The week that Illinois schools and most child care centers closed to “flatten the curve” of the coronavirus, calls to the Illinois child abuse and neglect hotline plummeted. There were 1,744 calls that week, compared to 3,667 the previous week.¹ All reports for April 2020 were just 47% of reports received in April 2019.

Illinois is not alone. Pennsylvania, Oregon, and Wisconsin have experienced similar drops in hotline calls.² Across the nation, children who were once seen regularly by teachers and caretakers have suddenly become unseen.

Teachers play a vital protective role for children. Across the nation, teachers serve as sentinels, vigilant for signs of abuse or neglect.
Before the pandemic stopped in-person instruction, teachers were the single largest group to report abuse or neglect.\(^3\)

In Illinois, 57% of hotline reports about suspected abuse or neglect come from school personnel and social workers, the majority (81%) during school hours.\(^4\) Law enforcement and medical personnel account for 20% of all reports, meaning that the sharp shift of the healthcare system toward COVID-19 care and away from ordinary healthcare\(^5\) also hampers reports of abuse.

An already overburdened child welfare system now faces a thorny dilemma: how to protect children who are increasingly invisible to the outside world but live in homes that were unstable or unsafe before the pandemic, or have become so. This Policy Spotlight first sketches the degree to which our normal child protection mechanisms have stalled. It then suggests tangible policy changes that can be instituted immediately and in the middle term to shore up the crucial safety net protecting children.

**PROTECTING CHILDREN AT A DISTANCE**

As children shelter at home, isolated from their classrooms and connections to teachers and peers, teachers are struggling to maintain contact with them. Teachers are reduced to virtual interactions, interspersed with the occasional porch or driveway encounter.

Teachers often know which students are at higher risk. But discerning warning signs at a time of limited contact is difficult.

Some teachers have pioneered innovative approaches to staying involved with their students. Some school systems have created codes for children to use when they are fearful or anxious but do not want their parents to know they are alerting others. Disclosing such information might put a child in harm’s way. Children in Illinois already have used these codes to let teachers know they did not have enough to eat, superintendents tell us.

A gaping digital divide frustrates the ability to use a virtual safety net to keep children safe while schools are shuttered. The *Chicago Tribune* in collaboration with the Federal Communications Commission has identified significant portions of Illinois with limited, poor, or no fixed broadband internet service. Rural and low-income communities are particularly hard hit.\(^6\) In a 2018 Pew Research Center report, 35% of households with an annual income below $30,000 that also had children between 6 and 17 years old lacked an internet connection at home.\(^7\)

Keeping tabs on children virtually is of no avail if the household is not equipped with the necessary technology and internet services. Although Illinois offers drive-up wi-fi hotspots across the state, these may not be accessible to families with limited access to transportation.\(^8\) Thus, the digital divide produces not only an educational divide but a child safety divide.

Further, important supports available to other families through virtual and telephone platforms prove illusory for the poorest families. Home visitors and the crisis nursery network continue to operate. Anecdotal reports from home visitors confirm barriers: families report that they have reached the data limit on their cell phone plan. For such families, virtual visits cannot provide a safety valve.

Wherever a family sits on the digital divide, a significant factor in protecting kids and keeping them out of trouble is the personal relationships between them and school social workers, school resource officers, the city’s community outreach coordinator, and other engaged adults.

The disappearance of so much personal, school-based contact places tremendous urgency on
redoubling efforts for supervising children in families already known to be fragile. In 2019, the Illinois Department of Children and Family Services (DCFS) investigated claims of abuse and neglect concerning 137,948 children and found credible evidence to substantiate abuse or neglect in 37,180 reports, or 27%. Of the Illinois children who were victims of substantiated abuse or neglect, 13% were investigated and substantiated again within 12 months, a percentage that has been on the rise in recent years.

More strategies are urgently needed for identifying and responding to vulnerable children. We sketch some possibilities below.

**COMPOUNDING STRESSORS**

Food insecurity is one of the many things that places children at risk. Prior to COVID-19, one in seven households with children was food insecure. With significant rises in unemployment and poverty, 25% of children nationally are projected to experience food insecurity.

Further, a perfect storm of stressors for abuse has coalesced as children retreat indoors during the pandemic.

First, parents of school-aged children are shouldering new and stressful homeschooling demands. In a national survey of parents now working at home with young children, more than half were working remotely and 40% had two people working from home. This places considerable strain on even the most healthy families. Parents may experience stress for themselves, as well as limited support from extended family members, health care providers, and educators.

Second, parents with children under the age of five may be particularly vulnerable during these stressful times. Except for essential workers, access to child care has been greatly reduced. Many who work from home suddenly are juggling work and child care, with no assistance from older family members who otherwise might be available but for the health risks that come with age.

Third, job losses, financial strain, and worries about one’s job or housing sometimes bring to a boil simmering dysfunction in families. All the stressors marking households before COVID-19 are still there, only magnified by the pandemic, stay-at-home orders, disappearance of much of the structure of schools and school programming, and, for some, the loss of jobs.

**POCKETS OF VULNERABILITY**

Illinois’ hotline remains staffed at the level that it was before schools closed, with call center employees now working remotely.

Figure 2 below shows the reports of abuse and neglect to the Illinois hotline over a 5-fiscal-year period from 2015 through 2019. Reports were more numerous in spring and fall and less over the summer when school was out in most communities.

As indicated in Figure 2, March, April, and May typically would register among the highest volume of calls, but this year calls have plunged from these highs, as Figure 3 shows.
In sharp contrast to this pattern of declining calls are those received from Spanish speakers. The fraction of total calls received in Spanish has climbed 44%, from 0.9% of all calls in April 2019 to 1.3% last month (Figure 4). Below we discuss stressors that may account for this uptick.

Given the connection between economic stressors and child abuse, this may not be surprising. The Spanish-speaking community is being disproportionately ravaged by COVID-19 and its fall-out.18

Figure 4: Percentage of Total Calls (in Spanish)

POLICY APPROACHES TO ENHANCED CHILD PROTECTION

Make Sure Children and Families Have Adequate Access to Food

Hunger can be explosive in households. A top priority in light of school closures is to ensure that the benefits under the Pandemic EBT SNAP for Eligible Children of Free/Reduced Price School Meals extend through the summer when children have always been vulnerable to hunger.

Expanding Eyes and Ears in the Community

With schools and daycares shut down and Illinoisans sheltering in place, we have lost the front line of child abuse and neglect sentinels. Teachers, for example, are mandated to report suspected child abuse and neglect. Without them, an increasing number of children may miss out on early interventions that are critical to preventing unchecked abuse.

All 50 states and the District of Columbia statutorily require certain persons and institutions to report suspected child abuse or neglect.20

Mandatory reporters typically include people who have frequent contact with children: doctors, teachers, and clergy. One can think of mandatory reporters as the first line of defense for children who are neglected or abused by parents or others.

At present, all law enforcement personnel, medical personnel, educational personnel, child care personnel, crisis intervention workers, recreational and athletic program personnel, funeral directors, coroners, and medical examiners are mandated reporters in Illinois. If they have a reasonable cause to believe that a child known to them in their professional capacity may be abused or neglected, they must report to the child abuse hotline.20 A person who reports in good faith is not subject to criminal or civil liability. As expansive as this list is, it does not include firefighters, who can also serve as sentinels while schools remain closed. Unlike other states, Illinois does not include delivery people, grocery workers, repairmen, and others likely to come into contact with children as their work carries them into communities and homes. Idaho, as one example, imposes reporting requirements on anyone who has reason to believe a child has been abused or neglected.21

According to data published on the website Mobile Health Map, there are approximately 2,000 mobile clinics in communities across the United States, reaching 5.2 million to 7 million visitors per year.22 During the pandemic, these clinics have adapted their normal routines to the more pressing issues related to COVID-19. This increased focus on the most vulnerable and at risk now includes testing for the virus, supplying essential hygiene and food items, and distributing information about other critical services that might be available nearby.23 Building further on this pandemic response, community mobile clinics could also distribute educational flyers that cover the signs and symptoms of child abuse and neglect, with specific information for reporting. Additionally, the healthcare providers in the mobile clinics could be reminded to screen for maltreatment, carefully asking questions that might elicit disclosures of abuse or neglect.

Extending duties to report is not without cost: minority families are reported at higher rates than the rest of the population.24 This places a premium on public education about what constitutes abuse or neglect, on training of hotline workers, and on a sound process for separating substantiated from unsubstantiated claims.

In the midst of the pandemic, numerous state, regional, and national child protection organizations...
have rapidly developed resources about child abuse reporting for people outside of the typical groups of reporters. Recognizing that delivery workers and grocery clerks may witness signs of abuse but not have the necessary information to report, many states are setting up free training sessions and circulating informational flyers with warning signs of physical and sexual abuse. Darkness to Light, a national child sexual abuse prevention program, has established a free training course for anyone interested in safeguarding children during this pandemic and beyond.25 Other programs, like Children’s Advocacy Centers of Illinois, have developed flyers that explain the reporting process and encourage community members to speak up if they suspect a child is a victim of abuse or neglect.26 The flyers could be distributed through various organizations, including all faith-based programs, programs serving the African-American, Asian, Latinx, and other minority communities, food pantries, and other businesses where staff may not fully understand how to recognize and report maltreatment. Companies such as Amazon, Federal Express, and grocery chains could print out the fliers and arm their workers with this information today.

Home Visits to Children Under Supervision by the State

A tragic number of children already occupy Illinois’ child abuse and neglect rolls, the vast majority because of abuse or neglect by parents.27 As the pandemic unfolds and stressors increase, children presently under supervision because of an indicated report of abuse or neglect are at particular risk.

To protect these children, we should treat child abuse and neglect like the public health crisis that it is. In prior epidemics, public health authorities localized efforts to ensure the safety of children by visiting households. Consider the experience of Philadelphia, the hardest hit city during the 1989–91 measles epidemic.28 Faith communities that refused to vaccinate and treat their children were at the epicenter of this crisis—the rate of death for children with measles that attended a single church hit “one in 35, worse than any developing country at that same time.”29

Pinpointing risk to these children permitted public health authorities to use traditional tools to address and contain the risks to an identifiable population. Authorities sought and received orders permitting them:

- **Initially** to visit the families, door-to-door, to get visual reads on children to determine whether they “appeared well hydrated,” a key to preventing measles pneumonia;

- **then** to physically examine the children; and

- **finally,** when defiant parents threw up roadblocks, to remove ill children on the spot and send them to a hospital for care.

Just as using the full arsenal of public health tools curbed the full effects of the measles outbreak, these tools can help keep safe an identifiable population of children today, those on DCFS’ rolls before COVID-19.

DCFS can reach out with supportive services, monitoring, and even economic support for the families of children for whom abuse and neglect has already been found. Because many families lack the means to digitally check in, this may involve home visits by caseworkers or first responders trained in safely approaching families.

Closing the Digital Divide

Already, companies like AT&T, Sprint, T-Mobile, and Verizon have stepped up the data available to all families in Illinois.30 A public-private partnership approach could close the digital divide almost overnight. Companies could establish hotspots for families to access supportive services, and for providers to conduct virtual visits with families who are experiencing reduced access to cell service.

Hotspots are only half the solution. Children and families need devices to access digital safety nets.
The expansion of the federal Lifeline program to include devices with broadband access, together with additional flexibility during the pandemic to qualify for free or subsidized devices based upon income, means that barriers are reduced to virtual visits with lower-income families.31

**Strengthening the Safety Net in Tight Fiscal Times**

At a time of shrinking state revenues and straining budgets,32 efforts should be made to backstop the protective role played by teachers and child care workers with other first responders. Building on a “neighborhood police” model, existing School Resource Officers who suddenly are out of school can be assigned to walking routes in specific neighborhoods adjacent to the schools in which they serve. By walking through a community where children are outdoors, they are more likely to pick up on signs of distress. Police who already patrol communities by car can increase foot patrols, too. Firefighters who may be seen as less threatening than police officers can also get out into communities, increasing the number of eyes and ears alert to signs of abuse.

Existing staffing levels may present a challenge if firefighters and police are already operating at full capacity. Capacity may be quickly expanded by offering a “hire back” opportunity, meaning that officers and firefighters could sign up for extra shifts in specified neighborhoods during peak times when kids are outside playing.

**CONCLUSION**

The pandemic has forced many at-risk children into the shadows. In ordinary times, the teachers and other adults that children interact with in their daily lives are powerful safeguards against abuse and neglect. Overnight, children have been effectively shut off from the state’s eyes and ears. And they have been confined to their homes—tragically, the very place of greatest risk for some children.

However, children are still intersecting with grocery workers, members of faith communities, delivery persons, and first responders like firefighters and police. Every one of these adults can serve a safeguarding role.

Ultimately, as a community, we can buttress the safety net we have placed around children. Now is the time to take common sense steps to protect children who cannot protect themselves.

**ENDNOTES**

1 We are indebted to the Illinois Department of Children and Family Services for sharing the data used herein.


4 Tamara Fuller, Laura Lee, Robin LaSota, “Child Abuse and Neglect Hotline Review,” Children & Family Research Center, October 4, 2019, pp. 5-6.


8 ArcGIS World Geocoding Service, Drive Up Wi-Fi Hotspots, [http://illinois.maps.arcgis.com/apps/webappviewer/index.html?id=23e8046edd2940bc8ad3ad1725e47cd0](http://illinois.maps.arcgis.com/apps/webappviewer/index.html?id=23e8046edd2940bc8ad3ad1725e47cd0).


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21 Idaho Code § 16-1605 (2016) (“[A]ny person who has reason to believe that a child has been abused, abandoned, or neglected is required to report.”).


26 Children’s Advocacy Centers of Illinois, “#Essential4Kids: Resources to Protect Kids from Abuse During COVID-19,” https://perma.cc/UXH4-AEVW.

27 Of all children nationally indicated for abuse and neglect, 92% were abused or neglected by a parent. Child Maltreatment 2018 at Table 3–11 Victims by Relationship to Their Perpetrators, 2018.


29 The Faith Tabernacle Church engaged in faith healing, believing “the Bible is opposed in all means of healing apart from God’s way.” Ibid. at 288.


32 Kass, et al, Supra note 16.