

RESEARCH REVIEW

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In this Issue

We present *Research Review* (RR), a publication of the *Joining Forces Joining Families* group. In this RR, we present summaries of research on child maltreatment and intimate partner violence (IPV) in the context of the COVID-19 pandemic. A review of worldwide research on violence against children summarizes prevalent methodological issues and descriptions of children's experiences of violence. Other child maltreatment summaries describe possible family-related stressors associated with parental job loss, increased use of harsh child discipline, profiles of risks of caregivers, and cases of children seen in emergency departments for maltreatment including abusive head trauma. We also present a summary of some of the effects of the isolation and loneliness in IPV victims during the COVID-19 pandemic. Please share RR with your colleagues. Its distribution is unlimited.

CHILD MALTREATMENT

What Have We Learned from Studies of Violence Against Children During the COVID-19 Pandemic, March–December 2020?

Understanding the results of research on violence against children during the COVID-19 pandemic has been challenging because many studies have reported only interim findings. A review of 48 studies published worldwide between March and December 2020 on the impact of violence against children summarized three main findings related to the methods of the research and four on children's experiences of violence (Cappa & Jijon, 2021). The identified methodological issues were:

1. studies have largely focused on physical and psychological violence in the home with less attention to other forms of violence;
2. studies have relied primarily on administrative records, less on surveys and big data;
3. differences in definitions and research designs have

resulted in findings that are not directly generalizable to larger populations.

The review of children's experiences of violence during COVID led to four findings:

1. a decrease in police reports and referrals to child protective services
2. results were mixed on the number of calls to police (declined) and domestic violence helplines (increased);
3. child abuse injuries treated in hospitals (extreme cases) increased, suggesting an increase in violence against children in general; and
4. surveys consistently reported an increase in family violence, especially physical and emotional abuse, in the home by parents and caregivers, higher rates of

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Positive Cognitive Reframing Can Help Abusive Parents Who Have Lost their Job during the COVID-19 Pandemic

Job loss during the COVID-19 pandemic is a major individual and family stressor with significant risks for child abuse and domestic violence (Lawson, Piel, & Simon, 2020). In order to determine the association between job loss and child maltreatment, a community sample of parents participated in an online survey of the impact of COVID-19 on family interactions. The effects of job loss were measured using a family financial stability variable that included parental report of job loss and how long the family would be able to continue to live at their current address and at their current standard of living. The parents were compared to parents who did not lose their job or did not work prior to or during the pandemic. Child maltreatment was measured with five items from the Parent-Child Conflict Tactics Scale, such as "I swore or cursed at my child," and the physical maltreatment subscale consisting of 13 items related to corporal punishment (Straus, Hamby, Finkelhor, Moore, & Runyan, 1998).

Positive cognitive reframing (problem-solving and coping strategies) was measured by the reframing subscale of the Family Crisis Oriented Personal Evaluation Scales

(F-COPES) (McCubbin, Olson, & Larsen, 1981). This 8-item subscale includes items such as the extent to which the family believes they can handle their own problems and defining the problem in such a way as to not get discouraged. Families in a committed romantic relationship with children 4-10 years old were recruited through Facebook.

Data were obtained from 342 parents. Parents who lost their job were almost five times more likely to psychologically maltreat their children ($OR=4.86$) and were also more depressed ($OR=1.05$) than parents who had not lost their job. Parents who had psychologically or physically maltreated their children before the pandemic were more likely to perpetuate this behavior during the pandemic ($OR=111.94$ and $OR=20.10$, respectively). Parents who physically abused their children during the pandemic were also more likely to be depressed ($OR=1.04$). There was a significant interaction between physical abuse and positive cognitive reframing among parents who lost their job. For this group, the probability of physical abuse decreased as reframing coping

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Parents who lost their job were more likely to psychologically and physically maltreat their children and were more depressed than parents who had not lost their job.

JOINING FORCES

Joining Families

RESEARCH REVIEW

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Four Risk Profiles of Households and Caregivers in Child Maltreatment Cases

Policies mandated to slow the spread of COVID-19 such as social distancing, restricted travel, and the closure of schools and social support agencies may increase the stress on parents and children and result in increased child maltreatment (Campbell, 2020). Recent studies of family profiles of stressors can be helpful in understanding the possible pathways to violence in at-risk families.

In order to improve assessments of family situations related to child maltreatment, a retrospective study of a sample of 440 cases of children who entered the Child Protective Service (CPS) in Singapore between March 2014–December 2015 examined eight familial and caregiver characteristics with a family risk assessment tool used by the CPS (Chng, Li, Chu, Ong, & Lim, 2018). The purpose of the study was to identify the numbers and types of characteristics of families whose children entered the CPS system based on their risk assessment. Half of the sample had experienced physical abuse (49%), followed by neglect (42%), sexual abuse (21%), and emotional abuse (20%).

The household and caregiver characteristics associated with the outcomes showed four patterns of familial characteristics: harsh parenting (27% of the sample), large household (27%), high criminality (12%), and a fourth group, low disadvantage (34%), was low on all of the risk factors. Harsh parenting was associated with a higher age of entry into the

CPS system. Harsh parenting had the highest percentage of physical abuse and emotional abuse (71% and 34%, respectively), and about 2.5 more times the likelihood of a recurrence of abuse compared to the low disadvantage group. The low disadvantage group reported the highest percentage of sexual abuse (28%) while the harsh parenting group reported the lowest (12%).

This study provides risk information on families and groups, not just individuals. **Analysis of familial characteristics provides an additional method of risk assessment to screen for and identify those at highest risk for child maltreatment. These results can be used to consider measures to prevent and intervene in such families based on their household and caregiver risks.**

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Four profiles of families of maltreated children were found in analyses of household and caregiver risk factors: harsh parenting, high criminality, large household, and those with low disadvantage.

Positive Cognitive Reframing, from page 2

increased (OR=0.76). **The authors suggested that positive cognitive reframing was a buffer for the physical abuse associated with job loss.**

In addition to coping with job loss, positive cognitive reframing, reappraising and redefining stressors and attempting to make them more manageable, can also be used to manage depression of parents and the psychological maltreatment of children. These coping strategies can be applied to high-risk families, such as those previously known to family advocacy and other child services. These skills are important prevention and intervention methods during the COVID-19 pandemic and may also be useful during other prolonged family stressors, particularly those that involve job loss and among families with a history of child maltreatment.

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Parents Stressed by COVID-19 Used More Harsh Parenting and Felt Less Close to their Children

Lockdowns during the COVID-19 pandemic may increase parenting stress. This hypothesis was investigated from April 22-May 5, 2020, in a survey of 258 parents in Singapore through Facebook and community organizations such as parenting-related support groups (Chung, Lanier, & Wong, 2020). The goal of this study was to understand if the restrictive measures taken in response to COVID-19 were associated with harsh parenting and parent-child closeness. The study also attempted to determine if the outcomes (harsh parenting and parent-child closeness) were mediated by parental stress. Respondents were mostly mothers (64%), 36-40 years old, had a university degree (80%), and employed full time (73%).

The impact of COVID-19 was measured by the Coronavirus Impacts Questionnaire, the CIQ (Conway, Woodard, & Zubrod, 2020). The CIQ consisted of two questions each on financial impact (negative financial impact and lost job), access to resources such as food, and psychological impact (depression and negative impacts on health). **Parental stress**, the mediating variable, was measured by the Parental Stress Scale with 18 items such as "I am happy in my role as a parent" and "The major source of stress in my life is my child(ren)" (Berry & Jones, 1995). **The parenting outcome measure** consisted of harsh parenting behaviors and parent-child relationship closeness. **Harsh parenting** was measured by three questions: yelled/screamed at child more often, used harsh words on children more often, and spanked or caned children more often. **Parent-child closeness** was measured by three questions asking about behaviors in the past three weeks: how close do you feel to your children, how often have you praised or complimented your children, and how often have you and your children shown love and affection to each other.

When compared to parents who felt less impacted by COVID-19, parents who were more impacted reported higher parenting stress, used more harsh parenting, and felt less

close to their children. Parenting stress was a significant mediator of harsh parenting and parent-child closeness. In other words, the impact of COVID-19 indirectly influenced the parenting outcomes (harsh parenting and the parent-child relationship) through its effect on parenting stress. It was also noted that the younger age of parents was significantly associated with parental stress.

Programs that reduce parenting stress may improve family well-being by decreasing harsh parenting and increasing parent-child closeness. Examples are programs that increase parents' use of non-punitive discipline, improve communication between parents and children, and help parents cope with increased stress. While these interventions may be more complex to implement when families are restricted in their movements, policy-makers and program administrators can develop interventions suited to parents' needs and access, such as internet resources, manuals, videos on behavioral strategies, and leveraging expanded access to telehealth (Chung et al., 2020).

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Parents who were more impacted by COVID-19 experienced more parenting stress and, as a result, used more harsh parenting and felt less close to their children.

Calls to the Child Abuse and Neglect Hotline (Childhelp.org) Show Increased Concern During COVID-19

School closures, social distancing, and restrictions of movement during the COVID-19 pandemic are of concern because of possible associations with child maltreatment. Evidence of this has been seen in reports of increased child psychological abuse and non-medical neglect (Sharma et al., 2021) and in hospital emergency department visits (Swedo et al., 2020b). Hotlines, such as Childhelp.org, can serve as a source of information on the prevalence of child abuse and neglect. Childhelp (childhelp.org/hotline at 800-422-4453), provides 24-hour anonymous confidential multilingual counseling and crisis intervention, information, and referrals to emergency, social service, and support resources.

The database of Childhelp (Childhelp.org/hotline) was examined to answer the number of inquiries (phone calls and text messages) during the COVID-19 pandemic (March–May 2020) compared with the same time in 2019 (Ortiz et al., 2021). In 2020, calls and texts increased by 13.75% (n=18,881) compared with the same time in the year 2019 (n=16,599). Most calls in both time periods (96%) were from adults (18 years or older) while less than 5% were from youth. **From March to May 2020, phone calls increased from approximately 1,300 to over 1,600 per week, a 23% increase. Texts made an even greater increase, from approximately 65 to more than 120, an 85% increase.**

In 2020, there was a decrease in calls both from school reporters (from 3.56 to 2.12%) and from non-school-based mandated reporters (such as CPS workers, counselors, and healthcare workers) from 6.91 to 6.28%. These decreases were balanced by an increase in parent calls. There was an increase in calls from neighbors or landlords (5.19 to 8.67%) and friends (5.08 to 6.36%).

This study was not able to assess the nature or duration of calls or more detailed demographics. The results of this study

suggest that during periods of restricted access to sentinels and mandated reporters of child abuse and neglect, phone and text hotlines can help concerned persons. These hotlines can also provide a variety of additional information that can be useful to policy-makers during a prolonged crisis such as data on the nature and extent of community distress. The increases in inquiries to Childhelp also suggests that when traditional routes for help such as teachers and school counselors as well as other sources of support are cut off, people will turn to other options. Of particular interest is the increase in texts, a medium favored by children and teenagers, which were received largely from youth, suggesting possible self-advocacy.

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Calls and text messages to a child maltreatment hotline increased in 2020 compared to 2019. Counseling and referrals can be available to persons concerned about child abuse and neglect through childhelp.org/hotline.

Emergency Department Visits for Child Maltreatment Increased During Early COVID-19

While the extent of child maltreatment during the COVID-19 pandemic can be estimated in a variety of ways, it is likely that the most severe incidents will be found in hospital emergency departments (ED). The National Syndromic Surveillance Program of the CDC (<https://www.cdc.gov/nssp/index.html>) counted the number of weekly ED visits related to child abuse and neglect per 100,000 by age group from January 2019 to September 2020 (Swedo et al., 2020a). **Compared to the same time period in 2019, the percentage of ED visits increased significantly from 2.1% in 2019 to 3.2% in 2020. Increases occurred in three age groups: 3.5% to 5.3% for children 0-4, 0.7% to 1.3% for 5-11, and 1.6% to 2.2% for 12-17 years old.**

A review of cases from a single children's hospital gave a more specific picture of the nature of child maltreatments (Sharma, et al., 2021). Of the 296 of 776 child abuse reports (CAR) containing injuries in children under six months of age that were admitted to an ED, emotional abuse increased from 2.52% in years prior to the pandemic to 7.0%. Non-medical neglect increased from 31.5% to 40.0% and medical neglect increased from 3.06% to 4.19%. The referral rates for bone scans to assess for abuse-related fractures also increased significantly during the pandemic, from 16.2% to 32.2%. The percent of confirmed cases of abuse in patients under six months increased from 5.5% to 9.6%. These data point

to significant concern for children's health as the pandemic continues to be associated with the possibility of mandatory lockdown of communities.

The means to decrease child maltreatment during lockdowns are challenging. **Increased awareness of ED providers for the various types of child maltreatment, including emotional abuse and neglect in addition to physical abuse can aid in detection and intervention. Infants under six months of age are at high risk for physical abuse and deserve close attention by providers.**

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ED visits for child maltreatment increased nationally among all child age groups during the early COVID-19 pandemic. As the possibility of continued social restrictions such as lockdown continue, the rates of child maltreatment may also increase.

What Have We Learned, from page 1

community violence, and a higher risk of children witnessing violence both inside and outside the home.

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A review of research on violence against children during the COVID-19 pandemic reported methodological issues and interim research results. Methods of research have focused on physical and psychological violence based largely on administrative records. Results have found increases as well as decreases in family violence reports. However, data suggest increased severity of child physical abuse.

Family Risk Factors for Abusive Head Trauma in Young Children During COVID-19 Lockdowns

Pediatric abusive head trauma (AHT) is an injury to a child younger than five years of age due to violent shaking and/or abrupt impact and is a leading cause of death and disability in children under two years old (Hung, 2020). A study of children between the ages of 0.5 and 13 months evaluated for AHT at a children's hospital in the UK between 23 March-23 April 2020, a period of national isolation due to COVID-19, found a marked increase of suspected AHT. Ten children with multiple physical findings were examined compared to a mean of 0.67 cases in the corresponding period in the prior year, an increase of 1,493% (Sidpra, Abomeli, Hameed, Baker, & Mankad, 2020).

In a study of patients between the ages of 0-17 years old from 2010-2016 who were admitted to a level 1 trauma center in the U.S., 240 (including 42 fatalities) were diagnosed with AHT. Family risk factors for AHT were intimate partner violence (odds ratio=2.3, p=.02), substance abuse (OR=5.7, p<.001), an unknown number of adults living in the household (4.1, p<.001), and prior police involvement (OR=5.9, p<.001) (Sayrs et al., 2020).

Family history can be an aid to preventing AHT injuries. Significant parental vulnerabilities for child maltreatment include socioeconomic deprivation, criminal histories, mental health disorders, and financial concerns. Risk factors are likely to be exacerbated by lockdown measures in which children are increasingly exposed to their parents and there is limited reporting due to decreased interaction with reporting

bodies such as teachers and health care personnel. This increase was termed a *silent epidemic* in contrast to the public epidemic of COVID-19 (Sidpra et al., 2021).

Risk factors of family structure and history may suggest an elevated risk of AHT and other forms of physical abuse to greater degree than what is known from prior CPS or other family advocacy involvement. These family-level factors associated with AHT could be used in prevention programs by family advocacy programs, medical providers, and law enforcement to develop targeted interventions for those at highest risk.

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Knowledge of family history can aid in preventing AHT injuries. Among these family risk factors are IPV, substance abuse, an unknown number of persons living in the household, mental health disorders, financial concerns, and prior police involvement.

Isolation, Loneliness, and Intimate Partner Violence During Lockdown

When isolation is required for any reason, such as during the COVID-19 pandemic, an important additional stressor is loneliness. When lockdown is mandated and extensive, its effects may be exacerbated and result in increased vulnerability of IPV victims to abuse, negative health effects, and reduced opportunities for help-seeking (Goodman & Epstein, 2020). Within relationships, isolation can also be used to enhance coercive control, one of the many tactics employed by perpetrators of intimate partner violence (IPV). Isolation also increases the likelihood of risky behaviors such as self-medication, smoking, alcohol consumption, and overeating (Leigh-Hunt et al., 2017). Recent reports cite evidence of increased calls to family violence hotlines in the US (Holland et al., 2021), UK, Brazil, and Cyprus as well as increased domestic homicides in Spain (Bradbury-Jones & Isham, 2020).

Methods suggested to help victims of IPV under lockdown are to enable support services to remain open, increasing the capacity of helplines, and running targeted campaigns against family violence. However, for victims experiencing coercive control, seeking help in discrete ways is difficult (Bradbury-Jones & Isham, 2020).

There has been extensive research on loneliness (Leigh-Hunt et al., 2017), but the aftermath of isolation and loneliness in the context of IPV has yet to be studied, particularly with aspects of isolation being externally mandated in response to COVID-19. Additional challenges following the lifting of lockdowns will be to mitigate the previously encountered stresses of isolation and loneliness that IPV victims have faced. Health and social service providers will need to consider ways to address victims who have had complex

and lengthy exposure to prolonged isolation and possible abuse. For example, for IPV victims previously known to care providers, periodic phone calls, emails, or texts could be sent to inquire for victims' safety and well-being followed by consultation. However, in these alternatives, knowledge of victim safety is paramount and providers must conduct inquiries discretely and in accordance with victim wishes and status.

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In addition to IPV, among the stressors of prolonged isolation are loneliness and the increased likelihood of risky behaviors such as self-medication, smoking, alcohol consumption, and overeating.
