

Helpline-Informed Approaches to Remote Learning Needs for Students at Risk of Maltreatment

Robin Ortiz

New York University

Rachel Kishton

University of Pennsylvania

William Fuller Powers, Jr.

Columbia University

Michelle Fingerman

Childhelp

Jodi Hall

Childhelp

Joanne Wood

University of Pennsylvania

Laura Sinko

Temple University

ABSTRACT

Remote schooling during the COVID-19 pandemic offered a window into unique concerns regarding student well-being, particularly for students lacking a safe and supportive home environment. We sought to identify school-related concerns voiced by youth under age 25 who reported distress to a hotline via text or chat while in remote school during the pandemic. Qualitative thematic analysis was conducted on 60 transcripts. Help-seekers were an average age of 15.4 years (range: 10-21 years), from 25 states and Canada, and mostly female (57%). Our results yielded five student concerns: feeling trapped, school as escape, isolation, distress from parental schoolwork enforcement, and accommodation challenges for students with disabilities. We identified needs regarding novel methods for abuse reporting, social support, and access to services for student mental health, students with disabilities, and parents. This work demonstrates the importance of incorporating the voices of vulnerable youth in interventions to support students during remote learning.

Keywords: child abuse, abuse reporting, remote school, COVID-19, hotline, qualitative

Schools in the United States play a significant role in monitoring and promoting social and psychological wellness in youth. There are many risk factors for maltreatment that might be revealed through school-based interactions with children and their families including, but not limited to, parent–child relationship challenges as well as parental anger, stress, or hyperactivity (Stith et al., 2009). For students experiencing or at risk for maltreatment in the home (hereafter identified as “at-risk students”), the education system is a vital safety net, as school personnel can provide support and are mandated to report suspected student abuse or neglect (U.S. Department of Health & Human Services [HHS], 2020). Prior to the onset of the COVID-19 pandemic, educational personnel were responsible for one in five reports of suspected child maltreatment accepted by child protective services (CPS) (HHS, 2021). The transition to remote learning during the COVID-19 pandemic decreased student contact with school-related supports (e.g., teachers, counselors, resources), limiting opportunities to identify children in need and resulting in a decrease in reports by 20% between October of 2020 and February of 2021, compared to CPS compared to the same period of the prior year, until students returned to school at which time CPS reports again increased (HHS, 2022).

Concerns continue to be raised about the potential for the pandemic to have increased the exposure of child abuse and child abuse risk to children in the home. Though true rates of abuse are challenging to know given a wide variation in methods for assessing abuse and limitations of data collection during the pandemic, a systematic review suggested that while reports declined, severity of abuse increased (Huang et al., 2023). Presumably, increased exposure to abuse and risk impacted the home learning environment of these children. While pandemic-era school closures have faded from view, challenges relating to the wellbeing of students in its aftermath remain highly relevant in education. For example, a survey of district leaders conducted in the aftermath of the era of ubiquitous remote learning (Baker & Staff, 2022), found that student mental health was widely considered to be a significant issue among respondents (Diliberti & Schwartz, 2022). Moreover, the education landscape in the aftermath of the pandemic is characterized by lower levels of enrollment, which a recent analysis suggests is partially explained by increases in homeschool enrollment levels (Dee, 2023), a learning environment of particular relevance to our current study.

To inform plans for adapting learning environments and providing social services during the pandemic, insights were sought from teachers, administrators, school nurses, parents, pediatricians, epidemiologists, public health officials, and other stakeholders (American Academy of Pediatrics [AAP], n.d.; Bhamani et al., 2020; Garbe et al., 2020; Lambert et al., 2020; Levinson et al., 2020; National Association of School Nurses [NASN], 2020; Trybus, 2020). For example, pediatricians raised concerns for remote learning inequities in education for children with developmental disabilities or special healthcare needs, anxiety or other mental health conditions, or experiences of loss and grief as a result of the pandemic; in response, they recommended that schools attempt to create social connectedness for students and provide staff with training that addresses socioemotional needs as able (AAP, n.d.). Parents described quickly adopting new strategies to support the learning of their children and balance their own work and family responsibilities, while facing

challenges related to limited accessibility to teacher communication or general resources for learner special needs (Bhamani et al., 2020; Garbe et al., 2020). While many public health officials felt in-person school provided an essential socioemotional learning environment for students, teachers expressed discrepancies between their needs to remain protected from infection and public health planning and investment to support the transition back to in-person learning environments (Lambert et al., 2020; Levinson et al., 2020). While limited to the remote learning environment, teachers also expressed challenges in engaging children in teacher interaction and additional efforts needed to foster online conversations with and between students, but particularly highlighted interruptions in relationships and bonding (Trybus, 2020).

Despite these important stakeholder perspectives, an important voice was largely absent: at-risk students. It is challenging to confidently attain an ethical and low risk of harm protocol in child abuse research of any kind. For example, challenges exist in identifying who has authorization to consent for children, determining risk of re-traumatization when asking child subjects about abuse or neglect experiences and at what ages it is developmentally appropriate to do so, and considering if the suggestion of enrolling children in research may be coercive for caregivers concerned about ongoing report investigations (IOM & NRC, 2014). While the vulnerability of this population creates challenges to their inclusion in studies, their concerns and priorities are vital to analyzing the effects of adapting school services to the remote classroom context, especially given that social and economic disruption increase the risk for distress and maltreatment (Fegert et al., 2020; Liu et al., 2020; Thomas et al., 2020). However, the challenges in completing child abuse research in general, and particularly inclusive of the voices of children, are only exacerbated in the school setting given the challenges of synergizing privacy policies such as the Family Educational Rights and Privacy Act (FERPA) and Health Insurance Portability and Accountability Act (HIPPA) (U.S. Department of Education [DOE], 2022; Office of Civil Rights [OCR], 2022).

National helplines such as Childhelp could offer a confidential and de-identified data source that enables the voices of children at risk for abuse to be heard. In a systematic review of nearly 60 studies, 15 were qualitative and many used transcript data from youth inquiries to inform study goals. Themes included: what challenges help-seekers faced, how counselors responded to concerns and/or how counselors addressed inclusivity of diverse youth identifications (Mathieu et al., 2021). Another study, specific to the pandemic, conducted a qualitative thematic analysis on 31 transcripts from inquiries to an LGBTQ+ chat-based counselor support service to uncover themes of stressors experienced by LGBTQ youth during the pandemic (Fish et al., 2020). In a prior study of inquiries from help-seekers of a national child abuse hotline, our author group found phone calls significantly decreased after the initiation of school-closings in March of 2020—by approximately 30% from March 4 to April 9—which was driven by decreased calls from school-based mandated reporters, which dropped by over 85% (supplementary data not shown), and a 36.5% decrease in their calls for March to May 2020 compared to the same period in 2019. Child help-seekers, who made up the majority of non-phone call help-seekers, remained stable or increased in that same time (Ortiz et al., 2021). Therefore, in this study, our

aim was to use the non-phone call modalities of text and chat transcripts from the hotline to capture the real-time school-related concerns that prompted students to seek help during the beginning of the pandemic in the United States from May-June 2020. Specifically, we aimed to: describe school-related pandemic concerns voiced by students, and identify specific needs of students related to these concerns. This knowledge offers insight in preparation for future potential disruptions in the education system of equal or less significant magnitude to the pandemic. Virtual learning persists as an educational option beyond the pandemic (Schwartz et al., 2020). By highlighting the concerns and needs of at-risk students in the context of widespread remote learning, our study may inform future work toward creating evidence-based interventions for school and child welfare policies.

METHOD

Data Source

The present study analyzed text and chat transcripts gathered from May and June of 2020, by Childhelp, a national organization providing 24-hour multilingual counseling “aiming to help in every child abuse situation.” (Childhelp, 2020a, 2020b) Childhelp receives tens of thousands of help-seeker contacts every year. From May-June 2020, Childhelp received 15,889 help-seeker inquiries, with 15% (2,413) identifying as under 25 years old. Among this group, nearly three-quarters were via text or chat, in contrast to less than 5% of text and chat inquiries from help-seekers age 25 and older (Ortiz et al., 2021). While hotline calls are not transcribed, text and chat encounter transcripts are retained for up to 60 days in the hotline platform before auto-deletion per [Name] security policy. Those who access Childhelp’s hotline will be designated as “help-seekers” going forward in this study. Help-seekers include abused/distressed children, caregivers, and third parties concerned about a child’s wellbeing. Help-seekers access the hotline by phone, text, or online live chat. For text and chat assistance, help-seekers are able to provide optional demographic information including age, gender, and location by state, via a write-in option, before connecting to a crisis counselor. The help-seeker must then actively agree to the terms of use (Childhelp, 2021b), which specify that though conversations are confidential, if a child is determined to be at risk, the counselor will pursue asking identifying information and attempt to files a report and/or contact local authority, according to policy referenced on Childhelp’s website, which is quoted as follows:

It’s our goal to support you in staying safe and healthy and to do so in the least invasive way possible. If a crisis counselor identifies imminent harm to yourself or someone else i.e., if you have suicidal desire, a plan, access to means, and an imminent timeline) or suspects abuse or neglect, they may let you know they’re concerned about your safety. At this point, they might ask you for some personally identifiable information (such as where you are or what your name is). Our policy is to alert law enforcement, state authorities, or emergency services if your communications with us indicate that you or another person are at imminent risk of death or serious injury. We’re not

here to tell on you, but we are here to do our best to support you and others in staying healthy and safe. We may attempt to locate you or the individual you are concerned about, but it may not always be possible. The laws of many states require us to make a report to the authorities in situations such as a child is in danger, being abused, if we have reason to believe that you or someone else is in immediate danger (Childhelp, 2021a).

Once a help-seeker “agrees,” they connect with a crisis counselor. After the encounter, counselors complete a post-interaction survey including selecting items of concern from a list of concerns raised by the help-seeker (e.g., neglect, physical abuse, sexual abuse, bullying, homelessness, etc.). As of March 2020, “COVID-19” was added to this list. This study analyzed transcripts for text and chat inquiries between May and June 2020 that were counselor-identified for a “COVID-19” concern (n=146). These transcripts were then reviewed by a study team member that was affiliated with the hotline to ensure no identifying information was present in any transcripts used in the current study. The anonymous and de-identified transcripts were then shared by secure data transfer with investigators at the University of Pennsylvania who completed the qualitative analysis as described below. This study was deemed exempt by the University of Pennsylvania Institutional Review Board.

Sample

Transcripts were divided into thirds and assigned to three study team members for review to screen for school-related concerns to refine the study sample prior to analysis. Inclusion criteria were met if the help-seeker identified as a student voicing a school-related concern in their inquiry. Transcripts were excluded if help-seekers were older than 25-years-old. The age of the sample was broad, ranging up to age 25-years-old, to allow for a larger sample size that included youth across all periods of development and schooling (e.g., pre-adolescence, adolescence, young adulthood).

Of 146 transcripts, 60 (41%) met inclusion and exclusion criteria. The average age of help-seekers was 15.4 years old, with a range from 10 to 21 (Table 1). Inquiries came from 25 states and Canada. Fifty-seven percent of help-seekers identified as female, 31.7% identified as male, and 11.7% identified as non-binary. Text and chat conversations averaged 54.4 minutes in length. Race and ethnicity were not available for extracted transcript data.

Table 1: Demographic and Text/Chat Characteristics

	Mean (SD)	Range
Age	15.4 years (2.2 years)	[10-21 years]
Conversation Duration	54.4 minutes (24.3 minutes)	[15-135 minutes]
		Individuals Percentage

Gender	Female	34	56.6%
	Male	19	31.7%
	Other or unknown*	7	11.7%
Region**	United States	42	97.7%
	Midwest	10	23.8%
	Northeast	7	16.7%
	South	9	21.4%
	West	16	38.1%
	Canada	1	2.3%

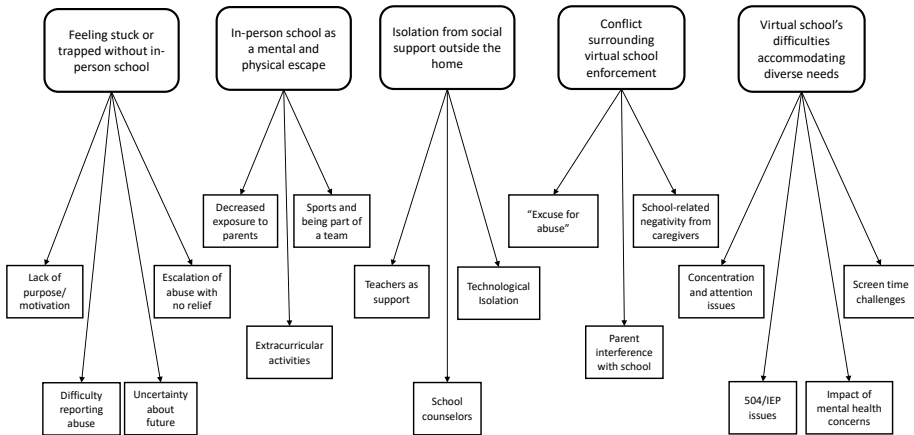
*Other or unknown is inclusive of non-binary and transgender category options, an option for free text in a self-identity, or an option to select “prefer not to answer”

**Total for region is less than 60 as not all users have location information

Analysis

Thematic analysis was used to identify common school-related concerns voiced by help-seekers (Braun & Clark, 2012). Thematic analysis was also chosen due to its ability to focus on meaning-making across a dataset to understand collective and shared experiences (Braun & Clarke, 2012). We followed Braun & Clark (2012)’s six stage approach to thematic analysis. We started by familiarizing ourselves with the data with three of our team members reading and re-reading transcripts to identify central concepts. Our data analysts included two dually trained physicians, one with expertise in pediatrics and internal medicine and another with expertise in family medicine and psychiatry, and a psychiatric PhD-prepared nurse with expertise in trauma and violence. We then began to generate preliminary inductive codes based on help-seeker references to school related concerns or challenges within the dataset. Codes were generated, refined, and finalized through an iterative process of individual coding followed by reconciliation meetings of the three study team members. Data management was conducted in ATLAS.ti (Muhr, 2020). Once all coding was complete, our team then searched for themes. Thematic generation occurred through systematic identification of grounded and axial codes in line-by-line constant comparison (Corbin & Strauss, 2015). All themes were reviewed in reconciliation meetings with the entire study team along with two partners from the Childhelp hotline. Themes were defined and named based on the discussions. The thematic abstraction of codes can be seen in Figure 1. After abstracting up to themes, a follow-up content analysis of quotations contributing to the understanding of each theme was conducted to identify specific resourcing needs or requests of students related to their concerns. An audit trail using personal, theoretical, and analytic memos was maintained and was reviewed every other week by the senior author, with coding concepts being discussed at length for verification of accuracy to maintain coding reliability. Quotations are reported by de-identified help-seeker number to distinguish different individuals. For reference, our author team has conducted

published qualitative analyses as an academic-helpline partnership using similar methodology (He et al., 2021; Sinko et al., 2021).



Legend: Representation of the five main codes generated by thematic abstraction of grounded and axial codes.

Figure 1. Thematic Abstraction of Codes

As described above, the age of the sample was inclusive of a broad range (up to 25-years-old). Therefore, while the main a priori thematic analysis was conducted for this entire age range (as described below), educational environments, and therefore themes from this analysis, may differ for school-age compared to potential higher education (e.g., college, university) age students. Therefore, a secondary sensitivity analysis was conducted to compare theme frequency for students identifying as age <18 years and those identifying as 18-25 years of age.

RESULTS

School-Related Concerns

Five school-related concerns were identified with the transition to remote learning (see Figure 1). These concerns included: 1) feeling “stuck” or “trapped” without in-person school, 2) in-person school as an escape from mental and physical distress at home, 3) isolation from social support outside the home, 4) conflict surrounding the enforcement of remote school work, and 5) lack of accommodation of students with disabilities’ needs through remote school.

Feeling “Stuck” or “Trapped”

Most frequently, help-seekers of the text and chat hotline described feeling stuck or trapped without in-person school (60%, n=36). For example, one 18-year-old shared, "I'm currently feeling really stuck. I'm in quarantine with my abusive father...we have no choice but to stay stuck in a space with him which I feel only makes an already stressful situation more stressful" (Help-seeker 408). A 15-year-old shared, "...we have been locked in our house I've been stuck dealing with the way my mom treats me more than usual...usually school is my resort to get away from this and I'm stuck here" (Help-seeker 107).

Limited phone access or inability to find private spaces, especially when seeking help or reporting abuse, contributed to feeling stuck or trapped (n=15). For example, when provided their local CPS number, a 15-year-old shared, "I have 4 minutes before [my mom] takes my computer away....I don't have a phone. This is bad." (Help-seeker 676). Because of the lack of availability of text or online chat reporting options in some states, help-seekers experienced difficulties making a report even after they received information from provided from counselors or other responders. For example, a 17-year-old sought support from a counselor after experiencing the following challenge they shared relating to a time the police were called due to a conflict in the home during quarantine, stating, "[the police] gave me a paper with information about protective orders and hotlines, but I do not have access to a phone to call" (Help-seeker 653).

In-Person School as an Escape from Mental and Physical Distress in the Home

When students were experiencing conflict or abuse at home, school and school activities often provided a mental or physical escape (n=34). With the transition to remote learning, many students voiced missing that escape. For example, a 15-year-old expressed this sentiment: "I miss school a lot. I felt safe there. Like another home" (Help-seeker 642). Without being able to leave the house for school, students had little relief from conflict in the home. A 15-year-old told a counselor "with schools being shut down, I have nowhere to really hide from my problems" (Help-seeker 348). Further, without being able to leave the house for school, children were often unable to connect with caring adults or their peers, giving them little relief from conflict in the home. For example, an 18-year old girl shared "going to school helps me get my mind off of things. I also work as a student mentor at my school so interacting with different people makes me feel like I have some sort of a purpose. But now things are a little bit blurry and uncertain" (Participant 408). Another 15-year old boy shared similar sentiments saying, "I don't know what to do. I don't want to be hurt anymore...I'm lucky enough to be an athlete and I play sports every season so that I can get out of my house, but we're on lock down and I don't know what to do" (Participant 907).

Isolation from Social Support Outside the Home

Without in-person school, students voiced isolation from social support, exacerbated by limited in-person interactions or limited access to means of virtual communication. For example, one 15-year-old shared, "[My mom] threatened to

show me what ‘abuse really is’ just after taking my electronics away that helped me reach out to friends” (Help-seeker 806). A 19-year expressed missing in-person support from her friends saying, “I do have friends and I wanted to visit them this weekend to at least get away for some time, but [my mom] isn't letting me. It's like she has locked me up in this place” (Help-seeker 082). Being isolated in the home also inherently limited potential interactions with caring adults outside the home.

The transition to remote school led many students to experience decreased access to mental health services through their school (n=32; 53%). For example, a 17-year-old shared, “...due to the current pandemic, I am unable to [continue] communicating with [my] [school] counselor right now” (Help-seeker 859). A 17-year-old shared similar sentiments by saying, “Normally there are school counselors as well but it’s not quite as easy to get to them right now” (Help-seeker 845). These quotes illustrate the limited support and loss of school-based mental health care many help-seekers faced.

Conflict Surrounding Enforcement of Remote Schoolwork Obligations

Feeling stressed and unsupported with the transition to remote school was evident for both students and parents. In particular, parents enforcing schoolwork obligations created distress and conflict (33% of help-seekers, n=20), with 30% of help-seekers specifically mentioning an exacerbation of abuse by parents related to remote school enforcement. For example, one 16-year-old shared “[My mom] has been around me more and my depression has gotten worse. I try to explain to her I’m doing my best to get work done, but I still get hit and yelled at” (Help-seeker 134). Another help-seeker shared, “[my mom] has threatened to hurt me physically multiple times before in the past over school-related conversations, and it's honestly scaring me” (Help-seeker 806).

Students felt that parents often did not understand the difficulties of transitioning to a new online system and were upset by their child’s “lack of productivity.” Students who suffered from mental health or concentration concerns especially struggled. For example, one 16-year-old shared, “I have diagnosed depression, I'm in therapy and I take a daily SSRI. The other night my mom pulled me over to talk about my school work and my dad, who was intoxicated, overheard the conversation and got very hostile and started screaming at me, telling me that my ‘so-called’ depression isn't an excuse for me to not be able to get up” (Help-seeker 211).

Challenges Experienced by Students with Disabilities Through Remote Modalities

Closely related to the quotations in the section above, concerns were noted surrounding remote school’s ability to accommodate students with disabilities (20%, n=12), including children with an Individualized Education Plan (IEP) or receiving other accommodations. For example, one 16-year-old help-seeker with ADHD shared, “Before school was closed I also found out that my other conditions were not noted in the 504 plan, which was affecting how the teachers noted my work-output. We agreed that once school is back that we'll try and organize a 504 meeting without my mother so that I can fully explain my situation” (Help-seeker 251). Another help-

seeker discussed how their deteriorating mental health made motivation for remote school difficult. This 16-year-old shared, “I lose motivation very easily, and I procrastinate and I ended up failing a class or two... I would lie to my mom...because I know she would hit me...there's no way to really avoid it, she expects me to do unrealistic amounts in a day” (Help-seeker 134). These quotations illustrate the unique challenges faced by at-risk students with disabilities in a remote learning context.

Specific Needs Related to School Concerns

A content analysis of identified concerns revealed five associated resourcing needs of children related to each concern theme, including: 1) non-phone-based (e.g., online) option for abuse reporting, 2) alternative approaches to connect with caring adults and peers, 3) access to school counselors or mental health professionals, 4) parent/caregiver support and education for transition to online schooling, and 5) remote-learning-adapted support for students with disabilities.

Non-phone-based options for abuse reporting stemmed from users who did not have personal cellphones available or feared someone overhearing their phone conversation were often unable to report their abuse experiences in states without online reporting options. Alternative approaches to connect was observed because users reported no longer being able to see caring adults or peers outside of the home through in-person school, many expressed feelings of isolation and a desire to connect with these individuals through alternative, virtual means. Access to school counselors or mental health professionals was identified in text where users shared that they primarily received mental health support through their school. With pandemic restraints, many did not have access to the same mental health services they had previously, causing coping and processing difficulties. Parent support and education was suggested as a result of parental stress stemming from enforcing virtual school and the need for parents to understand the virtual environment better. Education was requested from users to teach parents about virtual learning and reasonable expectation setting. Lastly, remote learning adapted supports for students with disabilities and/or individualized learning challenges came from text from users who disclosed special learning needs (e.g., mental health concerns, cognitive processing difficulties, audio-visual differences) often voiced difficulties with the online environment and needing additional support, whether or not they already had an IEP or 504 plan in place. Table 2 shows quotations and explanations related to each need identified

Table 2: Identified Needs Related to School Concerns

Need Identified	Explanation	Example quotation
Non-phone-based (e.g., online)	Users who did not have personal cellphones available or feared	<i>User:</i> i don't have a phone though...

reporting option for abuse reporting	<p>someone overhearing their phone conversation were often unable to report their abuse experiences in states without online reporting options.</p>	<p><i>Counselor:</i> Can you borrow your brother's phone?</p> <p><i>User:</i> He's 12. He doesn't have a phone.</p> <p><i>Counselor:</i> Ok, how about a friend's phone or even one of your parents'?</p> <p><i>User:</i> No. I really would rather not call (User 059)</p>
Alternative approaches to connect with caring adults and peers	<p>Because users were no longer able to see caring adults or peers outside of the home through in-person school, many expressed feelings of isolation and a desire to connect with these individuals through alternative, virtual means.</p>	<p><i>Counselor:</i> What about talking to someone? Do you have friends you can chat with or a relative you trust?</p> <p><i>User:</i> I did try to chat with my friends before, at school...The only people I can think of to talk about it [now] are my mom and my neighbor. But it's a little hard to with quarantine, and the fact my Mom is nearly halfway across the world. My Dad also gets suspicious, sometimes, whenever I talk with my Mom on a video call. (User 641).</p>
Access to school counselors or mental health professionals	<p>Some users mentioned that they primarily received mental health support through their school. With pandemic restraints, many did not have access to the same mental health services they had previously, causing coping and processing difficulties.</p>	<p><i>User:</i> I mostly talk about [my abuse situation] with friends. There aren't any adults that I trust enough to talk to besides my school counselor. I can't talk to her anymore though because of the whole corona thing though. Even when I could, it was kind of hard because if my mom found out she'd be pissed. She doesn't like me talking to school counselors, its been like that</p>

		since middle school. (User 666).
Parent support and education with transition to online schooling	Users mentioned parental stress stemming from enforcing virtual school and the need for parents to understand the virtual environment better. Education was requested from users to teach parents about virtual learning and reasonable expectation setting.	<i>User:</i> Due to the quarantine I've been doing school work at home and have been trying my best to get things done, though as of recently my mother would see that I am making progress and still threaten to take things away from me (i.e, my phone) if I worked even the slightest bit slower. In her case I understand that she is concerned about my work, and whether or not I pass for the year, but I feel like she is not aware that these threats only make me feel less confident in my current work and make me less motivated. (User 251).
Remote learning adopted support for children with individual learning challenges	Users with special learning needs (e.g., mental health concerns, cognitive processing difficulties, audio-visual differences) often voiced difficulties with the online environment and needing additional support, whether or not they already had an IEP or 504 plan in place.	<i>User:</i> I have many issues learning and remembering things because I have aphantasia, it's where your mind's eye can't picture an image. I really don't like [virtual] school because it makes me stressed and I hate doing hours of school work. I don't learn easily and most of it will be forgotten (User 565).

Secondary Sensitivity Analysis

Our secondary sensitivity analysis explored potential thematic differences by age. The frequency of themes described by eight 18 to 25-year-olds were compared with the themes of 52 children less than 18-years-old. The theme related to in-person school as an escape, was more common for students of age 18-25 years ($p=0.008$). No other themes differed significantly between age groups (Supplementary Table 1)."

DISCUSSION

Our study describes the unique perspectives of students at risk for maltreatment, a population deemed challenging to study by the Institute of Medicine (IOM & NRC, 2014). The current study contributes to the literature by evaluating unique student-level data to shed light on the education-related experiences of youth at risk for maltreatment. We identified that a substantial percentage (41%) of COVID-19 related inquiries to a national child abuse hotline included school concerns, with five main themes voiced by at-risk students. Most commonly, students described feeling stuck or trapped amid quarantine and shelter-in-place orders. Other themes identified included school as an escape, isolation, distress from parental schoolwork enforcement, and remote learning challenges. Specific resource needs uncovered from these themes included access to non-phone-based child abuse reporting, alternative modalities to connect with caring adults and peers, access to remote mental health providers or school counselors, parent online-learning support and education, and virtually-adapted interventions for students with disabilities.

Our finding that school is viewed as a place of safety by at-risk students is not surprising amid prior literature. Studies have shown disruption of this protective environment can have health effects, inclusive of sleep disturbances with implications for further disruptions to learning potential for students, for example (Meldrum et al., 2018). The recurrent theme of school as physical and mental escape aligns with past studies identifying the protective buffer of in-person schools to youth with violence in their families (Yule et al., 2019). The loss of this structure can limit access to social supports and interfere with reporting abuse, potentially contributing to a sense of confinement and isolation. This is especially concerning as isolation can become a powerful control and abuse tactic (Mega et al., 2000; Walker et al., 2017; Winters et al., 2020).

Our findings further contextualize reports of difficulties students face in home learning environments by identifying how emotional and experiential conflicts relate to remote school. In an online survey of over 300 adolescents related to wellbeing during COVID-19, the majority of respondents reported difficulties with staying at home, with a third noting increased quarrels with caregivers (Pigaiani et al., 2020). This is corroborated by earlier work done even prior to the pandemic. For example, one study showed that poor school performance (measured by Friday report cards) can be a catalyst for abuse in high risk home environments (measured by abuse reports on the following weekend) (Bright et al., 2019). Our results show that, for at-risk students, stresses stemming from additional school expectations and their enforcement can potentially act as a catalyst for abuse and suggest a need for a more nuanced understanding of this potential relationship. Such an understanding would help illuminate promising points of intervention. At the school policy level, schools could evaluate parent communication practices, particularly relating to issues of high sensitivity such as academic progress and disciplinary incidents. Ideally, this would fall within an existing Multi-Tiered System of Supports (MTSS) framework, defined as, “a school and/or districtwide set of procedures that provides increasingly more intensive instruction based on each student’s individual needs” (Brown-Chidsey & Bickford, 2015).

While our results are not intended to be generalizable beyond our study population given the nature of our qualitative methodology, many of our findings could inform policies and interventions affecting students well beyond the COVID-19 pandemic. For example, from the theme of feeling “stuck,” identified in the study, we found a strong preference for non-phone-based services. Numerous help-seekers voiced challenges making safe phone calls, highlighting the need for on-going study of online child abuse reporting options, especially as this is currently not available in all states (HHS, n.d.). Additionally, in our study, students experiencing isolation from social support expressed difficulty connecting to school counselors or mental health experts. Experts have echoed this same concern during the pandemic (Liu et al., 2020). While many investigators explore bridging mental health, public health, and educational services with digital platforms specific to the needs of children (Badawy & Radovic, 2020; Ye, 2020), such innovations may particularly benefit children and students at highest risk for distress and maltreatment. Additional supports and interventions may address the needs of students at risk of maltreatment that may not be captured by the voices of children such as structures to provide education and services to parents and teachers. Offering parents support in times of stress or crisis may offset the risk of their stress manifesting as violence in the home environment. Teachers may need specialized education related to the presentations of student stress and experiences of trauma in learning environments, and supports for strategic planning and management in the face of such presentations or concerns for a student or family. Importantly, Childhelp offers a safe space to support help-seekers of all ages.

Importantly, in a secondary sensitivity analysis, we did find that the theme of in-person school as an escape was more common for students who were less than 18-years-old. It may be the case that the need to escape from the home may be more pertinent for children who are not in higher education settings that may allow for living independently from their family or caregivers (e.g., college or university). However, the statistical difference of frequency by age-group may also be due to a sample size limitation in that the group of individuals between the ages of 18-25 years was notably less representative in the sample than those of 18 years or less ($n=8$ vs. to $n=52$, respectively). Still further, all other themes did not differ in frequency and may represent perspectives from students in higher education and/or students in earlier grades who may be served under the Individuals with Disabilities Education Act (IDEA). Of particular relevance to our study population, IDEA includes the category of “emotional disturbance,” the eligibility criteria for which may track with some of the characteristics exhibited by children experiencing a risk of maltreatment and/or trauma, such as our study population and, 2) represents students up to age 21 years of age (noting that 21 years is also the oldest age of a student reported in our sample) (DOE, 2017; DOE, 2022).

Limitations of this study include limited data availability. First, transcripts in this study were limited to a small subset of the overall help-seeker population. This was due to the fact that transcripts are not permanently saved per Childhelp security policy and have a 60-day period to extract transcripts from the hotline platform to a format that can be used for research study. Therefore, our study is limited in its ability to compare concerns from help-seeker to time periods prior to the pandemic. Second,

given transcripts are identified for extraction from the platform by selecting one of the concern types identified by counselors, we selected the concern relevant to our research focus: COVID-19. Though this limits the ability to know what school-related concerns help-seekers have that may not have fallen under the context of a COVID-19 related concern, it adds to the need for future work to evaluate changes related to schooling under different circumstances. Third, only text and chat modalities were a focus of this research study, as voice calls are not transcribed per Childhelp confidentiality policy. Lastly, only limited demographic information was collected. Despite these limitations, this study was the first, to our knowledge, to illustrate the real-time school-related challenges of youth at risk of maltreatment during the COVID-19 pandemic.

Implications

This study supports the need to ensure the safety and wellbeing of students for whom home may not be a safe and supportive environment. As the pandemic's profound and widespread disruption of traditional educational settings dissipates, it remains essential that educators and researchers understand the potential impact that remote learning environments may have specifically on the wellbeing of at-risk children, given the school's historical role in identifying and reporting suspected abuse and neglect of students. Future work is needed to critically develop and evaluate supportive programming and approaches for this vulnerable population as a means toward the attainment of trauma-informed learning environments. Further, given that adverse childhood experiences may occur in the home regardless of school setting, work must be done to adapt the supports for students facing risk of maltreatment or trauma to all educational settings. Importantly, this study highlights the value of adding the voices of those students most at risk to conversations around establishing prevention and response strategies, with significant present-day and future policy and practice implications

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ROBIN ORTIZ, MD, MSHP is an Assistant Professor in the Departments of Pediatrics and Population Health and the Institute for Excellence in Health Equity at NYU Grossman School of Medicine and NYU Langone Health. Her major research interests lie in the area of intergenerational and lifecourse health equity. Email: robin.ortiz@nyulangone.org

RACHEL KISHTON, MD, MSHP is an Assistant Professor of Clinical Family Medicine and Community Health at the University of Pennsylvania. Her major research interests lie in the area of Integrated Care for Behavioral Health. Email: rachel.kishton@pennmedicine.upenn.edu

WILLIAM FULLER POWERS, Jr, MS, MPP, is a candidate for a PhD in Education Policy at Teachers College, Columbia University. His major research interests lie in the area of education policy supports for students who have experienced childhood adversity. Email: wfp2106@tc.columbia.edu

MICHELLE FINGERMAN, MS, is the Vice President of Prevention Programs at Childhelp. Her major research interests lie in enhancing and promoting prevention programs including helplines and learning curricula for children at risk for maltreatment. Email: MFingerman@Childhelp.org

JODI HALL, MPA, is the Program Manager for Hotline Grants, Contracts, & Data at Childhelp. Her major research interests lie in enhancing and promoting helpline services for children at risk for maltreatment. Email: JHall@Childhelp.org

JOANNE WOOD, MD, MSHP is an Associate Professor in the Department of Pediatrics at the Children's Hospital of Philadelphia. Her major research interests lie in the area of improving the quality of care for children, especially abused and neglected children. Email: woodjo@chop.edu

LAURA SINKO, PhD, MSHP, RN is an Assistant Professor in the Department of Nursing at Temple University College of Public Health. Her major research interests lie in the area of promoting healing after gender-based violence (e.g., sexual assault, intimate partner violence, child abuse), with a particular emphasis on social, cultural and structural influences of recovery across the lifespan. Email: laura.sinko@temple.edu
