

Responding to Child Abuse During a Pandemic:

25 Tips for MDTs

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"Determine that the thing can and shall be done, and then we shall find the way."

-Abraham Lincoln¹

Many child protection professionals believe child abuse is likely to increase during the COVID-19 pandemic² because most abusers are parents³ or siblings⁴ who now have more complete access to the child victim. In turn, the victim may no longer have school teachers, faith leaders or other mandated reporters they can access for help or who may detect a sign of abuse.⁵ Children may also have reduced access to medical and mental health providers. In responding to this concern, here are some tips Multi-Disciplinary Teams (MDTs)⁶ may wish to employ.

1. Educate mandated reporters about their role of protecting children during the pandemic

Although children are no longer in school, attending worship services, or involved in sports, they may still have contact with all of these mandated reporters through virtual activities. Accordingly, MDTs can reach out to these schools and other personnel and provide them with tips for preventing abuse. It can be as simple as distributing information to parents about managing their stress and the stress level of their children. In addition to providing prevention tips, MDTs can educate teachers and others interacting with these children to be aware of signs of abuse. Just as a child not completing his or her homework during an in-person school week may be an indicator something is wrong at home, a child

¹ This quote is from a speech Lincoln made in the United States House of Representatives on June 20, 1848. The speech can be found online at: <https://quod.lib.umich.edu/L/lincoln/lincoln1/1:498?rgn=div1;view=fulltext> (last accessed April 1, 2020).

² Suzanne Hirt, Andrea Ball and Katie Wedell, Children more at risk for abuse and neglect amid coronavirus pandemic, experts say, USA Today, March 21, 2020, available online at: <https://www.usatoday.com/story/news/investigations/2020/03/21/coronavirus-pandemic-could-become-child-abuse-pandemic-experts-warn/2892923001/> (last visited March 31, 2020).

³ See generally, United States Department of Health & Human Services, National Incidence Study of Child Abuse & Neglect (NIS-4) (2010), available online at: <https://www.acf.hhs.gov/opre/research/project/national-incidence-study-of-child-abuse-and-neglect-nis-4-2004-2009>

⁴ David Finkelhor, et al, *Juveniles who Commit Sex Offenses Against Minors*, OJJDP Juvenile Justice Bulletin (December 2009) (noting that as many as one-third of all child molestations are committed by other children).

⁵ For example, reports of child abuse in West Virginia have been cut in half since WV schools closed due to the COVID-19 outbreak. This is consistent with the fact that nationwide, school personnel identify 52% of child abuse cases, more than any other profession. Darkness to Light, https://www.d2l.org/wp-content/uploads/2017/01/Statistics_6_Reporting.pdf (citing 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, Executive Summary. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families).

⁶ For a discussion of the benefits of responding to child abuse as part of a multi-disciplinary team, see Investigation and Prosecution of Child Abuse Third Edition xxix-xliv (2004).

failing to complete his or her homework online or who suddenly declines in school performance, may likewise be struggling. It may simply be the added stress of parents and children adjusting to life during a pandemic but, either way, additional support from a teacher or other trusted professional may aid the family.

Encourage teachers and professionals from youth serving organizations to have virtual meetings with several students at a time to discuss an activity or conduct a lesson. In this way, there is still a visual of a child's face that could detect a blackened eye or a patterned facial injury (possibly from a hand slap, belt, or cord), or injuries to the neck or ear. A live conversation may also detect yelling in a child's home or other concerning actions that may be taking place in the background. Even if yelling does not rise to a level where a report would be screened in by CPS, observing the conduct creates an opportunity for an educator or other professional to have a conversation with a parent about managing stress in a healthy way. Encourage teachers to include a conversation or at least mention the importance of children telling them or other trusted adults if they feel unsafe.

Remind teachers that research suggests child abuse may increase when a child receives a bad report card.⁷ Accordingly, if they give poor grades to a child, it is essential to speak with parents in advance to try to defuse a potentially triggering event. If a parent reacts irrationally or indicates they will hit a child, the authorities should be notified. Inform the parent you will touch base with them later to see how things went with their child in the hope this will deter a parent from harsh conduct.

MDTs can provide teachers with materials they can send to parents about the danger of hitting children and provide effective alternative parenting tips to help with grades and behavior. As one example, the *Play Nicely* program developed by Vanderbilt University is offered in a free, online format in short segments and multiple languages that may be helpful to parents in stressful times.⁸ The World Health Organization (WHO) has helpful guidance for parents in managing their own stress and the stress levels of their children during this pandemic. The WHO information is an additional resource that can be shared with parents.⁹

MDTs can work with schools to remind teachers they remain mandated reporters even though traditional classroom time is not taking place. Providing teachers with hotline numbers and other resources to expedite reports may be helpful. MDTs should also remind medical professionals that their role in detecting abuse is even more critical during the pandemic.

2. Educate the public to be on the lookout for signs of abuse

In many states, all adults are mandated reporters.¹⁰ Even if that is not the situation in your state, the public will play a greater role than ever before in protecting children from abuse. Educate parents and others to pay attention to the children who are in social and physical spaces with their family. If

⁷ See generally, Melissa A. Bright, Sarah D. Lynne, Katherine E. Masyn, Marcus R. Waldman, Julia Graber, and Randell Alexander, *Association of Friday School Report Card Release with Saturday Incidence Rates of Agency-Verified Physical Abuse*, JAMA Pediatrics (2018), available online at: <https://jamanetwork.com/journals/jamapediatrics/fullarticle/2717779> (last visited April 1, 2020).

⁸ The program is designed for working with children ages 1-7. The program can be accessed online at: <https://www.childrenshospitalvanderbilt.org/program/play-nicely-healthy-discipline-program> (last accessed April 1, 2020).

⁹ World Health Organization, *Mental health and psychosocial considerations during the COVID-19 outbreak*, March 18, 2020, available online at: <https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>

¹⁰ Child Welfare Information Gateway, *Mandatory Reporters of Child Abuse*, available online at: <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/manda/> (last accessed April 1, 2020).

they overhear a concerning statement from a child (e.g. "mom is really drinking a lot and she forgot to feed the baby last night" or "dad is yelling all the time and it was scary how he hit my brother today") they need to reach out to social services or the police.

The MDT should be cognizant of increased community efforts that provide an opportunity for abuse detection. For example, educational and nonprofit organizations, faith-based associations, restaurants, and civic groups are coordinating food delivery efforts, and therefore are now on the front lines of child abuse detection--whether they realize it or not. MDTs should communicate with these organizations and forge creative partnerships to leverage social dynamics in their community for the benefit of local children. MDT members should consider whether key stakeholders in these efforts would be helpful ongoing additions to the MDT.

MDTs can also provide grocers and others who may be interacting with families simple tools to assist in determining if a family is at risk. For instance, MDTs may wish to educate grocers that patterned bruises and injuries to a child's torso, ear, neck or on children younger than 4 months are suspicious.¹¹ Free phone applications such as the Child Protector App provide helpful information on abuse indicators and accidental vs. inflicted injury.¹²

3. Encourage students to look out for one another

Abused children often delay their disclosure for years,¹³ with boys delaying even longer than girls.¹⁴ However, they may be talking to their peers about child abuse or neglect. Recognizing this, MDTs can work with schools to provide some online instruction to youth on this topic as well as an identified course of action to increase the likelihood of having a helpful response. What should a youth do, for instance, if a friend says they are being abused but makes them promise not to tell?

Many CACs regularly go into school to educate on issues of child abuse. There is no reason the same training can't continue virtually in collaboration with the schools. Furthermore, most schools are required to comply with Erin's Law,¹⁵ which mandates age-appropriate abuse prevention education in 37 states. This law is not abrogated by the current crisis, and MDTs can partner with school personnel to continue providing this critical education. Online safety issues could also be addressed given their significance in this time.

4. Make a list of at-risk children—and then develop a plan to check on them

Perhaps utilizing the case review team, MDTs can develop a list of at risk children known to these professionals. Once the list is developed, a plan can be implemented to make sure someone on the team or community is reaching out to each child. In some instances, it may be social services, a

¹¹ See Basyle Tchividjian & Shira M. Berkovits, *The Child Safeguarding Policy Guide for Churches and Ministries* 30-34 (2017) (contains helpful charts and simple guidelines for laypersons to use when they suspect physical abuse).

¹² See e.g. <https://www.childrensmc.org/health-care-providers/providers/provider-resources/apps-for-providers/child-protector-app/>. While the Child Protector App is a helpful educational tool, the MDT should emphasize that it is not the public's role to determine the accidental or inflicted nature of an injury, but rather to report immediately whenever they have a reasonable suspicion of abuse.

¹³ See e.g. Ramona Alaggia, *Many Ways of Telling: Expanding Conceptualization of Child Sexual Abuse Disclosure*, 28 *Child Abuse & Neglect* 1213-1227 (2004).

¹⁴ Sylvie Parent & Joelle Bannon, *Sexual Abuse in Sport: What About Boys?*, 34 *Child Abuse & Neglect* 354 (2012).

¹⁵ To learn more about the history of Erin's law, and which states have implemented this reform, see: <http://www.erinslaw.org/> (last visited April 2, 2020).

juvenile probation officer, a school resource officer, an educator or a faith leader—but no child should be left behind during a pandemic.

Work with courts to make sure judges know the importance of continuing at least remote contact with juveniles involved in child protection or delinquency proceedings, including juvenile drug courts, because this contact may be critical in ensuring ongoing treatment. If, for example, a child in a residential facility no longer has access to a particular service because of the pandemic, a judge may be able to order that accommodations be made. Ongoing judicial contact is also a critical well-being check for children isolated with their families at home.

5. Develop Safety plans and affirmative resources for LGBTQIA+ youth

LGBTQIA+ youth are at higher risk of abuse and neglect as a result of how people respond to their sexual orientation, gender identity and expression (SOGIE).¹⁶ If an MDT is working with an LGBTQIA+ child whose home environment is not affirming of the child's identities this may increase a risk of abuse or neglect during a period of quarantine. Accordingly, the MDT may want to make sure to check on the child more frequently and to keep in place any services that are affirming of the youth's identities.¹⁷

6. CPS workers must adjust case and safety plans for children

Social workers need to modify case plans to address the medical and mental health needs of children creatively. If a child cannot be seen by a therapist during the pandemic, social services can work with the parties to establish virtual or other sessions. Mental health providers can develop checklists for youth to cope with their added anxieties, which may build resiliency in these children.¹⁸ Exploring local telehealth options is particularly important given the possibility of juvenile residential facility closures and the need to quickly establish ongoing community services for these youth, if courts elect to return them to their homes.

Although there is some support in the literature for telemental health,¹⁹ MDTs also need to realize the risks of virtual sessions with children or families.²⁰ Confidentiality may be compromised if a session is being recorded. If a call brings up a sensitive subject, a child may not have the physical presence of

¹⁶ Laura Baams, *Disparities for LGBTQ and Gender Nonconforming Adolescents*, 141 *Pediatrics* e20173004 (2018), available online at: <https://pediatrics.aappublications.org/content/pediatrics/141/5/e20173004.full.pdf> (last accessed April 1, 2020).

¹⁷ The Human Rights Campaign has resources to assist service providers in developing a safety plan for LGBTQIA+ youth: <https://www.hrc.org/resources/all-children-all-families-lgbtq-considerations-for-safety-plans> (last visited April 1, 2020).

¹⁸ Machel Madsen, *Resilience for Children and Families* (2020), available online at: <file:///fileservers/pdrive/victor/Downloads/Children%20&%20Families%20Covid-19%20Resilience%20Brief%202.%20Protective%20Factors.pdf> (last accessed April 2, 2020).

¹⁹ Annie Irvine, et al. *Are there interactional differences between telephone and face-to-face psychological therapy? A systematic review of comparative studies*, *Journal of affective disorders* vol. 265 (2020): 120-131. doi:10.1016/j.jad.2020.01.057; American Psychological Association: The Joint Task Force for the Development of Telepsychology Guidelines for Psychologists. *Guidelines for the Practice of Telepsychology* (2013), available online at:

<http://www.apa.org.pearl.stkate.edu/practice/guidelines/telepsychology.aspx>; Anne B. Judge, et al. American Psychological Association, Division 29 (Society for the Advancement of Psychotherapy), Report from the Society for the Advancement of Psychotherapy task force on telepsychotherapy (2011), available online at: <http://societyforpsychotherapy.org/report-task-force-telepsychotherapy/>; American Psychiatric Association, Resource Document on telepsychiatry and related technologies in clinical psychiatry (2014), available online at: <http://www.psychiatry.org/learn/library--archives/resource-documents>

²⁰ In a national survey of 164 psychologists, the respondents noted a number of ethical concerns about telemental health including managing emergencies, security, confidentiality, and whether or not such work would be covered by malpractice insurance. Robert L. Glueckauf, et al. *Survey of Psychologists' Telebehavioral Health Practices: Technology Use, Ethical Issues, and Training Needs*, 49 *Professional Psychology: Research and Practice* 205 (2018).

someone who can help manage the situation, and young children are particularly reliant on this sort of co-regulation of their emotions. At the very least, there needs to be a backup plan for communication if a video connection is interrupted and cannot be re-established. There may also be insurance issues, with some providers unwilling to pay for medical or mental health services provided virtually. Training is needed to ensure competent provision of telemental health.²¹

Safety plans need to be developed for at risk children, so they know their options if they feel their home is not safe during this pandemic. Child protection workers and attorneys should review the Department of Health and Human Services guidance for legal issues that may arise during the pandemic.²²

7. Recognize that children may find different ways to communicate abuse

During a pandemic, children are likely online more and may be increasingly expressing their frustrations in social media or other forums. MDTs may want to consider where the youth in their community share their fears or worries online, and determine if there is a way to monitor these communications for signs of abuse. For example, some schools maintain online communication networks between students and school counselors or teachers, which is often a venue for expressing student safety concerns.

8. Accelerate victim services and court preparation

If there is a pending child abuse trial several months down the road, a victim services advocate may want to accelerate reaching out to a child victim if only to see how she or he is responding to the stress of the pandemic. It may be that some family members are taking advantage of the isolation to pressure a child to recant. A child may see a mother's stress of losing a job and wonder if taking back an allegation may enable an abusive father to come home and help the family. It may be a child is now being abused by the remaining parent in the home but is afraid to tell because they don't know who will take care of them if both parents are removed. A child may wonder if there will still be a trial during the pandemic or may worry about the possibility of virtual testimony because they struggle with some technology, or find technology triggering because of a prior victimization in a technology-facilitated context. A child may fear that virtual testimony will be recorded or manipulated in a way that will harm them. Simply reaching out to the child to check how they are doing may reduce not only these fears, but also the risk of future abuse. Giving children as many outlets as possible to address their anxieties is critical for all victims of abuse. This is even more so during a pandemic.

²¹ See Donald Hilty, et al., *A Framework for Competencies for the Use of Mobile Technologies in Psychiatry and Medicine: Scoping Review*, JMIR mHealth and uHealth vol. 8,2 e12229, 21 Feb. 2020, doi:10.2196/12229

²² Jerry Milner, Associate Commissioner, Children's Bureau, letter to "Child Welfare Legal and Judicial Leaders," March 27, 2020, available online at: https://cdn.ymaws.com/www.nysda.org/resource/resmgr/covid-19_pdfs/jerry_milner_3_27_2020_covid.pdf (last accessed April 1, 2020).

9. Work with youth-serving organizations to modify their policies during the pandemic

MDTs should assist youth serving organizations in modifying their child protection policies during the pandemic.²³ Faith communities and other child serving organizations may have child protection policies for their in-person work with children, but these need to be modified to fit this particular point in time. For instance, how are the interactions of teachers and students being monitored during this time to limit any possibility an instructor may be using this pandemic as an opportunity to groom a child for eventual abuse?²⁴ It may be as simple as requiring another adult to be copied on messages regarding homework or other activities, or instructing teachers to record virtual sessions and conduct them in an appropriate location (i.e. not the teacher's bedroom). MDTs may be a resource in these modifications.

10. Continue with safety checks

If a CPS case plan requires periodic safety checks,²⁵ this important work should not be scrapped. Instead, the MDT should explore creative options for continuing the work but minimizing the risk. This may require special equipment, establishing a plan of social distancing during the check, or requiring a parent to walk around the house with a computer so the worker can see things are safe, possibly accompanied by a drive-by of the residence. If more than one agency is going into a home, perhaps work can be combined. If, for example, an officer is regularly checking on an offender living in a home, perhaps the officer can also be doing the safety check for CPS. If there are personal care attendants, nurses or other home based service providers still involved with a family, partnering with these agencies to reduce visits but still have safety checks in the home may be additional options.

11. Resist defense attorney initiatives that increase the risk of abuse

During the pandemic, defense attorneys and parent's rights attorneys have advocated that traditional checks on sex offenders and families involved with child protection be relaxed or eliminated. For example, the Sex Offense Litigation and Policy Resource Center has urged the government to "suspend internet access restrictions" for sex offenders so they can access news, continue

²³ Saul J. Audage, Preventing Child Sexual Abuse Within Youth Serving Organizations: Getting Started on Policies and Procedures (Centers for Disease Control and Prevention 2007) (detailing recommended child protection policies for youth-serving organizations).

²⁴ For a discussion of grooming and other tactics of adults who sexually violate children, see *generally*, Kenneth J. Lanning, *Acquaintance Child Molesters: A Behavioral Analysis*, in Sharon W. Cooper, et al, Medical, Legal, & Social Science Aspects of Child Sexual Exploitation (2005).

²⁵ The Minnesota Department of Human Services instructs child protection workers to examine twelve factors in assessing child safety. First, is the caregiver's current behavior violent or out of control? Second, determine if the caregiver describes or acts toward the child in predominantly negative terms or has extremely unrealistic expectations. Third, has the caregiver caused serious physical harm to the child or made a plausible threat to cause serious physical harm? Fourth, does the family refuse access to the child, or is there reason to believe the family is about to flee or the child's whereabouts cannot be ascertained? Fifth, is the caregiver failing to provide supervision necessary to protect a child from potentially serious harm? Sixth, is the caregiver unwilling or unable to meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care? Seventh, determine if the caregiver has previously maltreated a child and the severity of the maltreatment, or the caregiver's response to the previous incident(s) suggests that child safety may be an immediate concern. Eighth, is the child fearful of caregiver(s), other family members, or other people living in or having access to the home? Ninth, determine if the child's physical living conditions are hazardous and immediately threatening. Tenth, is child sexual abuse suspected and do the circumstances suggest an immediate concern (e.g. the offender is living in the home with the child)? Eleventh, determine if the caregiver's drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child. Lastly, the CPS worker or other professional conducting the safety check should determine if there are any other safety factors that warrant intervention. Minnesota Department of Human Services Structured Decision Making Manual, Section 1: Safety Assessment (2020).

employment, and “maintain family connections.”²⁶ The problem with this, of course, is that sex offenders with unbridled access to the internet are at greatest risk to violate children, at a time when children are likely increasingly vulnerable to online abuse. It is telling that these proposals are often recycled arguments that predate the current pandemic and were properly rejected by courts at sentencing. It is also telling that they typically fail to mention, let alone meaningfully mitigate, the resulting risks to child safety. If the defendant’s sentencing preferences endangered children pre-pandemic, the outbreak of COVID-19 has likely not changed that reality. When confronted with proposals such as this, government officials need to be firm in saying, “we are not going to accept a proposal that endangers children. If, though, you have suggestions for meeting your client’s needs while still protecting the public, we are happy to explore healthy and safe options.” There are a variety of reasonable intermediate measures that meet this standard.²⁷

12. Understand enhanced risks to online safety and act accordingly

The quantity and severity of child sexual abuse material is exponentially increasing. According to the Department of Justice, there has been a 65% increase in federal sentencing enhancements for “sadistic, masochistic, or violent images” between 2002 and 2008.²⁸ Likewise, international law enforcement has noted increasingly severe acts and younger child victims.²⁹ Former U.S. Attorney General Eric Holder noted that the only decrease involving child sexual abuse material “is in the age of the victims.”³⁰ In 2004, the National Center for Missing and Exploited Children reviewed 450,000 files depicting child sexual abuse. In 2015, NCMEC reviewed 25 million files, and in 2018, 45 million files.³¹ Also in 2018, NCMEC’s CyberTipline received in excess of 18.4 million reports of suspected online sexual exploitation of minors.

Despite these staggering amounts, it has been suggested in some areas that law enforcement processing of CyberTipline reports, as well as examination of child sexual abuse material in digital forensic labs, be halted due to concerns of COVID-19. This is not acceptable. The danger of COVID-19 must be taken seriously and extensive precautions for officer safety must be followed, but it is unconscionable that the online exploitation of literally millions of children would be overlooked, for any length of time. While triage of cases at labs may be unavoidable, the sexual exploitation of children should certainly qualify among the most egregious crimes and be prioritized accordingly. Prosecutors, MDT members, statewide CAC coalitions, and prosecuting attorneys’ associations must insist that these cases be pursued aggressively and continuously.

²⁶ Sex Offense Litigation and Policy Resource Center, *COVID-19: Strategies for Reducing Transmission*, March 28, 2020.

²⁷ For example, probation officers could require routine virtual walk-throughs of the offender’s home, perhaps accompanied by a drive-by. The needs articulated by defense attorneys could easily be met by a probation-approved whitelist of websites (for example, those involving grocery pick-up or food delivery) or reliable monitoring software. Unfettered access to countless potential child victims is not a legitimate offender need.

²⁸ U.S. Department of Justice, *The National Strategy for Child Exploitation Prevention and Interdiction*, p. 22, August 2010, www.justice.gov/psc/docs/natstrategyreport.pdf

²⁹ Jim Bronskill, *Canadian Police Lack Resources to Keep Up with Online Child Pornography, Federal Memo Warns*, Toronto Star, July 4, 2016, available online at: www.thestar.com/news/canada/2016/07/04/canadian-police-lack-resources-to-keep-up-with-online-child-pornography-federal-memo-warns.html (last accessed April 2, 2020).

³⁰ Eric Holder Jr., speech at the National Strategy Conference on Combating Child Exploitation in San Jose, California, May 19, 2011, www.justice.gov/criminal-ceos/child-pornography (last accessed April 2, 2020).

³¹ Gabriel J.X. Dance and Michael H. Keller, M. (2019). *The Internet is Overrun With Images of Child Sexual Abuse. What Went Wrong?* New York Times, September 29, 2019, Retrieved from: <https://www.nytimes.com/interactive/2019/09/28/us/child-sex-abuse.html>

13. Balance the risk of COVID-19 with the risk of child abuse

Some MDTs are being pressured to close juvenile treatment facilities or to end out of home placements for maltreated children or children who have committed sexual offenses. Although concern for contracting COVID-19 is extremely important, this must be balanced against the risk a child will be abused or die if returned home to an abusive family. We know with certainty that ongoing child abuse poses significant long term medical and mental health concerns³²—and these concerns must be fully considered. In some instances, reunification is being prematurely urged due to suspension of visitation during the pandemic. This is an inappropriate remedy if it jeopardizes child safety, particularly when parties could accommodate remote visitation, and do so at a higher frequency than in-person visits.

14. Prepare for the unique challenges facing rural communities

Many rural communities do not have a Children's Advocacy Center³³ in their jurisdiction and may transport child victims to a CAC an hour or more away to conduct forensic interviews.³⁴ With social distancing requirements, this may be unwise or even unlawful in some states. MDTs should work with their state CAC coalitions and stakeholders to address this. One possibility is the mobile child advocacy center. For example, some states have refitted motorhomes into a functional CAC, including forensic interview room, MDT room, family waiting area, and recording equipment.³⁵ The MDT could also utilize investigators or CPS workers trained in conducting forensic interviews, ensuring these are recorded, conducted in a child-friendly location, and in accordance with forensic interviewing protocols.

Remote visitation can also be more difficult to accommodate in rural jurisdictions, particularly where Internet access is rare. One possibility is to have one party with poor Internet access participate in remote visitation by utilizing the visitation facility's Internet access.

15. Rely on your MDT and the CAC model

MDT meetings should not be cancelled or sparsely attended--if anything, they are more urgent during this pandemic. While safety should be prioritized in the form of social distancing and/or virtually-held meetings, all members of the MDT should recognize the inherent strength of the multidisciplinary approach, and its efficacy in crafting unique solutions to the challenges posed by our new social reality. Though trials and hearings may be delayed, there are critical functions the MDT must fulfill in the interim. When the pandemic has subsided, MDTs should be prepared to move quickly on unresolved cases. Prosecutors should urge judges to place languishing child abuse trials at the top of the docket.

³² Vincent J. Felitti and Robert F. Anda, *The Relationship of Adverse Childhood Experiences to Adult Medical Disease, Psychiatric Disorders and Sexual Behavior: Implications for Healthcare*, in Ruth A. Lanius, Eric Vermetten, & Clare Pain (Eds), *The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic* 78 (2010) (noting that ACE research challenges the "very structure of medical, public health, and social services practices in American and other countries.")

³³ For a history of the development of Children's Advocacy Centers, see Nancy Chandler, *Children's Advocacy Centers: Making a Difference one Child at a Time*, 28 Hamline J. Pub. Law & Policy 315 (2006).

³⁴ For an overview of the challenges facing rural MDTs, see generally Victor I. Vieth, *In My Neighbor's House: A Proposal to Address Child Abuse in Rural America*, 22 Hamline L. Rev 143 (1998).

³⁵ For example, northern Michigan has a mobile CAC that was piloted in 2017 and is accredited by the National Children's Advocacy Center. To learn more, follow this link: <https://www.mikids.org/gomobile> (last accessed April 2, 2020).

16. Consider the mechanics of safely conducting forensic interviews and witness preparation in the COVID-19 era

Although best practice is to conduct an in-person forensic interview, the pandemic may necessitate remote interviews in at least some circumstances. MDTs should consider the legal and public health implications of conducting remote forensic interviews, and how the age of children and context of abuse allegations affect this determination. A four year old, for example, may not be able to participate in a remote interview whereas a 14 year old may be able to understand and otherwise better adapt to a remote interview.

If an interview is to be conducted remotely, precautions must be taken to prevent potentially suggestive or coercive influences, such as the unjustified presence of third parties during the child's interview. For in-person interviews, MDTs should implement social distancing and other preventative measures.

MDTs should assess the technological capabilities of the Children's Advocacy Center (CAC) to determine if there is a remote observation function where MDT members could observe an interview being conducted at the CAC without themselves being physically present in the building. Relying on the advice of medical providers on the team, forensic interview rooms, and interviewing tools such as markers or anatomical dolls, could be sanitized before and after the interview. Ideally, these and other factors should be reduced to writing in the hope of developing consistency and in order to defend the team's decision in court.

The National Children's Alliance has developed a number of resources, including webinars to assist CACs and MDTs in making these decisions and, if necessary, in conducting tele-forensic interviews.³⁶ This information is being regularly updated for the field. Medical and mental health providers on the MDT or in the community may also have experience with telehealth and could provide helpful guidance.

17. Poly-victimization screening

Approximately two-thirds of maltreated children are violated in at least two ways and about one-third fit into five or more categories of abuse—a concept known as “poly-victimization.”³⁷ This is why some forensic interviewing models employ a “poly-victimization screen” when interviewing children.³⁸ If it is true that child abuse will increase during the pandemic, it may be even more critical for forensic interviewers and other MDT members to screen for multiple forms of abuse when responding to a report. It is also critical for the MDT to educate mandated reporters and other members of the public on the concept of poly-victimization, thereby increasing the likelihood of detecting and reporting numerous forms of abuse.

³⁶ National Children's Alliance, *COVID-19 Resources for CACs, Partners, and Caregivers*, available online at: <https://learn.nationalchildrensalliance.org/covid> (last accessed April 1, 2020).

³⁷ Heather A. Turner, David Finkelhor, and Richard Omrod, *Poly-Victimization in a National Sample of Children and Youth*, 38 Am. J. Prev. Medicine 323 (2010); David Finkelhor, Richard K. Omrod, Heather A. Turner, *Poly-victimization: A neglected component in Child Victimization*, 31 Journal of Child Abuse & Neglect 7 (2007).

³⁸ Kathleen Coulborn Faller, *Forty years of forensic interviewing of children suspected of sexual abuse, 1974-2014: historical benchmarks*, 4 Social Sciences 34-65 (2015).

18. Consider the deterrent utility of proactive operations

Many jurisdictions likely lack the investigative capacity or expertise to conduct proactive operations during this pandemic, but those which are so equipped, should consider that predators are likely fully aware of the current, unique vulnerability of children. This offers an investigative opportunity to detect emboldened offenders, create compelling undercover personas, and present realistic scenarios to those seeking to target children online. Such investigations could have a deterrent effect on other offenders, and send the message that pandemic or not, law enforcement will be vigilant in pursuing online exploitation. In the way that law enforcement highlights additional highway patrol monitoring for intoxicated driving on extended weekends or holidays, you may want to work with the media to highlight expanded online monitoring in the hope of deterring some offenders. Even if news coverage does not deter an offender, it serves to remind parents and others to be vigilant in monitoring online activities of their children.

19. Recognize shifting, safety-focused trends in evidence collection, submission, and processing

With preliminary reports indicating that COVID-19 possesses a higher basic reproduction number (R_0) of 2-3³⁹ (meaning 2-3 people are at risk for infection if exposed to one COVID-19 infected person; in comparison, influenza R_0 = ~1.3), it is vital that evidence collection specialists and laboratory staff (evidence clerks, analysts) be vigilant when working with evidence for the foreseeable future so as to mitigate the opportunity for infection, which could pose serious health risks to public servants and create unforeseen delays in evidence processing as analysts are forced to self-quarantine and/or focus on making a healthy recovery. With respect to survivability on items, a study from the New England Journal of Medicine⁴⁰ found that traces of the virus may remain on cardboard up to 24 hours, while non-porous items (e.g. plastic, metal) may retain the virus for up to 72 hours. In response to the potential for viral propagation in a laboratory environment, many lab agencies are reducing services⁴¹ and limiting the processing of evidence to violent crimes.⁴² Moreover, evidence clerks are establishing strict guidelines⁴³ for scheduling evidence submission appointments in advance, restricting the number of individuals present when receiving evidence in accordance with social distancing guidelines, and setting special hours aside for intensive disinfecting services to prevent viral spread.

Medical forensic exam procedures may still be provided in a hospital setting, though some state agencies⁴⁴ and the International Association of Forensic Nurses (IAFN)⁴⁵ are encouraging the use of

³⁹ Rachel Rettner, How Does the New Coronavirus Compare with the Flu? LiveScience, March 25, 2020, available online at: <https://www.livescience.com/new-coronavirus-compare-with-flu.html> (last accessed April 2, 2020).

⁴⁰ Neeltje van Doremalen, N. et al. *Aerosol and Surface Stability of HCoV-19 (SARS-CoV-2) Compared to SARS-CoV-1*. New England Journal of Medicine: <https://www.nejm.org/doi/10.1056/NEJMc2004973> (2020).

⁴¹ South Carolina Law Enforcement Division. 2020. Evidence Submission Procedures COVID-19 Contingency Plan. <http://www.sled.sc.gov/documents/COVID/2020-02%20COVID-19%20Contingency%20Plan%20-%20Forensic%20Services.pdf>

⁴² Megan Crepeau and Jeremy Gerner, *State Crime Lab Scales Back Operations Amid Coronavirus Spread, Leading to Shelving of Drug Cases*, Chicago Tribune, March 20, 2020: <https://www.chicagotribune.com/news/criminal-justice/ct-coronavirus-state-crime-lab-impact-20200320-pwcpakrajrbujhuzygoy2yy5ki-story.html>

⁴³ Virginia Department of Forensic Science. 2020. COVID-19 Updates. <https://www.dfs.virginia.gov/covid-19-updates/>

⁴⁴ Georgia Criminal Justice Coordinating Council. 2020. Recommended COVID-19 Response Guidance for Medical-Forensic Services. <https://cjcc.georgia.gov/grants/covid-19-resources/guidance-medical-forensic-services>.

⁴⁵ International Association of Forensic Nurses. 2020. COVID-19: A Video Message to Our Members. <https://www.forensicnurses.org/news/493334/-COVID-19-a-message-to-our-members.htm>

non-hospital centers (e.g. sexual assault treatment centers) for collection of evidence so as to reduce the potential for infection. IAFN has also reaffirmed their stance on self-collection sexual assault kits, citing numerous concerns including but not limited to: lack of access to short term and long term health assessments; the inability to connect to community services; failure to diagnose injuries through a specialized clinician; chain of custody and evidence admissibility challenges. Additionally, IAFN does support the use of telehealth options for assisting victims of violence and their service providers during the pandemic but suggests that forensic nurses must use technology that is HIPAA-compliant. Such options have shown merit, especially in rural communities,⁴⁶ and it is worth noting that the Office of Civil Rights is lessening restrictions⁴⁷ on non-HIPAA telehealth technology given the current crisis in public health. Armed with this knowledge and knowing the variety of crimes that are perpetuated upon children,⁴⁸ it is important to be aware of these recommendations and adjustments in agency policies as they may impact the timeline of resolution for your child abuse and neglect investigations.

20. Ensure relevant MDT members have adequate personal protective equipment (PPE)

With the national shortage of PPE, many jurisdictions may have to search for local solutions. According to the National Police Foundation's COVID-19 Law Enforcement Impact Dashboard, 45.5% of surveyed law enforcement indicated a lack of sufficient PPE.⁴⁹ The MDT can coordinate with local and statewide nonprofit organizations to mitigate PPE shortages and work to protect investigators, healthcare professionals, and other MDT members. Broader public mobilization may be needed to do so.⁵⁰

21. Use appropriate personal protective equipment and follow hygienic best practices

Per the Centers for Disease Control and Prevention (CDC),⁵¹ COVID-19 is found in many common body fluids associated with forensic evidence, including saliva (*respiratory droplets are the primary mode of infection and can deposit on item surfaces*) and blood. While evidence collection specialists and laboratory analysts are not strangers to universal precautions related to evidence-related hazards,⁵² it is a time to be increasingly mindful of the use of appropriate personal protective equipment (PPE). The following guidelines for first responders (e.g. crime scene investigators, sworn law enforcement) may laterally apply to forensic lab analysts, as well, given that these professionals come in direct contact with evidence that could pose a potential health risk. Note that these are recommendations in best practice for keeping those who collect and analyze evidence safe and are

⁴⁶ Eric Wicklund, *Telemedicine May Prove Valuable in Rural Sexual Assault Cases*. MHealth Intelligence, August 21, 2017, available online at: <https://mhealthintelligence.com/news/telemedicine-may-prove-valuable-in-rural-sexual-assault-cases>.

⁴⁷ Mike Miliard, . *OCR Will Ease Restrictions on Telehealth Tech During COVID-19*. Healthcare IT News, March 18, 2020, available online at: <https://www.healthcareitnews.com/news/ocr-will-ease-restrictions-telehealth-tech-during-covid-19>.

⁴⁸ David Finkelhor and Anne Shattuck, *Characteristics of Crimes Against Juveniles*, Crimes Against Children Research Center (2012), available online at:

http://www.unh.edu/ccrc/pdf/CV26_Revised%20Characteristics%20of%20Crimes%20against%20Juveniles_5-2-12.pdf

⁴⁹ See <https://www.policefoundation.org/covid-19/>

⁵⁰ See, e.g. https://www.wvnews.com/fairmontnews/news/united-way-of-marion-taylor-co-wv-participates-in-masks-4-wv/article_3d7d5406-b2c1-561f-82b8-762e3902cbe3.html

⁵¹ Occupational Safety and Health Administration. 2020. Healthcare Wide Hazards. OSHA:

<https://www.osha.gov/SLTC/etools/hospital/hazards/univprec/univ.html>

⁵² Centers for Disease Control and Prevention. 2020. Healthcare Professionals: Frequently Asked Questions and Answers. CDC: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/faq.html>.

in no way suggestions to replace your agency's own guidelines. Minimum PPE guidelines are as follows:⁵³

- Disposable examination gloves (e.g. nitrile, latex).
- Single use/disposable coveralls.
- Eye protection (e.g. goggles, face shield—preferably disposable).
- NIOSH-approved respirator (N95 or above).

§ Note: The CDC states that “facemasks” (e.g. cloth masks) are an acceptable alternative until the supply chain normalizes, but the American Nurses Association⁵⁴ challenges these claims; as such, work with your administration to determine a best-fit solution to respirator needs at this time in accordance with organizational policy.

In the event such PPE is not available, practice appropriate hygiene techniques (wash hands with warm water, soap after collection/processing; minimize potential for aerosolization of particulate from items; refrain from touching one's face). If disposable coveralls or a suitable substitute (e.g. gown) are not available, wash duty gear promptly after one's shift concludes and be sure to decontaminate one's patrol vehicle using CDC recommended procedures.⁵⁵

22. Develop a vicarious trauma plan for the MDT

If an MDT does not have a vicarious trauma plan for its members, this is a critical need to address.⁵⁶ If you already have a plan in place, modify it to reflect the circumstances of a pandemic. In addition to the stress of addressing an increasing number of child abuse cases with diminishing resources, child protection professionals may be cut off from their families and may be worried about loved ones who have contracted COVID-19 or who are dying. MDT members may also be cut off from their co-workers who are often a significant source of strength and the only people in their lives who understand what they go through in their jobs.

Provide your team members with practical reminders such as stepping outside and going for a walk if they can do so safely. If they are unable to leave their house safely, give them options for in home exercises. Implement a “buddy system” where every employee takes the responsibility to check in on a co-worker regularly to see how they are doing. If your team has a mental health provider or a chaplain, enlist their aid in providing resources to the team and making themselves available for virtual conversations. Ask the board members of your CAC to write a note to the employees letting them know they are grateful for the extra efforts being made under the most difficult of circumstances. Reach out to faith communities and enlist their support in sending encouragement to

⁵³ Centers for Disease Control and Prevention. 2020. What Law Enforcement Personnel Need to Know about Coronavirus Disease 2019 (COVID-19). CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-law-enforcement.html>.

⁵⁴ The American Nurses Association has directly countered CDC recommendations for cloth-based face masks, stating that such PPE does not provide adequate safeguard against aerosolized exposure to COVID-19. More information can be found here: <https://www.wsna.org/news/2020/cloth-masks-dont-protect-nurses>.

⁵⁵ Centers for Disease Control and Prevention. 2020. Cleaning and Disinfection for Community Facilities. CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html>.

⁵⁶ For a discussion of developing a vicarious trauma plan for an MDT, with a number of practical suggestions, see pages 90-97 of: Victor I, Vieth, *The View from the Trenches: Recommendations for Improving South Carolina's Response to Child Sexual Abuse Based on Insights from Frontline Child Protection Professionals* (2013), available online at: <https://cdn2.zeroabuseproject.org/wp-content/uploads/2019/02/d996bcbb-ncptc-silent-tears-final-report.pdf> (last accessed April 1, 2020)

MDT members. Set aside time during the week for a “coffee and conversation” virtual meeting where team members can talk about their lives outside of their work. Make sure this is done during the work day so that you do not add to your colleagues’ anxiety by taking them away from home and family obligations. You may also want to share your vicarious trauma plan with schools and other youth serving organizations in the hope these professionals will be better skilled at keeping themselves healthy and, as a result, be able to serve children better.

23. Recognize the value of spiritual care for child abuse victims and child protection professionals

There is a significant body of research documenting that many abused children are spiritually impacted by the trauma.⁵⁷ This is concerning, in part, because there is also a large body of research finding that spirituality is an important source of resiliency for children who have endured trauma.⁵⁸ Indeed, a recent study in a CAC finds that spirituality may be the most importance source of resilience for many maltreated children.⁵⁹ During a forensic interview or MDT investigation, children often raise religious or spiritual questions about their abuse.⁶⁰ In order to meet the cultural competency standard of an accredited CAC, the MDT “must be willing and able to understand the clients’ worldviews, adapt practices as needed, and offer assistance in a manner in which it can be utilized.”⁶¹ The National Children’s Alliance cultural competency standards specifically mention religion.⁶²

As a result of this large body of research, the American Psychological Association has published two treatises to assist clinicians in addressing the spiritual needs of traumatized children.⁶³ Some MDTs have added a trauma-informed chaplain to their case review team and at least three CACs have hired a chaplain to address the spiritual needs of children, their families, and the MDT.⁶⁴

If your MDT has mental health providers or trauma-informed chaplains or other faith leaders already in place to address the spiritual needs of abused children, their families, and the MDT, consider how to employ these professionals during this pandemic. If your MDT has not yet put this reform in place, make it part of your long-term plans.

⁵⁷ Donald F. Walker, et al, *Changes in Personal Religion/Spirituality During and After Childhood Abuse: A Review and Synthesis*, 1 Psych. Trauma: Theory, Research., Practice & Policy 130 (2009) (literature review of 34 peer-reviewed studies).

⁵⁸ Thema Bryant-Davis, et al, *Religiosity, Spirituality, and Trauma Recovery in the Lives of Children and Adolescents*, 43 Prof. Psych.: Res. & Rev. 306 (2012); Jungmeen Kim, *The Protective Effects of Religiosity on Maladjustment Among Maltreated and Nonmaltreated Children*, 32 Child Abuse & Neglect 711 (2008); Katie G. Reinhert, et al, *The Role of Religious Involvement in the Relationship Between Early Trauma and Health Outcomes Among Adult Survivors*, 9 J. Child & Adolescent Trauma 231 (2016).

⁵⁹ Ernest Jouriles, et al, *Divine Spiritual Struggles and Psychological Adjustment Among Adolescents Who Have Been Sexually Abused*, Psychology of Violence (2019), advanced online publication at: <http://dx.doi.org/10.1037/vio0000274> (last accessed April 1, 2020).

⁶⁰ Amy C. Tishelman & Lisa J. Fontes, *Religion in Child Sexual Abuse Forensic Interviews*, 63 Child Abuse & Neglect 120 (2017).

⁶¹ National Children’s Alliance, Standards for Accredited Members (2017 Edition), p. 16.

⁶² Id.

⁶³ Donald F. Walker & William L. Hathaway, *Spiritual Interventions in Child and Adolescent Psychotherapy* (2012); Donald F. Walker et al. *Spiritually Oriented Psychotherapy for Trauma* (2015).

⁶⁴ Victor I. Vieth & Pete Singer, *Wounded Souls: The Need for Child Protection Professionals and Faith Leaders to Recognize and Respond to the Spiritual Impact of Child Abuse*, 45 Mitchell Hamline L. Rev. 1213 (2019); Victor Vieth, Mark D. Everson, Viola-Vaughan-Eden, Suzanna Tiapula, Shauna Galloway-Williams, Rev. Carrie Nettles, *Keeping Faith: The Potential Role of a Chaplain to Address the Spiritual Needs of Maltreated Children and Advise Child Abuse Multi-Disciplinary Teams*, 14 Liberty L. Rev. (forthcoming 2020).

24. Turn the MDT's short-term plans into long-term innovations

As MDT members face the challenges of coming months, they will undoubtedly engineer new ways of approaching issues and crafting solutions. These innovations to child protection should be collaboratively identified, discussed, and sustained even after the pandemic. For example, to effectively engage in abuse prevention for the foreseeable future, most MDTs must engage a broader coalition to monitor their communities and detect abuse. These relationships should be preserved and strengthened when the pandemic has subsided. Similarly, MDTs may find efficiency in some remotely delivered services, such as telehealth methods and therapy, and could identify appropriate, routine utilization of remote technology.

25. Reach out for assistance

When you encounter unique issues, from conducting a forensic interview in these unprecedented circumstances to responding to defense demands for premature release or loosening supervision restrictions, reach out to other MDT members and advocacy organizations for assistance. The COVID-19 pandemic has clearly illustrated our collective interdependence, both in flattening the curve and in seeking justice for children.

Conclusion

"In a crisis," said President John F. Kennedy, "be aware of the danger--but recognize the opportunity."⁶⁵ Although the COVID-19 pandemic has increased the risk of child abuse and taxed the resources of our nation's CACs and MDTs, this crisis has also created opportunities. This moment in time affords the opportunity to develop new community partners and to find new ways to protect children.

It is an opportunity that, for the sake of children in need, must be seized.

⁶⁵ Available online at: <https://www.goodreads.com/quotes/1487-the-chinese-use-two-brush-strokes-to-write-the-word> (last accessed April 1, 2020).