The COVID-19 pandemic has increased risk factors for child maltreatment. It is, therefore, critical that policymakers ensure support in promoting safety, resilience, and overall well-being of vulnerable children and families. This policy brief (i) examines risk factors for child maltreatment in light of the COVID-19 pandemic, and (ii) presents research-informed policy recommendations to support health care providers and vulnerable children and families in maintaining access to services.

The pandemic and necessary mitigation measures have amplified a number of risk factors for child maltreatment:

**Increased Stress.** For many families, the COVID-19 pandemic has led to unemployment, financial strain, reduced access to resources, disconnection from social support systems, difficulties achieving respite, and additional childcare and homeschooling responsibilities, often without the necessary tools and support to manage effectively. All of these factors are likely to increase mental health issues (e.g., depression and anxiety), substance use, and parental stress. For example, a new study has shown that parents have had more conflicts with their children (25%) and yelled or screamed at their children more often (19%) within the first two weeks of the pandemic than previously. Unmanaged parental stress and parental mental health issues are primary contributors to risk for physical and emotional child maltreatment.

**Unavailability of Child Care.** Young children are most commonly the victims of child maltreatment (more than 25% of victims are below age three). Childcare closures may be associated with supervisory neglect (e.g., parents leaving very young children home alone or with an older sibling who is unable to care for the child). Moreover, given that child sexual abuse is most frequently perpetrated by someone known to the child, COVID-19 related shifts in childcare duties to family members, friends, or to a child’s older siblings may increase the risk of child sexual abuse.

**Reduced Access to Resources.** Prior to the pandemic, approximately 75% of child maltreatment reports to social service authorities were for child neglect. COVID-19-related risk factors for neglect, such as substance abuse and lack of proper childcare, may be intensified by reduced access to fundamental resources, including housing and food (e.g., caused by school and food bank closures). Rates of neglect are likely to increase during times of diminished access to resources.

**Reduced Surveillance by Mandated Reporters.** A recent downward trend in child maltreatment reports has been observed in numerous cities and states across the nation. Child maltreatment is less likely to be detected during the COVID-19 pandemic as typical mandated reporters, such as doctors, childcare providers, and educational personnel (who account for the highest percentage of maltreatment reports; 20.5%), have less in-person contact with children and thus, are less able to report suspected maltreatment.

**The Growing Needs of Child Welfare Agencies.** COVID-19 related reductions in staff and workplace restrictions have strained child welfare agencies negatively—impacting their ability to safely conduct investigations and make regular home visits which has exacerbated staff exhaustion, secondary traumatic stress, and compassion fatigue. Furthermore, as states grapple with revenue loss from COVID-19, state budget cuts will direct efforts into essential and mandated services only, leaving decreased resources to support prevention and family support services.

Responding to the potential rise in child maltreatment rates amid the COVID-19 pandemic will involve adaptations to existing child and family services and policies.

**Resources for Families At-risk for Child Maltreatment**
- Implementation of alternative ways to maintain existing connections between children and their teachers, school counselors, and classmates while practicing social distancing, including (i) maintaining small consistent groups of children and providers where possible, (ii) virtual meetings with school counselors, (iii) building support for family child care homes, and (iv) providing virtual access to childcare and education specialists, will increase child safety as well as maintain and promote resilience in children.
- Families at-risk for child maltreatment would benefit from increased access to welfare and family service programs (including access to social support, as well as coping and other social skills training opportunities,) and/or direct financial support, especially for those experiencing joblessness. Research shows that for states with longer unemployment benefits, the effect of unemployment on neglect is lessened.
Access to Services

- It is imperative that children and families do not experience disrupted access to healthcare and family support services (e.g., evidence-based child maltreatment prevention programming, mental health, and substance use services). The FCC’s Keep Americans Connected Initiative supports health care providers’ use of telehealth services for families. Similar support is needed for schools and social service agencies.
- Innovation may be needed to ensure that child welfare agencies are able to connect families to mental health services (including substance abuse prevention and treatment programs). For example, state Medicaid programs should mirror the recent expansion of telehealth services under Medicare and provide online services so that parents and children have immediate and easy access to evidence-based stress and coping resources (e.g., CDC Resources) to facilitate treatment and resilience 13.

Support

- As the number of reports from mandated reporters has decreased, alternative means of reporting (e.g., secure hotlines, outreach centers, and virtual mechanisms) should be encouraged and widely advertised to communities.
- Adaptations to child welfare agencies, including technological support for virtual services (e.g., family screening, tele-forensic interviews, case management) and/or PPE for in-person safety checks and investigations/assessments, would allow for services to continue safely.

Tools and Infrastructure

- A reconstructed safety zone for children may include innovative strategies for child safety checks as well as encouraging and training the general public—community members, neighbors, and friends—on how to recognize and report suspicions of child abuse and neglect 10,14. This could be accompanied by public health campaigns to disseminate information about how to access and implement these new strategies.
- Reform is needed for widespread access to reliable, safe, and quality childcare options for families, both currently and post COVID-1915. This will require innovative ways for both public and private sectors to invest in workforce development and program delivery with the goal of sustaining high-quality child care efforts that will promote the well-being of children and their families.
- A focused shift in the work of child welfare agencies from surveillance to providing assistance and support would be particularly helpful in reducing the risk of child maltreatment, as well as mitigating the disproportionate surveillance of families of color (particularly for poverty-related neglect). For example, increased funding and access (including virtual delivery methods) to secondary prevention programs that identify and provide services to families with risk factors for child maltreatment, such as substance use and parental mental health issues (particularly for expectant or new parents) would be beneficial16.
- Finally, policymakers may consider bolstering current child maltreatment monitoring systems, as well as considering new ways to support data collection for the public health surveillance of child maltreatment and a diverse range of correlated social and economic risk factors to encourage evidence-based policy development. Real-time, accessible, and connected data across multiple support systems (i.e., healthcare, child welfare, mental health) is essential to adapting and responding to current and future public health crises.

References