

Day One Morning Session: Child Maltreatment, Interpersonal Violence, and COVID-19



Speakers



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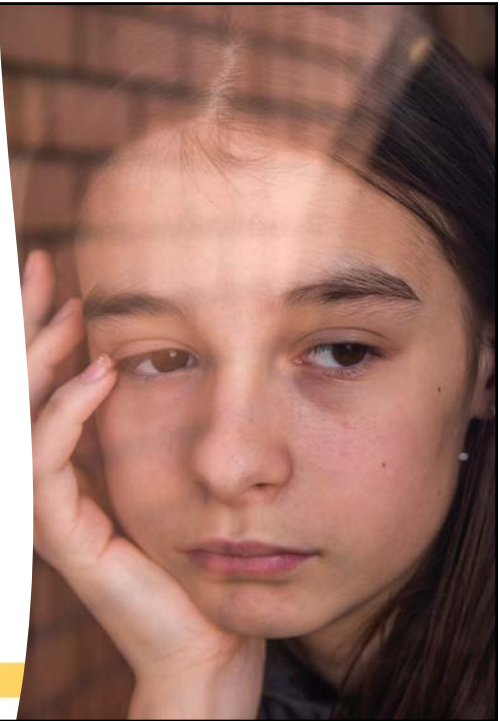
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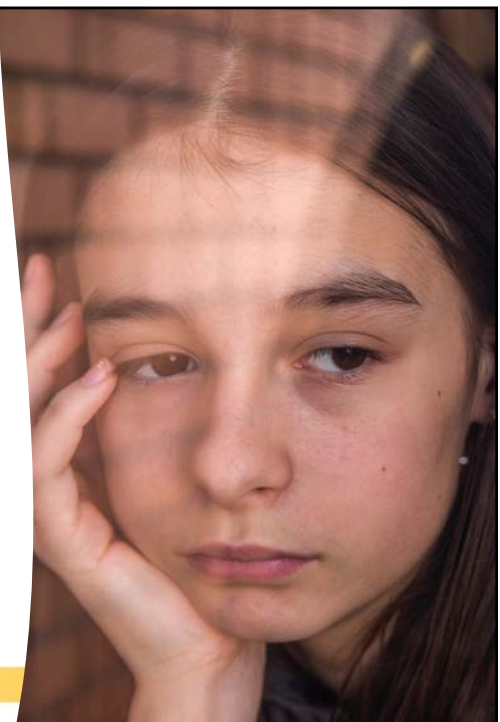
Child Maltreatment, Interpersonal Violence, and COVID-19

- The pandemic has created circumstances that have increased risk for child maltreatment (CM) and interpersonal violence (IVP) and may have decreased likelihood of early detection and/or protection.
- Despite lower confirmed Child Protection Services CM rates during the pandemic, other indicators suggest no decline and possibly increases in child maltreatment and interpersonal violence.
- COVID required a rapid switch to telehealth mental health services.



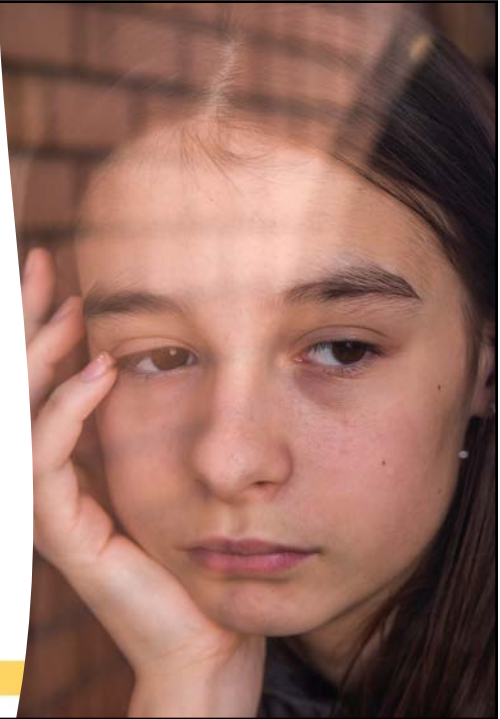
It's Important To Understand

- Children and families have developed, and may continue to develop, diverse trauma and stress reactions to COVID-19 that will interact with, and layer onto, trauma reactions to child maltreatment, interpersonal violence, and other traumas they may have experienced.
- Clinicians and other child-serving professionals can facilitate recovery by helping families understand the diversity of trauma & COVID-19 impacts on the individual child in the context of the child's development and culture.
- Evidence-based treatments for child maltreatment and interpersonal violence continue to be effective for children across development during the pandemic, including via telehealth, when tailored for additional trauma reminders specific to COVID-19.



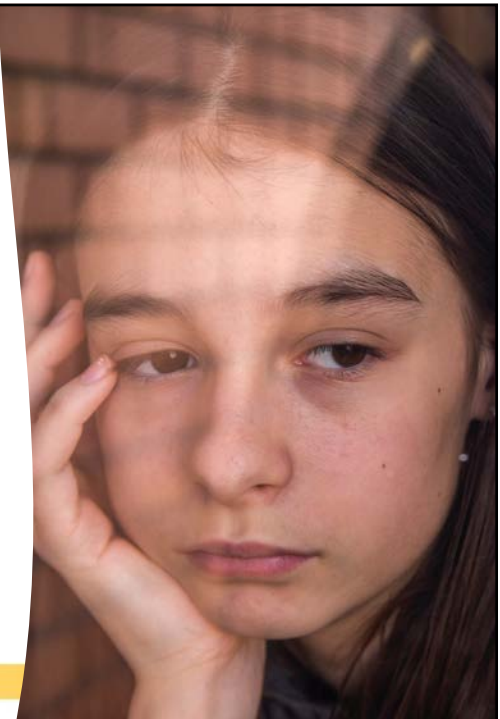
Remember

- Younger children may conflate or confuse threat, fear, or danger of COVID, child maltreatment, interpersonal violence, racial trauma, and/or trauma reminders.
- For children who experienced child maltreatment and interpersonal violence prior to the pandemic, COVID-related masking, distancing, hand hygiene (etc.) may layer onto prior fear conditioning and serve as additional trauma reminders.
- To tailor trauma-focused evidence-based treatments to the individual child/family—balancing flexibility with fidelity.



What Can You Do

- **For Clinicians:** Recognize and incorporate COVID reminders into understanding of the diversity of trauma experiences and impacts across development.
- **For Youth and Families:** Include appropriate psychoeducation about diversity of impact across development.
- **For Other Professionals:** Recognize the impact of layering and the intersection of COVID impacts with child maltreatment and interpersonal violence as well as Secondary Traumatic Stress (STS) of COVID.



Child Maltreatment, Interpersonal Violence, and COVID-19

- Pandemic-related parental stress (e.g., financial, loss of childcare) combined with isolation have created a hotbed for family conflict.
- For some families, partner conflict and/or harsh parenting cross the line into what we might consider interpersonal violence or child maltreatment, with pandemic stressors perhaps serving as a tipping point, which means that many of these families are not familiar with family-serving agencies.
- Stay-at-home orders have reduced opportunities for respite and help-seeking among interpersonal violence victims, with about a 50% reduction in hotline calls over the pandemic despite a paradoxical increase in emergency shelter utilization.



Child Maltreatment, Interpersonal Violence, and COVID-19

- There is evidence that interpersonal violence offenders have capitalized on COVID restrictions and circumstances to impose coercive control tactics.
- Increased alcohol use over the pandemic has also been a significant influence on family conflict given that it is a known accelerator of interpersonal violence and child maltreatment and is associated with greater severity of violence.
- For help-seeking families who do reach out, domestic violence (DV) advocates have been challenged to connect with victims and assess the family situation because of COVID restrictions, which has required them to implement even more creative strategies.



It's Important To Understand

- Circumstances of the pandemic have exacerbated pre-pandemic family conflict, with some families experiencing increased severity and multiplicity of IPV and child maltreatment, and other families grappling with interpersonal violence and child maltreatment for the first time.
- DV advocates, child protective services, child mental health, and ancillary family services are likely to be impacted for some time, with strained resources and evolving service delivery.
- No one-size-fits-all when it comes to how to support families. Each family will have experienced with unique circumstances that will require a thoughtful response.
- It will also be more important than ever for mental health professionals who treat trauma-related disorders to focus on a broader contextualization of the child and the family experience.



Remember

- **In Research:** There are pandemic-related increases in partner-partner, parent-child, and child-child conflict within the home, as well as associations linking cumulative pandemic-related adversity to increased conflict, alcohol use, and parent and child mental health difficulties, including depression, anxiety, PTSD, and emotion dysregulation.
- **In Clinical Work:** There are observations of increased child emotional/behavioral problems attributed to isolation, remote schooling, and increased family tensions, as well as parent-reported difficulties in managing child behavior, co-parenting, and competing work-family demands.
- **In DV Advocacy Work:** There is observed strain on the domestic violence shelter network in Connecticut.
- **In Child Protection Advocacy Work:** There are observed challenges in caseworkers' ability to maintain frequent connections with families and to assess and monitor child safety/well-being.



What Can You Do

- **For Caregivers:** Realize the strain the pandemic has placed on your family and take the time to evaluate your needs and the needs of your children – identify services/resources and make a connection.
- **For Educators:** Be aware of signs that students may be struggling and strive to connect with that student and seek help. Be a good consumer of mental health and advocacy services.
- **For Clinicians:** Listen to your patients' needs and re-evaluate your approach to accommodate new challenges (or new resources) due to the pandemic.
- **For Child/Family Advocates:** Set aside differences to alleviate tensions and work together to find novel solutions to these evolving and complex circumstances.



Supporting Families with Young Children

- Before the pandemic, we knew that our youngest children experience abuse and neglect at disproportionately higher rates than older children and youth.
- Many of the factors that place infants and toddlers at high risk for maltreatment were exacerbated during the pandemic.
- With home visits, in-person services, and childcare arrangements being suspended or altered significantly, young children in “high risk” settings were unable to receive the same level of safety and risk monitoring as before.
- There is also impact at the developmental level – with skills gaps widening for children who were, or were at risk for, delays or who are transitioning to preschool and kindergarten, in their language, cognitive, and social emotional domains.



The Layered Stress of COVID-19

- For many parents/caregivers, the challenges of the pandemic increased stress levels in new ways. Social isolation, increased childcare responsibilities, virtual services and schooling, financial stress and job loss.
- Many families have been impacted by illnesses, hospitalizations, or death of a loved one – including death of a parent/caregiver.
- In particular, Black, Latinx, and American Indian and Alaska Native people experienced disproportionate rates of infection and severe disease.
- All of these historical contexts, as well as isolation, increased violence, and loss can all serve as triggers and reminders for parents/caregivers with trauma histories.



It's Important To Understand

- For many families, the pandemic is not “over”, and its effects will be felt for some time.
- Supporting the social-emotional development of our youngest children should be one of our top priorities right now.
- Parents and caregivers, including those with trauma histories, will need support and space to process their experiences and resume or build new routines in their lives. This includes socialization and relational healing.
- For all the challenges we have faced, we learned a lot of important lessons too about flexibility and creativity in service delivery. It is perhaps more important now than ever to meet young children and families where they are.



Remember

- **In Research and Evaluation:** Seen a major uptick in demand and requests for services, but lengthening wait times in getting families connected to evidence-based practices. Providers were experiencing the same stressors and adversities as their clients in really unprecedented ways. Differences in system capacity to leverage technology and telehealth became apparent in their ability to seamlessly transition to virtual models.
- **In Resource Development and Dissemination:** Realized how little targeted information is available to support parents/caregivers with actionable, tangible resources during the pandemic, especially those with trauma and mental health needs.



What You Can Do

- **For Parents and Caregivers:** Create messages targeted specifically to parents/caregivers. Focus on relationship (both family and social), routines, and basic needs. Make sure messages are practical and actionable, recognizing that many parents/caregivers may be experiencing financial stress, job loss, illness/death of loved ones, and anxiety about returning to childcare, school, or work.
- **For Educators and Childcare Professionals:** Take time to build relationships and routines with young children and their parents/caregivers, recognizing that they may have separation anxiety, fears, worries, and questions as we continue to shift into new realities of service delivery. Provide information on developmental milestones, how to screen/monitor for developmental concerns, and how to connect families to services and/or build skills in the classroom.



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What You Can Do

For Clinicians and Providers:

- Provide easy, accessible ways for to obtain new resources and strategies for supporting young children and families.
- Ensure that materials are developmentally-tailored and include strategies geared towards children ages 0-5, as well as parent/caregiver engagement strategies.
- Communicate information about disproportionality in COVID infection and outcomes and the fears and hesitancy that may result for families (within a context of systemic inequity).
- Emphasize flexibility in service delivery, resilience and healing focus, and partnering with families to identify and address safety needs and concerns.



Supporting Families During COVID-19

- The pandemic created a perfect storm of risk for child maltreatment, especially among families already struggling with economic insecurity. Parental job loss, stress, and social isolation are risk factors for maltreatment (Stith et al., 2009).
- All happening at a time when it was difficult to identify and assess children who are in danger, with many schools closed and home visits limited to situations in which risk for harm appears to be highest (Crary, 2020).
- Concerns for ensuring child protection complicate efforts to effectively maintain both workforce and family safety while adhering to pandemic safety guidelines.
- Major concern about “invisible maltreatment” limited and conflicting information/negative stories about families and increased understanding about need to rethink CPS.



It's Important to Understand

- Concern about spike in maltreatment further exposes issues of disparity in child welfare.
- We really do not know if there has been a spike beyond hypothesizing.
- Child welfare system is sensitive to media, and stories often lead to more children being removed from parents.
- Poor families of color are most likely to be the ones to experience more policing, stigmatization, and trauma as a result.



It's Important to Understand

Opportunity for increased understanding of Child Protective Services:

- Teachers and school staff are most likely to report – 90% of those reports are not substantiated.
- There needs to be better distinction between abuse and neglect.
- Sometimes reporters do not know where to report and are concerned about the implications of not reporting if something does happen.
- There also needs to be better understanding of what child welfare is funded to address, and the impact on families and workers.
- Multiple studies of maltreatment indicate that the majority of child abuse in this country is not actually identified and addressed. Roughly 90% of children who are killed as a result of abuse or neglect did not have previous cases with a child protective services agency.



Remember

- There needs to be a renewed focus on going beyond addressing disparity to understanding impact of racism on child welfare system, workers, families and communities.
- There needs to be a focus on the tremendous differences in child welfare systems from state to state.
- There needs to be a focus on understanding intersection of poverty, neglect, and child welfare involvement.
- There needs to be increased understanding of child welfare system vs welfare of children-need to engage and involve parents, families, communities and other systems



What Can You Do

- Recognize that trust is a major issue in how messages will be heard.
- Access to evidence is critical to success of message.
- Most risk adverse systems, including child welfare, found innovation was possible and this should be encouraged.
- Messages need to be strengths based, including how to support and celebrate the millions of parents and children who continued to support children and families during pandemic.
- Child welfare and other systems (i.e., education, juvenile justice, healthcare) are all impacted by systemic racism and although change is needed in each system, changes in priority and funding are fundamental to supporting these changes.



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Q&A

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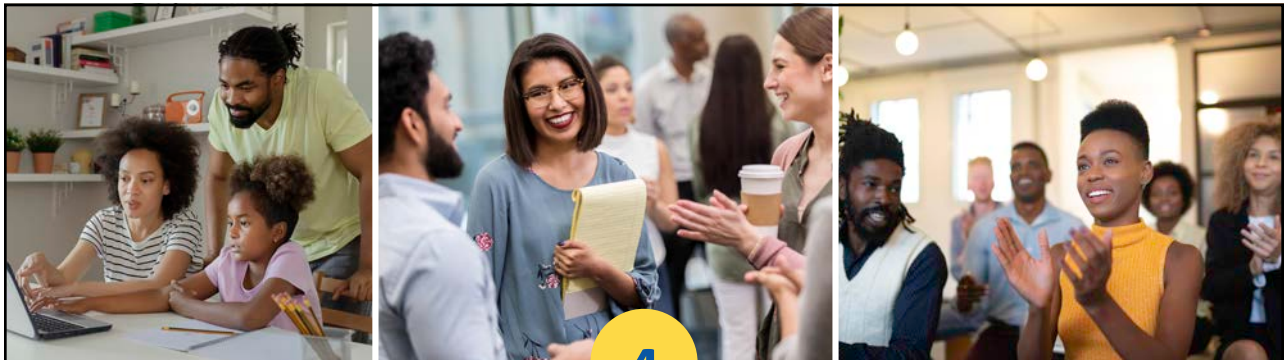
Evaluation

I can apply what I learned during this session to enhance the way I support children, youth and families, and/or providers.

- Strongly Disagree
- Disagree
- Neutral
- Agree
- Strongly Agree

What's Next

- After this session, you have a **30-minute** break: 1:25 pm – 1:55 pm ET / 10:25 am – 10:55 am PT
- We have several options for supporting ways to recharge during this time, meet us in the Lobby for more information: <https://duke.zoom.us/j/93137177608?pwd=a3pHQ05xUkZiLOJRUVIS2NwMS95dz09> (Link also in the chat)
- After the break you, will be moving to your Afternoon Session, check your reminder or the registration site for your next session's link.



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Thank You