

*Journal of Forensic Social Work*, 7:91-110, 2023  
ISSN: 1936-928X print & 1936-9298 online



## Working with Child Victims During the COVID-19 Pandemic: A Qualitative Study of Child Maltreatment Investigators' Experiences

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*The present study adds to the growing body of knowledge on the impact of the COVID-19 pandemic by examining the experiences of Canadian child maltreatment investigators. Three focus groups were conducted with child maltreatment investigators (n = 16) from across Canada to investigate the impact of COVID-19 on child maltreatment investigators and the children and families they work with. Findings from this qualitative study relate to the personal and professional impact of COVID-19 on child maltreatment investigators and the impact of COVID-19 on investigators' work practices. Subthemes relating to the impact of COVID-19 on child maltreatment investigators include fatigue, stress, and burnout; self-care and isolation; working from home with increasing workloads; child maltreatment investigators as essential workers; and workplace support. Participants' work practices were impacted by rates of reporting throughout the pandemic, reduced in-person contact with clients, remote services and communication, and COVID-related safety protocols and challenges. Recommendations stemming from these focus groups include the recognition of child maltreatment investigators as essential workers, access to adequate counseling services for child maltreatment investigators, workplace flexibility for child maltreatment investigators, and ensuring that child protection agencies are adequately resourced to maintain manageable workloads.*

**Keywords:** COVID-19, child maltreatment, child abuse and neglect, child protection, child investigators, forensic interviewing, workload, burnout

## INTRODUCTION

In late January 2020, Canada reported its first cases of the novel coronavirus (COVID-19), and in March 2020, COVID-19 was declared a global pandemic by the World Health Organization. Various pandemic measures, such as school and business closures, cancellations of entertainment and sporting events, and limitations on numbers of people at social gatherings, were implemented across Canada beginning in March 2020, with restrictions lessening only to be tightened again after cases surged (Detsky & Bogoch, 2020; Government of Canada, 2021).

The present study adds to the growing body of knowledge on the impact of the COVID-19 pandemic by examining the experiences of Canadian child maltreatment investigators, a population that had not previously been represented in the literature on the effects of the pandemic on various professionals. Parental stress and the associated effect on children have been documented within Canada during the pandemic. Specifically, a survey of Canadians conducted at the beginning of the COVID-19 pandemic indicated increased family stress and domestic violence (Béland et al., 2020); another survey (Bérubé et al., 2021) revealed that Canadian parents experienced challenges meeting children's cognitive, affective, security, and basic care needs during the "lockdown" period when various supports were closed. Campbell (2020) explained that risks for family violence, including unemployment and financial stress, reduced opportunities for social support, and increased substance use, were compounded by the pandemic. Data from Canada indicate that some people who use alcohol and cannabis increased their use during the pandemic (Thompson et al., 2021; Statistics Canada, 2021a). For families with children, this increases the likelihood that children are present when parents are consuming substances at home. In families where intimate partner violence and child abuse and neglect occur, the risk increases when perpetrators use alcohol (Campbell, 2020). Further, the Public Health Agency of Canada (PHAC, 2021) has reported an increase in opioid overdoses during the pandemic.

An initial decline in reporting incidents of child maltreatment during the initial pandemic shutdown was followed by a significant increase in reports of child abuse when schools reopened (Katz et al., 2021; Shykora, 2021). Some police agencies in Canada reported increases in calls for service for child abuse and domestic violence coinciding with the start of the pandemic (Bucerius et al., 2021; D'Amore, 2020; Owen, 2020; Shykora, 2021). Medical reports from one Canadian pediatric hospital reported seeing "more than twice as many infants (children under one year) for maltreatment concerns, specifically fractures and head trauma" as the year before, a trend they connected to parents struggling with less support during the pandemic (CHEO, 2021). In addition, a tipline for reporting the online sexual exploitation of children reported an 88% increase in reports, which they connected to youth spending more time online during COVID-19 (Cybertip.ca, 2021). This is consistent with data from Statistics Canada (2021b), which showed an increase in 2020 of offenses related to child sexual abuse material and online child sexual abuse.

### Child Maltreatment Investigators and COVID-19

Little research has examined the experiences of Canadian professionals who work directly with children who have experienced maltreatment and their families during the pandemic (Baker et al., 2021; Maiter et al., 2023; Williams et al., 2022). Vicarious trauma and secondary traumatic stress<sup>1</sup> can be consequences of professionals witnessing the impact of violence and abuse and hearing clients' accounts of traumatic experiences (Baird & Jenkins, 2003; Molnar et al., 2020; Stebnicki, 2007). Burnout is a stress response experienced by professionals in emotionally demanding "people work" jobs (Maslach & Jackson, 1981). Previous research has documented the prevalence of vicarious trauma, secondary traumatic stress, and burnout for professionals who work with victims of violence (Baird & Jenkins, 2003; Slattery & Goodman, 2009), including child maltreatment investigators (Baugerud et al., 2018; Molnar et al., 2020; McFadden et al., 2015; Olaniyan et al., 2020). Recent research has begun to examine the additional impact of COVID-19 on

vicarious trauma, secondary traumatic stress, and burnout, as well as resilience, for front-line professionals during the pandemic (e.g., surveys and interviews with social workers [Davies & Cheung, 2022; Holmes et al., 2021] and child protection workers [Miller et al., 2022; Renov et al., 2022] in the US; rural first responders, including child protection staff in Australia [Roberts et al., 2021]; child protection workers in Brazil [Priolo Filho et al., 2020]; victim service providers [Roebuck et al., 2022]; and child maltreatment investigators [Baker et al., 2021; Williams et al., 2022] across Canada.)

## Present Study

The present study is the first qualitative study to examine experiences during the COVID-19 pandemic of front-line professionals across Canada who work with child victims. This study adds to a small body of literature regarding child welfare professionals' experiences during the pandemic (Baker et al., 2021; Maiter et al., 2023; Williams et al., 2022). This study was part of a multi-phase, national project that investigated the experiences of Canadian child maltreatment investigators during the COVID-19 pandemic. Prior to the present study, two national surveys of child maltreatment investigators were conducted (Baker et al., 2021; Williams et al., 2022). Then, in June 2021, to develop a more in-depth understanding of front-line workers' experiences, the researchers hosted focus groups with child maltreatment investigators across Canada ( $n = 16$ ). These focus groups aimed to provide additional insight into the impacts of COVID-19 and physical distancing measures on child maltreatment investigators and inform revised guidelines for child maltreatment investigators for instances of pandemics and national disasters.

## METHODS

The project received approval in April 2020 from the Research Ethics Boards at Brock University (19-303-EVANS), McGill University (20-04-062), Thompson Rivers University (102447), and the University of Regina (2020-054). The study used criterion sampling (Patton, 2014), with the criteria that participants worked with child victims of maltreatment in a professional capacity. Specifically, we sought to recruit child maltreatment investigators, including social workers and police officers, and others who provided counseling or support to child victims. Email invitations to participate were circulated to practitioners, including 30 Canadian Child and Youth Advocacy Centres (CYACs), by both the community partner agency (a CYAC) and the authors.

Three focus groups with a total of 16 participants were conducted using Microsoft Teams. Prior to commencing the focus groups, an electronic consent form and demographics form were completed by participants. The consent form and ground rules (such as an agreement to keep all information shared in the focus group confidential) were reviewed verbally by the researchers before beginning the focus groups. Each participant was provided with a \$200 electronic gift card.

Focus groups were conducted using a semi-structured format with open-ended questions. The researchers employed an interview guide with a predetermined set of questions for all three focus groups while allowing flexibility to ask additional follow-up questions based on participants' responses. The semi-structured format also allowed for conversation between participants; participants compared and contrasted their own experiences with that of others and provided additional examples from their own work and communities. Questions were related to changes to service delivery during the pandemic, experiences with remote methods of service delivery, workers' experiences of well-being and burnout, and impacts of the pandemic on the children and families they assisted.

## Data Analysis

Focus groups were audio-recorded and transcribed verbatim. Thematic analysis was conducted following the six-step process described by Braun and Clarke (2006). The analysis was inductive, and in the

first and second steps, three coders read the transcripts independently and generated initial codes. In the third step, the authors independently arranged these codes into potential themes and subthemes. The coders met to complete the fourth and fifth steps together. These steps involved reviewing, defining, and naming themes and subthemes. The initial lists of potential themes and subthemes were put into a table and compared, working to develop and define the chosen thematic framework. Braun and Clarke (2006) explained that researchers might move back and forth among the steps while analyzing data and writing results rather than moving through the six steps as a linear process. As such, the authors then returned to the third step, which, after identifying themes, involves collecting all data relevant to each theme. The authors then completed the coding of all transcripts according to the agreed-upon thematic framework. The sixth step of the thematic analytic process included selecting exemplary quotations from the participants for the various themes and subthemes, reflecting on the findings and their connection to the larger research project and the extant literature. The research team met throughout the process of analysis and writing to discuss the findings and ensure that agreement was reached regarding the interpretation and presentation of the themes and subthemes.

### Participant Demographics

The 16 focus group participants ranged in age from 24 to 53 ( $M_{\text{age}} = 38.7$ ,  $SD = 8.3$ ). See Table 1 for demographics.

**Table 1. Participant Demographics**

	% ( <i>n</i> )
<b>Job Role</b>	
Social Worker	43.75 (7)
Law Enforcement	18.75 (3)
Court Support Worker/ Crisis Worker/ Witness Advocate	18.75 (3)
Director/ Manager	12.50 (2)
Nurse	6.25 (1)
<b>Agency<sup>1</sup></b>	
Child and Youth Advocacy Center	56.25 (9)
Municipal Police Department	25.00 (4)
Not-for-Profit Organization	25.00 (4)
Provincial Ministry	25.00 (4)
Youth Protection	18.75 (3)
Hospital or Medical Clinic	12.5 (2)
<b>Population Served<sup>2</sup></b>	
Youth (12- 17 years old)	93.75 (15)
Elementary school-aged children (6-11 years)	87.50 (14)
Preschool-aged children (1-5 years)	81.25 (13)
<b>Province/Territory</b>	
British Columbia	56.25 (9)
Alberta	12.50 (2)
Saskatchewan	6.25 (1)
Manitoba	6.25 (1)
Nunavut	6.25 (1)
Ontario	6.25 (1)
Nova Scotia	6.25 (1)
<b>Community</b>	
Urban	62.50 (10)
Rural	37.50 (6)
<b>Gender<sup>3</sup></b>	

Women	87.50 (14)
Men	12.5 (2)
<b>Education</b>	
Two-year Diploma	6.25 (1)
Bachelor's Degree <sup>4</sup>	68.75 (11)
Master's Degree	25.00 (4)
<b>Years of Experience<sup>5</sup></b>	
Less than 2 years	6.25 (1)
2 to < 5 years	31.25 (5)
5 to 10 years	25.00 (4)
10 to < 15 years	12.50 (2)
15 or more years	18.75 (3)

*Notes:* <sup>1</sup> Responses total more than 16, as several participants identified working for more than one agency. <sup>2</sup> The majority of participants work with more than one age group; one respondent did not answer this question. <sup>3</sup> Participants identified their gender in an open-ended textbox. <sup>4</sup> One participant with a Bachelor's degree also commented that they are currently completing their Master's Degree. <sup>5</sup> One respondent did not answer this question.

## RESULTS

Thematic analysis of the three focus groups resulted in findings relating to the personal and professional impact of the COVID-19 pandemic on child maltreatment investigators and impacts identified by investigators of the pandemic on the children and families with whom they work. The present article reports findings relating to the impacts experienced by investigators; impacts on children and families will be reported separately. Two broad themes relating to the personal and professional impact of COVID-19 on child maltreatment investigators were identified: the impact of COVID-19 on investigators and the impact of COVID-19 on work practices.

### Impact of COVID-19 on Child Maltreatment Investigators

This theme contains five subthemes: fatigue, stress, and burnout; self-care and isolation; working from home with increasing workloads; child maltreatment investigators as essential workers; and workplace support. There is substantial overlap and intersection between these subthemes.

#### *Fatigue, Stress, and Burnout*

The subtheme of *fatigue, stress, and burnout* was one of the largest themes resulting from the data. The majority of respondents spoke about the emotional and mental toll of investigating child abuse and supporting children and their families during the pandemic and figuring out how to navigate changes to their work while also living with the uncertainty of the pandemic themselves. Compounding this stress was a lack of information about COVID-19 early in the pandemic, frequently changing public health guidelines, increased workloads, and working from home. Quotations from participants illustrate the intersections between fatigue, stress, and burnout, and the other subthemes. As they explained their experience of supporting children and families during the pandemic, multiple child maltreatment investigators used the term “empathetic fatigue” and described a feeling of “heaviness.”

*For families, there was a lot of pressure. There was a lot of pressure on workers as well . . . I've got to do my job. I have to do it well, but I have to be safe . . . there are many, many layers of added complication or added difficulty into the already difficult jobs that we do, due to the pandemic (social worker).*

While child maltreatment investigators did express concerns regarding their own safety and avoiding contracting COVID-19, they were more concerned for the safety of others. Professionals conveyed that they did not want to put their own families at risk, and those who served large catchment areas expressed their fear of inadvertently spreading the virus to other communities as they traveled to see clients.

Mental health was an area of concern for many participants. A social worker shared:

*[We are] just kind of expected to keep pumping through the day when we're trying to cope with losses and deaths on our caseloads. . . it's been a lot. I would say the [challenges regarding] emotional safety and mental safety probably even go beyond the physical safety of COVID.*

Regarding increasing workload, some workers who had been in the field for many years stated that they could not remember a time when the work had been as challenging or as busy. As the pandemic continued, child maltreatment investigators dealt with an increased workload and lower support over a prolonged period. Data for the present study were collected more than one year into the COVID-19 pandemic, and the fatigue experienced by child maltreatment investigators was palpable. A police officer shared: *"I'm definitely at that point where, if a really big file came in, I'd almost be . . . like, 'I just can't. I just can't.'"*

Participants were clear that when workers are burned out, their clients are deeply impacted. *It's not fair to the families that we're overworked, overstressed, and don't have the capacity to be able to get the support that we need to be able to best serve the families. . . it impacts the families, and it's not fair to families when we're coming to work, and we're not in the best space that we can be in day to day* (social worker).

Participants discussed their concern for their co-workers during COVID-19, especially those with health concerns and those who had to navigate children attending school remotely while they continued to work. While child maltreatment investigators were understanding of different situations that their co-workers were in and expressed their willingness to help, this also led to many workers taking on extra work. A social worker explained: *"People are exhausted because anybody who has a compromised immune system has been working from home, so the people who can come in regularly are coming in and kind of filling the gaps for everyone else."*

Workers also shared that when colleagues quit during the pandemic, they picked up extra files on top of their already overwhelming caseloads. In some cases, workers needed to take on extra work because a co-worker was burned out or because the agency was short-staffed.

*We've historically had a very high turnover rate. People burnout really, really quickly . . . people go fast. People usually come in for a few months and then leave. During the pandemic, it has been worse, I'd say. People are coming in for a couple months; senior workers are leaving. I want to say people are just . . . kind of stopping. They don't really care as much as I think they used to. People are exhausted* (social worker).

A police officer commented that they felt the child protection workers that they collaborated with were burning out; when those workers needed to take time off work, communication was paused, which delayed investigations and safe resolutions for children.

Multiple participants also commented that parents in families on their caseload had died from drug poisonings or overdoses during the pandemic. These incidents had a significant impact on children and families, as well as on child maltreatment investigators themselves.

*. . . we have a double pandemic here, and we've. . . had so many deaths. Deaths of staff members in our agency, deaths of family members due to COVID, [deaths] due to overdosing* (social worker).

### ***Self-Care and Isolation***

Participants acknowledged the additional challenges of doing this already difficult work during a pandemic. They spoke of the importance of self-care and what they recognized they could have done differently from the start of the pandemic. They spoke of adjusting expectations for themselves while still ensuring that urgent issues are addressed, and clients are attended to. They also spoke of practicing self-compassion and having compassion for their colleagues and their clients, understanding that while people have experienced it differently, COVID-19 has not been easy for many. Isolation related to COVID-19 safety precautions had a substantial impact on child maltreatment investigators' well-being, including limiting access to many self-care activities. A social worker stated, *"I think people are more exhausted these days—you just don't get all the things that refueled you."*

Participants also stressed the importance of being proactive about self-care, recommending making it part of a regular routine rather than waiting until they were struggling. Some participants shared how they fell into patterns of neglecting exercise and not taking breaks from work at the start of the pandemic. For some participants, the increasing workload, and their desire to catch up led them to work longer hours and forego healthy activities.

Concerns about potentially being exposed to and spreading the virus were pronounced for many workers. They felt a responsibility to stay healthy themselves so that they could continue doing their jobs and did not want to inadvertently expose friends and extended family members to COVID-19. Given their exposure to many community members in the context of their work, participants felt that they had to reduce social contacts outside of work.

*I just felt more anxious like, 'am I going to bring this home to my family?' . . . we meet with so many people, and then when [restrictions are lifted and things] open up, you don't really want to see your friends and family because you have so many contacts already, you try to reduce it (social worker).*

Workers also spoke of not taking vacation days during the pandemic for several reasons:

*. . . the inability to take any vacation days, not only because of our file loads, it's just been so heavy, but there's nowhere to go, and there's nothing to do. I should have taken those days just to step aside, but you're thinking in your mind, 'Well, I'd much rather be camping, or I'd much rather be doing this vacation,' [so] you held onto it. (police officer).*

This was further compounded by an inability to plan, not knowing when the pandemic would end, or restrictions on travel and other activities would lift or be tightened further.

One social worker stated that while the importance of self-care is often discussed in her workplace, she felt it should not be solely the responsibility of the employee to spend their free time putting practices in place to *"cope with the reality of the stressors and the workload."* Rather, she felt that agencies should find ways to assist employees in dealing with these challenges and provide support during work time. A police officer acknowledged a supportive supervisor who was understanding while she got childcare organized at the start of the pandemic:

*. . . for my home life, I needed to have some stabilization there first when [COVID-19] hit, and then when that worked itself out—I don't think it took very long, but long enough to figure out childcare and what my family life was going to look like—work just flowed really well. . . but the only way to stabilize my home life was having work being able to provide that [flexibility].*

### ***Working from Home with Increased Workloads***

This subtheme included many challenges that arose during the pandemic. While child maltreatment investigators continued to meet with and interview children in person throughout the pandemic, many participants did their other work remotely from their own homes. Working from home came with many new challenges, especially given that many offices closed, requiring workers to move to remote work with little time to prepare. Workers shared that they did not take regular breaks and worked longer hours than they

normally would, both because of the increased workload and because they were working at home and were out of their usual work routine.

Participants spoke of the challenges of doing difficult work in their own personal space:  
*I don't really work from home anymore, but for a while, we had to do a rotation where we did one day at home . . . Taking difficult phone calls where someone just screams at you for an hour in your house is probably one of the most miserable things I've had to experience in this pandemic (social worker).*

While some workers enjoyed working from home, others missed the separation between work and home. Workers who were parents were met with the additional challenge of school closures and a lack of childcare for their own children.

*I did feel like there wasn't a lot of support . . . when we're interviewing kids, we're doing it in person, and I can't not do my job, so I have to come into the station. So when my own kids weren't at school, I had no resources for childcare because childcare all got shut down as well. It was really like a juggling act when I could respond to services at the police station for my job. There were times where I felt [that] maybe I'm just going to have to quit because I can't juggle both (police officer).*

Participants explained that because of the sudden shift to precautions such as physical distancing and remote work, many agencies had little time to prepare. Child maltreatment investigators found themselves sent home on short notice while agencies had to work quickly to ensure staff had the supplies needed to do their work remotely. This also necessitated the development of policies around secure file storage and accessing secure servers from home. Depending on their home and family situations, not all child maltreatment investigators had a space in their home that was conducive to working comfortably. Staff also did not have the opportunity to receive training on remote work (such as technology, including videoconferencing platforms or methods for engaging children and families remotely).

Regarding increased workloads, some participants shared that with referral agencies shut down, they were taking on extra work to try to fill the gaps. Child maltreatment investigators stated that because they went into homes prior to the pandemic and continued to do so throughout, it fell to them to try to deliver some of the other in-home services that were paused during the pandemic. A social worker explained: "*We're trying to supplement the services that aren't there, as the individual social worker, so it's compounding our preexisting workloads . . . workload has just skyrocketed when it was already very unmanageable prior to the pandemic.*"

### ***Child Maltreatment Investigators as Essential Workers***

As stated above, child maltreatment investigations continued to take place throughout the pandemic, and investigators continued to go into homes and to meet with children and their guardians. Participants explained that investigations and interventions for suspected child maltreatment are urgent and must be done in person, regardless of the pandemic. While child maltreatment investigators adhered to safety precautions and took measures that were available, they were exposed to a significant amount of risk during their day-to-day work:

*On a busy day, I would be going into two or three homes, the hospital, and a school . . . at one point, all we had was our masks. . . And some of the homes we went into were pretty populated, and a lot of the families wouldn't wear masks, and we couldn't ask them to wear masks. So I . . . didn't feel entirely protected (social worker).*

Child maltreatment investigators shared that while they continued to work throughout COVID-19, at times putting themselves and their own families at risk of contracting the virus, they were not recognized as essential services. Some workers felt that such recognition would have been helpful in terms of getting access to the vaccine sooner.



*We were the very, very last to get vaccinated. I think the podiatrists were before child protection workers, and we're having to . . . go into homes and working with families where a family member had passed . . . of COVID and the child has COVID. . . (social worker).*

### **Workplace Support**

In terms of workplace support, child maltreatment investigators shared positive examples of support they received at work, as well as examples of times when support was lacking. The subtheme of *workplace support* intersects with the subtheme of *child maltreatment investigators as essential workers* in that workers felt their work, both in terms of the necessary service that they provide for children and families and the risks that they encounter, were not recognized. Some workers felt that recognition as an essential service would give them access to greater workplace support.

Many workers missed the opportunity to debrief in person and receive support and connection from co-workers:

*. . . not being able to sit in each other's offices and talk and debrief. Debrief usually has to happen over the phone. That's been really, really hard because a lot of people feel like they're going through things alone, especially at home (social worker).*

Some staff teams mitigated this as best they could with regular virtual check-in meetings. Participants who were in leadership positions also spoke about their efforts to support their teams while working remotely. Supervisors also spoke of the challenges of trying to follow up regularly with multiple team members, all working from home, as opposed to seeing them in person and being able to meet as a group.

*. . . it was really hard as a supervisor to do good check-ins with people because you really wanted to sit down and have a coffee. [In person] I watch the mannerisms throughout the day because you can pick up on that, but everyone knows you can put a mask on for 15 minutes over a screen (police officer).*

Another worker expressed frustration at doing the necessary front-line parts of her job, including going into clients' homes in person while being unable to meet with co-workers in person:

*I still struggle in terms of relationships with our co-workers because . . . we're close to 18 months into it now, and I feel like when are we going to start talking about building those relationships again? I ask those hard questions to management because I feel like some of these restrictions [do not make sense]— I mean, casinos are opening next month, and . . . what is our agency doing to bring back in-person meetings? It's one thing for me to have meetings with my clients, but we can't even have in-person meetings with our co-workers yet (support worker/advocate).*

Child maltreatment investigators also stressed the need for access to adequate counseling services—not just during the pandemic. Not all workers have access to what they perceive to be adequate services through their workplaces. During the pandemic, child maltreatment investigators were grappling with additional work, additional stressors, and isolation, and COVID-19 limited access to support services for the workers themselves, as well as their clients.

*[Agencies were] just saying, [Employee Assistance Program] EAP is provided to you, please access EAP, but for us, it's not an adequate resource where you feel you're going to get the support needed. We also [used to have] Elders at our agency, but we no longer have Elders here, so that's been an additional issue. We can usually access them, but because of COVID, we had one pass and then another one left (social worker).*

Another worker shared:

*We actually had one worker who . . . quit, and that was a huge part of her 'I quit manifesto' was around mental health support. Ironically, she was a mental health counselor, and she was just going off like how this is just intolerable, this is not appropriate, we can't underfund [mental health support] this way [for] the workers (social worker).*

One worker expressed the positive impact of the pandemic in terms of opening up conversations about mental health in the workplace. *This pandemic has almost given people . . . the ability to say 'you know what, I'm*

*not doing okay' . . . and they're being more open and coming forward sooner saying 'you know what, I'm struggling, I'm struggling with this pandemic thing,' where maybe we . . . didn't feel that we had the allowance to do that before. . . (social worker).*

Another respondent in a management position spoke of normalizing conversations about mental health in their workplace and of team members accessing counseling services during work time. Speaking of workplace mental health support, a manager stated, *"there should be a plan regardless of whether we're in a global pandemic or not— but then that should be ramped up once that crisis hits."* Other participants shared examples of what was working well and said that, despite the challenges of the pandemic, they had felt supported by their workplaces.

*We've just been kinder to each other and gentler with each other . . . Because everybody's home situation is different right now, [our employer has] done everything she can to . . . just be as flexible and open as possible (support worker/advocate).*

Healthy and supportive teams are essential for workers to manage their workload and avoid burnout while working in this challenging profession. Teams that were functioning well before the pandemic were able to support their colleagues throughout.

### **Impact of COVID-19 on Work Practices**

The theme of *the impact of COVID-19 on work practices* includes four subthemes: rates of reporting child maltreatment throughout the pandemic; reduced in-person contact with clients; remote services and communication; and COVID-related safety protocols and challenges.

#### ***Rates of Reporting Throughout the Pandemic***

Child maltreatment investigators noticed a drastic decline in reports at the beginning of the pandemic, especially when schools closed. A social worker described this initial period as *"dead silent."* The lack of reports was disconcerting for child maltreatment investigators who were well aware that child abuse and neglect had not stopped; children just had fewer opportunities to disclose.

*Initially, when this started and schools were closed down, it was eerie. It was a month or two where there were . . . next to no calls, which was super abnormal. And then, all of a sudden, calls and reports to police . . . started picking up (social worker).*

Specifically, some investigators attributed the decrease in reports of child maltreatment to the lack of interaction between children and those who typically notice and report maltreatment (e.g., schools, extended family, friends, and neighbors). Participants shared that during this time, public health nurses were not making home visits, and other community agencies were not serving children and families in person. One participant who worked at a domestic violence shelter stated that they also had fewer clients seeking accommodation. Some child maltreatment investigators did note that during this time, children and youth directly reported maltreatment to child protection or police. This quiet period did not last, however, and child maltreatment investigators began receiving more reports when restrictions on in-person gatherings and services were lessened during the summer of 2020 and children returned to school in the fall. An advocate stated, *"I personally feel like our caseload went from manageable to . . . right now, we're on the way to triple our numbers from 2019."*

#### ***Reduced In-Person Contact with Clients***

Child maltreatment investigators stated that when children and youth are not in school, opportunities to meet with them are limited. Participants also encountered challenges visiting children in their homes when they could not see them at school. A social worker explained, *"It takes a lot more time now to get into homes to go interview kids. It's been a logistical nightmare with visits. Organizing visits with parents has been exhausting."* One worker shared that adult family members had used concerns about COVID-19 to bar child maltreatment investigators from coming into their homes, thus inhibiting a thorough investigation.

As was stated under the subtheme of *child maltreatment investigators as essential workers*, the participants

in our focus groups continued to interview and provide support to children and families throughout the pandemic. Initial meetings and investigations were always conducted in person. Participants explained strategies that they employed for limiting in-person contact, where possible. For example, triaging of cases was common; reports of recent child maltreatment were prioritized over historical reports. Some workers conducted follow-up meetings with youth and family members via telephone; others visited in person less frequently if there were no immediate safety concerns. Child maltreatment investigators shared that while they always met with children in person, interviews with adults (e.g., parents and teachers) could be done via telephone or videoconference. Some shared that they tried to limit unannounced home visits. Participants also found other ways to engage with youth, such as outdoor walks. Participants stated that engaging in shorter but more frequent telephone calls helped to build their relationship with the child.

COVID-19 also created new barriers to effectively investigating child maltreatment. One worker explained that interviewing children in their homes with their parents present is not ideal; children worry that their parents will overhear them and, in some cases, parents influence the interview, whether intentionally or unintentionally. Further, it was not just limitations on in-person meetings with children and their families that complicated the work. Investigators stated that they aim to make children comfortable by allowing them to bring support people to the interview; during COVID-19, attempts were made to limit the number of people in the room. Limitations on in-person contact reduced check-ins with foster families or family caregivers and restricted the number of supervised visits between children and family members. Restrictions also impacted child maltreatment investigators' ability to communicate with witnesses, collateral victims, and other child maltreatment investigators.

### ***Remote Services and Communication***

Child maltreatment investigators stated that in-person interviews with alleged child victims were preferable—and necessary—for various reasons. Professionals noted concerns regarding effectively engaging children and building rapport via videoconferencing. Additionally, there were concerns about the inability to control the child's environment in a tele-forensic interview setting. Specifically, interviewers were worried about the child's privacy and safety if, for example, the accused was a family member. Furthermore, interviewers expressed concerns over children being suggestible to the influences of adults who would otherwise not be present in an in-person interview. Another barrier is that many children are not accustomed to virtual communication, and it is more difficult for the interviewer to adapt to the child's needs.

*. . . that rapport piece. There's so much to be said, so when your youth is [experiencing] a hard time, you can just sit next to them. You don't even have to say anything. But just building that rapport, you can't do that on Zoom as well. Or if you're noticing the youth who's really dysregulating and hyper and maybe needs to do an activity, it's harder to facilitate over Zoom, especially if you're like me and not as tech-savvy . . . (social worker).*

While it was easier to engage in remote work with adult clients than with children, many participants were clear that they also preferred interviewing adults in person, finding it easier to communicate and build rapport. This option was not always possible during the pandemic, however. A barrier to remote services is that some families do not have the technology (such as computers or tablets) or adequate internet connection. Especially early on in the pandemic, another barrier was that many people were unfamiliar with videoconferencing.

Remote methods of communication (videoconferencing or telephone) were used, however, for interviews with adults, such as parents and caregivers, as well as interagency meetings and case planning sessions and for circles and meetings that included family members and other attendees. The ability to bring in other service providers and family members remotely allowed these meetings to continue during the pandemic.

A social worker explained, "*we'll do a response circle with the family . . . It's not as nice as getting together with the family, and we share a meal and stuff when we do the circles, but they have been effective. . .*" The same worker continued:

*Scheduling circles [in-person] was always difficult when you were bringing in several professionals. . . trying to coordinate everybody's schedule. We have doctors and psychologists, and people that really could bring a lot to the circle. [It] was very difficult, doing that face to face. It turns out, [it] is much easier when a doctor can [join for] an hour in an afternoon but not leave her office because she can do it virtually. It's a benefit in that way . . . I think you'll see it when we move forward. . . probably have a combination . . . if you can't be there in person, but you can be there virtually, [we] will probably utilize that (social worker).*

Another participant described how videoconferencing allowed multiple professionals to observe the forensic interview while only the investigator was in the room with the child. There are several benefits to connecting with other professionals remotely, one being ease of scheduling:

*One huge advantage is just the recognition that virtual meetings with our . . . partners work . . . because there are various meetings of the various partner agencies we're involved with. It's so convenient when everyone is busy. . . the work is demanding, it's so convenient just to have a virtual meeting versus all of us driving 15, 20 minutes to go meet at one location. So I'd like to keep that going forward once we are out of our pandemic environment (social worker).*

Other focus group participants also shared positive aspects of remote services and communication, indicating ways that remote options had made communications easier and quicker. A professional working in a rural area explained that they serve communities in an area encompassing a nearly two-hour drive. Previously, when planning to drive to a community 45 minutes away, the worker would line up visits with several clients. The worker stated that now, they can do quick check-ins as often as needed with different clients in different communities.

While the child maltreatment investigators shared the challenges with court during COVID-19, including delays of proceedings and attending court virtually, attending via telephone did eliminate some of the burden for rural families. To attend court in person, some families have to travel to a larger urban center and stay overnight in a hotel, which can be a financial and logistical barrier.

As was mentioned under the subtheme of *working from home with increasing workloads*, the arrival of the COVID-19 pandemic caught many agencies by surprise. Workers were quickly sent home with little time for training or preparation. Focus group participants shared that they were provided instructions on the technical side of remote work (i.e., using videoconferencing platforms and safely accessing and storing files) via instructional documents provided by email. Most participants had not had training on remote interviewing or counseling techniques, though some engaged in conversations about these topics with their supervisors and colleagues. Those who interviewed adult family members remotely found this transition to be relatively easy. *My personal practices of how I am speaking with clients has been less impacted than I thought it would be. I found that I've been able to adapt my previous practices to the new digital ways. Translating those interview skills . . . once [everyone got] used to the online platforms, I found that it just became the same as it always was, and I've also found that I've been able to adapt and add some new tricks. . . (social worker).*

Participants also discussed the difficulty of supporting children and families when referral agencies and support programming were shut down at various points during the pandemic. Workers in communities where the programming shifted to virtual shared that, while they felt in-person supports were most beneficial, they were grateful that programming continued to be made available to children.

### ***COVID-Related Safety Protocols and Challenges***

Changing rules, including provincial/territorial restrictions and public health guidance, as well as agency policies, made work during the pandemic more challenging. Participants shared their collective frustration, especially at the beginning of the pandemic, with the lack of clear guidelines as well as initial delays in accessing personal protective equipment (PPE):

*We were slow to get masks; we were slow to get viable, sensible procedures. We ended up with a lot of signs on our walls and tape on our floors. We were feeling very heavily restricted by measures that we frankly thought were ridiculous. . . we see each other every day, we can talk to each other every day. This tape on the floor is not going to protect us. What is going to protect us is hand*

*sanitizer, masks, shields as we go into the community. And so we felt we had a lot of like performative, non-effective measures in our office that made our life more difficult and no real protection out in the real world. That has now turned around as society, our government, [and] our employer has . . . more information. We understand . . . what COVID means, how it is transmitted (social worker).*

When children wore masks, it prevented investigators from seeing their facial expressions. They also mentioned that they felt that masks made it more challenging for teachers or other professionals to notice if children were upset, which may have impacted the recognition and reporting of maltreatment. Several participants also shared that clients, especially young children, were frightened or intimidated by PPE.

Physical distancing while delivering in-person services added difficulty:

*Working with clients, especially when they're feeling most vulnerable and going through something, it's a struggle because . . . I want to make sure they're comfortable, and there's this Plexiglas where there normally wouldn't be, and I'm on the opposite side of the room. And it's hard to see somebody be so upset and cry, and your normal response . . . could be like a touch on the arm or just being there physically and not six feet away (support worker/advocate).*

Managing PPE during winter conditions brought about a new set of challenges:

*And then when it comes to wearing a mask and our shield, we come in, and out of homes in winter where it's minus 50 [degrees Celsius], and it didn't matter what kind of anti-fog wipes you got, it just wasn't helpful. You'd walk into a house, and then you couldn't see anything, which creates a whole other level of not feeling safe for workers because we don't know what we're walking into. . . the families, you can't see where they are, and it was just challenging, or you'd have to have it off, and then you're more at risk for other things. So sometimes we felt safe, but sometimes we didn't either (social worker).*

Participants also noted the impact of social media as a venue for misinformation and disinformation about COVID-19. Child maltreatment investigators recalled working with families who did not take precautions for the virus.

*One thing that's been difficult for me to manage is everyone comes with their own perception about COVID. When [we] sit down with the family and [we] have certain protocols that we have to follow, and then we have families that are not necessarily on the same page when it comes to managing their safety. That was very difficult. I had families that . . . whether [they] didn't believe in COVID [or not], [they shared] that they weren't really prepared to follow the guidelines. That was very challenging (support worker/advocate).*

This worker went on to express that she did not have the authority to make families follow guidelines if they refused. She felt that this was something that supervisors and staff teams should have discussed to assist child maltreatment investigators to be better prepared in these situations. For other workers, misinformation or disinformation about COVID-19 and resistance to the vaccine impacted their work. A social worker from a small city in central Canada expressed, “[We are] kind of in a unique area. We're probably one of the worst rates for vaccines right now. Families are refusing to let workers who have been vaccinated into homes.”

## DISCUSSION

Focus groups were conducted to gain a more in-depth understanding of front-line child maltreatment investigators' experiences during COVID-19. Sixteen child maltreatment investigators from across Canada participated in three focus groups in the spring of 2021. Participants included social workers, police officers, advocates and support workers, directors/managers, and a nurse. These child maltreatment investigators were impacted in numerous ways during the COVID-19 pandemic.

Fatigue, stress, and burnout were discussed by the majority of participants. COVID-19 took an emotional and mental toll on professionals, impacting them personally and professionally. Prior to the pandemic, researchers documented organizational factors that are connected to child maltreatment investigators' experiences of fatigue, stress, and burnout. Notably, one of these factors is workload (Baugerud et al., 2018; McFadden et al., 2015; Olaniyan et al., 2020; Roberts et al., 2021). The difficulty of

investigating child abuse and neglect can be exacerbated by large caseloads, multiple and varied tasks, and frequent turnover among co-workers (Baugerud et al., 2018; McFadden et al., 2015; Olaniyan et al., 2020). Participants in the present study experienced these challenges prior to the pandemic; during the COVID-19 pandemic, they dealt with increased caseloads as reporting rose and when their agencies were short-staffed due to colleagues being away from work or resigning during the pandemic. The addition of new technology and necessary learning and procedures to accompany this technology also added to their workloads. Earlier research with child protection workers indicated that when work and family responsibilities conflict, this can lead to an increased risk for burnout (Baugerud et al., 2018). Participants in our study found themselves required to continue working in person while their children's schools were operating remotely, and childcare options were temporarily closed. Professionals also experienced stress knowing that they were exposed to COVID-19 at work and worried about spreading the virus to other clients and to their own families. Investigators limited their social contact as a safety precaution, which also limited sources of recreation and social and emotional support they would normally have access to.

One of the many difficulties stemming from the pandemic was the inability to predict how long it would take for COVID-19 to be under control. Child maltreatment investigators experienced the uncertainty and apprehension that people around the world faced, but this was compounded by the responsibility they carry in their professional roles. These findings are consistent with the results of a Canadian national survey (e.g., Williams et al., 2022), where maltreatment workers indicated high levels of pandemic-related stress and concern for their own safety but indicated more concern for the children and families they work with. The child maltreatment investigators in these focus groups expressed concern for their clients, their co-workers, and their own families as they navigated personal and professional challenges related to COVID-19. A personal challenge for many included doing some parts of their job while working from home. For workers that had children, another challenge included managing work while caring for their own children during the times when schools and daycare facilities were closed.

The majority of participants continued to conduct investigations and meet with children and their families in person throughout the pandemic. They did other pieces of their job, such as writing reports from home, and staff members alternated days in the office to allow for physical distancing. These dynamics served to compound the already challenging work of child maltreatment investigators as they navigated both in-person safety for themselves and their clients, new challenges of remote work, and experienced feelings of isolation as they missed opportunities to debrief and experience mutual support from their colleagues. While participants in the present study stated that it was preferable—and usually necessary—to meet with alleged child victims in person, participants had used tele-forensic and remote interviews with adults, such as parents and caregivers, to include other family members and professionals in meetings and planning sessions, and for interagency meetings. While challenges associated with remote interviewing were highlighted, participants also noted the benefits of videoconferencing, including that it made it easier for busy professionals to attend and made it easier for family members as others who lived further away to participate. Professionals also used telephone calls to conduct regular check-ins with children and youth. There is growing recognition that with the right training and set-up, tele-forensic interviews can also be beneficial for working with children. Tele-forensic interview protocols, developed recently, detail promising practices (see Lundon et al., 2020; Lifebridge Health & Baltimore Child Abuse Center, n.d.; National Children's Alliance, 2020).

In Canada, provincial and territorial governments define sectors, and specific jobs, that are deemed essential. The Government of British Columbia (n.d.) states that “Essential services are those daily services essential to preserving life, health, public safety, and basic societal functioning” and provides a list of services that should remain operational. For example, in BC, childcare and residential services for children are deemed essential; however, child protection services are not (Government of British Columbia, n.d.), whereas in Saskatchewan, Child and Family Services within the Ministry of Social Services are considered essential services (Government of Saskatchewan, n.d.). The data provided in this study support the need for child protection workers to be deemed essential in all provinces and territories. During the COVID-19

pandemic, other Canadian researchers also suggested that child protection workers should be deemed essential (Caldwell et al., 2020; Maiter et al., 2023). Child maltreatment investigations are a necessary service that cannot be stopped due to the pandemic or other emergency situations. Investigators continued to work throughout the COVID-19 pandemic, investigating and providing support as soon as possible after reports of child abuse and neglect. Participants in this study expressed the desire for their profession to be recognized as essential. Although this is also important for recognizing the necessary and difficult work of investigating child maltreatment and the urgent nature of the work, participants expressed that designation as an essential service would likely have led to better access to safety measures such as PPE and priority status for receiving vaccinations.

While the professionals we spoke to expressed concerns regarding safety to avoid contracting COVID-19, they were more concerned for the safety of others, including their clients and their own families, than their own exposure to the virus. Professionals spoke of the psychological impact of the pandemic on their colleagues and clients, as well as themselves. In terms of workplace support, participants made it clear how much they value time to debrief and share with their colleagues. While many workplaces endeavored to keep regular team meetings via videoconferencing, some workers shared that they missed the opportunities for connection that come from meeting in person. Participants also shared that one positive change that occurred during the pandemic was that it had become easier to talk about mental health. As one child maltreatment investigator explained, she had previously found it difficult to admit when she was having a hard time, feeling like she should not be struggling when her co-workers did similar work. With COVID-19 came the understanding that “*it’s okay to not be okay, and it’s okay to talk about it,*” as one social worker articulated, an attitude that several professionals hoped would carry on post-pandemic.

COVID-19 also introduced new barriers to investigating child maltreatment and supporting families. Many participants commented on their concern when reports declined sharply at the start of the pandemic when schools were closed. This quiet period did not last, however, and child maltreatment investigators found themselves busier than ever. For many, this coincided with the return to school in the fall of 2020. Professionals also shared challenges that came with interviewing and visiting children in their homes when they could not see them at school.

The impact of the pandemic on children’s experiences of maltreatment, as well as the longer-term impact of working throughout the COVID-19 pandemic for child maltreatment investigators, will need to be studied. Such research will be necessary to inform responses to future pandemics and disasters, as well as to improve overall workplace support and safety measures for the professionals who do this important work.

## Recommendations

Child maltreatment investigators shared examples of what has been working well in their workplaces—and what they felt could improve. These examples provide important insight that can inform organizations, leaders, and policymakers as the COVID-19 pandemic continues and afterward. At the beginning of the pandemic, Campbell (2020) wrote that while a similar crisis had not occurred in recent memory, evidence from past natural disasters may help to inform responses to COVID-19. Likewise, lessons learned from the COVID-19 pandemic may help organizations that serve child victims and families to be prepared for future crises, whether these include global public health issues or localized natural disasters.

Given the urgency of investigations and interventions for suspected child maltreatment, investigators worked throughout the pandemic, meeting children and their families in person, as needed, thus demonstrating that the work they do is essential. **We recommend that child maltreatment investigators be recognized as essential workers.** It is our hope that this recognition will lead to increased workplace support, including increased access to physical and mental health care services.

We recommend that child maltreatment investigators have **access to adequate counseling services—not just during the pandemic**. Currently, not all workers have access to these services provided by their workplaces, and in some communities, there is a shortage of trained counselors that could provide support to these professionals. Workers want to see mental health prioritized, with access to adequate (in terms of the quality of service and in the number of sessions paid for) counseling, and for staff to be encouraged to access counseling support during work time. Given the stressful nature of this work and the potential for vicarious trauma, self-care should not only be an activity that workers are encouraged to engage in during their free time but part of the workplace culture.

Participants also shared the challenges and benefits of doing some of their work from home. Some participants enjoyed this way of working, while others found it very difficult. Participants' experiences and enjoyment of working from home were impacted by their unique situations, such as the age of their children and the availability of childcare during their working hours. While it is clear that much of child maltreatment investigators' work must be done in person and that these professionals benefit from in-person connections with their colleagues and managers, it was also clear that professionals benefited when managers allowed flexibility regarding working hours and work location, when possible, to accommodate workers' unique situations during the pandemic. It is recommended that **child maltreatment investigators have the flexibility to allow for collaboration with colleagues but the ability to work from home when needed**. This guidance is important during non-pandemic times, as well—allowing workers opportunities to choose how they organize the pieces of their work that are flexible will have a significant impact on workers' satisfaction. This can also alleviate some of the stress that comes from caregiving and other personal responsibilities, which increases the overall health of the workplace and supports the busy professionals who do this challenging and important work.

Preventing vicarious trauma, secondary traumatic stress, and burnout is not simply an individual pursuit; agencies that work with children who have experienced maltreatment and their families have a responsibility to foster a work environment that is sustainable and safe for employees. Previous research has elucidated the connection between workload and burnout among professionals who investigate child maltreatment. Investigators are frequently responsible for large caseloads, an issue that is exacerbated by frequent turnover among co-workers (Baugerud et al., 2018; McFadden et al., 2015; Olaniyan et al., 2020). **We recommend that to ensure manageable workloads, provincial, territorial, and Indigenous governments review funding and staffing models for child protection services to ensure that agencies are adequately resourced, and that staff complements are in alignment with caseloads.**



## NOTES

<sup>1</sup> Secondary traumatic stress can also be referred to as “compassion fatigue” or “empathy fatigue.”

This project was funded by a Social Sciences and Humanities Research Council of Canada Partnership Engage Grant. Sincere thanks to the professionals who participated in the study. The authors would also like to thank Brooke McLardy from Oak Centre Child and Youth Advocacy Centre for partnering throughout the project.

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