

Child Maltreatment: Advocacy during COVID

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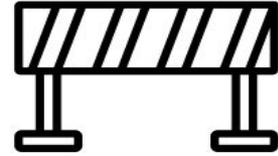
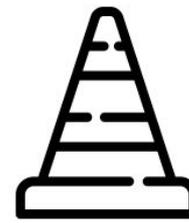
Child Abuse Pediatrician

Co-Chair-Child Abuse and Prevention Committee (CAPET)

AAP Chapter 1



Radio roadblock



“In August of 2001, and again in May, 2009, at times when abusive head trauma cases admitted to Children's Hospital of Wisconsin were dramatically increased, public media campaigns including a radio roadblock were implemented.

The “radio roadblock” consisted of a radio broadcast of the sound of a crying infant on all radio stations simultaneously in the Milwaukee market for 50 seconds followed by a short public service announcement. No matter what radio station a person might change to, the same message was heard. It could not be easily escaped.

...The results were impressive...**what followed was more than three months without a new case...**Media campaigns without a radio roadblock were used in 2003 and 2006 **without** a significant effect on the abusive head trauma-free intervals.

In fact, in the last 10 years, the only abusive head-trauma-free intervals longer than two months occurred after a public media campaign that included a radio roadblock. The results when compared to media campaigns without a roadblock were significant at $p < .001$.”

disclosures

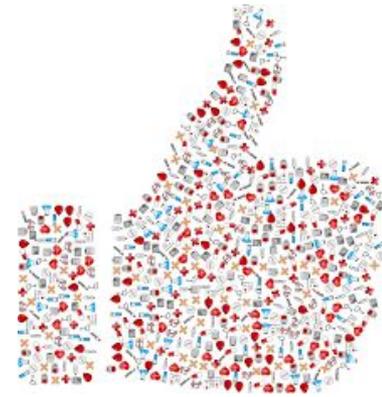
I declare that neither I, nor any immediate member of my family, have a financial arrangement or affiliation with any corporate organization offering financial support or grant monies for this continuing medical education activity. In addition, I do not intend to include information or discuss investigational or off-label use of pharmaceutical products or medical devices.

objectives



- Understand child maltreatment and family violence in COVID
- Understand barriers in addressing child and family violence that impact advocacy
- Identify different ways to advocate for child maltreatment individually, locally and nationally

Audience response - Poll everywhere



Please log-on or text for audience participation

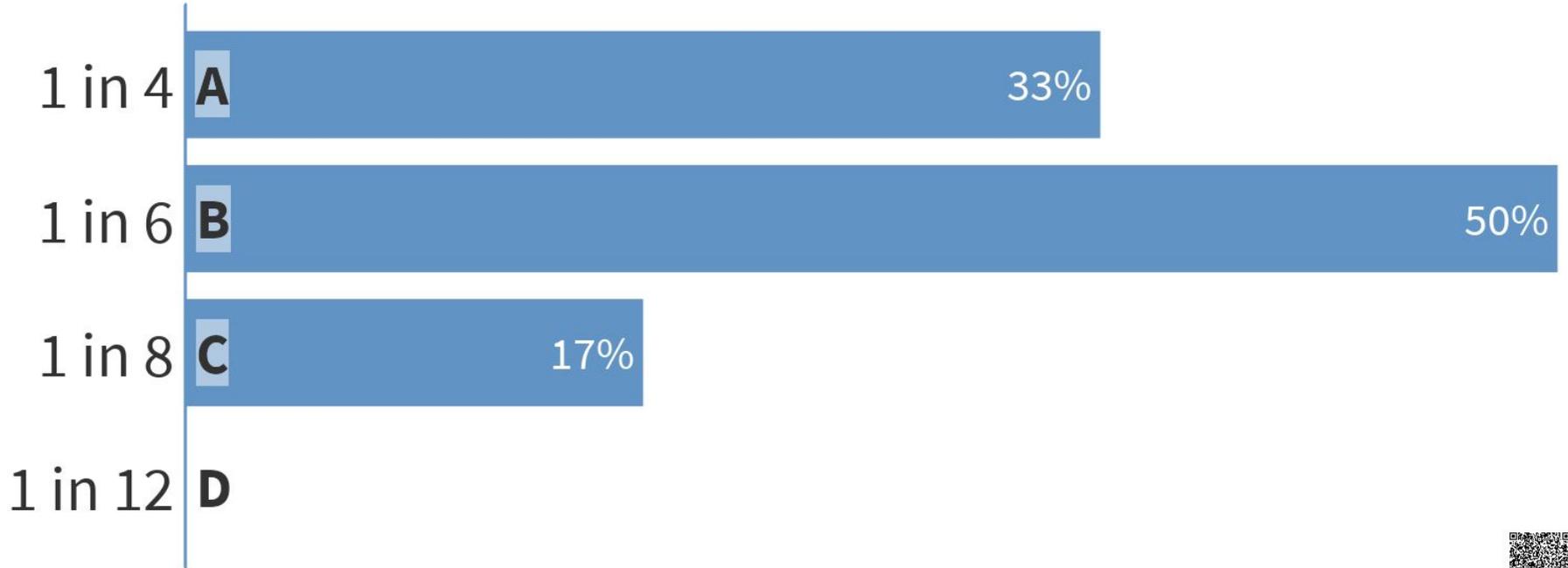
Log-on: www.pollevo.com/priyapathak671

Text: [PRIYAPATHAK671](tel:22333) to [22333](tel:22333) to join the session

Respond at PollEv.com/priyapathak671

Text **PRIYAPATHAK671** to **22333** once to join, then **A, B, C, or D**

How many children are abused during their childhood?



How many children are abused during their childhood?

- A. 1 in 4
- B. 1 in 6
- C. 1 in 8
- D. 1 in 12

epidemiology

- **1 in 4 children** experience abuse or neglect in their **childhood**

- At least **1 in 7 children** experiences abuse and/or neglect **each year**

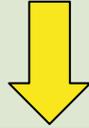
- When missed: repeat abuse in 30-50%, death in 5-10%

- Same number of children die from cancer as from maltreatment each year

Child maltreatment in COVID



Mandated Reports



- 50% decrease across country

Sexual Abuse



- 22% increase

Physical Abuse



- Increased rates and injury severity
- Increased increased abusive head trauma (AHT)
- Increased child deaths

Neglect



- Supervisory neglect, firearms, ingestions/intoxications, delay in seeking care
- Foster Youth: 39.6% were forced to move or fear losing housing

Overall



- Suicide Hotline: 5 fold increase in family issues, sexual abuse, anxiety
- Increased children self-referring for help

Family violence and dysfunction in covid



Internationally:

- UN: “horrifying” global surge in DV-related violence
 - Calls to helplines **doubled**
- UK, 200% increase in IPV calls
 - 92% were high-risk (normally 52%)
- Increased violence toward women and children in China

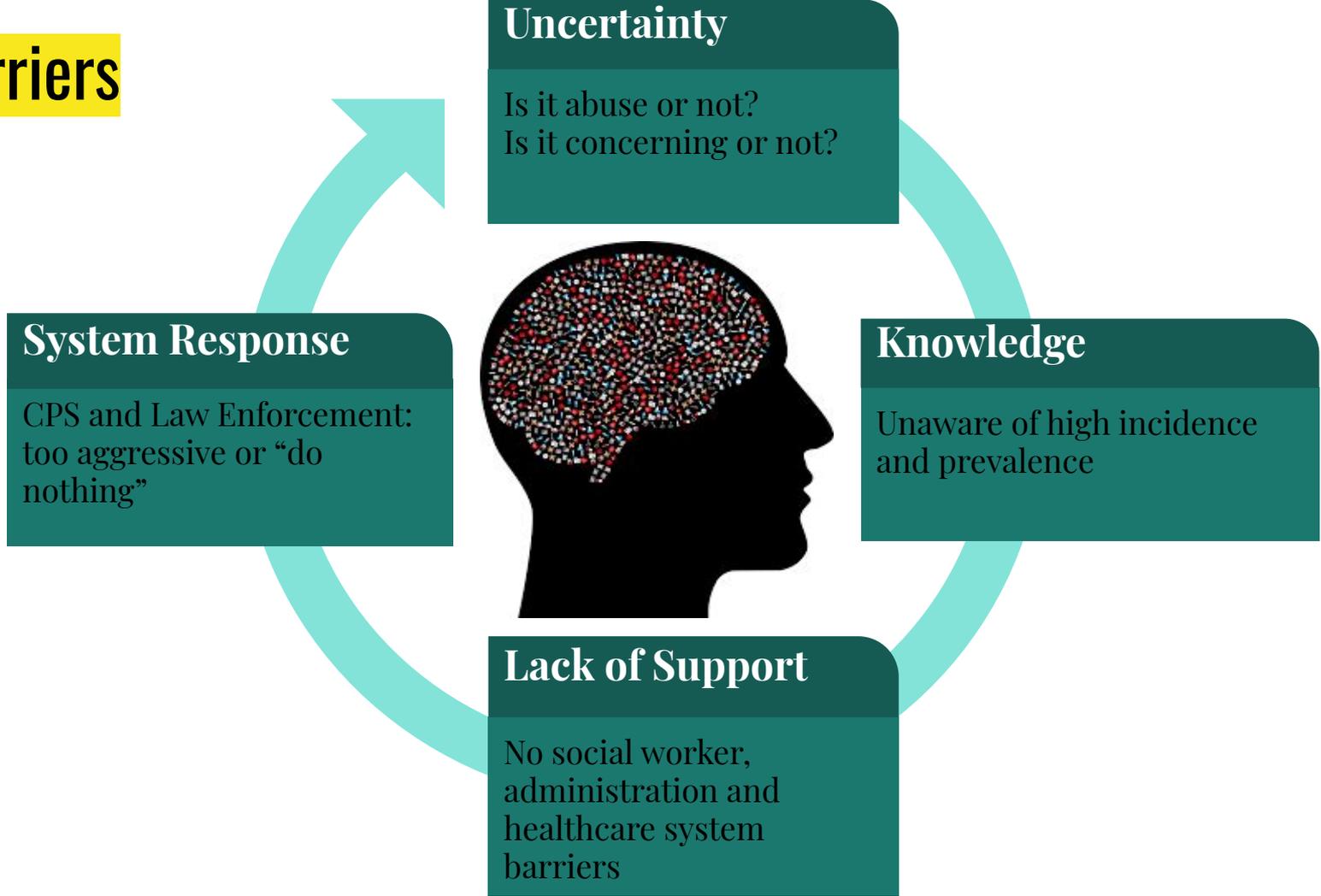
Nationally:

- **150% increase** in reports and calls to hotlines/helplines
 - Suicide, IPV/DV, sexual assault
- Food Insecurity: **27.6 % in crisis** or very low in food
- Insufficient financial resources: **18% in crisis**, 32.8% less than a week of money to pay basic needs

Provider barriers/myths: asking about trauma

- It is intrusive: inappropriate, nosy, not my place
 - **False: Patients do not perceive it as intrusive when genuine and framed. Instead, shows that you care**
- It takes too long: Pandora's box just opened
 - **False: takes about 2 minutes**
- It "retraumatizes" patients: is triggering
 - **False: Patients do not experience harm, experience benefit**
- I cannot help: I do not know the resources, I do not know what to say if they say yes
 - **False: asking is the intervention, listening is the support**
- Caregiver/parents will be upset; leave practice
 - **False: 50% of families stay with same provider after mandated report**

More barriers



bias

There is NO geographic, ethnic or economic setting that is free of child abuse or neglect!

+

Leads to under-detection in groups perceived to be low risk

“Nice” families, well-resourced families

Busy or chaotic settings may rely on “impressions” of the family to assess safety, abuse, need to screen

Poor more likely to be screened (81% vs 59%); African Americans more likely to be screened and reported (Wood et al 2010)

Leads to over-screening in groups perceived to be at increased risk

Often families of color, “loud” or “disruptive”

Leads to unconscious bias

What are barriers for families answering about adversity/trauma?

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barriers for families

Judgment

Will be looked down on

Historical trauma in communities of color

Immigration and deportation concerns in Hispanic/LatinX communities

Setting

Framing/transparency

Why are we asking, mandated report, what we do with the information

Intent

Box checking

Provider is rushing

Provider does not really want to know

Trust

Prior negative experiences with provider, healthcare systems

Racism

Child maltreatment and family violence in covid

- Children and families:
 - Increased rates of violence to children and families
- Providers:
 - Decreased ability to screen (telehealth, less privacy, increased social inequities)
 - Barriers and bias
- Patients say:
 - “Don’t be afraid to ask”
 - “You don’t know if you don’t ask”
 - Asking and listening are often enough
- What to do?
 - Universal education (give everyone resources) with framing
 - Normalize - we are asking everyone since it’s so stressful right now
 - Listen and respond with sympathy
 - Follow-up, refer to social work, local community agencies

Summary: Child maltreatment and family violence in covid

Children and Families

- Increased rates of violence to children and families

Providers

- Decreased ability to screen (telehealth, less privacy, increased social inequities)
- Barriers and bias

Patients say...

- “Don’t be afraid to ask”
- “You don’t know if you don’t ask”
- Asking and listening are often enough

What to do?

- Universal education (give everyone resources) with framing
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Every interaction is an opportunity



**EVERY INTERACTION
CAUSES A REACTION**

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advocating



What are ways to advocate for child abuse and family violence on an individual level?

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Child maltreatment advocacy: individual



Individual Home

1. choose areas of interest: ACEs, foster care, exploitation, mental health, abuse, postpartum depression)
2. talk to friends, family, post scientifically strong articles on social media

Individual Work

1. ask children and families how they are doing, what they are struggling with, screen for ACEs, screen for SDoH
2. start with one question, educate about discipline, ask about postpartum depression, refer for shelter, food, support, mental health, substance abuse/use, refer to social work

What are ways to advocate for children and families on a systems level?

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Child maltreatment advocacy: regional



Local

colleagues, staff meetings, newsletters, join hospital/medical group committees, grand rounds, lunch and learns (invite speakers)

Hospital

Hospital Admin, SCAN teams (suspected child abuse and neglect), multi-disciplinary collaboration (OB/GYN, newborn nursery, NICU, ED, Family Medicine, IPV committees, parent advocates)

Community

collaborations/collectives, committees, local communities, child abuse prevention council, truancy boards, work/volunteer at local schools, give talks at your children's schools, death review

Child maltreatment advocacy: State and national



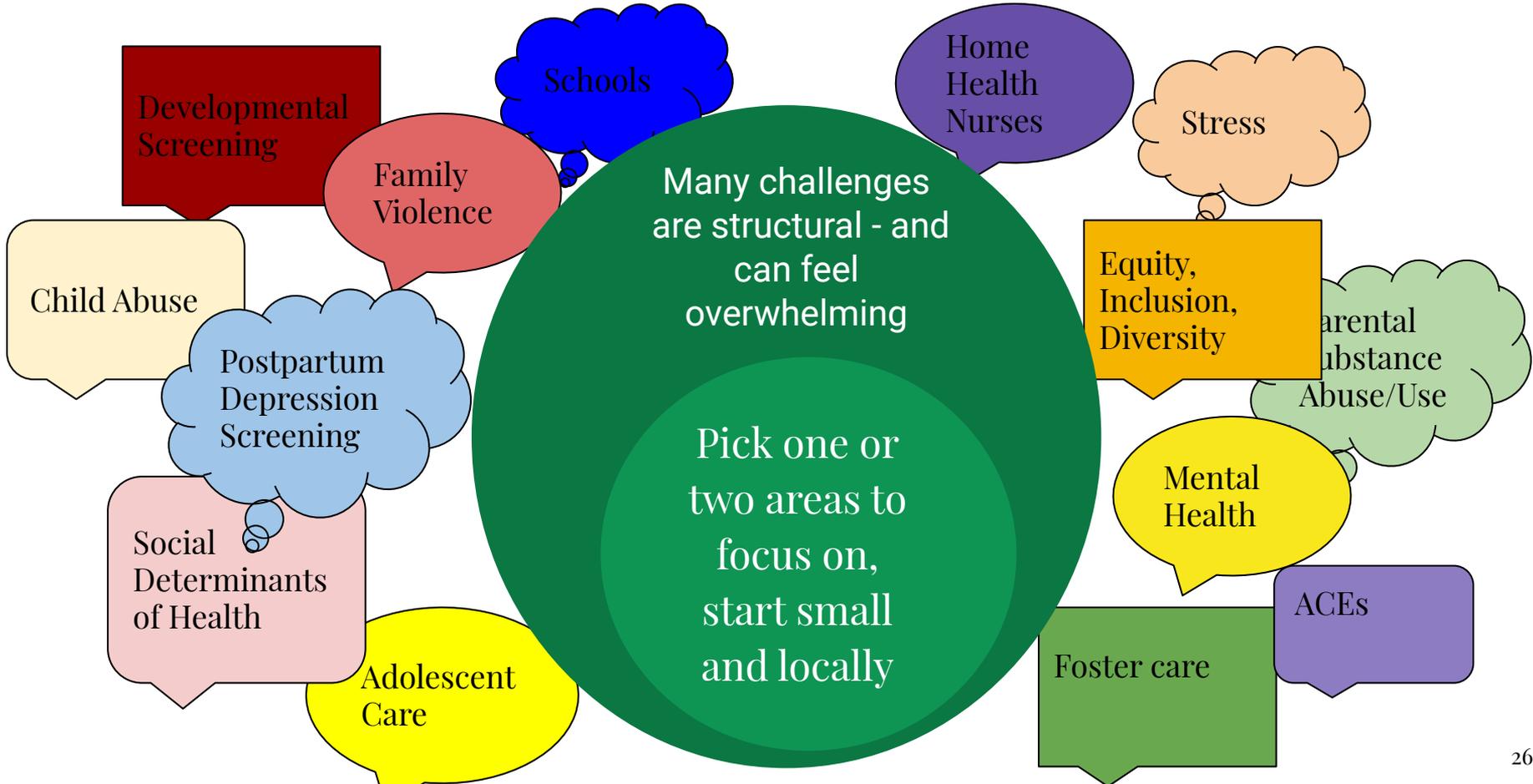
State

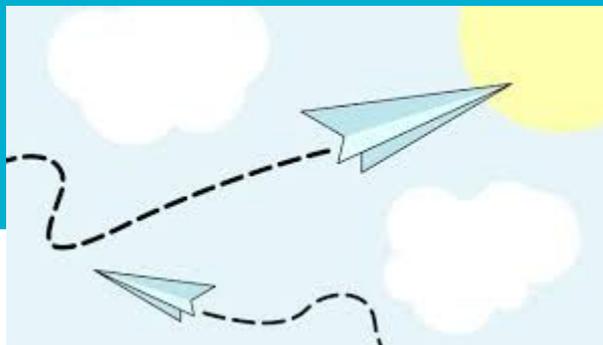
Local AAP Committees, advocacy days, policy work, PSA's, APSAC (multi-disciplinary child abuse society) with state and national chapters, attend child abuse lectures and bring it back

National

National AAP, APSAC, PSAs, attend child abuse meetings and bring information back

Areas that support children and families

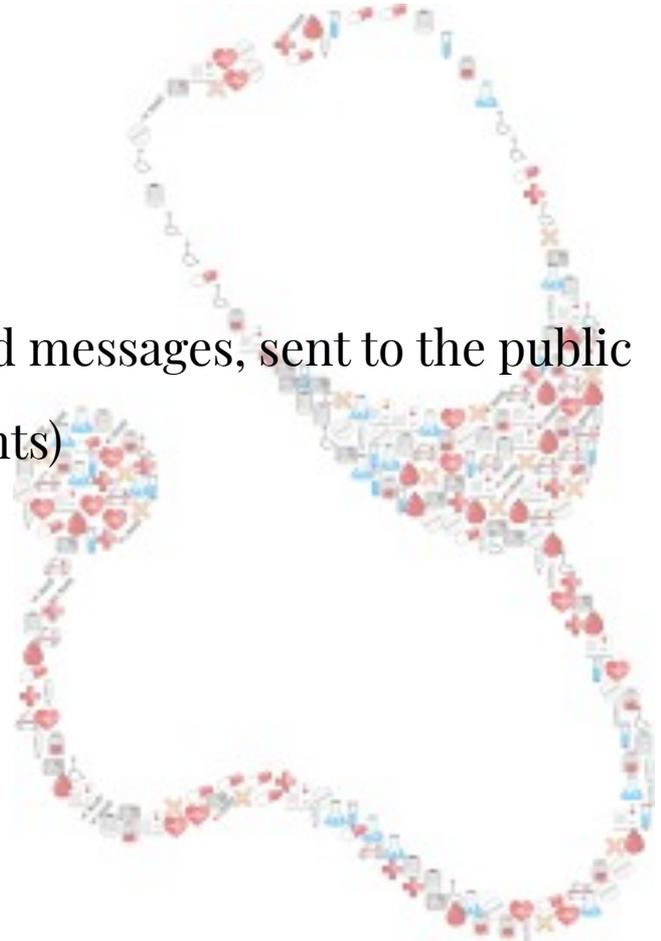




Break out session

What is a psa?

- Public service announcement
- Broad reaching, typically prevention-based messages, sent to the public
- Can be targeted to specific groups (ie infants)



Break out session

What are child maltreatment topics that you think would be good PSA (public service announcements)?

Open the door

talk to colleagues,
friends, and your
patients and families

Focus on prevention

SDoH, ACES, developmental,
postpartum depression screening,
offer resources, support, referrals,
talk about discipline

Provide opportunities
for support



Put in the chat

What is one thing you
pledge to do going forward
to support children and
families during COVID?

Resources

National resources



- Multiple Resources on Prevent Child Abuse America: <https://preventchildabuse.org/coronavirus-resources/>
- Hotlines/Helplines:
 - 211 (by phone or online):
- www.211.org
 - Parents
- **National Parent Helpline** Emotional Support and Advocacy for Parents: 1-855-427-2736, Monday through Friday, 10:00 AM PST - 7:00 PM PST
 - Suicide:
- 24-hour Suicide Prevention Lifeline: [1-800-273-8255](tel:1-800-273-8255) or text [838255](text:838255)
 - IPV:
- 24-hour Domestic Violence Hotline: [1-800-799-7233](tel:1-800-799-7233) or click [Chat Now](#). Call 911 if you or the person you are helping is in immediate danger.
 - Sexual Assault:
- **800-656-HOPE(4673)**
 - Child Abuse:
 - 24-hour **1-800-4-A-CHILD (1-800-422-4453)** then push 1 to talk to a hotline counselor. Social distancing does not mean you are alone. If someone is hurting you, abusing you or neglecting you, call or contact <https://www.childhelp.org/>.
- **LGTBOIA:** Hotline: 888.THE.GLNH (843.4564)

State and local resources



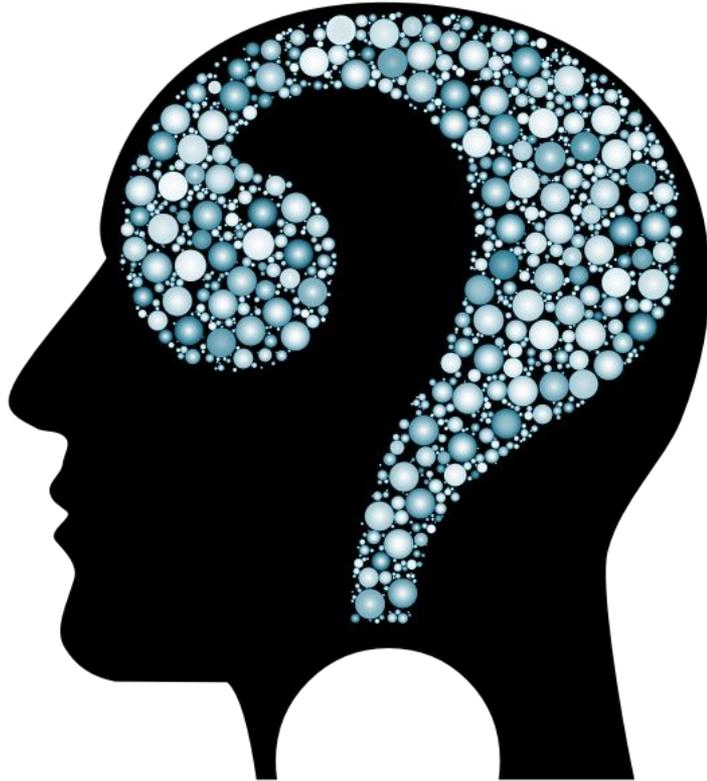
State:

- California.gov: Specifically the Emotional Health and Stress Playbooks
<https://covid19.ca.gov/resources-for-emotional-support-and-well-being/#top>
- [California Youth Crisis Line](#): Youth ages 12-24 can call or text [1-800-843-5200](tel:1-800-843-5200) or [chat online](#) for 24/7 crisis support.
- California Teen Line: Teens can talk to another teen by texting “TEEN” to [839863](tel:839863) from 6pm – 9pm, or call [1-800-852-8336](tel:1-800-852-8336) from 6pm – 10pm.

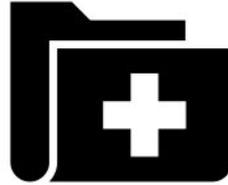
Local:

- Schools providing food, internet access connection support, laptop devices
- Family Justice Centers
- Social workers
- Bay Area: 211 or www.211bayarea.org

Questions

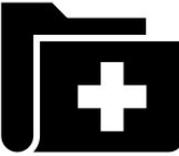


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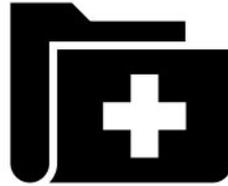
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