

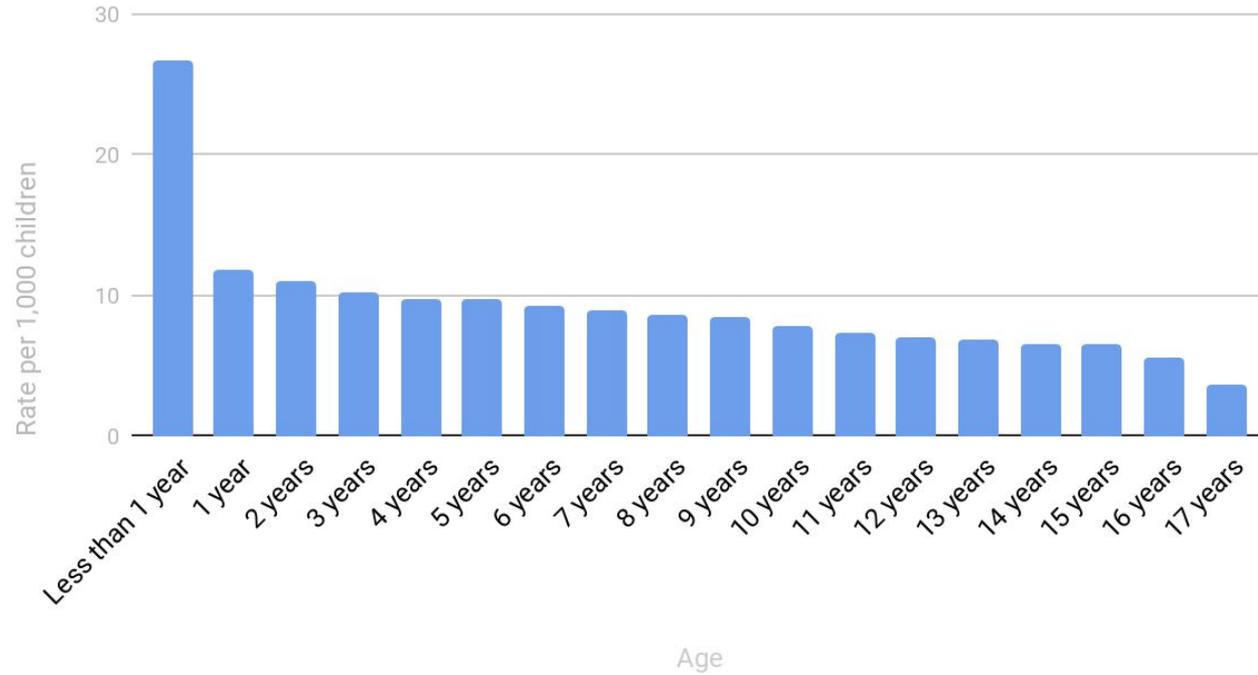
# CHILD MALTREATMENT AND INTIMATE PARTNER VIOLENCE DURING COVID-19

**Assessing and Responding in  
the Virtual Environment**

# TRAINING OBJECTIVES

- Learn how to assess and monitor the risks and signs of abuse/neglect and IPV during the pandemic
- Increase awareness of the unique challenges present with virtual service provision and how to overcome them
- Questions, share experiences, ideas, resources with one another

## Child abuse rate in the United States in 2018, by age of the victim



US DEPARTMENT OF HEALTH AND HUMAN SERVICES DATA

# WHAT WE KNOW

Child Maltreatment  
Pre COVID-19



92% of perpetrators were  
parents of the victim

68% of those reporting  
were professionals

---



# IPV

In the US an average of 20 people experience IPV per minute

Between 2000 and 2006 3,200 American soldiers were killed; during that same period domestic homicide in the US claimed 10,600 lives (likely an underestimate)

IPV accounts for 15% of all violent crime

For every woman killed in the US, nearly 9 are almost killed

85% of DV victims are women

50 women a month in the US are killed by intimate partners using guns alone



**There is considerable evidence that domestic abuse and child maltreatment are linked; if the household experiences one type of family violence, the household is at risk of the other**

# CHILD RISK FACTORS FOR ABUSE DURING "NORMAL" TIMES

Parental/caregiver substance abuse/use

IPV

Economic hardship/poverty

Recent loss

Child with DD or MI

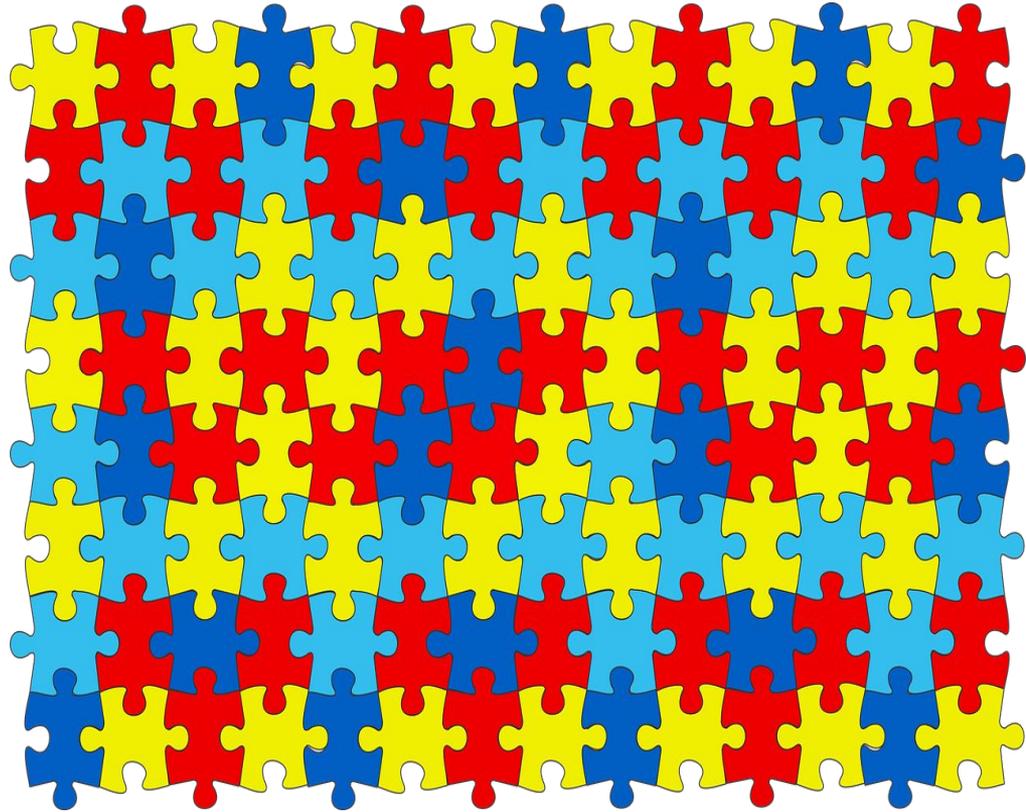
Parent with DD or MI

Social isolation/disconnection from  
support networks

**Parent/caregiver stress**

Parent/caregiver sense of lack of  
control

Prior history of abuse



# HOW MIGHT THE CONDITIONS OF COVID 19 CREATE OR EXACERBATE THESE RISK FACTORS?

Parental Stress  
Parental Stress  
Parental Stress  
Parental Stress

Loss of employment

Fear of getting sick

Food insecurity

Fear of losing housing

Loss of childcare/school

Isolation from  
friends/co-workers/family

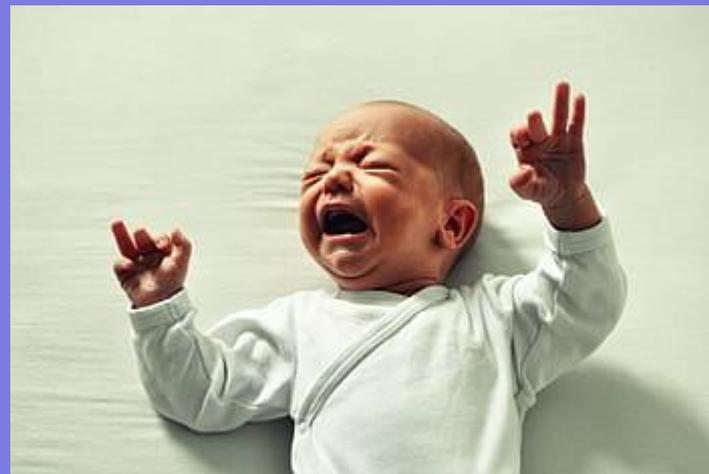
Jobs held by our families are  
inherently riskier

Frustration

Boredom

Poor sleep

PARENTAL STRESS ↑  
CHILD STRESS ↑



# HOW MIGHT THE CONDITIONS OF COVID 19 CREATE OR EXACERBATE THESE RISK FACTORS?

Child Stress

Child Stress

Child Stress

Child Stress

Crying, whining, demanding

Increased frustration, defiance, aggression

Poor sleep

Increased clinginess or withdrawal

Boredom, confusion, increased activity level

Regressive behaviors

Change in routine

Poor nutrition

Lack of physical space to play/move

Social isolation

Lack of separation from caregiver and increased exposure to the family's emotions

# WHAT ARE THE CONSEQUENCES FOR PARENTS AND ULTIMATELY CHILDREN?

- Prior trauma gets triggered for the parent/caregiver
- Feelings of inadequacy
- Loss of control and sadness, depression
- Sleep deprivation
- Increased substance use/abuse
- Feelings of anger even rage
- Increased impulsivity
- Withdrawal/shutting down
- Older siblings caring for younger siblings

# HOW MIGHT THE CONDITIONS OF COVID 19 CREATE OR EXACERBATE THE RISK FOR IPV?

Nowhere to escape -- work was a sanctuary

Victims usually wait to be by themselves before they seek help/wait for abuser to go to work/openings when they don't have to worry about childcare

Travel restrictions may impact survivor's escape/safety plan

Lack of shelter availability/safety

Abusive partners may share false information about the pandemic to control or frighten or as a scare tactic to keep survivor away from kids

# HOW A PANDEMIC AFFECTS DOMESTIC VIOLENCE



**The National**



# REPORTS DOWN 55%

Across the US calls to child protection hotlines  
have decreased dramatically from 50 to 94%

"YOU'VE GOT STRESSED  
ADULTS AND VULNERABLE  
CHILDREN AND VERY FEW  
EXITS. AND YOU DON'T  
HAVE EYES ON THEM". HARPER.



# SHAKEN BABY SYNDROME: THE SURVIVORS

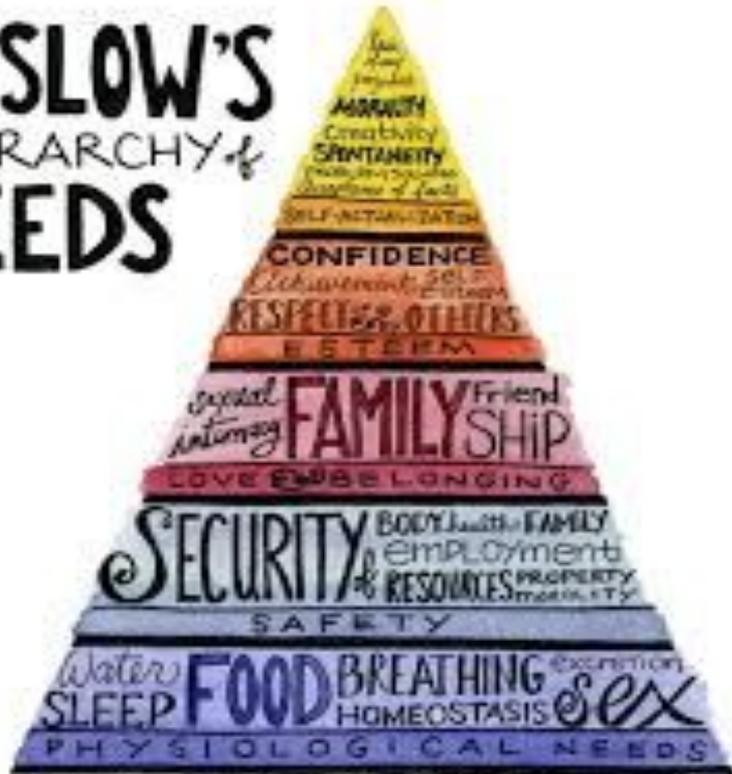


ASSESSING AND  
ADDRESSING RISK IN  
THE VIRTUAL  
ENVIRONMENT

# ASSESSING THE CAREGIVER

- Maslow's Hierarchy of Needs
- Assessing family needs -- use the share screen feature
- Always be aware of who is present
- Pay attention to appearance and grooming
- Utilize the chat feature
- Assess for private spaces (bathroom)
- Listen for signs of frustration, anger, dissociation, fear, flat affect--is there a mismatch between tone of voice and body language? Pay attention to what is being asked and what isn't. Is there a lack of empathy?
- Observe the interactions carefully. Are they more stern, pushing the child away, ignoring?
- Be CURIIOUS ALWAYS
- Avoid WHY questions

# MASLOW'S HEIRARCHY of NEEDS



## Assessing Family Needs

- 1) Food running out or unavailable
- 2) Loss of employment or decrease in income
- 3) Housing/utilities
- 4) Child care
- 5) Tension/conflict between family members
- 6) Increased anxiety/depression
- 7) Reminders/triggers of past stressful/traumatic events
- 8) Loss of social connections
- 9) Substance abuse concerns

**Strongly Agree=5**

**Somewhat Agree=4**

**Neither Agree nor Disagree=3**

**Somewhat Disagree=2**

**Strongly Disagree=1**

### Additional Assessment Tools:

Parenting Stress Index Short Form **PSI-SF**

Protective Factors Survey **PFS-2**

Patient Health Questionnaire **PHQ-9**

# ASSESSING THE CHILD OR CHILDREN AND ENVIRONMENT

Try to view the home

Notice hygiene, attire

Look for signs of abuse or neglect--bruises, marks, injuries, difficulty walking/sitting (not previously there), expressions of pain, traumatic play, hunger

Does the child appear fearful or shut down in the presence of a caregiver, unable to be soothed?

Check for changes in participation, interaction, and communication

Check for changes in mood or presentation

# ADDRESSING RISK IN THE VIRTUAL ENVIRONMENT

Check technical capabilities in advance  
(wifi, phone, tablet, platform)

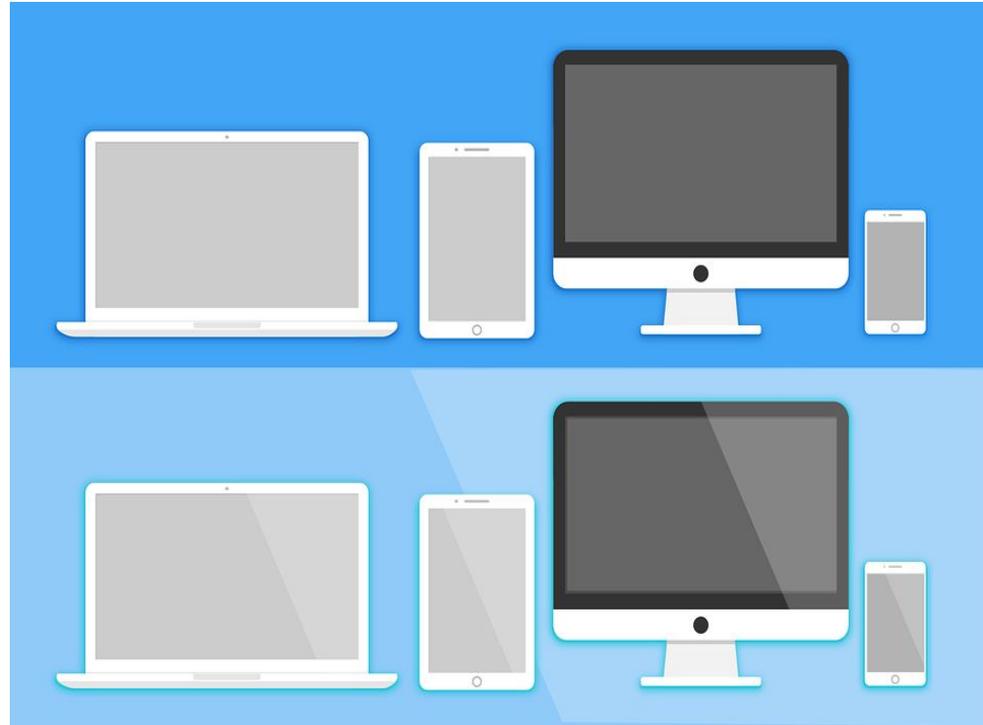
Orient families to the experience in advance (child snacks, **feeding**, bathroom)

Keep **regularly scheduled meeting times**  
(consistency builds **predictability**)

**Increase contact** but for **shorter periods of time** (especially with younger children)

Be prepared with local and national resources (basic needs) and hot line numbers in case they are needed

Use **rituals** for opening and closing the sessions



# ADDRESSING RISK-PREVENTION

1. Promote predictable routines--**predictability** lends children to feeling safer and more prepared for the day, reduces tantrums and anxiety
2. Create a boredom plan
3. Encourage silliness
4. Promote self regulation (parent and child)
5. Promote self care
6. Normalize
7. Help parents **view behavior as communication**
8. Strengthen the resilience and protective factors
9. Create a **safety plan**, designate a safe word to indicate if the client fears speaking in the presence of another. **Identify Supports**
10. Create an emergency **respite plan** to prevent a crisis or in the event of an emergency like, hospitalization

# CRISIS AND RESOURCE NUMBERS

**Immediate Danger:** Call 911

Child Abuse Hotline: 1(800) 540-4000

Psychiatric Mobile Response Team (**PMRT**): (800) 854-7771

National Suicide Prevention Lifeline: 1 (800) 727-4747

Teen Line: (310) 855-4673

National Domestic Violence Hotline: 1 (800) 799-7233

Shelter Availability and Food Banks: **211**

National Sexual Assault Hotline: 1 (800) 656-4673

LGBTQ National Hotline: 1 (800) 843-4564

# RECOMMENDED READING:

*THE BODY KEEPS THE SCORE: BRAIN MIND AND BODY IN THE  
HEALING OF TRAUMA, DR. BESSEL VAN DER KOLK*

*NO VISIBLE BRUISES: WHAT WE DON'T KNOW ABOUT DOMESTIC  
VIOLENCE CAN KILL US, RACHEL LOUISE SNYDER*

THANK YOU!