas previously conducting a visit with a family via a virtual platform was atypical, often requiring family-MDT coordination to ensure a home was accessible, the transition to secure virtual platforms improved access for many family-MDT units during high-crisis times, permitting use of a smart phone device from a parent's car or while on their lunch break without losing working hours during a period defined by extreme economic uncertainty. Many children's advocacy centers shifted to virtual forensic interview participation, whereas other jurisdictions permitted virtual court testimony to prevent unnecessary delays in the adjudication or prosecution process; virtual platforms were also utilized to permit ongoing contact of children in foster care placement with biological families in lieu of in-person visits (Font, 2021).

While clearly the use of technology as a communication tool within child welfare was a tremendous success, its utilization also startlingly uncovered apparent disparities in technological access among families with limited resources, lacking access to home internet or devices powerful enough to support video-based technologies (Stelitano et al., 2020). A shift in reliance on technologies also exposed significant dangers for children and teens, as rates of internet-related sexual exploitation, social media pressures, hateful content, and bullying skyrocketed (Babvey et al., 2020).

Healthcare organizations and medical professionals serving child abuse and neglect victims also monumentally shifted practice, with early data suggesting a 1,110% increase in utilization of telehealth platforms for medical assessments during the early

phase of the pandemic (Drees, 2020; Mehrotra et al., 2020). While permitting mostly continuous access for children to healthcare professionals, the shift to telehealth particularly among pediatric healthcare professionals highlighted the critically important role played by the medical community in offering caregiver support, anticipatory guidance and parenting advice to promote safety in the home (such as dialogue around medication lock boxes, gun safes, safety gates, cribs, and pack 'n plays), destressing resources, and tips on restoring structure/routine for children and caregivers struggling at home (Jenco, 2020). The shift to virtual platforms, however, also sparked concerns around a need for healthcare professionals to remain vigilant for signs of abuse and neglect, suggested variability in knowledge around abuse recognition and mandatory reporting practices, and suggested a need for broader sweeping educational efforts across adult and pediatric medical specialties. Efforts to close that gap by healthcare professionals and medical and public health-based organizations included publication of educational materials and virtual learning on the warning signs of abuse or neglect and recognition of environmental or psychosocial risk factors that may impact child safety in the home (Repine et al., 2021).

Lesson 2: Embrace the Larger Community Safety Net

MDT members across the nation recognized early on in the pandemic that school closures were likely to be monumentally impactful for children, primarily out of concerns that children would no longer have critical and liberal access to school-based professionals, the largest mandated reporter source nationally. (USDHHS, 2021). If the safety net was gone, questions of who would report abuse or neglect concerns predominated many expert conversations; pandemic circumstances revealed a perhaps inappropriate overreliance on traditional mandated reporter professionals—teachers, daycare providers, healthcare professionals—to advocate for the safety of children, as well as a clear need for efforts to educate the larger layperson community who have continuous, nonprofessional contact with children (such as grocery store employees, pharmacy staff, family members) on child abuse/neglect recognition and reporting (Brown, 2021; The Alliance for Child Protection, 2020). Effective strategies that emerged included use of television ads, community public service/health announcements, local news articles, and even social media campaigns produced by public health agencies, school districts, jurisdictional child welfare agencies, and nonprofit organizations serving vulnerable children. The concern about a potential child abuse surge related to truncated contact with the traditional societal "safety net" of mandated reporters both underscored a need for broader scale reform of current educational efforts within layperson communities and suggested a need for exploration of other data sources to inform prevalence of abuse victimization besides hotline volume, incorporating hospital and other cross-systems data.

Lesson 3: Focus on Earlier, Upstream Family Supports and Prevention

Much of the early pandemic focus had been on presumed adversarial parent-child relationships precipitating spikes in child abuse perpetration, a notion perhaps inappropriately and naively suggestive of "perfect" pre-pandemic family and societal functioning, overemphasizing the role of the pandemic on crisis precipitation. To the contrary, the pandemic may have merely revealed a tipping point, suggesting the depth of insufficiency of current family-supporting systems not so obviously apparent during pre-pandemic conditions (Brown, 2021). For example, data suggests pandemic-related vulnerabilities may have led to spikes in domestic violence (DV) victimization among adults nationally and internationally (Boserup et al., 2020; Chandan et al., 2020). A well-established, pervasive risk factor frequently co-occurring with suspected physical abuse victimization among children in the home, DV mitigation has historically lacked attention, precision in epidemiology and statistics related to variable screening practices, non-uniform intervention, and supportive services funding across jurisdictions (Boserup et al., 2020). The Substance Abuse and Mental Health Services Administration and National Domestic Violence Hotline were swift to produce public safety messaging in response to rising rates of DV and risk of co-occurring child maltreatment, but additional and ongoing primary, secondary, and tertiary prevention efforts are urgently and fundamentally needed to effectively address the roots of family violence at both a national and international level (Chandan et al., 2020).

Pandemic-related societal conditions spotlighted the need for earlier, upstream preventative interventions by child welfare and community-based organizations to specifically impact family-level psychosocial adversities like poverty, untreated mental illness, and substance abuse before child welfare involvement, abuse victimization, and violence occur (Brown, 2021). How best to accomplish this remains elusive and likely expensive, necessitating prioritization on the federal policy and fiscal radars. At the local level, robust, relentless advocacy by MDT partners to lobby for coordinated access to, and availability of, cross-sector supports like stable housing, legal services, domestic violence support, child care subsidies, extended financial remediation for pandemic-related employment disruptions, or initiatives like local medico-legal partnerships and health insurance-based care coordination services to address the needs of families traditionally reported to child protective services will likely also be impactful (albeit challenging). In the absence of tireless work and vocal, committed advocacy to remediate these systems-level service issues, a paradigm shift is impossible.

Lesson 4: Don't Underestimate Family Strength, the Role of Emotional Connectedness, and Resiliency to Keep Children Safe and Thriving

Relationship-building and resiliency provide opportunities for families to intimately connect and grow together. While initial concerns were raised early during the pandemic regarding the potential negative impact of social distancing and isolation measures on the health and stability of the family unit, such measures may have actually been both beneficial and protective for many previously strained families. Some utilized the stay-at-home order to forge stronger relationships, participating in simple tasks like preparing or sharing meals together, reconnecting with faith, participating in virtual holiday celebrations with extended family networks, and, of utmost importance, offering support and camaraderie during a time defined by uncertainty and extra-familial separation (Prime et al., 2020). These experiences may actually have enhanced protective factors within the family unit, increasing opportunity for direct, positive interactions between children and caregivers and permitting caregivers to more equitably share otherwise stress-provoking caregiving and family responsibilities, thereby reducing caregiver frustration, fatigue, and risk for abuse perpetration. Shifting this perspective long-term, to one in which family dynamics are seen as protective and not adversarial, and child welfare intervention as supportive and non-punitive, necessitates commitment by MDTs to utilize a strengths-based framework focused on enhancing family relationships, strengthening core skills and resiliency promotion well after the pandemic's conclusion (Center on the Developing Child, 2021).

Conclusion

So, what then do we do from here? COVID-19 has undoubtedly taught us a great deal, even beyond these initial lessons. Of paramount importance is the fundamental lesson that while the pandemic may be the newest adverse childhood experience (ACE) at the individual level, likely to endure in neurologic, neuroendocrine, behavioral, and epigenetic changes across generations, from a systems perspective the pandemic may be the most important, positive catalyst for change to ever impact how we approach child abuse and neglect across the globe. Highlighting the need for a paradigm shift towards prevention and intentional upstream intervention, towards viewing families and family safety through an entirely different lens, we remain hopeful that the hard lessons taught by the pandemic this past year will have a positive and lasting impact for endless years to come.

About the Authors

Andrea Repine, APRN *is a certified nurse practitioner member of the Children at Risk Evaluation (CARE) Program, who performs outpatient abuse evaluations at Nemours/Alfred I. DuPont Hospital for Children in Wilmington, Delaware.*

Jennifer Macaulay, MSW *is a member of the CARE Program who performs social work evaluations at Nemours/Alfred I. DuPont Hospital for Children in Wilmington, Delaware for suspected child abuse victims.*

Stephanie Anne Deutsch, MD, MS, FAAP *is a board-certified child abuse pediatrician and general pediatrician, the Section Chief of child abuse pediatrics and co-medical director of the CARE Program at Nemours/Alfred I. DuPont Hospital for Children in Wilmington, Delaware.*

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