

Early Stage of the COVID-19 Pandemic and Investigations of Child Maltreatment: An Empirical Study of Administrative Data

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Introduction

The first case of novel coronavirus 2019 (COVID-19) was confirmed in the United States on January 20, 2019 in Washington state, and shortly after the World Health Organization (WHO) declared a public health emergency of international concern (Taylor, 2021). To combat the spread of COVID-19, nearly all schools in the United States cancelled in-person classes and transitioned to remote instruction, substantially decreasing the amount of time that children had in person with teachers and other school personnel (Baron et al., 2020). Social distancing measures may have helped reduce community-based transmission of the disease (Cluver et al., 2020). However, the stay-at-home orders, in combination with increased economic instability (i.e., job loss, future job uncertainty) and family pressure (i.e., parents having to homeschool children while juggling work and other stressors), may increase the likelihood of child abuse and neglect for vulnerable children and their families (Cohen & Bosk, 2020).

Recent reports suggest an increase in rates of domestic violence (Bullinger et al., 2020a; Campbell, 2020) and

substance use (Czeisler et al., 2020) since the onset of the pandemic. Other research has found that stay-at-home orders have also led to increased parental stress related to harsh parenting (Keong et al., 2020) and parental burnout (Griffith, 2020). However, states in the United States have reported dramatic declines in allegations related to child abuse and neglect (Jonson-Reid et al., 2020). For example, Baron et al. (2020) found that in Florida the number of reported allegations were 27% lower than expected, which was largely driven by school closures. Rapoport et al. (2020) reported that in New York City the number of reported allegations from March to May of 2020 were 28.8% to 51.5% lower than expected and showed a decrease in child maltreatment reporting across all types of reporters (mandated reporters, nonmandated reporters). The authors also reported that the number of child protective services (CPS) investigations warranting preventive services were 43.5% lower than expected in March of 2020. Bullinger et al. (2020b) reported that following the emergency declaration in Georgia, the number of maltreatment allegations plummeted by close to 55% relative to 2018 and 2019 trends during the same time period.

However, we are unaware of emerging studies that are examining whether the demographics of child victims and perpetrators of child maltreatment, as

well as types of maltreatment allegations, changed as the number of investigations of child maltreatment decreased after the onset of the COVID-19 pandemic. Moreover, no studies examined the impacts of COVID-19 on substantiation of child maltreatment. The purpose of this study is to address these knowledge gaps. To our knowledge, this is the first empirical study to explore the immediate impact of COVID-19 on child maltreatment investigations and substantiation using administrative data within the child welfare system. The current study seeks to describe the following changes after the outbreak of the COVID-19 pandemic:

1. Number of investigations of child maltreatment
2. Number of children and perpetrators involved in each investigation and their ages
3. Distribution of race and gender in the children and perpetrators
4. Distribution of the types of maltreatment allegations
5. Changes in the rate of concluding dispositions within 30 days of referrals
6. Changes in the rate of substantiation

Methods

This study used administrative data from state of Michigan, which has a state-run child welfare system. Data includes investigations of child maltreatment allegations screened-in, disposition findings (i.e., substantiated or not), and individual demographics. The authors extracted data from the same 30-day period of two years: March 15, 2019 until April 14, 2019 (i.e., before the outbreak of the COVID-19 pandemic) and March 15, 2020 until April 14, 2020 (i.e., early stage of the outbreak of the pandemic). The purpose of choosing the same 30-day period is to limit the effects of seasonality.

We followed each investigation of the two periods for 30 days to examine its disposition outcomes. The timeframe of 30 days was chosen for two reasons. First, setting a fixed timeframe ensured an equal follow-up observation period of each maltreatment report. Second, we only had access to administrative data updated until May 14, 2020, and therefore for maltreatment reported on April 14, 2020 (i.e., the end of the period representing the early stage of the

outbreak of the pandemic), we only had access to the 30 days of follow-up observation.

Analyzing investigation-level data, we used t-tests and chi-square tests to test for differences before and after the outbreak of the pandemic and their corresponding effect size estimates (Cohen's *d* and Cramer's *V*, respectively). The effect sizes were interpreted using Cohen's guidelines, where for interpreting Cohen's *d*, .20 is a small effect, .50 is a medium effect, and .80 is a large effect; for interpreting Cramer's *V*, .10 is a small effect, .30 is a medium effect, and .50 is a large effect (Cohen, 1992). We also used logistic regression to regress substantiation on the timing of a maltreatment referral (before or after the outbreak of the pandemic) in two models: the first model includes no covariates, and the second model includes other study variables.

Data were missing at a rate of 3.4% for perpetrators' gender and less than .05% for children's age and race and perpetrators' age. Based on the very low incidence of missing data, we did not make any corrections for missing values and used listwise deletion for all analyses.

Results

Table 1 (see following pages) presents the tests on changes in investigations of child maltreatment before and during the early stage of the outbreak. We observed a 54% decrease in the overall number of child maltreatment investigations (8,128 vs. 3,771). We observed no statistically significant changes in the average number of children involved in each investigation. We observed a small change in the age of the youngest child in each investigation (6.84 vs. 5.66, $p < .001$), although the effect size suggests there is small difference (Cohen's $d = .22$). We observed no statistically significant changes in the compositions by race and gender of children involved in the investigations. We observed small changes in the average number of perpetrators involved in each investigation (1.44 vs. 1.40, $p < .001$) and the age of the youngest perpetrator in each investigation (34.52 vs. 32.94, $p < .001$), although the effect sizes suggest there are minimal practical differences (Cohen's $d = .07$ for both). We observed no statistically significant changes in the gender of perpetrators involved in the investigations.

Table 1. Maltreatment Investigation Counts, Socio-demographic, Allegation Type, and Disposition Differences Before and During Early COVID-19

	1Pre-COVID Sta- tistic	2 Early COVID Statistic	Difference, % of Change (for numeri- cal variables only)	Difference Test Statistic
State total number of maltreatment investigations	8,128	3,771	-4,357, 53%	
Average number of children involved in each investigation (SD)	1.68 (SD=1.10)	1.64 (SD=1.06)	-0.04, 2%	t (df = 11897) = 1.85, p=.07, d = .04
Age of youngest child involved in each investigation (SD)	6.84 (SD=5.36)	5.66 (SD=5.51)	-1.18, 17%	t (df = 11882) = 11.10, p<.001, d = .22
Children's race				
White	4561 (56.3%)	2076 (55.6%)		$\chi^2(df=6) = 6.40,$ $p=.38, V=.02$
Black/African American	2101 (25.9%)	996 (26.7%)		
Latino	478 (5.9%)	203 (5.4%)		
American Indian	21 (0.3%)	15 (0.4%)		
Asian/Pacific Island- er	34 (0.4%)	10 (0.3%)		
Multiracial	583 (7.2%)	292 (7.8%)		
Multiple races	320 (4.0%)	144 (3.9%)		
Children's gender				
Female only	3094 (38.1%)	1453 (38.5%)		$\chi^2(df=2) = 1.30,$ $p=.52, V=.01$
Male only	3092 (38.0%)	1453 (38.5%)		
Both female and male	1942 (23.9%)	865 (22.9%)		
Average number of perpetrators involved in each investigation (SD)	1.44 (SD=.61)	1.40 (SD=.58)	-0.04, 3%	t (df = 7769.56) = 3.68, p<.001, d = .07
Age of youngest perpetrator involved in each investigation (SD)	34.52 (SD=23.53)	32.94 (SD=9.29)	1.58, 5%	t (df = 11270.57) = 5.134, p<.001, d = .07
Perpetrators' gender				
Female only	3390 (43.1%)	1635 (45.0%)		$\chi^2(df=2) = 5.60,$ $p=.06, V=.02$
Male only	1890 (24.0%)	881 (24.3%)		
Both female and male	2581 (32.8%)	1115 (30.7%)		
Allegation Type ³				

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Failure to protect	299 (3.7%)	112 (3.0%)		$\chi^2(df=1) = 3.88, p<.05, V=.02$
Improper supervision	5208 (64.1%)	2479 (65.7%)		$\chi^2(df=1) = 3.12, p=.08, V=.02$
Physical abuse	3087 (38.0%)	1444 (38.3%)		$\chi^2(df=1) = .11, p=.74, V<.01$
Physical or medical neglect	2478 (30.5%)	852 (22.6%)		$\chi^2(df=1) = 79.64, p<.001, V=.08$
Sexual abuse	511 (6.3%)	210 (5.6%)		$\chi^2(df=1) = 2.33, p=.13, V=.01$
Threatened harm	635 (7.8%)	197 (5.2%)		$\chi^2(df=1) = 26.54, p<.001, V=.05$
Other	389 (4.8%)	187 (5.0%)		$\chi^2(df=1) = .17, p=.68, V<.01$
Dispositions concluded within 30 days after maltreatment referral	6498 (79.9%)	3583 (95.0%)		$\chi^2(df=1) = 451.86, p<.001, V=.20$

Note: ¹March 15, 2019 until April 14, 2019. ²March 15, 2020 until April 14, 2020. SD = standard deviation. ³Other allegation type includes birth match (i.e. allegation triggered by newborns of parents with history of parental rights termination), child death, and mental injury. Allegation types do not sum to 100% because a single maltreatment investigation can have multiple allegations.

Three types of maltreatment decreased from 2019 to 2020: failure to protect (3.7% vs. 3.0%), physical or medical neglect (30.5% vs. 22.6%), and threatened harm (7.8% vs. 5.2%), although the effects of all three decreases were very small (Cramer’s Vs are .02, .08, .05 respectively). In Michigan, failure to protect refers to knowingly allowing another person to abuse and/or neglect a child without taking appropriate measures to stop the abuse and/or neglect or to prevent it from recurring when the person is able to do so and has, or should have had, knowledge of the abuse and/or neglect. Physical neglect refers to negligent treatment, including but not limited to failure to provide, or attempt to provide, the child with food, clothing, or shelter necessary to sustain the life or health of the child, excluding those situations solely attributable to poverty. Medical neglect refers to failure to seek, obtain, or follow through with medical care for the child, with the failure resulting in or presenting a risk of death, disfigurement, or bodily harm or with the failure resulting in an observable and material impairment to the growth, development, or functioning of the child. Threatened harm means putting a child into a situation in which harm is likely to occur based on a current or historical circumstance. For example, a known perpetrator of a crime against a child moving into the

home is considered threatened harm.

The percentage of dispositions concluding within 30 days increased significantly after the outbreak of the COVID-19 pandemic, from 79.9% to 95.0% ($p < .001$), and the effect size of the change (Cramer’s $V = .20$) is between small and medium.

Our final analyses examined the influence of our study variables on substantiation of child maltreatment. As presented in table 2, the results of Model 1 show that maltreatment investigations after the outbreak of the COVID-19 pandemic were 1.27 times more likely to be substantiated in comparison to pre-COVID. In Model 2, where covariates were added, the results showed a similar effect of timing: Maltreatment investigations after the outbreak of the COVID-19 pandemic were 1.25 times more likely to be substantiated in comparison to pre-COVID. Greater odds of substantiation was also associated with children who were younger (OR = .98) and Black (OR = 1.16) and perpetrators who were younger (OR = .99), male only (OR = 1.81), or involve both female and male perpetrators (OR = 1.53). As compared with physical abuse, allegation types of failure to protect, improper supervision, and threaten harm were associated with increased odds

Table 2. Factors Associated with Substantiation of Child Maltreatment using Logistic Regression

	Model 1	Model 2		
	Odds Ratio	95% CI	Odds Ratio	95% CI
<i>Maltreatment report year (ref: 2019)</i>				
2020	1.27	(1.15, 1.40)	1.25	(1.12, 1.38)
Number of children involved in an investigation				
1.03				
(.97, 1.10)				
Age of youngest child involved in an investigation			.98	(.97, <1.00)
<i>Children's race (ref: White children)</i>				
Black/African American			1.16	(1.02, 1.31)
Latino			1.21	(.98, 1.50)
American Indian			.88	(.35, 2.19)
Asian/Pacific Islander			.26	(.06, 1.10)
Multiracial			1.14	(.94, 1.38)
Multiple races			1.10	(.85, 1.40)
<i>Children's gender (ref: female only)</i>				
Male only			.99	(.88, 1.11)
Both female and male			1.09	(.93, 1.29)
Number of perpetrators involved in an investigation				
1.06				
(.93, 1.21)				
Age of youngest perpetrator involved in an investigation			.99	(.99, 1.00)
<i>Perpetrators' gender (ref: female only)</i>				
Male only			1.81	(1.59, 2.07)
Both female and male			1.53	(1.28, 1.83)
<i>Allegation type (ref: physical abuse)</i>				
Failure to protect			1.90	(1.47, 2.45)

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Improper supervision			1.89	(1.67, 2.14)
Physical or medical neglect			.76	(.67, .86)
Sexual abuse			.72	(.56, .94)
Threatened harm			3.23	(2.71, 3.84)
Other			.82	(.64, 1.05)
Constant			.13	

Note: ref = reference group. CI = Confidence Interval. Odds ratios in bold are statistically significant based on a 95% CI that does not bound the zero. 1Other allegations include birth match, child death, and mental injury.

that child maltreatment would be substantiated (OR = 1.90, 1.89, and 3.23, respectively), while physical or medical neglect and sexual abuse were associated with decreased odds that a referral would be substantiated (OR = .76 and .72, respectively). We chose to use physical abuse as the reference group, because physical abuse is a maltreatment category commonly used across jurisdictions and it, therefore, enhances the generalizability of our findings.

Discussion

This study showed a decrease in maltreatment investigations after the outbreak of the COVID-19 pandemic using Michigan state administrative data from the same 30-day period in 2019 and 2020. The decrease may be associated with the closing of schools, which could have resulted in decreased surveillance on child maltreatment. In Michigan, schools were ordered to close on March 16, 2020 and remained closed until the end of school year. When schools were closed, school-age children had less in-person interactions with their teachers and other school personnel, and therefore signs of child maltreatment were less likely to be noticed by school personnel. This is especially important considering that school personnel are the largest source of reports of child maltreatment. In 2018, 20.5% of maltreatment reports in United States were submitted by educational personnel (Children’s Bureau, 2020). The effect of school closings on the decrease in maltreatment reports has been shown in previous statistics on seasonal fluctuation in child maltreatment reports (Hines & Brown, 2012; Jonson-Reid et al., 2020). During summer months, when children have less interactions with school personnel, the number of maltreatment reports is fewer than during the months when children are in

school. It should also be noted that there was a new procedure for handling reports involving domestic violence enacted in late 2019 in Michigan, which might have contributed in part to the decrease in child maltreatment investigations. According to this new procedure, the presence of domestic violence itself is not a sufficient basis for assigning an investigation. Only if domestic violence has resulted in actual abuse, neglect, or threatened harm to a child would an investigation be assigned. To examine the impact of the new procedure on the number of maltreatment allegations, we compared the number of maltreatment allegations between February 2019 (new procedure not in place) and February 2020 (new procedure in place). We found a 20% decrease in the overall number of child maltreatment investigations (7,360 vs. 5,922), which is a smaller scale of decrease than the 54% decrease found in the same 30-day period before and during the early stage of the outbreak. Thus, the new procedure for handling reports involving domestic violence explained only a portion of the decrease in child maltreatment investigations.

This study also found that the ages of the youngest child and youngest perpetrator in maltreatment investigations that took place during the early stage of the pandemic were younger than those in the pre-COVID maltreatment investigations. The decrease in the age of the youngest child in each maltreatment investigation could be related to how changes in maltreatment surveillance varied between age groups. As mentioned above, when schools were closed after the outbreak of the pandemic it is likely that fewer cases of suspected abuse against school-age children were being reported than prior to the pandemic. This effect of school closures would not have impacted the

maltreatment surveillance on children younger than school age. As a result, the age of the youngest child in each maltreatment investigation tended to be lower after the outbreak of the pandemic. Furthermore, the decrease in the age of the youngest perpetrator in each maltreatment investigation could be related to the decrease in the age of the youngest child in each maltreatment investigation, since younger children may be more likely to have younger parents.

An important finding is that the race and gender of children and the gender of perpetrators involved in maltreatment allegations did not change after the outbreak of the pandemic. This finding indicates that as the number of maltreatment allegations decreased after the outbreak of the pandemic, the decrease proportionately occurred to children of all races and genders, and therefore, the disposition of race and gender of children did not change. In other words, the early pandemic had equal impact on the number of investigations of child maltreatment across racial and gender groups.

This study also found that three types of maltreatment decreased from 2019 to 2020: failure to protect, physical or medical neglect, and threatened harm. The decrease is especially pronounced for physical or medical neglect. Both types of neglect are observable to caregivers who have frequent contact with children, such as teachers. For example, teachers might notice that a student often comes to school hungry and poorly groomed, which can be a sign of physical neglect. Similarly, teachers might notice that a student is exhibiting poor health, which can be a sign of medical neglect. As schools closed after the outbreak of the pandemic, teachers would have had fewer opportunities to identify signs of physical or medical neglect.

Another important finding of this is that after the outbreak of the pandemic, higher percentages of dispositions were concluded within 30 days of maltreatment referrals. Moreover, this study found that maltreatment referrals reported after the outbreak had greater odds of being substantiated. Both changes might be related to the substantial decrease in the number of maltreatment investigations after the outbreak. As the number of maltreatment referrals

decreased, child protective investigators may have experienced reduced caseloads, which could have helped them complete investigations in a timely manner. In addition, the reduced caseload could have enabled investigators to devote more time to each case, thereby increasing the likelihood they would identify evidence of child maltreatment. Another possible explanation is that the difficulties families have faced after the outbreak of the pandemic have caused increased concern among investigators for families' well-being. Such concern could have made them more likely to substantiate child maltreatment, since substantiated cases are more likely to receive services (Jonson-Reid et al., 2017).

Practice and Research Implications

As the number of COVID-19 infections has continued to rise in the United States, many families have experienced health and finance related stress. Incidence of substance use and domestic violence, two risk factors of child maltreatment, have been on the rise. At the same time, with the closing of schools, children have been left under the care of their families, which can significantly increase parental stress. However, the number of investigations of child maltreatment dropped substantially after the outbreak of the COVID-19 pandemic. The closing of schools and reduced in-person contact between school personnel and children might have contributed to this change. Therefore, it is important to engage other community members and mandatory reporters in child protection. This could involve raising public awareness of the signs and consequences of child maltreatment and of services available through the child welfare system. Other mandatory reporters, especially law enforcement and providers of substance use and domestic violence treatment, need to assess the safety of children at home and make reports when necessary.

Meanwhile, the decrease in the number of investigations of child maltreatment after the outbreak of the COVID-19 pandemic suggest that less families had contact with the child welfare system. Therefore, it is likely that less families received services through the child welfare system. It is important to provide families in need with access to services and resources through other channels. For example, families in need

can benefit from publicly funded childcare, which can reduce parenting stress, and in turn, can reduce the risk of child maltreatment. Another example is to advocate for families in need to receive cash assistance and flexible funds to reduce the risk of poverty related child neglect (Feely et al., 2020).

This study examined the impacts of the outbreak of the COVID-19 pandemic on investigations of child maltreatment and dispositions, which are at the front end of child welfare services. Future research needs to examine its impact on the later stages of child welfare services, such as in-home service, out of home placement, therapeutic services, and discharge services. Studies of these latter stages can further expand our understanding of how the child welfare system responded to the pandemic.

Limitations

This study has two limitations. First, the generalizability of our findings is limited. This study used administrative data from Michigan. The findings are generalizable to states and jurisdictions that have similar sociodemographic and state-run child welfare systems. Second, this study examined only the impacts of the early pandemic on the investigation part of child welfare services. We did not examine the impacts of the early pandemic on other parts of child welfare services, such as in home services, out of home services, and independent living services.

Conclusion

This study found that during the early stage of the outbreak of the COVID-19 pandemic, Michigan had fewer investigations of child maltreatment than during the same 30-day period prior to the pandemic. Other changes include younger age among child victims and perpetrators, higher percentages of dispositions

concluded within 30 days after maltreatment referrals, and greater odds of cases being substantiated. The racial and gender composition of children and the gender composition of perpetrators involved in maltreatment allegations did not statistically significantly differ prior to and after the outbreak of the COVID-19 pandemic. The decreased number of investigations could be related to changes in surveillance resulting from school closures. As many families have experienced health and finance related stress during the pandemic, it is important to provide them access to services and resources via the child welfare system and other channels.

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