

The Traumatic Impact of COVID-19 on Children and Families: Current Perspectives from the NCTSN

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The coronavirus pandemic, COVID-19, has changed our world and led to many efforts to curb the spread of the disease. In the United States, efforts such as stay-at-home and safer-at-home orders have dramatically changed the way Americans work, attend school, and receive physical and mental health care. As the number of COVID-19 cases grows nationally, many Americans report a range of emotional reactions such as anxiety, depression, grief, and even thoughts of suicide. But the greatest burdens fall upon the most vulnerable, including those with prior mental health conditions and trauma histories, as well as communities of color.^{1,2} The pandemic disrupts feelings of safety and protection for many children and families, leading to elevated stress responses and potentially compounding the impact of other stressors. The pandemic has added layers to experiences of trauma and adversity, such as death of a loved one, illness, intimate partner violence, child abuse, poverty, and more.

The duration of this crisis—along with high levels of uncertainty as states struggle to reduce spread and roll out new vaccines—has forced families to make difficult decisions and risk calculations about otherwise normal activities of daily living. Parents and caregivers are experiencing the cumulative stress of quarantine and social isolation, economic and occupational hardship, and the burden of remote schooling. Other significant national events, such as civil unrest in response to racial injustice and many catastrophic natural disasters, including hurricanes and wildfires, have further amplified the impacts of the COVID-19 pandemic.

The complex interplay between these events reinforces the need for accessible, evidence-based, and trauma-informed services to help address the growing mental health needs associated with the pandemic.³ But all child-serving systems—schools, mental and physical health care, child welfare and juvenile justice systems—are also facing compounding challenges. In the following pages we address the stressors for both children and families and those who serve them, and the efforts the NCTSN has been advancing to mitigate those challenges.

Pandemic Challenges for Children and Families

For children and families who have experienced prior trauma, the pandemic causes additional stress, trauma, loss, and adversity, and compounds the impact of certain traumatic experiences. The pandemic highlights and exacerbates systemic inequalities and disparities regarding access to physical and mental health care, and reduces access to necessary supports, including resources to meet basic needs. We know that for children who have trauma histories, danger and safety are primary concerns. Traumatic experiences can undermine children's sense of safety, magnify their perceptions of danger to themselves and others, and make it more difficult to distinguish between safe and unsafe situations. Examples of key challenges facing children and families experiencing trauma during the pandemic include:



- **Children and families are at increased risk for traumatic stress and loss.** Families across the US face the death of loved ones and are frequently unable to observe traditional mourning rituals. Children may experience potentially traumatic separation from caregivers due to their illness, virus exposure, or employment in essential occupations. Families who quarantine or practice prolonged social distancing together may be at risk for increased conflict at a time when they have less social support. The economic pressures of the pandemic also increase risk for interpersonal violence, neglect, food insecurities, and distress for children and caregivers.
- **Black, Native American, and Latinx communities are impacted at disproportionate rates.** COVID-19 is a “crisis on top of a crisis” that compounds the experience of racism and law enforcement discrimination, stigma, and implicit bias. The pandemic exacerbates gaps in quality of and access to technology, education,

and healthcare. Communities of color have experienced higher rates of hospitalization and death due to COVID-19 compared to non-Hispanic Whites.⁴ Adding to their existing health disparities, people of color comprise large proportions of the frontline, essential workforce and may have insufficient personal protective equipment and paid sick leave. Limited access to culturally and linguistically responsive mental health care, fear of government bias and discrimination, and historical trauma create a troubling context for COVID-19 among Black, Indigenous, and People of Color (BIPOC) populations.

- **Children and families involved in Child Welfare and Juvenile Justice may have reduced access to services and supports.** Reports of child abuse decreased nationally early in the pandemic. However, some child welfare professionals now believe abuse may be increasing, given that children may be sheltering in place with their abusers.⁵ Emergency rooms also report more cases of child abuse and neglect that require hospitalization.⁶ Contact between children in placement and their families has been reduced or suspended, services to support parents seeking reunification have been disrupted, and non-emergency hearings have been postponed indefinitely, leaving many families in limbo. For children in congregate care settings, contact with their families may be limited, and some mental health programs have been suspended, leaving youth with fewer opportunities for activities that help them cope and self-regulate.
- **Transition-age youth who have experienced trauma face multiple challenges.** These may include living arrangements that feel unsafe; a lack of privacy to participate in telehealth visits; housing and food insecurity; difficulty accessing unemployment, food stamps, and other benefits due to the complexity of application processes; lack of technology access and supports to continue higher education following the transition to remote learning; and loss of contact with social supports, including former teachers, mentors, and mental health providers.

Pandemic Challenges for Child-Serving Agencies

Schools, physical and mental health care, child welfare and juvenile justice systems all play important roles in identifying and caring for children, adolescents, and their families who have experienced trauma. Examples of key challenges facing providers and agency leaders include:

- **Mental health agencies of different sizes and types struggle with the impact of COVID-19 on their organizations.** Hiring freezes, layoffs, and uncertainties related to organizational and state budget deficits contribute to concerns about providing services through this crisis. Meanwhile, many agencies struggle with the pace and demands of service delivery. Providers have had to modify direct care services. This has required adapting group treatments, as well as services for children with disabilities, interventions for younger children, and support for clients finishing treatment. Those who conduct training and consultation have adapted to virtual models that require additional planning, technology support, and time to deliver. Agency staff report multiple challenges due to remote working conditions and productivity requirements while having to meet additional home and family responsibilities.
- **The shift to telehealth presents challenges for trauma-informed care.** Routine practices for children and families who have experienced trauma, such as home visits and safety checks, have been difficult to adapt to telehealth methods, and modification of evidence-based treatments (EBTs) requires additional care and training. Privacy and confidentiality issues emerge when using telehealth with children or families (e.g., lack of privacy, difficulties maintaining attention). Providers report fatigue and distress from responding to difficult situations via telehealth without their usual organizational supports.
- **Schools have had to adjust to different learning modalities to address multiple crises impacting their communities (COVID, racial injustices, natural disasters, etc.).** Schools have been challenged to translate trauma-informed approaches to remote learning, as well as to maintain and restart innovative programs as students move between multiple and hybrid learning modes. Educators report worry for their own safety, as well as the need for additional mental health support and opportunities for self-care. Disruptions to in-person schooling also make it more difficult to report suspected child abuse, identify students experiencing suicidal ideation, provide school-based mental health programs, and connect students to other community services when needed.



- **Health systems and healthcare workers are under strain.**
Healthcare workers provide essential services during the pandemic, with some facing surges and shortages, reassignment to unfamiliar roles, and ethical challenges. Healthcare staff who witness many complex cases of illness and death report a need for emotional support and assistance with their trauma and grief reactions. They are also concerned about their own health and the potential impact on the well-being of their families.
- **Child Welfare and Juvenile Justice systems and providers struggle to adapt.**
Some child welfare professionals have shifted to virtual visits and court hearings, leading to concerns about maintaining high quality, trauma-informed practice. Others continue home visiting for investigations and removals, potentially exposing themselves and others to the virus. Many frontline workers in child welfare and juvenile justice are people of color and particularly vulnerable. Due to staffing shortages or safety protocols prompted by the pandemic, juvenile justice and child welfare personnel may be under additional stress, with increased workloads.

NCTSN Response to COVID-19

Since February 2020, the National Child Traumatic Stress Network (NCTSN), coordinated by the National Center for Child Traumatic Stress (NCCTS), has been responding to the traumatic impact of COVID-19 on children and families. As part of this effort, the NCTSN continues to:

- Assess the pandemic's impact on NCTSN centers, providers, programs, and services as well as the impact on children and families served.
- Bolster NCTSN members' continued provision of vital trauma treatment, training, education, and other services to children, families, and providers throughout the US.
- Identify populations at high risk and provide trauma and grief-informed frameworks to meet current and emerging needs.
- Develop resources and provide training and expertise to a wide range of audiences through partnerships with local, state, and national organizations and federal partners.
- Prepare briefing materials to educate federal policymakers regarding the traumatic impact of the pandemic and NCTSN resources available to address that impact.
- Document lessons learned and practice innovations, including those that should be maintained throughout and post-pandemic.

Highlights of the work of the NCTSN and the NCCTS related to the impact of COVID on children and families during this time include:

- **COVID-specific resources and information.**
The NCTSN uses its website, Learning Center, and social media platforms to disseminate information and resources relevant to COVID-19. During this time, the NCTSN has produced over two dozen new and updated resources related to families, economic stress, the justice system, school personnel, and more. User traffic to NCTSN.org and the Learning Center has increased considerably during this time, with the largest number of downloads, pageviews, and enrollments focused on pandemic resources and course material.
- **Telehealth.**
NCTSN members with expertise in telehealth lead the way in telehealth adaptations and offer consultation to many NCTSN members and partners. Developers of evidence-based, trauma-focused individual and group interventions have adapted their models for telehealth, while carefully documenting the impact of these adaptations. NCTSN members have also created tools and protocols for conducting safety and wellness checks and assessing risk for suicide, violence, and abuse, via telehealth. NCTSN members note benefits from telehealth related to increased client engagement and access to remote communities. This may illustrate the future utility of telehealth in child trauma treatment.
- **Virtual training.**
During the pandemic, NCTSN members have adapted in-person trainings to virtual formats. During this time the NCCTS also launched an e-learning course, Skills for Psychological Recovery, an evidence-informed intervention to help clients adjust to the stressors and burdens of the pandemic and other disasters. Between April and July 2020,

NCTSN members provided training to 278,461 contacts across child serving systems, more than three times the number during the previous quarter; 93% of these sessions were virtual.¹ The NCCTS is coordinating NCTSN efforts to share best practices in virtual training during this period of adjustment to meet increased demand for training on the impact of COVID-19 on vulnerable children, families, and communities.

- **Focus on Secondary Traumatic Stress (STS) among providers.**

Challenges of the COVID-19 pandemic reinforce the importance of identifying, addressing, and preventing STS among service providers. As leaders in the field of STS, NCTSN experts work to improve the health and resilience of the helping professionals in children's lives, through training, consultation, and experiential self-care activities across many child-serving systems. The challenges of working remotely, dealing with economic stress, fears of illness, and death of loved ones all contribute to provider distress. These factors compound the existing challenges of working with children and families who have experienced trauma.



- **Trauma-informed consultation.**

The NCTSN serves as a resource to federal partners, policymakers, national organizations, and agencies at the state and local level to advance understanding and response to the traumatic impact of the pandemic. This work aids in our ability to identify and support populations at greatest risk. Federal agency partners include the Substance Abuse and Mental Health Services Administration, the Office of Refugee Resettlement, and Office of the Assistant Secretary for Preparedness and Response. NCTSN members have also provided training and consultation to national organizations, including the School Superintendents Association, the Southern Poverty Law Center, the National Children's Alliance, Blue Star Families and the Military Child Education Coalition, and the Boys and Girls Club of America.

- **Applied use of data and evaluation.**

NCTSN members use their expertise in traumatic stress research and clinical work to examine the multiple forms of COVID-19 traumatic experiences (death, separation, economic distress, abuse, and severe illness, among others), and understand how they may contribute to adult and child trauma, psychological symptoms, and diagnoses. While the NCTSN has had to adapt quickly to provide care to children and families during the pandemic, NCTSN members continue to apply rigorous screening, assessment, and evaluation practices to their work.

Conclusion

The NCTSN is experiencing many challenges related to the COVID-19 pandemic and is working to adapt in this time of crisis. This pandemic affects all child-serving systems, age groups, and populations in different and detrimental ways, with many vulnerable groups bearing a disproportionate burden. Our goal is to leverage the collective expertise of NCTSN members to meet the needs of children and families impacted by trauma, and those who work to support them. Through these efforts, the NCTSN is advancing its mission and will continue to respond as the pandemic continues. The NCTSN is committed to working with federal, state, and local partners to build on these lessons in preparation for future large-scale event response activities.

The NCTSN was created by Congress in 2000 as part of the Children's Health Act to raise the standard of care and increase access to services for children and families who experience or witness traumatic events. This unique network of frontline providers, family members, researchers, and national partners is committed to changing the course of children's lives by improving their care and moving scientific gains quickly into practice across the U.S. The NCTSN is administered by the Substance Abuse and Mental Health Services Administration (SAMHSA) and coordinated by the UCLA-Duke University National Center for Child Traumatic Stress (NCCTS). In addition to addressing the COVID-19 pandemic, the NCTSN immediately mobilizes in the aftermath of other major events and national crises by providing direct services and training where needed, and disseminating resources locally and throughout the country, supporting the coordinated interagency federal response.

¹ Data related to NCTSN training contacts is provided by the NCTSN CoCap Quarterly Reports FY20Q3.



References

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