Child Abuse and Neglect Risks During COVID-19

The Texas Department of Family and Protective Services (DFPS) reported more than 8,000 fewer calls of neglect, physical and sexual child abuse to Child Protective Services in the month of April 2020 compared to April 2019 (approximately a 50% decline). Online reporting, a tool used primarily by teachers and other professionals, was down 56%.[a]

Teachers and other social services providers normally account for 20 to 25%[b] of child maltreatment report to Statewide Intake (SWI). As such, during times of school closure, there is usually a reduction in reports that largely correlates with that percentage; however, as students return to school, we see the rate climb up back to higher than normal and then leveling back out. Since we have no evidence to believe that abuse and neglect incidence declines when children are out of school, this is one indicator that helps us understand that the rate of reports is not a fair indicator of incidence of abuse and neglect. In addition, we know that child abuse and neglect are largely underreported with some studies suggesting as much as half of cases go unreported as indicated in the Fourth National Incidence Study of Child Abuse and Neglect (NIS-4).

Despite the decreases in reports and the normal variance that occurs during school closure during the earlier months of COVID-19, research supports an assumption that the stresses of COVID-19 on families is likely increasing the risk of child maltreatment.

Included here is a summary of relevant research that points to the ways in which economic recessions, unemployment, increases in family violence, mental health, substance use, and parental stress have been correlated to increases in child abuse and neglect. COVID-19 has added social isolation, lack of access to services, and physical health challenges to the mix of stressors for families. Without a dramatic shift in our state to family support and prevention programs that can offer families what they need in order to provide safety, nurturing, and resiliency to their children, research supports projections of dramatic increases in child abuse and neglect both now and in the coming years.

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A Summary of the Research

While reports of child maltreatment have decreased during COVID-19, there are reasons to believe that family violence could have increased.

National estimates on the actual prevalence of child maltreatment in the United States range between 3% and 40%. Most maltreatment is unreported and may be known only to the perpetrator and victim.

- *From Child Protective Services (CPS):* At the low end, the National Child Abuse and Neglect Data System (NCANDS) reports yearly data on the number of child maltreatment reports known to child protective service agencies. In 2018, CPS received 4.3 million referrals alleging maltreatment on 7.8 million children (DHHS, 2020).
    - Over half of these referrals were screened-in (Rate = 32.5/1000). Of screened-in reports, 678,000 children were found to be victims (DHHS, 2020).
    - Victimization rates in Texas were similar to national rates (Child Trends, 2019).
- *From Mandated Reporters:* According to the Fourth National Incidence Study of Child Abuse and Neglect (NIS-4), the national rate of children who experienced maltreatment was 17.1/1000 (Sedlak et al., 2010).

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[a] **https://www.kxan.com/news/local/hays/why-a-drop-in-abuse-and-neglect-reports-concerns-child-protective-services/**

[b] DFPS Databook

- *From Self-Report:* In the National Longitudinal Study of Adolescent Health (Add Health), 28.4% of young adults reported being physically assaulted[c] as children and 14% (half of them) reported that it happened three or more times (Hussey, J. M. et al, 2006).
- *Context on decreasing reports during COVID-19*: Researchers posit that declining child maltreatment reports have been driven by school closures (Baron, E. J., et al., 2020). Two-thirds of child maltreatment reports were submitted by professionals (DHHS, 2020).

Intimate partner violence is a risk factor for child maltreatment.

- It is well documented that intimate partner violence (IPV) and child maltreatment are risk factors for one another (Herrenkohl et al., 2008). A review of studies on the co-occurrence of child maltreatment and IPV found a median overlap of 40% (Appel and Holden, 1998).
- Data from the National Survey of Children's Exposure to Violence (NatSCEV) show that among children who witnessed IPV over half (56%) also experienced maltreatment. Overall, children who witnessed IPV had 4 to 9 times greater odds of experiencing some form of maltreatment compared to those who did not witness IPV (Hamby, 2010).
- An analysis of data from Felitti's seminal ACEs study (1998), found that 58% of individuals who reported exposure to IPV experienced physical abuse, compared to 22% of individuals who were not exposed to IPV. Conversely, 29% of those who experienced physical abuse were exposed to IPV, compared to 8% of those who did not experience physical abuse (Dong, 2004).
- In Texas specifically, family violence was indicated in 33% CPS investigations (DFPS, 2015).
- More recently, researchers estimate that children residing in a home where intimate partner violence occurs are at as much as 60 times the risk of child abuse or neglect compared to the general U.S. child population (Campbell, 2020).

Reports of intimate partner violence increase following natural disasters. Though natural disasters are not an exact comparison, they share the themes of increased stress, school closings, and decreases in available community resources. Other countries have reported increases in IPV following their stay-in-place orders.

- Studies in the U.S. have found increases in reports of IPV following natural disasters that extend several months after the event occurs (Campbell, 2020).
- IPV reports have increased in China, France, Brazil, and Italy following shelter-in-place mandates due to COVID-19 (Campbell, 2020).
- Quarantining and shelter-in-place orders may limit physical mobility and economic resources, presenting challenges for people who might otherwise leave violent relationships (Center for Global Development, 2020).

Research on the Great Recession suggests that increases in the unemployment rate increased family violence.

- One study found that rapid increases in the unemployment rate increased men's controlling behavior toward their romantic partners regardless of household unemployment and economic distress (Schneider, D., Harknett, K., & McLanahan, S., 2016).
- Mothers who experienced economic hardship were twice as likely to be the victims of violent or controlling behavior (Schneider, D., Harknett, K., & McLanahan, S., 2016)**.**

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[c] Young adults were told "The next set of questions is about your parents or other adults who took care of you before you were in the 6th grade." They were asked "How often had each of the following things happened by the time you started 6th grade? How often had your parents or other adult caregivers slapped, hit, or kicked you?" Interviews were conducted in 2001-2002.

- One study found that a one-point increase in the unemployment rate was associated with a 15% increase in the odds of mothers' frequent physical aggression toward their 9-year-old children (Schneider, W., Waldfogel, J., & Brooks-Gunn, J., 2017).
    - A meta-analysis found that parent unemployment is moderately related to child neglect, but minimally related to child abuse (Stith et al., 2009).
- A study using google data estimates that the doubling of the unemployment rate decreased reports of maltreatment by 13% but increased maltreatment by 10 to 24%. The author posits this may be due to depleted resources for CPS organizations as well as organizations likely to make reports (Stephens-Davidowitz, S., 2013).
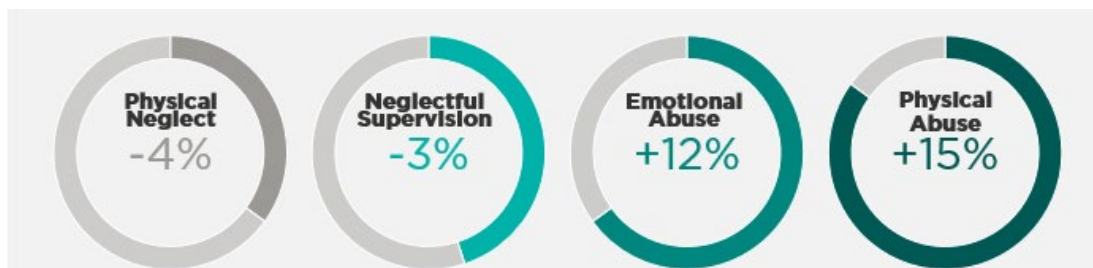
Well-documented relationships exist between family violence, substance use (particularly alcohol use), and depression.

- About 23% of maltreatment victims in Texas had a caregiver abusing drugs and 6% had a caregiver abusing alcohol (DHHS, 2020).
- A 2018 mixed methods study for Texas Department of Health and Human Services (DHHS) found relationships between substance use and child welfare caseload sizes across the country (DHHS, 2018):
    - "A 10 percent increase in alcohol-related hospitalizations predicted a 2.7 percent increase in foster care entry rates. A 10 percent increase in opioid, stimulant (e.g. cocaine, meth), and hallucinogens, predicted a 2 percent increase in foster care entry rates."
    - "Furthermore, as cases became more severe—from report to substantiation to placement into foster care—the relationship increased in magnitude. A 10 percent increase in overdose death rates correlated with a 2.2 percent increase in rates of maltreatment reports, a 2.4 percent increase in substantiation rates, and 4.4 percent increase in foster care entry rates."
    - "A 10 percent increase in drug overdose death rates correlated with a 4.4 percent increase in foster care entry rates."
- One study found that parents with substance abuse disorders were 2.9 times more likely to report abusing their children and 3.24 times more likely to report neglecting them (Chaffin et al., 1996).
- One study found that parents who had depression were 3.45 times more likely to self-report physically abusing their children (Chaffin et al., 1996).
- Another study found that depression was associated with an increase in psychological aggression, but not physical assault or neglect (Conron et al, 2009).
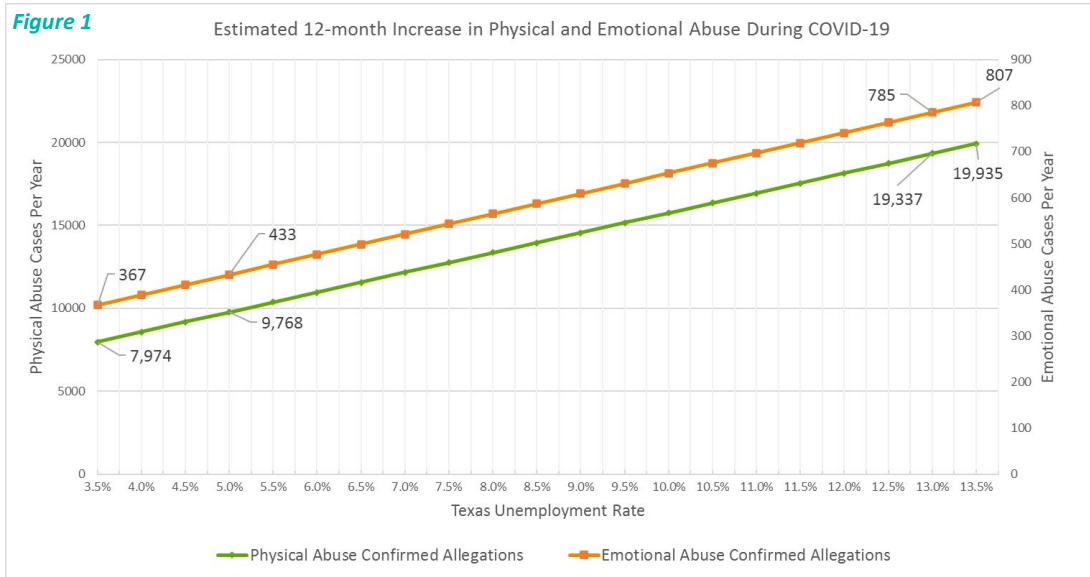
Projections for Texas

According to the Schneider, Waldfogel, & Brooks-Gunn (2017) study mentioned above, increases in unemployment during the Great Recession were correlated to a 15% increase in physical abuse and a 12% increase in emotional abuse; however the same increases in unemployment were correlated to decreases in neglect.

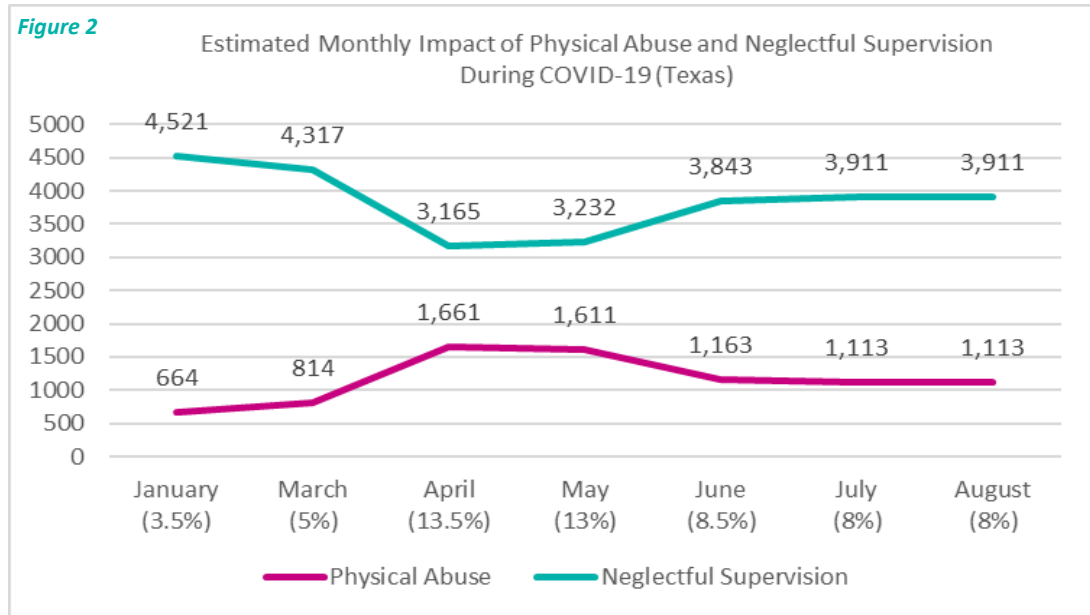**Correlations between Child Abuse/Neglect and Unemployment Rate**

While the populations, definitions, and landscape during that study do not match exactly our own, it is worth noting that if these increases were seen among older children when the stressors were largely financial, we might expect something even more dramatic in Texas as a result of COVID-19. In 2019, 55% of confirmed cases occurred in children under age 5[d], and this particular study was based on self-report and included mothers of 9-year-old children.

If the correlations from this study are applied to Texas, we could expect significant increases in confirmed physical and emotional abuse given the dramatic rise in the unemployment rate (see figure 1), and the impact of such would be in part dependent upon sustained and elevated unemployment rates. For example, if the projections are applied to the Texas unemployment rate of 13.5% in April of 2020, physical abuse may increase by 150% - equivalent to nearly 1,000 additional cases of abuse in one month based upon the number of confirmed cases per month prior to COVID-19 (see figure 2).
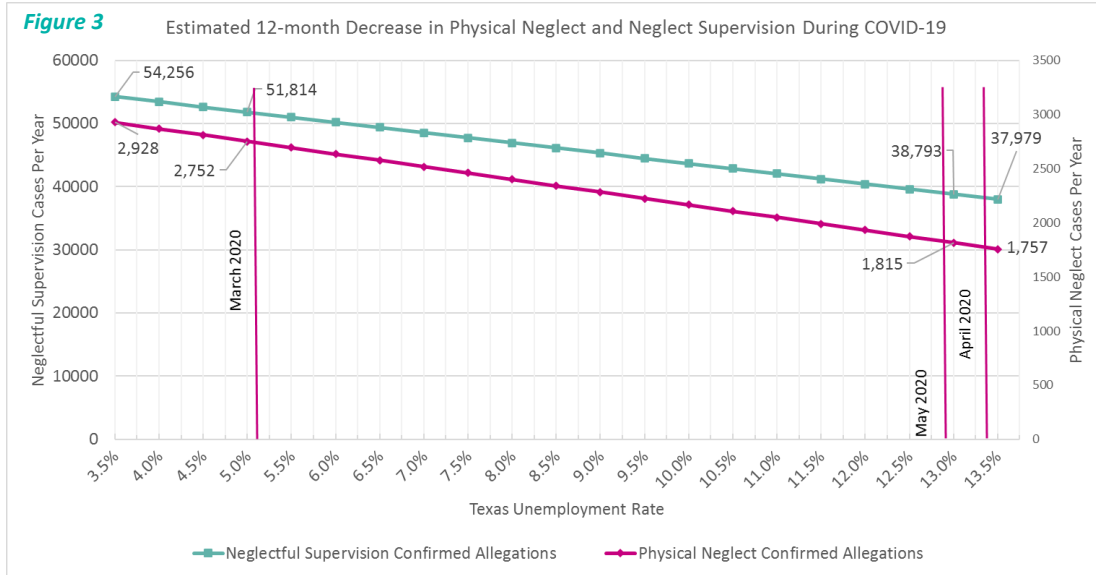
Figure 1

Estimated 12-month Increase in Physical and Emotional Abuse During COVID-19

Note: Only 12.33 % of reported physical abuse allegations and 4.71% of emotional abuse allegations are confirmed by DFPS. [e]

Figure 2

The Schneider, Waldfogel, & Brooks-Gunn, (2017) study also found decreases in physical neglect and neglectful supervision during the Great Recession, with neglect representing 80% of confirmed cases in Texas last year (2019). If this finding holds true, we could expect to see significant reductions in the numbers of children coming through our child protection system due to neglect (see figure 3). However, with the unique challenges of COVID-19 beyond unemployment or lack of resources (like mental health challenges, substance use increases, physical health challenges, and social isolation), we would be cautious in applying these projections to the current landscape.

Figure 3 — Estimated 12-month Decrease in Physical Neglect and Neglect Supervision During COVID-19

Note: *Only 11.46 of reported physical neglect allegations and 30.22% of neglectful supervision allegations are confirmed by DFPS.* [f]

Additional Variables and Considerations

In response to COVID-19, Meadows Mental Health Policy Institute used the relationships between economic downturns and mental health and substance use disorders to project potential impacts of the pandemic to our already high rates of behavioral health challenges.

The result of that analysis determined the following:

"Absent an increase in preparedness to detect and treat depression and addiction – every five percentage point annual increase in the unemployment rate could result in 300 additional lives lost to suicide each year and 425 additional lives lost to drug overdoses. In 2018, over 3,800 Texans died from suicide and over 7,000 died from substance-related deaths. [g]

It is important to note that for every life lost to suicide or drug overdose, many more families will struggle through severe challenges including depression and substance use disorder. According to this study, each 5% increase in unemployment would result in just over 50,000 additional cases of Substance Use Disorder (SUD) per year.

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[f] DFPS Data Book: CPI Completed Investigations: Alleged & Confirmed Types of Abuse
https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Investigations/Investigations/Types_of_Abuse.asp

[g] Meadows Mental Health Policy Institute. (2020) Projected COVID-19 MHSUD Impacts, Volume   1: Effects of COVID-Induced Economic Recession (COVID Recession. Available from **https://www.texasstateofmind.org/uploads/whitepapers/COVID-MHSUDImpacts.pdf**

Based on the Adverse Childhood Experiences (ACEs) research[h], child abuse and neglect as well as living in a home with mental health or substance use challenges can have impacts on child development that impact biology, behavior, and long term health outcomes across the lifespan. Additionally, child abuse and neglect is highly correlated to challenges with mental health and substance use.[i] 68% of child removals in Texas in 2018 were related to substance use.[j] As such, an increase in SUD and mental health challenges may provide critical context for understanding the potential impact to our child protection systems as well as increased risks for child abuse and neglect as a result of COVID-19.

Conclusion

Any model for projections like these has inherent discrepancies that cannot capture the unique complexities of the current landscape resulting from COVID-19. These are truly unprecedented times and the impact to our children and families will be as much a result of our responses to COVID-19 as to the pandemic itself. Child maltreatment is a complex issue with variables that overlap and affect one another and those differ based on many factors.

However, with the dramatic increases in unemployment in 2020, the research on previous recessions and corresponding increases in abuse, projected increases in behavioral health challenges, and the many other family stressors that are extraordinarily high right now, we believe it is reasonable to assume these findings may be a relevant tool to help us understand potential increases in risks for child abuse and neglect. Our hope is that this knowledge will help us choose to do more to prevent this from occurring, despite the fact these children in vulnerable situations may never be known to the system. Child abuse and neglect are preventable. Protecting children often means supporting their families in ways that will help parents provide stable, nurturing, safe environments. That has never been more clear or more needed than now.

References and Abstracts

Appel, A. E., & Holden, G. W. (1998). The co-occurrence of spouse and physical child abuse: A review and appraisal. Journal of Family Psychology, 12(4), 578–599. https://doi.org/10.1037/0893-3200.12.4.578

Abstract: For more than 20 years, there have been periodic reports in the research literature about the co-occurrence of spouse abuse and physical child abuse. This review compiles and evaluates those reports. Forty-two studies were found that provided some data concerning co-occurrence; 31 of the studies included sufficient detail to be used in this review. The different types of studies are classified and methodological issues are discussed. The base rate of co-occurrence found in representative community samples was about 6%. In clinical samples of either battered women or physically abused children, the percentage of overlap ranged from 20% to 100%. When a conservative definition of child abuse was used, a median co-occurrence rate of 40% was found. Five models

depicting the directionality of abuse in violent families are proposed and discussed in relation to the data and theories of violence. Recommendations for methodological improvements and theory-driven studies are presented.

Baron, E. J., Goldstein, E. G., & Wallace, C. (2020). Suffering in Silence: How COVID-19 School Closures Inhibit the Reporting of Child Maltreatment. *SSRN Electronic Journal*. https://doi.org/10.2139/ssrn.3601399

Abstract: To combat the spread of COVID-19, many primary and secondary schools in the United States canceled classes and moved instruction online. This study examines an unexplored consequence of COVID-19 school closures: the broken link between child maltreatment victims and the number one source of reported maltreatment allegations - school personnel. Using current, county-level data from Florida, we estimate a counterfactual distribution of child maltreatment allegations for March and April 2020, the first two months in which Florida schools closed. While one would expect the financial, mental, and physical stress due to COVID-19 to result in additional child maltreatment cases, we find that the actual number of reported allegations was approximately 15,000 lower (27 percent) than expected for these two months. We leverage a detailed dataset of school district staffing and spending to show that the observed decline in allegations was primarily driven by school closures. Finally, we discuss policy implications of our findings and suggest a number of responses that may mitigate this hidden cost of school closures.

Campbell A. M. (2020). An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. *Forensic Science International: Reports*, *2*, 100089. https://doi.org/10.1016/j.fsir.2020.100089

Abstract: Though necessary to slow the spread of the novel Coronavirus (Covid-19), actions such as social-distancing, sheltering in-place, restricted travel, and closures of key community foundations are likely to dramatically increase the risk for family violence around the globe. In fact many countries are already indicating a dramatic increase in reported cases of domestic violence. While no clear precedent for the current crisis exists in academic literature, exploring the impact of natural disasters on family violence reports may provide important insight for family violence victim-serving professionals. Improving collaborations between human welfare and animal welfare agencies, expanding community partnerships, and informing the public of the great importance of reporting any concerns of abuse are all critical at this time.

Chaffin, M., Kelleher, K., & Hollenberg, J. (1996). Onset of physical abuse and neglect: Psychiatric, substance abuse, and social risk factors from prospective community data. *Child Abuse & Neglect*, *20*(3), 191–203. https://doi.org/10.1016/S0145-2134(95)00144-1

Abstract: Studies of psychiatric and social risk factors for child maltreatment have been limited by retrospective methodologies and reliance on officially reported or identified samples. Using data from both Waves I and II of the National Institute for Mental Health's Epidemiologic Catchment Area survey, 7,103 parents from a probabilistic community sample who did not self-report physical abuse or neglect of their children at Wave I were followed to determine the risk factors associated with the onset of self-reported physical abuse or neglect identified at Wave II. Social factors considered included age, socioeconomic status, social support, education, household size, and gender. In addition, several psychiatric disorders, including substance abuse disorders and depression were examined. Risk models were developed using hierarchical logistic regression. Physical abuse and neglect were found to have distinct sets of risk factors, with minimal overlap between the groups. Social and demographic variables were found to be limited predictors of maltreatment, while substance abuse disorders were strongly associated with the onset of both abuse and neglect (relative risks = 2.90 and 3.24 respectively). Depression was found to be a strong risk factor for physical abuse (relative risk = 3.45). Implications of the findings are discussed in terms of major causal models of maltreatment.

Child Trends. (2019). State-level data for understanding child welfare in the United States. Child maltreatment. Texas. Bethesda, MD: Child Trends. https://www.childtrends.org/publications/state-level-data-for-understanding-child-welfare-in-the-united-states

Abstract: High-quality data can provide public officials and advocates with crucial details about the populations they serve. State-level data for understanding child welfare in the United States is a comprehensive resource, including easy-to-use interactive features, that provides state and national data on child maltreatment, foster care, kinship caregiving, and adoption. This resource compiles critical data from a variety of sources on children, youth, and families who came in contact with the child welfare system in federal fiscal year (FY) 2017.

These data are important because they help policymakers understand how many children and youth came in contact with the child welfare system, and why. States can also use this information to ensure their child welfare systems support the safety, stability, and well-being of all families in their state.

Conron, K. J., Beardslee, W., Koenen, K. C., Buka, S. L., & Gortmaker, S. L. (2009). A Longitudinal Study of Maternal Depression and Child Maltreatment in a National Sample of Families Investigated by Child Protective Services. *Archives of Pediatrics & Adolescent Medicine*, *163*(10), 922. https://doi.org/10.1001/archpediatrics.2009.176

Objective: To assess whether a change in depression predicts a mother's change in maltreatment. **Design:** Observational, repeated measures study. **Setting:** National Survey of Child and Adolescent Well-being, 1999 to 2004. **Participants:** Mothers who retained custody of a child aged 0 to 15 years following a maltreatment investigation and completed at least 2 of 3 surveys (n = 2386). **Main exposure:** Change in depression status between baseline and 18- and 36-month follow-ups, assessed with the Composite International Diagnostic Interview Short Form. **Main outcome measures:** Change in psychological aggression, physical assault, and neglect between baseline and 18- and 36-month follow-ups, assessed with the Conflict Tactics Scale Parent-Child version. **Results:** One-third (35.5%) of mothers experienced onset or remission of depression. Onset of depression was associated with an increase of 2.3 (95% confidence interval, 0.2-4.4) psychologically aggressive acts in an average 12-month period, but was not statistically significantly associated with change in physical assault or neglect. **Conclusion:** Depression is positively associated with maternal perpetration of psychological aggression in high-risk families.

Dong, M., Anda, R. F., Felitti, V. J., Dube, S. R., Williamson, D. F., Thompson, T. J., Loo, C. M., & Giles, W. H. (2004). The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. Child Abuse & Neglect, 28(7), 771–784. https://doi.org/10.1016/j.chiabu.2004.01.008

Objective: Childhood abuse and other adverse childhood experiences (ACEs) have historically been studied individually, and relatively little is known about the co-occurrence of these events. The purpose of this study is to examine the degree to which ACEs co-occur as well as the nature of their co-occurrence. **Method:** We used data from 8,629 adult members of a health plan who completed a survey about 10 ACEs which included: childhood abuse (emotional, physical, and sexual), neglect (emotional and physical), witnessing domestic violence, parental marital discord, and living with substance abusing, mentally ill, or criminal household members. The bivariate relationship between each of these 10 ACEs was assessed, and multivariate linear regression models were used to describe the interrelatedness of ACEs after adjusting for demographic factors. **Results:** Two-thirds of participants reported at least one ACE; 81%–98% of respondents who had experienced one ACE reported at least one additional ACE (median: 87%). The presence of one ACE significantly increased the prevalence of having additional ACEs, elevating the adjusted odds by 2 to 17.7 times (median: 2.8). The observed number of respondents with high ACE scores was notably higher than the expected number under the assumption of independence of ACEs (p < .0001), confirming the statistical interrelatedness of ACEs. Conclusions: The study provides strong evidence that ACEs are interrelated rather than occurring independently. Therefore, collecting information about exposure to other ACEs is advisable for studies that focus on the consequences of a specific ACE. Assessment of multiple ACEs allows for the potential assessment of a graded relationship between these childhood exposures and health and social outcomes.

Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults: The Adverse Childhood Experiences (ACE) Study. American Journal of Preventive Medicine, 14(4), 245–258. https://doi.org/10.1016/S0749-3797(98)00017-8

Background: The relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse, and household dysfunction during childhood has not previously been described. **Methods:** A questionnaire about adverse childhood experiences was mailed to 13,494 adults who had completed a standardized medical evaluation at a large HMO; 9,508 (70.5%) responded. Seven categories of adverse childhood experiences were studied: psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. The number of categories of these adverse childhood experiences was then compared to measures of adult risk behavior, health status, and disease. Logistic regression was used to adjust for effects of demographic factors on the association between the cumulative number of categories of childhood exposures (range: 0–7) and risk factors for the leading causes of death in adult life. **Results:** More than half of respondents reported at least one, and one-fourth reported ≥2 categories of childhood exposures. We found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases that were studied (P < .001). Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4- to 12-fold increased health risks for alcoholism, drug abuse, depression, and suicide attempt; a 2- to 4-fold increase in smoking, poor self-rated health, ≥50 sexual intercourse partners, and sexually transmitted disease; and a 1.4- to 1.6-fold increase in physical inactivity and severe obesity. The number of categories of adverse childhood exposures showed a graded relationship to the presence of adult diseases including ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease. The seven categories of adverse childhood experiences were strongly interrelated and persons with multiple categories of childhood exposure were likely to have multiple health risk factors later in life. **Conclusions:** We found a strong graded relationship between the breadth of exposure to abuse or household dysfunction during childhood and multiple risk factors for several of the leading causes of death in adults.

Ghertner, R., Baldwin, M., Crouse, G., Radel, L., & Waters, A. (2018). The Relationship between Substance Use Indicators and Child Welfare Caseloads [ASPE Research Brief]. U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation. https://aspe.hhs.gov/child-welfare-and-substance-use

Abstract: After more than a decade of sustained declines in the national foster care caseload, beginning in 2012, the number of children entering foster care began to rise. Between 2012 and 2016, the number of children in foster care nationally rose by 10 percent, from 397,600 to 437,500. The experience of individual states varied, though more than two-thirds (36 states) experienced caseload increases. Hardest hit have been six states whose foster care populations rose by more than 50 percent over this four year period. While many believe parental substance use – including prescription drugs, illicit drugs and alcohol, but especially opioids – has been the primary cause of the increase in foster care placements, thus far there has been little empirical evidence to support this assertion. To better understand how select indicators associated with substance use relate to the changing trend in child welfare caseloads, ASPE carried out a research study that included both quantitative analysis and qualitative data collection. The quantitative portion of the study examines the strength of the relationship between two substance use indicators – drug overdose death rates and drug-related hospitalization rates - and child welfare caseloads at the county level. The qualitative portion of the study documents the perspectives and experiences of child welfare administrators and practitioners, substance use treatment administrators and practitioners, judges and other legal professionals, law enforcement officials, and other service providers—the local experts—who on a day-to-day basis work with families struggling with substance use disorders. Combined, the quantitative and the qualitative results describe how the child welfare system interacts with community partners to serve an increasing population of parents whose substance use has impaired their ability to parent, placing their children at risk.

Hamby, S., Finkelhor, D., Turner, H., & Ormrod, R. (2010). The overlap of witnessing partner violence with child maltreatment and other victimizations in a nationally representative survey of youth. Child Abuse & Neglect, 34(10), 734–741. https://doi.org/10.1016/j.chiabu.2010.03.001

Objective: To examine the co-occurrence of witnessing partner violence with child maltreatment and other forms of victimization.

Method: Data are from the National Survey of Children's Exposure to Violence (NatSCEV), a nationally representative telephone survey of the victimization experiences of 4,549 youth aged 0–17. **Results:** Witnessing partner violence (WPV) is very closely associated with several forms of maltreatment and exposure to other forms of family violence in this sample, with adjusted OR ranging from 3.88 to 9.15. WPV is also significantly associated with a wide variety of other forms of victimization, with OR ranging from 1.43 to 7.32. More than 1/3 (33.9%) of youth who witnessed partner violence had also been maltreated in the past year, compared with 8.6% of non-witnesses. For lifetime data, more than half (56.8%) of WPV youth had also been maltreated. Neglect and custodial interference were most closely associated with WPV. **Conclusions:** These data support the poly-victimization model, indicating that many youth experience multiple forms of victimization. They also indicate that the various forms of family violence are especially closely linked.

Herrenkohl, T. I., Sousa, C., Tajima, E. A., Herrenkohl, R. C., & Moylan, C. A. (2008). Intersection of Child Abuse and Children's Exposure to Domestic Violence. Trauma, Violence, & Abuse, 9(2), 84–99. https://doi.org/10.1177/1524838008314797

Abstract: This review addresses research on the overlap in physical child abuse and domestic violence, the prediction of child outcomes, and resilience in children exposed to family violence. The authors explore current findings on the intersection of physical child abuse and domestic violence within the context of other risk factors, including community violence and related family and environmental stressors. Evidence from the studies reviewed suggests considerable overlap, compounding effects, and possible gender differences in outcomes of violence exposure. The data indicate a need to apply a broad conceptualization of risk to the study of family violence and its effects on children. Further testing of competing theoretical models will advance understanding of the pathways through which exposure leads to later problems in youth, as well as protective factors and processes through which resilience unfolds.

Hussey, J. M., Chang, J. J., & Kotch, J. B. (2006). Child Maltreatment in the United States: Prevalence, Risk Factors, and Adolescent Health Consequences. *PEDIATRICS*, *118*(3), 933–942. https://doi.org/10.1542/peds.2005-2452

OBJECTIVES. The purpose of this study was to estimate the prevalence of child maltreatment in the United States and examine its relationship to sociodemographic factors and major adolescent health risks. **METHODS.** The National Longitudinal Study of Adolescent Health is a prospective cohort study following a national sample of adolescents into adulthood. The wave III interview, completed by 15 197 young adults in 2001–2002 (77.4% response rate), included retrospective measures of child maltreatment. We used these measures to estimate the prevalence of self-reported supervision neglect, physical neglect, physical assault, and contact sexual abuse during childhood. Next, we investigated the relationship between sociodemographic characteristics and maltreatment. Finally, we examined the association between child maltreatment and adolescent self-rated health; overweight status; depression; cigarette, alcohol, marijuana, and inhalant use; and violent behavior. **RESULTS.** Having been left home alone as a child, indicating possible supervision neglect, was most prevalent (reported by 41.5% of respondents), followed by physical assault (28.4%), physical neglect (11.8%), and contact sexual abuse (4.5%). Each sociodemographic characteristic was associated with _1 type of maltreatment, and race/ethnicity was associated with all 4. Each type of maltreatment was associated with no fewer than 8 of the 10 adolescent health risks examined. **CONCLUSIONS.** Self-reported childhood maltreatment was common. The likelihood of maltreatment varied across many sociodemographic characteristics. Each type of maltreatment was associated with multiple adolescent health risks.

Peterman, A., Potts, A., O'Donnell, M., Thompson, K., Shah, N., Oertelt-Prigione, S., & van Gelder, N. (2020). *Pandemics and Violence Against Women and Children*. Center for Global Development. https://www.cgdev.org/publication/pandemics-and-violence-against-women-and-children

Abstract: In times of economic uncertainty, civil unrest, and disaster are linked to a myriad of risk factors for increased violence against women and children (VAW/C). Pandemics are no exception. In fact, the regional or global nature and associated fear and uncertainty associated with pandemics provide an enabling environment that may exacerbate or spark diverse forms of violence. Understanding mechanisms underlying these dynamics are important for crafting policy and program responses to mitigate adverse effects. Based on existing published and grey literature, we document nine main (direct and indirect) pathways linking pandemics and VAW/C, through effects of (on): (1) economic insecurity and poverty-related stress, (2) quarantines and social isolation, (3) disaster and conflict-related unrest and instability, (4) exposure to exploitative relationships due to changing demographics, (5) reduced health service availability and access to first responders, (6) inability of women to temporarily escape abusive partners, (7) virus-specific sources of violence, (8) exposure to violence and coercion in response efforts, and (9) violence perpetrated against health care workers. We also suggest additional pathways with limited or anecdotal evidence likely to effect smaller sub- groups. Based on these mechanisms, we suggest eight policy and program responses for action by governments, civil society, international and community-based organizations. Finally, as research linking pandemics directly to diverse forms of VAW/C is scarce, we lay out a research agenda comprising three main streams, to better (1) understand the magnitude of the problem, (2) elucidate mechanisms and linkages with other social and economic factors and (3) inform intervention and response options. We hope this paper can be used by researchers, practitioners, and policymakers to help inform further evidence generation and policy action while situating VAW/C within the broader need for intersectional gender- and feminist-informed pandemic response.

Sedlak, A.J., Mettenburg, J., Basena, M., Petta, I., McPherson, K., Greene, A., and Li, S. (2010). *Fourth National Incidence Study of Child Abuse and Neglect (NIS–4): Report to Congress.* Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families.

Background and objectives: The National Incidence Study (NIS) is a congressionally mandated, periodic effort of the United States Department of Health and Human Services. In 1974, Public Law (P.L.) 93–247 mandated the first NIS (NIS–1), which collected data in 1979 and 1980. The NIS–2 was mandated under P.L. 98–457 (1984) and collected data in 1986. The NIS–3, mandated by the Child Abuse Prevention, Adoption, and Family Services Act of 1988 (P.L. 100–294) and the Child Abuse, Domestic Violence, Adoption and Family Services Act of 1992 (P.L. 102–295), collected data in 1993. The Keeping Children and Families Safe Act of 2003 (P.L. 108-36) mandated the NIS–4, which collected data in 2005 and 2006. The principal objectives of the NIS–4 were to provide updated estimates of the incidence of child abuse and neglect in the United States and measure changes in incidence from the earlier studies.

The NIS follows a nationally representative design, so the estimates reflect the numbers of abused and neglected children in the United States who come to the attention of community professionals.

Schneider, D., Harknett, K., & McLanahan, S. (2016). Intimate Partner Violence in the Great Recession. *Demography*, *53*(2), 471–505. https://doi.org/10.1007/s13524-016-0462-1

Abstract: In the United States, the Great Recession was marked by severe negative shocks to labor market conditions. In this study, we combine longitudinal data from the Fragile Families and Child Wellbeing Study with U.S. Bureau of Labor Statistics data on local area unemployment rates to examine the relationship between adverse labor market conditions and mothers' experiences of abusive behavior between 2001 and 2010. Unemployment and economic hardship at the household level were positively related to abusive behavior. Further, rapid increases in the unemployment rate increased men's controlling behavior toward romantic partners even after we adjust for unemployment and economic distress at the household level. We interpret these findings as demonstrating that the uncertainty and anticipatory anxiety that go along with sudden macroeconomic downturns have negative effects on relationship quality, above and beyond the effects of job loss and material hardship.

Schneider, W., Waldfogel, J., & Brooks-Gunn, J. (2017). The Great Recession and risk for child abuse and neglect. Children and Youth Services Review, 72, 71–81. https://doi.org/10.1016/j.childyouth.2016.10.016

Abstract: This paper examines the association between the Great Recession and four measures of the risk for maternal child abuse and neglect: (1) maternal physical aggression; (2) maternal psychological aggression; (3) physical neglect by mothers; and (4) supervisory/exposure neglect by mothers. It draws on rich longitudinal data from the Fragile Families and Child Wellbeing Study, a longitudinal birth cohort study of families in 20 U.S. cities (N = 3,177; 50% African American, 25% Hispanic; 22% non-Hispanic white; 3% other). The study collected information for the 9-year follow-up survey before, during, and after the Great Recession (2007-2010). Interview dates were linked to two macroeconomic measures of the Great Recession: the national Consumer Sentiment Index and the local unemployment rate. Also included are a wide range of socio-demographic controls, as well as city fixed effects and controls for prior parenting. Results indicate that the Great Recession was associated with increased risk of child abuse but decreased risk of child neglect. Households with social fathers present may have been particularly adversely affected. Results also indicate that economic uncertainty during the Great Recession, as measured by the Consumer Sentiment Index and the unemployment rate, had direct effects on the risk of abuse or neglect, which were not mediated by individual-level measures of economic hardship or poor mental health.

Stephens-Davidowitz, S. (2013) Unreported victims of an economic downturn, Essays Using Google Data. Doctoral dissertation, Harvard University. https://dash.harvard.edu/handle/1/10984881

Abstract: I document that the recent Great Recession caused large decreases in referral rates for child maltreatment: areas most affected by the recession saw the largest decreases. This fits with some previous work that finds that poor economic conditions are associated with lower reported child maltreatment rates. I argue that this was due not to decreases in actual maltreatment rates, but rather large decreases in the reporting rates of child maltreatment, caused by the economic downturn. I use alternative proxies for actual maltreatment rates, less likely to be affected by reporting rates: rates of child mortality from neglect and Google searches suspecting maltreatment. The proxies comparatively increased in areas more affected by the recent recession. The estimates imply that the recent doubling of the unemployment rate increased actual child maltreatment incidents in the United States by 10.0 to 24.0 percent but decreased reported child maltreatment incidents by 12.7 percent. A likely explanation for the substantial decrease in reporting rates of maltreatment was depleted resources both for organizations likely to report cases and organizations likely to receive and investigate reports.

Stith, S. M., Liu, T., Davies, L. C., Boykin, E. L., Alder, M. C., Harris, J. M., Som, A., McPherson, M., & Dees, J. E. M. E. G. (2009). Risk factors in child maltreatment: A meta-analytic review of the literature. *Aggression and Violent Behavior*, *14*(1), 13–29. https://doi.org/10.1016/j.avb.2006.03.006

This review presents the results of a series of meta-analyses identifying the relative strength of various risk factors for child physical abuse and neglect. Data from 155 studies examining 39 different risk factors were included in the review. Large effect sizes were found between child physical abuse and three risk factors (parent anger/hyper-reactivity, family conflict and family cohesion). Large effect sizes were also found between child neglect and five risk factors (parent–child relationship, parent perceives child as problem, parent's level of stress, parent anger/hyper-reactivity, and parent self-esteem).

U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. (2020). Child Maltreatment 2018. Available from https://www.acf.hhs.gov/cb/research-data-technology /statistics-research/child-maltreatment.

Abstract: NCANDS is a federally sponsored effort that collects and analyzes annual data on child abuse and neglect. The 1988 CAPTA amendments directed the U.S. Department of Health and Human Services to establish a national data collection and analysis program. The data are collected and analyzed by the Children's Bureau in the Administration on Children, Youth and Families, the Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services (HHS). The data are submitted voluntarily by the 50 states, the District

of Columbia, and the Commonwealth of Puerto Rico. The first report from NCANDS was based on data for 1990. This report for federal fiscal year (FFY) 2018 data is the 29th issuance of this annual publication.

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