



ELSEVIER

Contents lists available at [ScienceDirect](https://www.sciencedirect.com)

# Child Abuse & Neglect

journal homepage: [www.elsevier.com/locate/chiabuneg](https://www.elsevier.com/locate/chiabuneg)

## Child abuse and neglect in Brussels during the COVID-19-lockdown

Camille Verheyden<sup>a,\*</sup>, Erik Van Dooren<sup>b</sup>, Frank Van Holen<sup>a,c</sup>, Tim Stroobants<sup>d</sup>,  
Johan Vanderfaeillie<sup>a</sup>

<sup>a</sup> Vrije Universiteit Brussel, Department of Psychology, Pleinlaan 2, 1050 Brussels, Belgium

<sup>b</sup> Vertrouwenscentrum Kindermishandeling Brussel, Sainctelettesquare 17, 1000 Brussel, Belgium

<sup>c</sup> Pleegzorg Vlaams-Brabant en Brussel, Sainctelettesquare 17, 1000 Brussels, Belgium

<sup>d</sup> Vlaams Expertisecentrum Kindermishandeling, Sainctelettesquare 17, 1000 Brussel, Belgium

### ARTICLE INFO

#### Keywords:

Child abuse  
Child neglect  
Lockdown  
Covid-19  
Maltreatment

### ABSTRACT

**Background:** It is likely that the circumstances during the COVID-19-lockdown in Belgium increased the incidence and prevalence of child abuse and neglect (CAN) due to exacerbated risk factors and new COVID-19-related stressors. However, traditional reporters had less contact with children which could lead to undetected cases of CAN.

**Objective:** Gain insight into the number and profile of CAN reports filed to the Brussels Confidential Center of Child Abuse and Neglect (CCCAN) during the COVID-19-lockdown.

**Participants and setting:** A dataset comprising 536 CAN reports from periods before ( $N = 442$ ) and during the lockdown ( $N = 94$ ).

**Methods:** Characteristics about the report, reporter, victim and his/her family, perpetrator(s) and the trajectory with the CCCAN were registered. The number and characteristics of reports during the lockdown were compared to those of reports before the lockdown.

**Results:** The number of advisory questions ( $p = .506$ ,  $d = .377$ ) and allegations ( $p = .095$ ,  $d = 1.206$ ) remained unchanged. During the lockdown, the risk assessment of advisory questions was higher ( $p = .011$ ,  $d = .280$ ), they evolved more into social exigency investigations ( $p < .001$ ,  $\varphi = .246$ ) and were referred more often to judicial authorities ( $p = .010$ ,  $\varphi = .163$ ). Allegations were filed more often by the helpline, police and judicial authorities ( $p < .001$ ,  $\varphi = .590$ ) during the lockdown and involved more Dutch-speaking ( $p = .016$ ,  $\varphi = .166$ ) victims.

**Conclusions:** The number of CAN reports remained the same during the lockdown but their profile changed.

### 1. Introduction

The COVID-19 pandemic and the measures taken to contain it, such as imposing strict lockdowns and social distancing, had a profound impact on children, parents and families (Adibelli & Sümen, 2020; De Kinderombudsman, 2020; Federale Overheidsdienst [FOD] Volksgezondheid, 2020; Panchal et al., 2020). For vulnerable families, it became even more difficult to draw on their support

*Abbreviations:* CAN, child abuse and neglect; CCCAN, Confidential Centers of child abuse and neglect.

\* Corresponding author.

*E-mail address:* [camille.nadia.verheyden@vub.be](mailto:camille.nadia.verheyden@vub.be) (C. Verheyden).

<https://doi.org/10.1016/j.chiabu.2022.105903>

Received 25 March 2022; Received in revised form 15 September 2022; Accepted 18 September 2022

Available online 22 September 2022

0145-2134/© 2022 Elsevier Ltd. All rights reserved.

network or resources. This combined with new COVID-19-related stressors such as home schooling and the possible exacerbation of pre-existing vulnerabilities such as job insecurity, living in densely populated, diverse, multicultural cities and less favorable housing conditions possibly led to an increased prevalence of child abuse and neglect (CAN) (Brown et al., 1998; Tener et al., 2021; Vanderfaeillie, 2010). In addition, during the lockdown, access to care was also limited which may have allowed CAN to go unnoticed and reduced the number of reports.

With this study we wanted to highlight the impact of the COVID-19-lockdown (March 2020–May 2020) in Belgium on CAN reports in Brussels by analyzing administrative data. In what follows, we elaborate on how the COVID-19-lockdown may have impacted vulnerable families and the prevalence of CAN. We then describe the methodology of the study and present the research findings before concluding with a discussion and recommendations.

### 1.1. Child abuse and neglect in Belgium

#### 1.1.1. Definition

In current study we used the same definition of CAN as the Belgian Dutch-speaking Confidential Centers of Child abuse and Neglect (CCCAN), based on the United Nations Convention on the Rights of the Child [UNCRC] (1989):

Child abuse and neglect is any form of physical, emotional or sexual violence to which children are subjected. Not by accident, but by acts or omissions of parents or other persons. The consequences of child abuse and neglect seriously jeopardize the child's development. (Vertrouwenscentrum Kindermishandeling [VK], 2021b, "Wat is kindermishandeling?" section)

The CCCAN distinguishes five forms of CAN: physical abuse, physical neglect, emotional abuse, emotional neglect and sexual abuse (VK, 2021b).

#### 1.1.2. Etiology

CAN results from the presence of genetic, biological, social, and/or societal risk factors combined with an absence of protective factors (Berger et al., 2004). Risk factors increase the likelihood of CAN by compromising the quality of parenting. Protective factors reduce the risk of CAN in the presence of a risk factor (Groenendaal & Van Yperen, 1994). Moreover, the risk of CAN increases as multiple risk factors are simultaneously present (Brown et al., 1998; Lamela & Figueiredo, 2015; Patwardhan et al., 2017). A multitude of risk factors have already been identified at the child (e.g. having mental and/or behavioral problems), parent (e.g. psychological problems, unemployment), family (e.g. (parenting) stress, domestic violence), and environmental level (e.g. living in a densely populated, disadvantaged neighborhood characterized by high poverty and unemployment rates) (Almuneef et al., 2016; Barboza-Salerno, 2020; Berger & Waldfogel, 2011; Black et al., 2001; Brown et al., 1998; Centers for Disease Control and Prevention [CDC], 2020; Hindley et al., 2006; Lowell & Renk, 2017; Merritt, 2009; Quiroz et al., 2020; Vanderfaeillie, 2010). Protective factors are also found at the child (e.g. resilience, parental support), parent (e.g. having processed own CAN, high compliance and active involvement in counseling) and family level (e.g. having a satisfactory social network, family cohesion and stability) (CDC, 2020; Desair & Hermans, 2010; Hindley et al., 2006; Merritt, 2009; Vanderfaeillie, 2010).

#### 1.1.3. Prevalence

In 2019, 586 reports of suspected CAN (almost 9 % of total reports in Flanders) concerning 826 minors were filed at the Brussels CCCAN (VK Brussel & Nupraatikerover.be, 2019). The largest group of reporters came from daycare and (after)school facilities (40 %), followed by the health care sector (31 %). Welfare organizations reported 12 %, the primary environment 7 %, police and judicial authorities 4 %, youth care 5 % and the helpline for violence and (child) abuse 1 % of all reports.

Despite this available data, it remains difficult to determine exactly how many children are experiencing CAN in Brussels. The actual number of CAN cases is in fact much higher than the registered reports, also known as the dark number. In most cases, CAN is inflicted by parents or primary caregivers which means that authorities depend on reports by professionals, such as teachers, or individuals who are not primary caregivers of the child (VK Brussel & Nupraatikerover.be, 2019; Vinck et al., 2016).

#### 1.1.4. Child protection system

It is not mandatory to report (presumed) CAN in Belgium. However, every individual, including professional caregivers, has the possibility to report alleged CAN in Belgium (Adriaenssens, 2010). Dutch-speaking professionals can go directly to the CCCAN or to judicial authorities for this purpose (French-speaking minors are referred to the French equivalent "SOS Enfants") and, since 2012, citizens are referred to the violence and (child) abuse helpline. In Belgium, CAN is initially addressed outside the judicial system. Referrals to judicial authorities occur mainly in cases of urgency, when voluntary help is refused (Desair & Adriaenssens, 2011; Vinck et al., 2016).

Belgium has CCCAN consisting of a multidisciplinary team of doctors, psychologists, pedagogues and social workers for the treatment of reported cases of CAN (Desair & Adriaenssens, 2011). The mission of the CCCANs is fourfold: assess reports of alleged CAN, install safety, prevent repetition and enable recovery. To this end they offer advice to other professionals (so-called advisory questions), assess reports of CAN and offer guidance to children and families (so-called allegations).

In the case of advisory questions, the CCCAN offers advice, support and/or coaching to professionals from other organizations who have questions regarding situations of suspected CAN. In this case, the report is discussed anonymously and the professional remains responsible for the care. These questions can typically be divided in three categories: (1) professionals who suspect CAN but are not sure about it and want to ask the CCCAN's opinion (e.g. a school teacher observes minor injuries on the back of a pupil and wonders if

CAN is a possible explanation), (2) professionals who suspect CAN and want advice on how to act on it (e.g. the professional wants advice on how to address his concerns to the child), (3) professionals who want advice on how to refer a case to the CCCAN (e.g. who needs to be informed, which information has to be given, the urgency or the best moment to refer).

Regarding the allegations, the CCCAN involves all stakeholders; family members are interviewed and involved professionals are consulted. The goal is to ensure the safety of the children involved by, among other things, installing safe relationships between children and parents and restoring safe parenting. CCCANs are family-oriented and try - wherever possible - to maintain family ties and work with children while they are residing with their families (Decreet betreffende de integrale jeugdhulp, 2013).

The CCCAN can also investigate in so called 'situations of social exigency' at the indication of other youth care workers or after notification of judicial authorities (Desair & Adriaenssens, 2011; VK, 2021a). A social exigency procedure involves serious concerns and insufficient commitment of the context to achieve safety (Decreet betreffende de integrale jeugdhulp, 2013). This in contrast to situations of concerns about CAN but where parents are willing to cooperate with caretakers. If, after investigation, a decision of social exigency is taken, the CCCAN can intervene, organize and coordinate youth care itself (i.e., case management).

## 1.2. Child abuse and neglect during the COVID-19-lockdown

At the onset of the corona crisis, several scholars expressed concern for an increased risk of CAN following the introduction of restrictive measures such as social distancing and lockdowns (Bryant et al., 2020; Raman et al., 2020). This is due to the exacerbation of existing risk factors and new COVID-19-related risk factors emerging in combination with protective factors being hindered during the lockdown.

For example, research points to increased psychological problems in children and parents during lockdown (Adibelli & Sümen, 2020; Panchal et al., 2020; Patrick et al., 2020; The Alliance for Child Protection in Humanitarian Action [The Alliance] et al., 2020). Parenting and financial stress also increased during lockdown. Parents had to take on different roles simultaneously. School closures forced them to engage in home schooling on top of parenting, while working from home (Bradbury-Jones & Isham, 2020). Additionally, job losses due to closing industries added to the financial stress, especially for families that were already economically strapped (Lee & Ward, 2020; The Alliance et al., 2020). Moreover, due to the enforced quarantine and social isolation measures, families were constantly enclosed together. This provided greater exposure to intra-family perpetrators. When victims and perpetrators spend more time together, it is likely that more violence will occur (Abramson, 2020; Bradbury-Jones & Isham, 2020; The Alliance, 2020). Effectively, Bullinger et al., 2020 recorded significantly more reports and proven cases of CAN in U.S. areas where residents were more likely to stay home as a result of the COVID-19 policy, compared to areas where residents stayed home less. Meanwhile, the social support network and its protective effect were less present during the lockdown due to social distancing and the ban on non-essential travel (Desair & Hermans, 2010; Merritt, 2009). At the environmental level, the lockdown also magnified certain risk factors which contribute to CAN. For example, poverty and unemployment rates are likely to rise because of the closure of many industries such as the hospitality sector. Especially vulnerable neighborhoods in metropolitan contexts, such as Brussels, experience difficulties. Recent research by Barboza et al. (2021) seems to confirm this. The study found higher rates of recorded CAN during the COVID-19 pandemic in neighborhoods where there is more poverty, unemployment and housing insecurity. For these reasons, current research focuses on CAN in Brussels during the COVID-19-lockdown.

Since the accumulation of risk factors is an indicator of CAN, as opposed to each individual risk factor, prolonged exposure to risk factors during the lockdown could increase the prevalence of CAN (Lamela & Figueiredo, 2015; Patwardhan et al., 2017). The risk of CAN increases for both children who were already in a situation of CAN and for those who were not (Abramson, 2020; The Alliance et al., 2020). Moreover, research established that the duration of maltreatment is associated with the severity of the consequences (Wagenaar-Fischer et al., 2010). Thus, early detection and examining if this could still occur during the lockdown is important.

### 1.2.1. Prevalence

Professionals' warnings of an increase in CAN at the start of the COVID-19-lockdown were confirmed by media reports and anecdotal evidence coming from hospitals and other health organizations (Schmidt and Natanson, 2020; Sidpra et al., 2021). Furthermore, helplines (telephone, chat) about CAN were more often consulted worldwide (Petrowski et al., 2021; The National Hotline Consortium, 2020). Additionally, one in five parents reported having hit their child since the beginning of the pandemic (Lee & Ward, 2020). In Belgium, figures also indicated an increase of CAN: children reported through online surveys that they experienced more violence (both direct and indirect) during the lockdown. This appears to be most pronounced among children from weaker socio-economic families (Keygnaert & Vandeviver, 2020; Kinderrechtencommissariaat et al., 2020). Several helplines were consulted more often about violence and specifically about CAN and domestic violence (Commissie ad hoc voor de evaluatie en Verdere Uitvoering van het Vlaamse Coronabeleid, 2020; Hulplijn 1712, 2020).

While the evidence presented above points to an increase in CAN during the COVID-19-lockdown, this does not necessarily translate into increased reports to child protective services (CPS). More calls to helplines may be due to the fact that regular confidants are no longer available during the lockdown and more resilient, skilled victims find their way to helplines. However, this is not evident for all victims. There are also helplines that have seen their number of incoming calls drop (Campbell, 2020; Welch & Haskins, 2020). Moreover, decreased reports to police and/or CPS have also been noted in France, Germany, Croatia and the U.S. (Barboza et al., 2021; Baron et al., 2020; Caron et al., 2020; Đapić et al., 2020; Hell et al., 2020). Other German researchers found a decrease in some CPS and a status quo in others regarding the number of CAN reports and the number of risk assessments during the COVID-19-lockdown (Mairhofer et al., 2020; Mühlmann & Pothmann, 2020).

The reported figures are divided. Despite an increase in calls to helplines, this does not always translate into an increase in reports

to CPS. It is likely that the dark number of CAN (unreported cases) became larger during the COVID-19-lockdown. Actual cases are increasing without leading to an increase in reports. This may be due to the fact that children have less contact with traditional reporters because of the containment measures (Baron et al., 2020). The detection of CAN is largely done through personal, physical contact. Since this was limited during the COVID-19-lockdown, this may have had an impact on detection. Reports typically come from daycare, (after)school facilities, welfare and health organizations. These professionals have work-related contacts with children. However, these contacts were severely limited by the closure of the organizations or the cancellation of activities that require physical contact during the lockdown (VK Brussel & Nupraatikerover.be, 2019).

### 1.3. Present study

It is likely that the circumstances during the COVID-19-lockdown in Belgium (13/03/2020–14/05/2020) caused the incidence and prevalence of CAN to increase. However, the detection of CAN has probably decreased because of limited contacts with traditional reporters due to the containment measures. Consequently, the first research question is as follows: (1) “Did the reports of CAN to the Brussels CCCAN increase or decrease during the COVID-19-lockdown?” Reports of alleged CAN during the COVID-19-lockdown may differ from reports prior to this lockdown period. Hence, we formulated a second exploratory research question, namely, (2) “On what characteristics (e.g. type of CAN, type of reporter, characteristics of victims, characteristics of perpetrators) do CAN reports during the lockdown period differ from reports before the lockdown period?” Moreover, during the lockdown traditional reporters (e.g. teacher and child welfare workers) had less contact with children. Therefore, we also attempted to answer the following question: (3) “Did other reporters take over the role of traditional reporters during the COVID-19 lockdown?” With this research we wish to gain insight into the number and profile of reports filed to the Brussels CCCAN during the COVID-19-lockdown in Belgium. We seek to contribute to the knowledge needed to make CAN visible, especially during crisis situations.

## 2. Method

### 2.1. Data

Administrative data of reports of CAN to the Brussels CCCAN was used. These reports regard Dutch-speaking minors (French-speaking minors are referred to the French equivalent “SOS Enfants”). The dataset comprised of 536 reports, of which 329 (61.4 %) were advisory questions and 207 (38.6 %) were reports of allegations of CAN. Ninety-four (17.54 %) reports were filed during the lockdown. The remaining 442 (82.76 %) reports were from the periods before the lockdown (2 months before the lockdown = 135 (25.19 %); 1 year prior = 107 (19.96 %); 2 years prior = 94 (17.54 %) and 3 years prior to the lockdown = 106 (19.78 %)).

### 2.2. Measures

A codebook was constructed which contained all the information to be collected from the database of CCCAN containing reports of alleged CAN to the Brussels CCCAN. This information was divided into five categories: (1) characteristics of the report, (2) characteristics of the reporter, (3) characteristics of the victim and his/her family, (4) characteristics of the perpetrator(s), and (5) characteristics of the trajectory with the CCCAN.

Characteristics of the reports collected were: type of case file (advisory question or allegation to be further subdivided into regular allegation/social exigency report/helpline allegation/other); duration that the report was active (in months); risk assessment (a five-point scale from ‘0’: no indication for CAN to ‘4’: indicates a possible life-threatening situation (Browne & Herbert, 1999)); if the victim was known (yes/no); individual report (yes/no); number of siblings with whom reported; type of report (intra-familial/extra-familial/both/unknown or none); hospitalisation minor (yes/no).

Information collected about the reporter: reporting authority (health care/youth care/police and judicial authorities/primary environment/daycare and (after)school facilities/welfare organizations/helpline); communication (e-mail/phone/personal contact/written); whether reporter wishes anonymity (yes/no); whether reporter is known (yes/no); demand of the reporter (active intervention, coordination of direct assistance/advice/social exigency investigation/coaching or support/other); main and additional problem according to reporter (physical neglect or abuse/emotional neglect or abuse/sexual abuse/risk situation/abuse by minor himself/unknown, unclear or other).

On the victim and his/her family were collected: sex and age of the victim, age of father and mother at the moment of the report (in months); number of previous reports; age of the victim at the moment of the first report (in months); language spoken with the victim, father and mother (Dutch/other language); whether the victim is multilingual (yes/no); nationality of the victim, father and mother (Belgium/other country); cultural identity of the victim (Belgian/other); family composition (intact/separated/step family); other residence than home (yes/no) and total number of siblings.

Of the perpetrator(s) were recorded: number of perpetrators; whether the main perpetrator is the minor himself (yes/no); relationship of the main perpetrator with the victim (intra-familial/extra-familial/unknown/no perpetrator); what family figure the perpetrator is (biological parent/substitute parent/other family member); whether the extra-familial perpetrator had professional contact with the victim (yes/no); whether the main perpetrator is underage (yes/no); whether the main perpetrator lives with the victim (yes/no); sex of the main perpetrator (male/female).

Finally, the following information about the trajectory within the CCCAN in Brussels was collected: Whether a CCCAN staff member had personal contact (face-to-face or via video call) with the victim, with a direct family member or person involved or with the (co-)

perpetrator (yes/no); whether the CCCAN diagnosed the situation (yes/no) and what was the diagnose (both main and additional problem); whether the CCCAN provided advice and/or support to any member(s) of the family and/or non-professionals involved (yes/no); whether the CCCAN provided advice and/or support to the professionals (regarding the treatment/diagnosis/both); whether there was any treatment (i.e. the CCCAN is working with a member of the family and/or with another non-professional involved) (no treatment/short-term, crisis care/long-term/short- and long-term); how the coordination of care went (with/without intervention in the family by the CCCAN); whether the CCCAN referred to and/or collaborated with other professionals (yes/no); whether the CCCAN installed case management (yes/no); whether the original report evolved to a social exigency report (yes/no); whether the CCCAN placed a report to the judicial authorities (yes/no) and the outcome of the social exigency investigation (no social exigency/social exigency).

### 2.3. Procedure

After obtaining formal approval of the Medical Ethics Committee of the UZ Brussel (BUN.: 1432021000435) on March 31st and signing a confidentiality agreement, the researchers got access to the database of reports of the Brussels CCCAN. Over a four-week period CAN reports and the relevant data, as described above, were collected.

The researchers constructed a dataset containing reports from five different periods; (1) reports filed during the COVID-19-lockdown in Belgium (13/03/2020–14/05/2020), (2) reports filed two months prior to the lockdown (12/01/2020–12/03/2020), reports from the same period as the lockdown but (3) one (13/03/2019–14/05/2019), (4) two (13/03/2018–14/05/2018) and (5) three years earlier (13/03/2017–14/05/2017). A total of 767 reports (advisory questions and allegations) were registered during these periods (see Table 1). The chats were not retained for the substantive quantitative analyses since there is no report here and the correctness of the alleged CAN discussed cannot be verified. Moreover, the chat serves all of Flanders and not just Brussels.

Reports were removed from the dataset for the following reasons: (1) the reported victim (and/or his/her family) was not resident in Brussels and was immediately referred to another CCCAN ( $N = 106$ , 45.98 %); (2) the reported victim and/or his/her family was French-speaking and was referred to the French-speaking counterpart “SOS Enfants” ( $N = 24$ , 10.39 %); (3) the report was referred to the youth care support center (ondersteuningscentrum jeugdzorg), the juvenile court, the social service of the juvenile court or the French-speaking counterpart “services de l'aide à la jeunesse” (SAJ) ( $N = 32$ ; 13.85 %); (4) the victim was reported because of coping issues about past CAN ( $N = 7$ , 3.03 %); (5) no report of alleged CAN, but another problem ( $N = 55$ , 23.81 %); (6) the report is a duplicate ( $N = 1$ , 0.43 %); (7) the victim is not a minor ( $N = 2$ , 0.87 %) or is (8) unborn ( $N = 4$ , 1.73 %) (see Table 2 for a detailed overview by period). A total of 231 reports and the 330 chats were removed making for a total sample of 536 (69.88 %) reports.

### 2.4. Data analysis

Analyses were performed using the statistical software program SPSS version 27. First, preliminary analyses were performed on the dataset. The advisory questions and allegations were compared and differed significantly from each other on 34 of the 55 characteristics. Consequently, these two types of reports could not be taken together and were considered as two separate subsets. The four pre-lockdown periods (2 months before the lockdown, 1, 2 and 3 years prior to the lockdown) were compared twice, once for advisory questions ( $N = 273$ ) and once for the allegations ( $N = 173$ ). The advisory questions from the different pre-lockdown periods differed significantly from each other on 17 of the 56 characteristics and the allegations on 25 of the 56 characteristics. Nonetheless, these four periods were combined into one pre-lockdown period for both the advisory questions and the allegations, balancing out these differences (see Table 3).

Next, the analysis regarding the research questions were conducted. All analyses below were performed twice: once on the subset with advisory questions and once on the subset with allegations. First, descriptive analyses were done (mean, standard deviation, number, percentages, range) to identify the characteristics of the report, reporter, victim and his/her family, perpetrator(s) and the trajectory with the Brussels CCCAN for both the lockdown and pre-lockdown periods. Second, to investigate whether the number of reports in- or decreased during lockdown, the median number of reports in the pre-lockdown period was compared to the number of reports during the lockdown using a One Sample Wilcoxon signed-rank test (The population of both Dutch-speaking and French-speaking minors was stable in Brussels from 2017 to 2020 (Brussels Instituut Voor Statistiek en Analyse, 2021)). Finally, to

**Table 1**

Total number of original, deleted and retained reports across periods.

Period	Original			Deleted		Retained	
	Advisory questions	Allegations	Total reports	Advisory questions	Total reports		
Lockdown	87	39	126	32		94 (74.60 %)	
2 months prior	135	55	190	55		135 (71.05 %)	
1 year prior	101	61	162	55		107 (66.05 %)	
2 years prior	94	58	152	58		94 (61.84 %)	
3 years prior	76	61	137	31		106 (77.37 %)	
Total	493	274	767	231		536 (69.88 %)	

Note. Lockdown: 13/03/2020–14/05/2020, 2 months prior to lockdown: 12/01/2020–12/03/2020, 1 year prior to lockdown: 13/03/2019–14/05/2019, 2 years prior to lockdown: 13/03/2018–14/05/2018, 3 years prior to lockdown: 13/03/2017–14/05/2017.

**Table 3**  
Comparison of characteristics between advisory questions ( $N = 329$ ) and allegations ( $N = 207$ ) and between the four pre-lockdown periods.

Characteristics	Values	Total sample ( $N = 536$ )			Pre-lockdown ( $N = 442$ )										
		M(SD) or n(%)		$U$ or $\chi^2/fe$	Advisory questions ( $N = 270$ )				$F/K-W$ or $\chi^2/fe$	Allegations ( $N = 172$ )					
		Advis. ( $N = 329$ )	Alleg. ( $N = 207$ )		M(SD) or n(%)					M(SD) or n(%)				$F/K-W$ or $\chi^2/fe$	
				PLD 1	PLD 2	PLD 3	PLD 4	PLD 1	PLD 2	PLD 3	PLD 4				
Report															
Type of allegation	Regular allegation	/	128 (61.8 %)	/	/	/	/	/	/	/	22 (64.7 %)	38 (79.2 %)	30 (71.4 %)	28 (58.3 %)	5.23
	Social exigency report	/	72 (34.8 %)		/	/	/	/			12 (35.3 %)	10 (20.8 %)	12 (28.6 %)	20 (41.7 %)	
	Helpline allegation	/	6 (2.9 %)		/	/	/	/			–	–	–	–	
	Other	/	1 (0.5 %)		/	/	/	/			–	–	–	–	
Duration report active (months)		4.1 (4.5)	7.4 (7.9)	–5.06***	5.0 (4.0)	4.8 (5.3)	2.5 (3.3)	2.7 (4.8)	33.85***	4.3 (3.6)	6.8 (6.4)	6.8 (5.8)	10.9 (11.6)	5.22	
Risk assessment		2.1 (0.7)	2.3 (0.8)	–4.60***	2.0 (0.6)	2.0 (0.7)	2.0 (0.8)	1.9 (0.8)	0.30	2.1 (0.6)	2.4 (0.6)	2.4 (0.6)	2.1 (1.0)	3.30	
Re-report	Yes	22 (6.7 %)	68 (32.9 %)	62.25***	13 (12.9 %)	–	4 (7.7 %)	1 (1.7 %)	12.89**	12 (35.3 %)	10 (20.8 %)	22 (52.4 %)	14 (29.2 %)	10.59*	
	No	307 (93.3 %)	139 (67.1 %)		88 (87.1 %)	59 (100 %)	48 (92.3 %)	57 (98.3 %)		22 (64.7 %)	38 (79.2 %)	20 (47.6 %)	34 (70.8 %)		
Report individual	Yes	166 (50.5 %)	70 (33.8 %)	14.28***	51 (50.5 %)	35 (59.3 %)	28 (53.8 %)	24 (41.4 %)	3.96	19 (55.9 %)	17 (35.4 %)	8 (19 %)	16 (33.3 %)	11.29**	
	No	163 (49.6 %)	137 (66.2 %)		50 (49.5 %)	24 (40.7 %)	24 (46.2 %)	34 (58.6 %)		15 (44.1 %)	31 (64.6 %)	34 (81 %)	32 (66.7 %)		
Number of siblings reported		1.0 (1.3)	1.5 (1.4)	–3.68***	0.73 (0.82)	0.78 (1.1)	1.13 (1.3)	1.48 (1.6)	8.46*	0.8 (1.0)	1.2 (1.0)	2.0 (1.2)	1.6 (2.0)	19.49***	
Type of report	Intra-familial CAN	298 (90.6 %)	188 (90.8 %)	9.05*	96 (95 %)	52 (88.1 %)	44 (84.6 %)	50 (86.2 %)	13.97*	34 (100 %)	38 (79.2 %)	42 (100 %)	39 (81.3 %)	18.73**	
	Extra-familial CAN	23 (7 %)	8 (3.9 %)		4 (4 %)	6 (10.2 %)	3 (5.8 %)	7 (12.1 %)		–	5 (10.4 %)	–	3 (6.3 %)		
	Both	2 (0.6 %)	8 (3.9 %)		–	1 (1.7 %)	1 (1.9 %)	–		–	5 (10.4 %)	–	3 (6.3 %)		
	Unknown or no CAN	6 (1.8 %)	3 (1.4 %)		1 (1 %)	–	4 (7.7 %)	1 (1.7 %)		–	–	–	3 (6.3 %)		
Hospitalisation minor	Yes			–	–	–	–	–	3.48	–	–	–	–	4.99*	

(continued on next page)

Table 3 (continued)

Characteristics	Values	Total sample (N = 536)		Pre-lockdown (N = 442)																
		M(SD) or n(%)		U or $\chi^2/fe$		Advisory questions (N = 270)				F/K-W or $\chi^2/fe$	Allegations (N = 172)									
		Advis. (N = 329)	Alleg. (N = 207)	M(SD) or n(%)				PLD 1	PLD 2		PLD 3	PLD 4	M(SD) or n(%)				F/K-W or $\chi^2/fe$			
				PLD 1	PLD 2	PLD 3	PLD 4						PLD 1	PLD 2	PLD 3	PLD 4				
	No	1 (0.3 %)	4 (1.9 %)							1 (1.9 %)					1 (2.9 %)		3 (7.1 %)			
		328 (99.7 %)	203 (98.1 %)			101 (100 %)	59 (100 %)	51 (98.1 %)	58 (100 %)						33 (97.1 %)	48 (100 %)	39 (92.9 %)	48 (100 %)		
Reporter Reporting authority	Healthcare/youth care/welfare organization	122 (37.1 %)	93 (44.9 %)	91.72***	25 (24.8 %)	28 (47.5 %)	27 (51.9 %)	28 (48.3 %)	28.33***	22 (64.7 %)	18 (37.5 %)	17 (40.5 %)	30 (62.5 %)	16.17*						
	Daycare and (after) school facilities	197 (59.9 %)	60 (29 %)		75 (74.3 %)	28 (47.5 %)	20 (38.5 %)	30 (51.7 %)		10 (29.4 %)	18 (37.5 %)	17 (40.5 %)	11 (22.9 %)							
	Police and judicial authorities	–	35 (16.9 %)		–	–	–	–		2 (5.9 %)	7 (14.6 %)	3 (7.1 %)	6 (12.5 %)							
	Helpline/primary environment	10 (3 %)	19 (9.2 %)		1 (1 %)	3 (5.1 %)	5 (9.6 %)	–		–	5 (10.4 %)	5 (11.9 %)	1 (2.1 %)							
Communication	e-mail	9 (2.7 %)	9 (4.3 %)	116.75***	2 (2 %)	2 (3.4 %)	5 (9.6 %)	–	13.83*	2 (5.9 %)	–	3 (7.1 %)	3 (6.3 %)	20.97**						
	Phone	281 (85.4 %)	121 (58.5 %)		90 (89.1 %)	52 (88.1 %)	36 (69.2 %)	53 (91.4 %)		22 (64.7 %)	35 (72.9 %)	25 (59.5 %)	20 (41.7 %)							
	Personal contact	39 (11.9 %)	14 (6.8 %)		9 (8.9 %)	5 (8.5 %)	11 (21.2 %)	5 (8.6 %)		2 (5.9 %)	3 (6.3 %)	7 (16.7 %)	2 (4.2 %)							
	Written	–	63 (30.4 %)		–	–	–	–		8 (23.5 %)	10 (20.8 %)	7 (16.7 %)	23 (47.9 %)							
Anonymous reporter	Yes	31 (9.4 %)	7 (3.4 %)	7.04**	13 (12.9 %)	6 (10.2 %)	6 (11.5 %)	3 (5.2 %)	2.44	–	4 (8.3 %)	–	2 (4.2 %)	4.82						
	No	298 (90.6 %)	200 (96.6 %)		88 (87.1 %)	53 (89.8 %)	46 (88.5 %)	55 (94.8 %)		34 (100 %)	44 (91.7 %)	42 (100 %)	46 (95.8 %)							
Reporter known	Yes	324 (98.5 %)	203 (98.1 %)	–	101 (100 %)	59 (100 %)	51 (98.1 %)	57 (98.3 %)	3.10	34 (100 %)	44 (91.7 %)	42 (100 %)	48 (100 %)	6.38*						
	No	5 (1.5 %)	4 (1.9 %)		–	–	1 (1.9 %)	1 (1.7 %)		–	4 (8.3 %)	–	–							

(continued on next page)

Table 3 (continued)

Characteristics	Values	Total sample (N = 536)		U or $\chi^2/fe$	Pre-lockdown (N = 442)						F/K-W or $\chi^2/fe$	Allegations (N = 172)				F/K-W or $\chi^2/fe$
		M(SD) or n(%)			Advisory questions (N = 270)				M(SD) or n(%)							
		Advis. (N = 329)	Alleg. (N = 207)		PLD 1	PLD 2	PLD 3	PLD 4	PLD 1	PLD 2		PLD 3	PLD 4			
Demand reporter	Active intervention	22 (6.7 %)	93 (45.1 %)	303.25***	8 (8 %)	4 (6.8 %)	2 (3.8 %)	6 (10.3 %)	11.17	17 (50 %)	22 (45.8 %)	21 (51.2 %)	19 (39.6 %)	8.25		
	Advise	290 (88.7 %)	42 (20.4 %)		83 (83 %)	53 (89.8 %)	50 (96.2 %)	52 (89.7 %)		5 (14.7 %)	16 (33.3 %)	9 (22 %)	9 (18.8 %)			
	Coaching/support	15 (4.6 %)	–		9 (9 %)	2 (3.4 %)	–	–		–	–	–	–			
	Social exigency investigation	–	71 (34.5 %)		–	–	–	–		12 (35.3 %)	10 (20.8 %)	11 (26.8 %)	20 (41.7 %)			
Main problem	Physical neglect/abuse	123 (37.4 %)	87 (42 %)	8.66	39 (38.6 %)	22 (37.3 %)	18 (34.6 %)	22 (37.9 %)	–*	16 (47.1 %)	20 (41.7 %)	18 (42.9 %)	23 (47.9 %)	19.47*		
	Emotional neglect/abuse	134 (40.7 %)	94 (45.4 %)		46 (45.5 %)	26 (44.1 %)	12 (23.1 %)	17 (29.3 %)		16 (47.1 %)	23 (47.9 %)	20 (47.6 %)	12 (25 %)			
	Sexual abuse	31 (9.4 %)	11 (5.3 %)		8 (7.9 %)	5 (8.5 %)	9 (17.3 %)	8 (13.8 %)		1 (2.9 %)	4 (8.3 %)	1 (2.4 %)	4 (8.3 %)			
	Risk situation	23 (7 %)	11 (5.3 %)		5 (5 %)	1 (1.7 %)	7 (13.5 %)	9 (15.5 %)		1 (2.9 %)	–	1 (2.4 %)	8 (16.7 %)			
	Unkown/unclear/other	4 (1.2 %)	–		–	1 (1.7 %)	3 (5.8 %)	–		–	–	–	–			
Additional problem	Abuse by minor	14 (4.3 %)	4 (1.9 %)		3 (3 %)	4 (6.8 %)	3 (5.8 %)	2 (3.4 %)		–	1 (2.1 %)	2 (4.8 %)	1 (2.1 %)			
	Physical neglect/abuse	29 (26.4 %)	29 (29.6 %)	4.35	14 (30.4 %)	5 (33.3 %)	1 (3 %)	7 (46.7 %)	15.20*	5 (33.3 %)	5 (18.5 %)	2 (16.7 %)	6 (31.6 %)	4.14		
	Emotional neglect/abuse	78 (70.9 %)	67 (68.4 %)		32 (69.6 %)	10 (66.7 %)	8 (80 %)	6 (40 %)		10 (66.7 %)	21 (77.8 %)	9 (75 %)	13 (68.4 %)			
	Sexual abuse	–	2 (2 %)		–	–	–	–		–	1 (3.7 %)	1 (8.3 %)	–			
	Risk situation	2 (1.8 %)	–		–	–	–	2 (13.3 %)		–	–	–	–			
Unkown/unclear/other	1 (0.9 %)	–		–	–	1 (10 %)	–		–	–	–	–				

(continued on next page)

Table 3 (continued)

Characteristics	Values	Total sample (N = 536)			Pre-lockdown (N = 442)									
		M(SD) or n(%)		U or $\chi^2/fe$	Advisory questions (N = 270)				F/K-W or $\chi^2/fe$	Allegations (N = 172)				
		Advis. (N = 329)	Alleg. (N = 207)		PLD 1	PLD 2	PLD 3	PLD 4		M(SD) or n(%)	PLD 1	PLD 2	PLD 3	PLD 4
Minor and his/her family														
Sex minor	Female	148 (48.2 %)	119 (58.3 %)	5.04*	56 (57.7 %)	27 (47.4 %)	17 (40.5 %)	23 (42.6 %)	5.12	17 (50 %)	27 (56.3 %)	20 (47.6 %)	30 (62.5 %)	2.38
	Male	159 (51.8 %)	85 (41.7 %)		41 (42.3 %)	30 (52.6 %)	25 (59.5 %)	31 (57.4 %)		17 (50 %)	21 (43.8 %)	22 (52.4 %)	18 (37.5 %)	
Age minor at time of report (years)		8.6 (4.8)	8.21 (4.9)	-0.86	8.3 (4.5)	8.7 (4.8)	9.6 (4.8)	8.2 (5.3)	1.12	7.5 (5.0)	8.1 (5.0)	8.4 (4.9)	7.4 (4.1)	0.41
Number of previous reports		0.1 (0.4)	0.5 (0.9)	-7.60***	0.2 (0.5)	0.0 (0.0)	0.1 (0.5)	0.0 (0.1)	12.79**	0.4 (0.7)	0.5 (1.1)	0.7 (0.8)	0.5 (1.1)	7.34
Age minor at first report (years)		8.4 (4.8)	7.54 (4.87)	-2.03*	8.0 (4.6)	8.7 (4.8)	9.4 (4.5)	8.1 (5.3)	1.21	6.8 (4.8)	7.4 (5.1)	7.8 (4.8)	6.7 (3.9)	0.52
Language minor	Dutch	269 (91.5 %)	168 (88 %)	1.63	92 (94.8 %)	48 (90.6 %)	32 (86.5 %)	41 (85.4 %)	4.67	25 (78.1 %)	34 (85 %)	37 (92.5 %)	40 (85.1 %)	3.05
	Other	25 (8.5 %)	23 (12 %)		5 (5.2 %)	5 (9.4 %)	5 (13.5 %)	7 (14.6 %)		7 (21.9 %)	6 (15 %)	3 (7.5 %)	7 (14.9 %)	
Minor multilingual	Yes	118 (88.7 %)	137 (85.1 %)	0.87	43 (91.5 %)	22 (91.7 %)	11 (84.6 %)	20 (80 %)	2.61	23 (85.2 %)	35 (97.2 %)	34 (87.2 %)	29 (80.6 %)	5.31
	No	15 (11.3 %)	24 (14.9 %)		4 (8.5 %)	2 (8.3 %)	2 (15.4 %)	5 (20 %)		4 (14.8 %)	1 (2.8 %)	5 (12.8 %)	7 (19.4 %)	
Nationality of minor	Belgium	198 (84.3 %)	152 (85.4 %)	0.10	84 (84.8 %)	7 (58.3 %)	18 (94.7 %)	32 (68.1 %)	11.09**	28 (87.5 %)	29 (78.4 %)	31 (100 %)	35 (76.1 %)	11.02**
	Other	37 (15.7 %)	26 (14.6 %)		15 (15.2 %)	5 (41.7 %)	1 (5.3 %)	15 (31.9 %)		4 (12.5 %)	8 (21.6 %)	-	11 (23.9 %)	
Cultural identity minor	Belgian	13 (8.7 %)	23 (15.2 %)	3.08	8 (12.9 %)	-	3 (17.6 %)	1 (3.3 %)	4.94	2 (7.4 %)	4 (12.5 %)	6 (16.7 %)	4 (12.1 %)	1.20
	Other	137 (91.3 %)	128 (84.8 %)		54 (87.1 %)	18 (100 %)	14 (82.4 %)	29 (96.7 %)		25 (92.6 %)	28 (87.5 %)	30 (83.3 %)	29 (87.9 %)	
Family composition	Intact	143 (52.8 %)	101 (49.8 %)	0.20	48 (50.5 %)	17 (44.7 %)	14 (33.3 %)	27 (58.7 %)	10.71	11 (32.4 %)	22 (48.9 %)	26 (61.9 %)	25 (52.1 %)	11.15

(continued on next page)

Table 3 (continued)

Characteristics	Values	Total sample (N = 536)		Pre-lockdown (N = 442)													
		M(SD) or n(%)		U or $\chi^2/fe$		Advisory questions (N = 270)				F/K-W or $\chi^2/fe$			Allegations (N = 172)				
		Advis. (N = 329)	Alleg. (N = 207)	PLD 1	PLD 2	PLD 3	PLD 4	PLD 1	PLD 2	PLD 3	PLD 4	F/K-W or $\chi^2/fe$	M(SD) or n(%)	PLD 1	PLD 2	PLD 3	PLD 4
	Divorced	99 (36.5 %)	79 (38.9 %)			33 (34.7 %)	17 (44.7 %)	25 (59.5 %)	13 (28.3 %)			19 (55.9 %)	14 (31.3 %)	14 (33.3 %)	16 (33.3 %)		
	Step family	29 (10.7 %)	23 (11.3 %)			14 (14.7 %)	4 (10.5 %)	3 (7.1 %)	6 (13 %)			4 (11.8 %)	9 (20 %)	2 (4.8 %)	7 (14.6 %)		
Other residence	No	260 (95.6 %)	183 (91.5 %)	2.66		93 (97.9 %)	37 (92.5 %)	36 (85.7 %)	45 (100 %)	10.47**		33 (97.1 %)	43 (95.6 %)	38 (90.5 %)	38 (84.4 %)	4.67	
	Yes	12 (4.4 %)	17 (8.5 %)			2 (2.1 %)	3 (7.5 %)	6 (14.3 %)	–			1 (2.9 %)	2 (4.4 %)	4 (9.5 %)	7 (15.6 %)		
Age father at time of report (years)		43.3 (12.7)	43.36 (8.8)	–0.82	/	32 (1.4)	40 (0.0)	51.4 (15.1)		5.04		42.4 (9.3)	42.6 (6.0)	42.1 (8.2)	42.9 (13.2)		0.30
Language father	Dutch	7 (10.6 %)	36 (25 %)	5.76*		3 (15.8 %)	2 (15.4 %)	–	1 (8.3 %)	1.62		6 (22.2 %)	2 (6.9 %)	13 (34.2 %)	8 (23.5 %)		7.02
	Other	59 (89.4 %)	108 (75 %)			16 (84.2 %)	11 (84.6 %)	9 (100 %)	11 (91.7 %)			21 (77.8 %)	27 (93.1 %)	25 (65.8 %)	26 (76.5 %)		
Nationality father	Belgium	19 (13.6 %)	32 (22.7 %)	3.94*		9 (16.4 %)	2 (10 %)	–	3 (10.3 %)	2.36		8 (29.6 %)	4 (14.8 %)	9 (25.7 %)	3 (10 %)	4.58	
	Other	121 (86.4 %)	109 (77.3 %)			46 (83.6 %)	18 (90 %)	13 (100 %)	26 (89.7 %)			19 (70.4 %)	23 (85.2 %)	26 (74.3 %)	27 (90 %)		
Age mother at time of report (years)		36.3 (9.3)	37.77 (7.3)	–0.28		33.5 (9.30)	17 (–)	30.9 (–)	43.4 (4.7)	5.09*		34.0 (6.43)	41.4 (7.0)	36.3 (6.41)	36.6 (7.30)		12.04**
Language mother	Dutch	10 (14.3 %)	34 (22.1 %)	1.85		8 (32 %)	–	1 (11.1 %)	1 (10 %)	5.14		4 (14.8 %)	1 (2.9 %)	4 (10.5 %)	13 (33.3 %)		13.27**
	Other	60 (85.7 %)	120 (77.9 %)			17 (68 %)	10 (100 %)	8 (88.9 %)	9 (90 %)			23 (85.2 %)	34 (97.1 %)	34 (89.5 %)	26 (66.7 %)		
Nationality mother	Belgium	12 (8.2 %)	30 (20.8 %)	9.31**		9 (15 %)	–	1 (6.7 %)	1 (3.2 %)	4.58		3 (12 %)	4 (13.8 %)	6 (18.2 %)	5 (15.2 %)	0.53	
	Other	134 (91.8 %)	114 (79.2 %)			51 (85 %)	17 (100 %)	14 (93.3 %)	30 (96.8 %)			22 (88 %)	25 (86.2 %)	27 (81.8 %)	28 (84.8 %)		
Number of siblings			2.0 (1.4)	–0.76		1.6 (1.0)	2.0 (1.3)	1.8 (1.1)	2.3 (1.5)	7.62		1.6 (1.1)	1.6 (0.9)	2.2 (1.0)	2.4 (1.9)		10.87*

(continued on next page)

Table 3 (continued)

Characteristics	Values	Total sample (N = 536)		U or $\chi^2/fe$	Pre-lockdown (N = 442)					F/K-W or $\chi^2/fe$	Allegations (N = 172)				F/K-W or $\chi^2/fe$
		M(SD) or n(%)			Advisory questions (N = 270)				M(SD) or n(%)						
		Advis. (N = 329)	Alleg. (N = 207)		PLD 1	PLD 2	PLD 3	PLD 4	PLD 1		PLD 2	PLD 3	PLD 4		
Perpetrator(s)															
Number of registrated perpetrators		1.0 (0.6)	1.2 (0.7)	-1.60	1.1 (0.7)	1.0 (0.5)	0.9 (0.6)	1.1 (0.5)	4.05	0.9 (0.7)	1.1 (0.5)	1.1 (0.8)	1.4 (0.8)	13.11**	
Main perpetrator minor him/herself	Yes	12 (4.4 %)	3 (1.7 %)	2.17	2 (2.4 %)	4 (7.4 %)	3 (7.3 %)	2 (3.8 %)	2.71	-	1 (2.3 %)	1 (3.1 %)	1 (2.4 %)	1.05	
	No	262 (95.6 %)	171 (98.3 %)		80 (97.6 %)	50 (92.6 %)	38 (92.7 %)	51 (96.2 %)		24 (100 %)	43 (97.7 %)	31 (96.9 %)	41 (97.6 %)		
Relation main perpetrator	Intra-familial	236 (71.1 %)	161 (78.9 %)	10.45*	75 (74.3 %)	42 (71.2 %)	36 (69.2 %)	43 (74.1 %)	14.11	23 (67.6 %)	39 (81.3 %)	31 (73.8 %)	36 (80 %)	17.10*	
	Extra-familial	28 (8.5 %)	8 (3.9 %)		7 (6.9 %)	9 (15.3 %)	2 (3.8 %)	7 (12.1 %)		-	5 (10.4 %)	-	3 (6.7 %)		
	Unknown	12 (3.6 %)	1 (0.5 %)		1 (1 %)	3 (5.1 %)	3 (5.8 %)	3 (5.2 %)		1 (2.9 %)	-	-	-		
	No perpetrator	-	34 (16.7 %)		18 (17.8 %)	5 (8.5 %)	11 (21.2 %)	5 (8.6 %)		10 (29.4 %)	4 (8.3 %)	11 (26.2 %)	6 (13.3 %)		
Intra-familial main perpetrator	Biological parent	206 (91.2 %)	147 (96.1 %)	11.91**	67 (90.5 %)	41 (97.6 %)	23 (79.3 %)	36 (87.8 %)	11.19*	22 (95.7 %)	35 (92.1 %)	28 (96.6 %)	34 (97.1 %)	1.22	
	Substitute parent	6 (2.7 %)	6 (3.9 %)		3 (4.1 %)	-	-	3 (7.3 %)		1 (4.3 %)	3 (7.9 %)	1 (3.4 %)	1 (2.9 %)		
	Other family member	14 (6.2 %)	-		4 (5.4 %)	1 (2.4 %)	6 (20.7 %)	2 (4.9 %)		-	-	-	-		
Extra-familial main perpetrator	Professional contact	4 (14.3 %)	6 (85.7 %)	-.***	2 (28.6 %)	1 (11.1 %)	-	-	2.67	-	4 (100 %)	-	2 (66.7 %)	-	
	No professional contact	24 (85.7 %)	1 (14.3 %)		5 (71.4 %)	8 (88.9 %)	2 (100 %)	7 (100 %)		-	-	-	1 (33.3 %)		
Main perpetrator underage	Yes	29 (11 %)	6 (3.7 %)	6.85**	4 (4.9 %)	8 (15.7 %)	7 (18.4 %)	8 (16 %)	7.41	-	1 (2.3 %)	2 (6.5 %)	3 (7.7 %)	2.43	
	No	234 (89 %)	158 (96.3 %)		77 (95.1 %)	43 (84.3 %)	31 (81.6 %)	42 (84 %)		23 (100 %)	42 (97.7 %)	29 (93.5 %)	36 (92.3 %)		
Main perpetrator living with minor	Yes			2.88					5.97					7.97*	

(continued on next page)

Table 3 (continued)

Characteristics	Values	Total sample (N = 536)		Pre-lockdown (N = 442)											
		M(SD) or n(%)		U or $\chi^2/fe$		Advisory questions (N = 270)				Allegations (N = 172)					
		Advis. (N = 329)	Alleg. (N = 207)			M(SD) or n(%)				F/K-W or $\chi^2/fe$	M(SD) or n(%)				F/K-W or $\chi^2/fe$
						PLD 1	PLD 2	PLD 3	PLD 4		PLD 1	PLD 2	PLD 3	PLD 4	
		224 (87.8 %)	148 (90.8 %)			75 (92.6 %)	45 (88.2 %)	29 (78.4 %)	35 (81.4 %)		23 (100 %)	37 (88.1 %)	31 (100 %)	33 (84.6 %)	
	No	31 (12.2 %)	15 (9.2 %)			6 (7.4 %)	6 (11.8 %)	8 (21.6 %)	8 (18.6 %)		-	5 (11.9 %)	-	6 (15.4 %)	
Sex perpetrator	Male	85 (51.8 %)	125 (48.6 %)	85 (51.8 %)	0.21	37 (45.7 %)	27 (52.9 %)	22 (57.9 %)	25 (56.8 %)	25 (56.8 %)	2.25	14 (60.9 %)	25 (58.1 %)	14 (45.2 %)	
	Female	6.74	79 (51.4 %)	44 (54.3 %)	24 (47.1 %)	16 (42.1 %)	19 (43.2 %)	9 (39.1 %)	18 (41.9 %)	18 (41.9 %)	17 (54.8 %)	26 (66.7 %)			
Trajectory CCCAN															
Personal contact minor	Yes	8 (2.4 %)	133 (64.3 %)	250.45***	3 (3 %)	-	1 (1.9 %)	4 (6.9 %)	4.318	4.318	24 (70.6 %)	35 (72.9 %)	25 (59.5 %)	29 (60.4 %)	
	No	321 (97.6 %)	74 (35.7 %)		98 (97 %)	59 (100 %)	51 (98.1 %)	54 (93.1 %)			10 (29.4 %)	13 (27.1 %)	17 (40.5 %)	19 (39.6 %)	
Personal contact family member/ person involved	Yes	11 (3.3 %)	158 (76.3 %)	313.51***	3 (3 %)	-	3 (5.8 %)	5 (8.6 %)	6.13	6.13	25 (73.5 %)	40 (83.3 %)	33 (78.6 %)	38 (79.2 %)	
	No	318 (96.7 %)	49 (23.7 %)		98 (97 %)	59 (100 %)	49 (94.2 %)	53 (91.4 %)			9 (26.5 %)	8 (16.7 %)	9 (21.4 %)	10 (20.8 %)	
Personal contact (co-)perpetrator	Yes	8 (2.4 %)	129 (62.3 %)	244.96***	2 (2 %)	-	1 (1.9 %)	5 (8.6 %)	6.55*	6.55*	21 (61.8 %)	35 (72.9 %)	26 (61.9 %)	30 (62.5 %)	
	No	321 (97.6 %)	78 (37.7 %)		99 (98 %)	59 (100 %)	51 (98.1 %)	53 (91.4 %)			13 (38.2 %)	13 (27.1 %)	16 (38.1 %)	18 (37.5 %)	
Diagnosis CCCAN	Yes	4 (1.2 %)	129 (62.3 %)	248.82***	3 (3 %)	-	-	1 (1.7 %)	2.28	2.28	16 (47.1 %)	37 (77.1 %)	29 (69 %)	32 (66.7 %)	
	No	325 (98.8 %)	78 (37.7 %)		98 (97 %)	59 (100 %)	52 (100 %)	57 (98.3 %)			18 (52.9 %)	11 (22.9 %)	13 (31 %)	16 (33.3 %)	
Main problem	Physical neglect/ abuse	1 (25 %)	34 (27.2 %)	14.84**	1 (33.3 %)	-	-	-	3.67	3.67	3 (18.8 %)	8 (21.6 %)	4 (14.8 %)	17 (56.7 %)	

(continued on next page)

Table 3 (continued)

Characteristics	Values	Total sample (N = 536)		U or $\chi^2/fe$	Pre-lockdown (N = 442)						Allegations (N = 172)				
		M(SD) or n(%)			Advisory questions (N = 270)				F/K-W or $\chi^2/fe$	M(SD) or n(%)				F/K-W or $\chi^2/fe$	
		Advis. (N = 329)	Alleg. (N = 207)		PLD 1	PLD 2	PLD 3	PLD 4		PLD 1	PLD 2	PLD 3	PLD 4		
Additional problem	Emotional neglect/abuse	–	73 (56.6 %)	/	–	–	–	–	–	–	10 (62.5 %)	25 (67.6 %)	18 (66.7 %)	5 (16.7 %)	
	Sexual abuse	1 (25 %)	2 (1.6 %)		1 (33.3 %)	–	–	–	–	–	–	–	–	2 (6.7 %)	
	Risk assessment	–	9 (7.2 %)		–	–	–	–	–	–	2 (12.5 %)	–	3 (11.1 %)	3 (10 %)	
	Unknown/unclear/other	1 (25 %)	9 (7.2 %)		–	–	–	1 (100 %)	–	–	1 (6.3 %)	4 (10.8 %)	1 (3.7 %)	2 (6.7 %)	
	Abuse by minor	1 (25 %)	2 (1.6 %)		1 (33.3 %)	–	–	–	–	–	–	–	1 (3.7 %)	1 (3.3 %)	
	Physical neglect/abuse	–	12 (23.1 %)	/	–	–	–	–	/	–	1 (100 %)	4 (28.6 %)	1 (12.5 %)	2 (13.3 %)	8.88
	Emotional neglect/abuse	–	35 (67.3 %)		–	–	–	–	–	–	–	10 (71.4 %)	7 (87.5 %)	8 (53.3 %)	
Unknown/unclear/other	–	5 (9.6 %)		–	–	–	–	–	–	–	–	–	5 (33.3 %)		
Advise/support family/non-professionals	Yes	11 (3.5 %)	80 (41.2 %)	115.34***	4 (4.1 %)	1 (1.9 %)	2 (3.8 %)	–	2.32	15 (46.9 %)	25 (58.1 %)	17 (40.5 %)	10 (22.2 %)	12.20**	
	No	301 (96.5 %)	114 (58.8 %)		93 (95.9 %)	53 (98.1 %)	50 (96.2 %)	52 (100 %)		17 (53.1 %)	18 (41.9 %)	25 (59.5 %)	35 (77.8 %)		
Advise/support professionals	Regarding the treatment	31 (10.6 %)	15 (8.5 %)	0.62	7 (7.5 %)	8 (15.7 %)	9 (18.8 %)	4 (8.2 %)	10.43	–	2 (4.9 %)	3 (8.1 %)	2 (4.9 %)	5.90	
	Regarding the diagnosis	20 (6.8 %)	11 (6.3 %)		8 (8.6 %)	4 (7.8 %)	3 (6.3 %)	–		4 (12.9 %)	1 (2.4 %)	1 (2.7 %)	2 (4.9 %)		
	Both	242 (82.6 %)	150 (85.2 %)		78 (83.9 %)	39 (76.5 %)	36 (75 %)	45 (91.8 %)		27 (87.1 %)	38 (92.7 %)	33 (89.2 %)	37 (90.2 %)		

(continued on next page)

Table 3 (continued)

Characteristics	Values	Total sample (N = 536)		U or $\chi^2/fe$	Pre-lockdown (N = 442)										
		M(SD) or n(%)			Advisory questions (N = 270)					F/K-W or $\chi^2/fe$	Allegations (N = 172)				F/K-W or $\chi^2/fe$
		Advis. (N = 329)	Alleg. (N = 207)		PLD 1	PLD 2	PLD 3	PLD 4	M(SD) or n(%)						
									PLD 1		PLD 2	PLD 3	PLD 4		
Treatment	Shortterm, crisis care	3 (1 %)	16 (8.4 %)	316.47***	2 (2.1 %)	–	–	1 (1.9 %)	14.72*	4 (12.5 %)	1 (2.4 %)	–	4 (8.9 %)	20.93**	
	Longterm	5 (1.6 %)	28 (14.7 %)		5 (5.2 %)	–	–	–		8 (25 %)	10 (24.4 %)	1 (2.4 %)	5 (11.1 %)		
	Short- and longterm	8 (2.6 %)	114 (59.7 %)		–	4 (7.4 %)	1 (1.9 %)	3 (5.8 %)		14 (43.8 %)	25 (61 %)	32 (76.2 %)	29 (64.4 %)		
	No treatment	296 (94.9 %)	33 (17.3 %)		90 (92.8 %)	50 (92.6 %)	51 (98.1 %)	48 (92.3 %)		6 (18.8 %)	5 (12.2 %)	9 (21.4 %)	7 (15.6 %)		
Coordination of care	No involvement by CCCAN in family	93 (90.3 %)	11 (6.7 %)	186.74***	14 (66.7 %)	36 (100 %)	26 (96.3 %)	6 (75 %)	16.64***	2 (6.9 %)	1 (2.7 %)	–	6 (14.3 %)	6.96*	
	Involvement by CCCAN in family	10 (9.7 %)	154 (93.3 %)		7 (33.3 %)	–	1 (3.7 %)	2 (25 %)		27 (93.1 %)	36 (97.3 %)	37 (100 %)	36 (85.7 %)		
Referral to professionals	Yes	52 (16.7 %)	64 (33.5 %)	18.94***	18 (18.6 %)	9 (16.7 %)	5 (9.6 %)	9 (17.3 %)	2.12	9 (28.1 %)	16 (39 %)	18 (42.9 %)	13 (28.9 %)	2.84	
	No	260 (83.3 %)	127 (66.5 %)		79 (81.4 %)	45 (83.3 %)	47 (90.4 %)	43 (82.7 %)		23 (71.9 %)	25 (61 %)	24 (57.1 %)	32 (71.1 %)		
Collaboration with professionals	Yes	14 (4.5 %)	93 (48.7 %)	138.23***	7 (7.2 %)	4 (7.4 %)	–	1 (1.9 %)	5.58	26 (81.3 %)	24 (58.5 %)	14 (33.3 %)	18 (40 %)	20.07***	
	No	298 (95.5 %)	98 (51.3 %)		90 (92.8 %)	50 (92.6 %)	52 (100 %)	51 (98.1 %)		6 (18.8 %)	17 (41.5 %)	28 (66.7 %)	27 (60 %)		
Case management	Yes	–	16 (22.2 %)	/	–	–	–	–	/	4 (33.3 %)	2 (20 %)	3 (25 %)	3 (15.8 %)	1.52	
	No	–	56 (77.8 %)		–	–	–	–		8 (66.7 %)	8 (80 %)	9 (75 %)	16 (84.2 %)		
Evolved to social exigency	Yes	20 (6.1 %)	28 (20.9 %)	22.50***	3 (3 %)	2 (3.4 %)	3 (5.8 %)	1 (1.7 %)	1.52	2 (9.1 %)	6 (15.8 %)	14 (46.7 %)	4 (14.3 %)	12.69**	
	No	309 (93.9 %)	106 (79.1 %)		98 (97 %)	57 (96.6 %)	49 (94.2 %)	57 (98.3 %)		20 (90.9 %)	32 (84.2 %)	16 (53.3 %)	24 (85.7 %)		

(continued on next page)

Table 3 (continued)

Characteristics	Values	Total sample (N = 536)		U or $\chi^2/fe$	Pre-lockdown (N = 442)									
		M(SD) or n(%)			Advisory questions (N = 270)				F/K-W or $\chi^2/fe$	Allegations (N = 172)				
		Advis. (N = 329)	Alleg. (N = 207)		PLD 1	PLD 2	PLD 3	PLD 4		PLD 1	PLD 2	PLD 3	PLD 4	
Report to judicial system	Yes	12 (3.6 %)	29 (14 %)	19.31***	2 (2 %)	–	4 (7.7 %)	–	6.71*	6 (17.6 %)	6 (12.5 %)	9 (21.4 %)	5 (10.4 %)	2.56
	No	317 (96.4 %)	178 (86 %)		99 (98 %)	59 (100 %)	48 (92.3 %)	58 (100 %)		28 (82.4 %)	42 (87.5 %)	33 (78.6 %)	43 (89.6 %)	
Result social exigency investigation	No social exigency	–	24 (33.3 %)	/	–	–	–	–	/	–	2 (20 %)	1 (8.3 %)	10 (52.6 %)	12.77**
	Social exigency	–	48 (66.7 %)		–	–	–	–		12 (100 %)	8 (80 %)	11 (91.7 %)	9 (47.4 %)	

Note. \* $p \leq .05$ , \*\* $p \leq .10$ , \*\*\* $p < .001$ .

PLD 1 = pre-lockdown period 1 (2 months prior to lockdown: 12/01/2020–12/03/2020), PLD 2 = pre-lockdown period 2 (1 year prior to lockdown: 13/03/2019–14/05/2019), PLD 3 = pre-lockdown period 3 (2 years prior to lockdown: 13/03/2018–14/05/2018), PLD 4 = pre-lockdown period 4 (3 years prior to lockdown: 13/03/2017–14/05/2017).

For the non-normally distributed continuous variables, the nonparametric Kruskal-Wallis test was used instead of a One-Way ANOVA. When the assumption of the Chi-square test was violated, the Fisher's Exact test (only  $p$ -value) or the Fisher-Freeman-Halton Exact test ( $fe$ ) was used.

CCCAN = confidential center of child abuse and neglect.

<sup>a</sup> No data were found for this variable in the advisory questions so no results were computed.

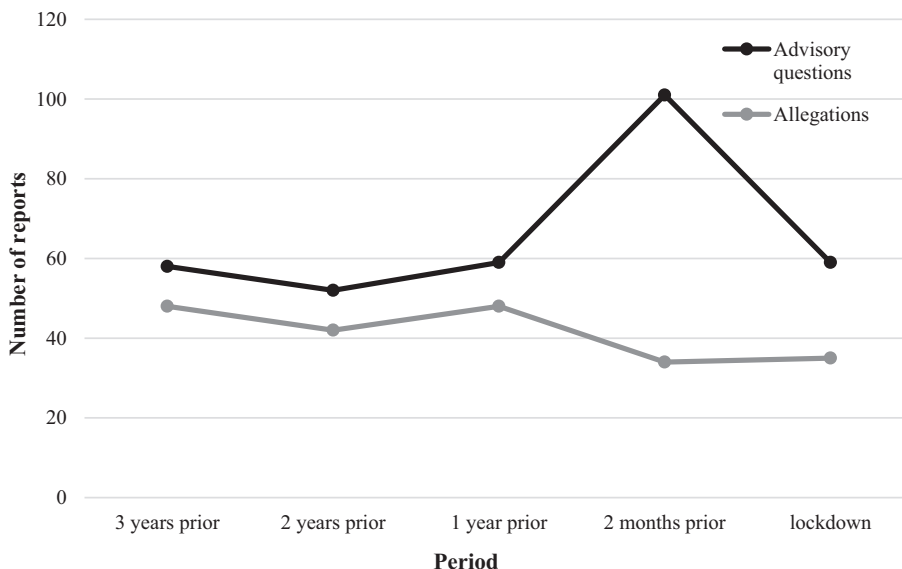


Fig. 1. Number of reports by period.

Note. Lockdown: 13/03/2020–14/05/2020, 2 months prior: 12/01/2020–12/03/2020, 1 year prior: 13/03/2019–14/05/2019, 2 years prior: 13/03/2018–14/05/2018, 3 years prior: 13/03/2017–14/05/2017.

examine the characteristics on which reports in the lockdown period differed from those in the pre-lockdown period and whether other reporters have taken over the role of traditional ones, reports from both periods were compared using chi-square, Fisher's Exact, Fisher-Freeman-Halton, *t*- and its nonparametric counterpart Mann-Whitney *U* tests. Effect sizes Cohens' *d* and  $\phi$  were computed (Cohen, 1988; Kotrlik et al., 2011). Variables with >10 % missing values were not analyzed.

### 3. Results

#### 3.1. Number of reports

The number of advisory questions ( $p = 1.00$ ) and allegations ( $p = .14$ ) did not differ during the lockdown compared to the pre-lockdown period (see Fig. 1 and Table 4).

#### 3.2. Profile of reports

##### 3.2.1. Advisory questions

During the lockdown, the risk assessment of advisory questions was significantly higher ( $p = .011$ ) than before the lockdown ( $M_{\text{lockdown}} = 2.25, SD_{\text{lockdown}} = 0.63, M_{\text{pre-lockdown}} = 2.01, SD_{\text{pre-lockdown}} = 0.72$ ). The advisory questions contained more unknown reporters (lockdown: 5.1 % vs pre-lockdown: 0.7 %;  $p = .042$ ) and handled more emotional neglect and/or abuse (lockdown: 55.9 % vs. pre-lockdown: 37.4 %;  $p = .024$ ) as the main problem and less sexual abuse (lockdown: 1.7 % vs. pre-lockdown: 11.1 %) during the lockdown. Advisory questions evolved significantly more into social exigency investigations (lockdown: 18.6 % vs. pre-lockdown: 3.3 %;  $p < .001$ ) during the lockdown and significantly more referrals were made to judicial authorities than before the lockdown (lockdown 10.2 % vs. pre-lockdown: 2.2 %;  $p = .010$ ) (see Tables 5 and 6).

Table 4

Number of reports by period and comparison between lockdown en pre-lockdown period using a One Sample Wilcoxon signed-rank test.

Period	Advisory question/allegation		
	Number of reports	Z	p
Lockdown	59/35		
2 months prior	101/34		
1 year prior	59/48		
2 years prior	52/42	3.00/9.00	1.00/.141
3 years prior	58/48		
Median pre-lockdown	58.5/45		

Note. The median of the pre-lockdown period was compared to the value of the lockdown period for both advisory questions and allegations. Lockdown: 13/03/2020–14/05/2020, 2 months prior: 12/01/2020–12/03/2020, 1 year prior: 13/03/2019–14/05/2019, 2 years prior: 13/03/2018–14/05/2018, 3 years prior: 13/03/2017–14/05/2017.

Table 5

Descriptive results characteristics for the advisory questions and comparison between the lockdown and pre-lockdown period.

Characteristics	Range/values	Lockdown <sup>1</sup> (N = 59)		Pre-lockdown <sup>2</sup> (N = 270)		Total (N = 329)		$\chi^2$ (df)/fe t/U	p	d/ $\varphi$
		M(SD)/n(%)	N	M(SD)/n(%)	N	M(SD)/n(%)	N			
Report										
Risk assessment	(0–4) <sup>1,2</sup>	2.25 (0.63)	57	2.01 (0.72)	261	2.05 (0.71)	315	$U = 6178.00$	<b>.011</b>	0.280
Victim known										
	Yes	4 (6.8 %)	59	18 (6.7 %)	270	22 (6.7 %)	329	–	1.00	0.002
	No	55 (93.2 %)		252 (93.3 %)		307 (93.3 %)				
Report individual										
	Yes	28 (47.5 %)	59	138 (51.1 %)	270	166 (50.5 %)	329	$\chi^2(1) = 0.26$	.611	0.028
	No	31 (52.2 %)		132 (48.9 %)		163 (49.6 %)				
Number of siblings reported	(0–4) <sup>1</sup> , (0–5) <sup>2</sup>	1.27 (1.42)	59	0.98 (1.22)	270	1.03 (1.27)	329	$U = 7188.00$	.205	0.140
Type of report										
	Intra-familial CAN	56 (94.9 %)	59	242 (89.6 %)	270	298 (90.6 %)	329	$fe = 1.22$	.791	0.083
	Extra-familial CAN	3 (5.1 %)		20 (7.4 %)		23 (7 %)				
	Both	–		2 (0.7 %)		2 (0.6 %)				
	Unknown or no CAN	–		6 (2.2 %)		6 (1.8 %)				
Hospitalisation victim										
	Yes	–	59	1 (0.4 %)	270	1 (0.3 %)	329	–	1.000	0.026
	No	59 (100 %)		269 (99.6 %)		328 (99.7 %)				
Reporter										
Reporting authority										
	Health care/youth care/welfare organizations	14 (23.7 %)	59	108 (40 %)	270	122 (37.1 %)	329	$fe = 5.82$	.187	0.143
	Daycare and (after)school facilities	44 (74.6 %)		153 (56.7 %)		197 (59.9 %)				
	Helpline/primary environment	1 (1.7 %)		9 (3.3 %)		10 (3 %)				
Communication										
	e-mail	–	59	9 (3.3 %)	270	9 (2.7 %)	329	$fe = 2.30$	.269	0.090
	Phone	50 (84.7 %)		231 (85.6 %)		281 (85.4 %)				
	Personal contact	9 (15.3 %)		30 (11.1 %)		39 (11.9 %)				
Anonymous reporter										
	Yes	3 (5.1 %)	59	28 (10.4 %)	270	31 (9.4 %)	329	$\chi^2(1) = 1.59$	.208	0.069
	No	56 (94.9 %)		242 (89.6 %)		298 (90.6 %)				
Reporter known										
	Yes	56 (94.9 %)	59	268 (99.3 %)	270	324 (98.5 %)	329	–	<b>.042</b>	0.136
	No	3 (5.1 %)		2 (0.7 %)		5 (1.5 %)				
Demand reporter										
	Active intervention	2 (3.4 %)	58	20 (7.4 %)	269	22 (6.7 %)	327	$fe = 1.93$	.358	0.077
	Advise	52 (89.7 %)		228 (88.5 %)		290 (88.7 %)				
	Coaching/support	4 (6.9 %)		11 (4.1 %)		15 (4.6 %)				
Main problem										
	Physical neglect/abuse	22 (37.3 %)	59	101 (37.4 %)	259	123 (37.4 %)	327	$fe = 12.17$	<b>.024</b>	0.195
	Emotional neglect/abuse	33 (55.9 %)		101 (37.4 %)		134 (40.7 %)				
	Sexual abuse	1 (1.7 %)		30 (11.1 %)		31 (9.4 %)				
	Risk situation	1 (1.7 %)		22 (8.1 %)		23 (7 %)				
	Unknown/unclear/other	–		4 (1.5 %)		4 (1.2 %)				
	Abuse by minor him/herself	2 (3.4 %)		12 (4.4 %)		14 (4.3 %)				
Victim and his/her family										
Sex victim										
	Female	25 (43.9 %)	57	123 (49.2 %)	250	148 (48.2 %)	307	$\chi^2(1) = 0.53$	.467	0.042
	Male	32 (56.1 %)		127 (50.8 %)		159 (51.8 %)				
Age victim at time of report (months)	(1–216) <sup>1</sup> , (0–222) <sup>2</sup>	101.68 (60.56)	57	103.3 (56.82)	266	103.01 (57.41)	323	$t(321) = -0.19$	.848	0.028
Number of previous reports	(0–3) <sup>1,2</sup>	0.14 (0.57)	59	0.10 (0.42)	270	0.11 (0.44)	329	$U = 7947.00$	.950	0.070
Age victim first report (months)	(1–216) <sup>1</sup> , (0–222) <sup>2</sup>	99.37 (59.93)	57	101.1 (57.88)	266	100.79 (58.15)	323	$U = 7398.5$	.775	0.032
Perpetrator(s)										
Number of registered perpetrators	(0–2) <sup>1,2</sup>	1.07 (0.75)	57	1.03 (0.58)	261	1.04 (0.61)	318	$U = 7154.00$	.598	0.030
Main perpetrator	Intra-familial	40 (67.8 %)	59	196 (72.6 %)	270	236 (71.1 %)	329	$fe = 3.53$	.305	0.107

(continued on next page)

Table 5 (continued)

Characteristics	Range/values	Lockdown <sup>1</sup> (N = 59)		Pre-lockdown <sup>2</sup> (N = 270)		Total (N = 329)		$\chi^2$ (df)/fe t/U	p	d/ $\varphi$
		M(SD)/n(%)	N	M(SD)/n(%)	N	M(SD)/n(%)	N			
	Extra-familial	3 (5.1 %)		25 (9.3 %)		28 (8.5 %)				
	Unknown	2 (3.4 %)		10 (3.7 %)		12 (3.6 %)				
Trajectory CCCAN										
Personal contact victim	Yes	–	59	8 (3 %)	270	8 (2.4 %)	329	–	.359	0.074
	No	59 (100 %)		262 (97 %)		321 (97.6 %)				
Personal contact family member/person involved	Yes	–	59	11 (4.1 %)	270	11 (3.3 %)	329	–	.224	0.087
	No	59 (100 %)		259 (95.9 %)		318 (96.7 %)				
Personal contact (co-)perpetrator	Yes	–	59	8 (3 %)	270	8 (2.4 %)	329	–	.359	0.074
	No	59 (100 %)		262 (97 %)		321 (97.6 %)				
Diagnosis	Yes	–	59	4 (1.5 %)	270	4 (1.2 %)	329	–	1.000	0.052
	No	59 (100 %)		266 (98.5 %)		325 (98.8 %)				
Advise/support to family or non-professionals	Yes	4 (7 %)	57	7 (2.7 %)	255	11 (3.5 %)	312	–	.121	0.090
	No	53 (93 %)		248 (97.3 %)		301 (96.5 %)				
Type of treatment	Shortterm, crisis care	–	57	3 (1.2 %)	255	3 (1 %)	312	/	/	/
	Longterm	–		5 (2 %)		5 (1.6 %)				
	Short and longterm	–		8 (3.1 %)		8 (2.6 %)				
	No treatment	57 (100 %)		239 (93.7 %)		296 (94.9 %)				
Referral to professionals	Yes	11 (19.3 %)	57	41 (16.1 %)	256	52 (16.7 %)	312	$\chi^2(1) = 0.35$	.555	0.033
	No	46 (80.7 %)		214 (83.9 %)		260 (83.3 %)				
Collaboration with professionals	Yes	2 (3.5 %)	57	12 (4.7 %)	255	14 (4.5 %)	313	–	1.00	0.022
	No	55 (96.5 %)		243 (95.3 %)		298 (95.5 %)				
Evolved to social exigency	Yes	11 (18.6 %)	59	9 (3.3 %)	270	20 (6.1 %)	270	–	<.001	0.246
	No	48 (81.4 %)		261 (96.7 %)		309 (93.9 %)				
Report to judicial authorities	Yes	6 (10.2 %)	59	6 (2.2 %)	270	12 (3.6 %)	329	–	.010	0.163
	No	53 (89.8 %)		264 (97.8 %)		317 (96.4 %)				

Note. If the assumption of the Chi-square test was violated, the Fisher's Exact test (only *p*-value) or the Fisher-Freeman-Halton Exact test (*fe*) was used.

Bold *p*-values are significant at the  $p \leq .05$  level. Only variables with <10 % missing values were analyzed.

CCCAN = confidential center of child abuse and neglect, CAN = child abuse and neglect.

Lockdown: 13/03/2020–14/05/2020. Pre-lockdown is the sum of all pre-lockdown periods: 2 months prior to lockdown (12/01/2020–12/03/2020), 1 year prior to lockdown (13/03/2019–14/05/2019), 2 years prior to lockdown (13/03/2018–14/05/2018), 3 years prior to lockdown (13/03/2017–14/05/2017)

**Table 6**  
Descriptive results characteristics for the allegations and comparison between the lockdown and pre-lockdown period.

Characteristics	Range/values	Lockdown <sup>1</sup> (N = 35)		Pre-lockdown <sup>2</sup> (N = 172)		Total (N = 207)		X <sup>2</sup> (df)/fe U	p	d/φ
		M(SD)/n(%)	N	M(SD)/n(%)	N	M(SD)/n(%)	N			
<b>Report</b>										
Type of allegation	Regular allegation	10 (28.6 %)	35	118 (68.6 %)	172	128 (61.8 %)	207	fe = 35.07	<.001	0.468
	Social exigency report	18 (51.4 %)		54 (31.4 %)		72 (34.8 %)				
	Helpline allegation	6 (17.1 %)		–		6 (2.9 %)				
	Other	1 (2.9 %)		–		1 (0.5 %)				
Risk assessment	(0–4) <sup>1,2</sup>	2.49 (0.85)	35	2.26 (0.74)	163	2.30 (0.77)	198	U = 2483.5	.160	0.201
Victim known	Yes	10 (28.6 %)	35	58 (33.7 %)	172	68 (32.9 %)	207	χ <sup>2</sup> (1) = 0.35	.554	0.041
	No	25 (71.4 %)		114 (66.3 %)		139 (67.1 %)				
Report individual	Yes	10 (28.6 %)	35	60 (34.9 %)	172	70 (33.8 %)	207	χ <sup>2</sup> (1) = 0.52	.472	0.050
	No	25 (71.4 %)		112 (65.1 %)		137 (66.2 %)				
Number of siblings	(0–4) <sup>1</sup> , (0–6) <sup>2</sup>	1.71 (1.38)	35	1.41 (1.45)	172	1.46 (1.44)	207	U = 2573.00	.162	0.196
Type of report	Intra-familial CAN	35 (100 %)	35	153 (89 %)	172	188 (90.8 %)	207	fe = 2.61	.423	0.143
	Extra-familial CAN	–		8 (4.7 %)		8 (3.9 %)				
	Both	–		8 (4.7 %)		8 (3.9 %)				
	Unknown or no CAN	–		3 (1.4 %)		3 (1.4 %)				
Hospitalisation victim	Yes	–	35	4 (2.3 %)	172	4 (1.9 %)	207	–	1.00	0.063
	No	35 (100 %)		168 (97.7 %)		203 (98.1 %)				
<b>Reporter</b>										
Reporting authority	Healthcare/youth care/welfare organization	6 (17.1 %)	35	87 (50.6 %)	172	93 (44.9 %)	207	fe = 54.45	<.001	0.590
	Daycare and (after)school facilities	4 (11.4 %)		56 (32.6 %)		60 (29 %)				
	Police and judicial authorities	17 (48.6 %)		18 (10.5 %)		35 (16.9 %)				
	Helpline/primary environment	8 (22.9 %)		11 (6.4 %)		19 (9.2 %)				
Communication	E-mail	1 (2.9 %)	35	8 (4.7 %)	172	9 (4.3 %)	207	fe = 5.01	.148	0.160
	Phone	19 (54.3 %)		102 (59.3 %)		121 (58.5 %)				
	Personal contact	–		14 (8.1 %)		14 (6.8 %)				
	Written	15 (42.9 %)		48 (27.9 %)		63 (30.4 %)				
Anonymous reporter	Yes	1 (2.9 %)	35	6 (3.5 %)	172	7 (3.4 %)	207	–	1.00	0.013
	No	34 (97.1 %)		166 (96.5 %)		200 (96.6 %)				
Reporter known	Yes	35 (100 %)	35	168 (97.7 %)	172	203 (98.1 %)	207	–	1.00	0.063
	No	–		4 (2.3 %)		4 (1.9 %)				
Demand reporter	Active intervention	14 (40 %)	35	79 (46.2 %)	171	93 (45.1 %)	206	χ <sup>2</sup> (2) = 6.66	.036	0.180
	Advise	3 (8.6 %)		39 (22.8 %)		42 (20.4 %)				
	Social exigency investigation	18 (51.4 %)		53 (31 %)		71 (34.5 %)				
Main problem	Physical neglect/abuse	10 (28.6 %)	35	77 (44.8 %)	172	87 (42 %)	207	fe = 6.03	.150	0.189
	Emotional neglect/abuse	23 (65.7 %)		71 (41.3 %)		94 (45.4 %)				
	Sexual abuse	1 (2.9 %)		10 (5.8 %)		11 (5.3 %)				
	Risk assessment	1 (2.9 %)		10 (5.8 %)		11 (5.3 %)				
	Abuse by minor	–		4 (2.3 %)		4 (1.9 %)				
<b>Victim and his/her family</b>										
Sex victim	Female	25 (78.1 %)	32	94 (54.7 %)	172	119 (58.3 %)	204	χ <sup>2</sup> (1) = 6.12	.013	0.173
	Male	7 (21.9 %)		78 (45.3 %)		85 (41.7 %)				
Age victim at time of report (months)	(1–214) <sup>1</sup> , (1–211) <sup>2</sup>	121.29 (65.59)	35	93.94 (56.69)	172	98.57 (59.02)	207	U = 2234	.016	0.339
Number of previous reports	(0–3) <sup>1</sup> , (0–5) <sup>2</sup>	0.4 (0.81)	35	0.52 (0.92)	172	0.50 (0.90)	207	U = 2739.00	.307	0.142
Age victim first report (months)	(1–214) <sup>1</sup> , (0–208) <sup>2</sup>	113.86 (65.80)	35	85.75 (55.87)	171	90.52 (58.46)	206	U = 2209.5	.015	0.345

(continued on next page)

Table 6 (continued)

Characteristics	Range/values	Lockdown <sup>1</sup> (N = 35)		Pre-lockdown <sup>2</sup> (N = 172)		Total (N = 207)		X <sup>2</sup> (df)/fe U	p	d/φ
		M(SD)/n(%)	N	M(SD)/n(%)	N	M(SD)/n(%)	N			
Language victim	Dutch	32 (100 %)	32	136 (85.5 %)	159	168 (88 %)	191	–	<b>.016</b>	0.166
	Other	–		23 (14.5 %)		23 (12 %)				
Family composition	Intact	17 (50 %)	34	84 (49.7 %)	169	101 (49.8 %)	203	fe = 3.19	.205	0.126
	Divorced	16 (47.1 %)		63 (37.3 %)		79 (38.9 %)				
	Step family	1 (2.9 %)		22 (13 %)		23 (11.3 %)				
Other residence	No	31 (91.2 %)	34	152 (91.6 %)	166	183 (91.5 %)	200	–	1.00	0.005
	Yes	3 (8.8 %)		14 (8.4 %)		17 (8.5 %)				
Number of siblings	(0–6) <sup>1,2</sup>	2.37 (1.46)	35	1.96 (1.33)	166	2.03 (1.36)	201	U = 2397.00	.094	0.202
Perpetrator(s)										
Main perpetrator	Intra-familial	32 (91.4 %)	35	129 (76.3 %)	169	161 (78.9 %)	204	fe = 3.89	.268	0.146
	Extra-familial	0 (0 %)		8 (4.7 %)		8 (3.9 %)				
	Unknown	0 (0 %)		1 (0.6 %)		1 (0.5 %)				
	No perpetrator	3 (8.6 %)		31 (18.3 %)		34 (16.7 %)				
Trajectory CCCAN										
Personal contact victim	Yes	20 (57.1 %)	35	113 (65.7 %)	172	133 (64.3 %)	207	χ <sup>2</sup> (1) = 0.93	.336	0.067
	No	15 (42.9 %)		59 (34.3 %)		74 (35.7 %)				
Personal contact family member/person involved	Yes	22 (62.9 %)	35	136 (79.1 %)	172	158 (76.3 %)	207	χ <sup>2</sup> (1) = 4.23	<b>.040</b>	0.143
	No	13 (37.1 %)		36 (20.6 %)		49 (23.7 %)				
Personal contact (co-)peperator	Yes	18 (51.4 %)	35	112 (65.1 %)	172	129 (62.3 %)	207	χ <sup>2</sup> (1) = 3.39	.066	0.128
	No	17 (48.6 %)		60 (34.9 %)		78 (37.7 %)				
Diagnosis	Yes	15 (42.9 %)	35	114 (66.3 %)	172	129 (62.3 %)	207	χ <sup>2</sup> (1) = 6.79	<b>.009</b>	0.181
	No	20 (57.1 %)		58 (33.7 %)		78 (37.7 %)				
Advise/support to family/non-professionals	Yes	13 (40.6 %)	32	67 (41.4 %)	162	80 (41.2 %)	194	χ <sup>2</sup> (1) = 0.01	.939	0.006
	No	19 (59.4 %)		95 (58.6 %)		114 (58.8 %)				
Report to judicial authorities	Yes	3 (8.6 %)	35	26 (15.1 %)	172	29 (14 %)	207	–	.426	0.071
	No	32 (91.4 %)		146 (84.6 %)		178 (86 %)				

Note. All continuous variables were non-normally distributed so the non-parametric Mann-Whitney U test was used. If the assumption of the Chi-square test was violated, the Fisher's Exact test (only *p*-value) or the Fisher-Freeman-Halton Exact test (*fe*) was used. Bold *p*-values are significant at the 0.05 level. Only variables with <10 % missing values were analyzed.

CCCAN = confidential center of child abuse and neglect, CAN = child abuse and neglect.

Lockdown: 13/03/2020–14/05/2020. Pre-lockdown is the sum of all pre-lockdown periods: 2 months prior to lockdown (12/01/2020–12/03/2020), 1 year prior to lockdown (13/03/2019–14/05/2019), 2 years prior to lockdown (13/03/2018–14/05/2018), 3 years prior to lockdown (13/03/2017–14/05/2017).

### 3.2.2. Allegations

During the lockdown period, there were significantly less regular allegations (lockdown: 28.6 % vs. pre-lockdown: 68.6 %) but more social exigency reports (lockdown: 51.4 % vs. pre-lockdown: 31.4 %;  $p < .001$ ). Reporters were significantly more the helpline (lockdown: 22.9 % vs. pre-lockdown: 6.4 %), police and judicial authorities (lockdown: 48.6 % vs. pre-lockdown: 10.5 %) and significantly less the daycare, (after)school facilities (lockdown: 11.4 % vs. pre-lockdown: 32.6 %), health/youth care and welfare organizations (lockdown: 17.1 % vs. pre-lockdown: 50.6 %;  $p < .001$ ). Reporters were significantly more likely to ask for social exigency investigations (lockdown: 51.4 % vs. pre-lockdown: 31 %) and significantly less for advice (lockdown: 8.6 % vs. pre-lockdown: 22.8 %;  $p = .036$ ). Allegations were significantly more likely to involve female (lockdown: 78.1 % vs. pre-lockdown: 54.7 %;  $p = .013$ ), Dutch-speaking (lockdown: 100 % vs. pre-lockdown: 85.5 %;  $p = .016$ ), victims during the lockdown period. Victims were also significantly older at time of the current ( $M_{\text{lockdown}} = 121.29$ ,  $SD_{\text{lockdown}} = 65.59$  vs.  $M_{\text{pre-lockdown}} = 93.94$ ,  $SD_{\text{pre-lockdown}} = 56.69$ ;  $p = .016$ ) and first report ( $M_{\text{lockdown}} = 113.86$ ,  $SD_{\text{lockdown}} = 65.80$ ;  $M_{\text{pre-lockdown}} = 85.75$ ,  $SD_{\text{pre-lockdown}} = 55.87$ ;  $p = .015$ ). During the lockdown, there was less personal contact with a direct caregiver or family member of the minor (lockdown: 62.9 % vs. pre-lockdown: 79.1 %;  $p = .040$ ). Less diagnoses were reached (lockdown: 42.9 % vs. pre-lockdown: 66.3 %;  $p = .009$ ) (see [Tables 5 and 6](#)).

## 4. Discussion

The current study investigated the impact of the COVID-19-lockdown on CAN in Brussels by examining administrative data regarding reports of CAN filed to the Brussels CCCAN.

No significant difference regarding the number of reports (advisory questions or allegations) was found between the lockdown and the pre-lockdown period. This is consistent with only a few studies during the current health crisis ([Mühlmann & Pothmann, 2020](#)). Typically, more or fewer reports were found (e.g. [Baron et al., 2020](#); [Mairhofer et al., 2020](#); [Welch & Haskins, 2020](#)). This result suggests that despite the COVID-19-lockdown, reports regarding CAN still found their way to the CCCAN. For example, during lockdown, professionals working with children and their families still sought advice despite the changed situation and closure or reduced activities of many health and welfare organizations ([Opgroeien, 2020](#)). The fact that the number of allegations did not change during the lockdown, does not confirm that neither the prevalence of CAN nor the profile of families and CAN reported on remained unchanged during the lockdown. On the contrary, the results of this study show that the profile of the reports did change during the lockdown. Thus, it is likely that some reports were missed during the lockdown but were compensated by other type of reports, leaving the total number of reports unchanged. However, based on these results, no statement can be made regarding the dark number of CAN cases and how this evolved during the lockdown.

During the lockdown, advice was sought on more serious situations than before the lockdown. The risk assessment was higher, the advisory questions evolved more often into social exigency investigations and there were more referrals to judicial authorities. This result is consistent with previous findings that physical abuse was more severe during the lockdown ([Schmidt and Natanson, 2020](#)). One possible explanation for the increased severity is that situations remained undetected longer due to the limited contacts with traditional reporters during the lockdown ([Welch & Haskins, 2020](#)). On the other hand, it could also be that reporters assessed situations more seriously because of the lockdown in which families are harder to reach and less (qualitative) help can be offered. Consequently, the judicial system was called in more quickly/often for these cases. The referrals to judicial authorities can also be the result of a limited willingness to cooperate in social exigency investigations during the lockdown.

Concerning the allegations, differences regarding the reporters and the trajectory at the CCCAN were observed. Allegations were more likely to come from police and judicial authorities, the violence and (child) abuse helpline, and the primary environment during the lockdown. This is not surprising given that the minors had less contact with reporters such as teachers, health and welfare workers who report most in 'regular' times ([FOD Volksgezondheid, 2020](#); [VK Brussel & Nupraatikerover.be, 2019](#); [Vinck et al., 2016](#)). These results show that citizens took their responsibility during these troubling times and expressed their concerns through the helpline, police and judicial authorities. Citizens partly took over the role of traditional reporters during the lockdown as the total number of reports remained approximately unchanged. Furthermore, there were significantly more social exigency investigations during the lockdown. These results confirm the idea that situations were assessed more seriously during the lockdown when families were harder to reach.

During the lockdown, less personal contact between CCCAN staff members and family members or persons involved, and fewer diagnoses were reached by the CCCAN. Although personal contact with the victims and (co-)perpetrators also decreased, it seemed even more difficult to involve other parties involved like family members during the lockdown. Limited digital literacy or access to technology of family members may explain this ([Tener et al., 2021](#)). There are multiple explanations for the reduced amount of reached diagnoses during lockdown. For example, it may be that the assessment process was not finished at the time the dataset was constructed. Due to a processing time of several months, some cases from the lockdown period had not yet been closed. Furthermore, the lockdown may have led to more doubt and uncertainty, which might have made it more difficult for CCCAN staff members to take decisions ([Desair & Stroobants, 2020](#)). Finally, this may also be due to a lack of (objective, diagnostic) information usually obtained through other professionals involved that is needed to make a correct assessment.

In terms of handling the allegations and counseling the families during the lockdown, more social exigency investigations and less advice were requested by the reporters. In addition, family members and non-professionals were offered more advice and support during treatment. These findings point to the fact that child protection workers had to make choices regarding treatment and support offered during the lockdown due to limited access to clients and a reduced offer of support by traditional partners (i.e., youth care and welfare organizations) ([Desair & Stroobants, 2020](#)).

Finally, it seems that mainly Flemish modal families were involved with CPS during the lockdown. Allegations involved older

(average 10 years), Dutch-speaking female victims. These results are somewhat similar to results from Bullinger, Raissian, et al. (2020). They found an increased prevalence of CAN in neighborhoods with the least traditional risk factors such as low poverty rates, high income, and fewer racial minority groups. While at first glance these may seem strange results, taking into account the etiology of CAN, the lockdown may offer an explanation for these cases. Both parents and children were at home during the lockdown due to home working or unemployment and school closures. With parents working from home and at the same time having to take care of their children who were not at school, this caused a lot of stress on families increasing the likelihood of emotional and physical neglect (Bullinger, Raissian, et al., 2020). Advisory questions during the lockdown involved significantly more often emotional CAN. This may confirm the hypothesis that parents did not have enough time or mental space to provide adequate (emotional) care to their children due to the stressors of the lockdown (Bradbury-Jones & Isham, 2020). Emergency physicians in New York, for example, reported an increase in injuries from accidents involving bicycles, trampolines, etc. because parents cannot provide constant supervision. These results support the idea that the lockdown impacts all families, including those who previously managed to provide safe and consistent care (Bullinger, Raissian, et al., 2020). Indeed, Leslie and Wilson (2020) and McCrary and Sanga (2021) reported an increase in domestic violence following the introduction of lockdown in households with no history of domestic violence. Finally, it is not surprising that prospective adolescents are targeted in the allegations. The lockdown has a particularly strong impact on the social life of this group due to the closure of schools and leisure activities during a life stage where friends and peers take on an increasingly important role (De Kinderombudsman, 2020; Ragelienė, 2016). Continuously being at home with a lack of recreation possibilities led to conflicts and troubling situations in a lot of families (Bradbury-Jones & Isham, 2020; Lee & Ward, 2020; The Alliance et al., 2020).

#### 4.1. Limitations and strengths

The current research has a number of strengths and limitations. Administrative data provide a great deal of information on advice questions and reports. However, the numbers are sometimes very small so that coincidence cannot be excluded (59 advisory questions in the lockdown period (vs 270 pre-lockdown); 35 allegations in the lockdown period (vs 172 pre-lockdown)). Due to the exploratory nature of the study, a high number of tests were conducted which augments capitalization of chance and results thus should be interpreted with caution. Furthermore, for a number of variables the number of missing data was very high (up to 50 %), so analysis were only performed on variables with <10 % missing values. In addition, our dataset only included reports from the Brussels CCCAN whereas the helpline for violence and (child) abuse also receives reports. Nonetheless, the CCCAN receive the most reports (including referrals from the helpline) and thus this data paints the most complete picture.

#### 4.2. Implications and future directions

Some implications for policy and practice, as well as suggestions for follow-up research can be formulated. Since the profiles of reports during the lockdown differed significantly from the reports before the lockdown, efforts should be made to reach families that are traditionally considered at-risk (low socio-economic status) but are more difficult to reach during the lockdown. To replace the traditional channels, a possibility is to focus on sensibilization of citizens and professionals who still have contact with children despite the containment measures such as pharmacists, general practitioners and store vendors and involve them more in the reporting process (The Alliance et al., 2020).

Current results also showed the informal network to be important in reporting CAN and partly taking over the role of traditional reporters. Although we cannot exclude that the actual prevalence increased during the lockdown, we can already conclude that the number of reports did not decrease and more reports were made through the helpline and police/judicial authorities. Focusing even more on citizens and the primary environment through sensibilization, specifically in high-risk neighborhoods, could help prevent reports from being missed in future crises (The Alliance, 2020). This can also contribute to early detection that was limited during lockdown. Moreover, it is appropriate for professionals who traditionally work with children such as youth care workers to have an eye for known high-risk families during a crisis situation and to monitor them so that troubling situations are quickly detected.

Current research was limited only to two months at the start of the crisis. It would be interesting to find out what the state of reporting is in the months following the crisis. Finally, although the results obtained are specific to the Brussels context, it is likely that these recommendations will also be useful for other regions in Belgium or even beyond due to the exploratory nature of the research.

## 5. Conclusion

The number of reports (advisory questions and allegations) did not increase or decrease during the lockdown. During the lockdown, advisory questions more often involved emotional CAN. The risk was assessed as being higher, the advisory questions evolved more often into a social exigency investigation and reports were more often referred to judicial authorities. The allegations more often involved social exigency investigations that more often turned out not to be a social exigency situation. Reports were more often filed by non-traditional reporters. The profile of victims and families appeared more often to be Flemish modal families for allegations.

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.chiabu.2022.105903>.

## Funding

This work was partly funded by the Vlaamse Gemeenschapscommissie (VGC). The funding source had no involvement regarding the preparation of the article.

## Declaration of interest

None.

## Data availability

The data that has been used is confidential.

## References

- Abramson, A. (2020). *How COVID-19 may Increase Domestic Violence and Child Abuse*. American Psychological Association. For Example, the CAN Hotline for Los Angeles County Reported a Decrease by 50 %25 in Child Maltreatment Allegations in the Month of April Following the COVID-19 Outbreak. 2020. Department of Children and Family Services.
- Adebelli, D., & Sümen, A. (2020). The effect of the coronavirus (COVID-19) pandemic on health-related quality of life in children. *Children and Youth Services Review*, *119*, 1–7. <https://doi.org/10.1016/j.chldyouth.2020.105595>
- Adriaenssens, P. (2010). From protected object to lawful subject. Practical application of the Belgian model of child protection. In H. Dubowitz, & J. Merrick (Eds.), *International aspects of child abuse and neglect* (pp. 97–110). Nova Science Publisher Inc.
- Almuneef, M. A., Alghamdi, L. A., & Saleheen, H. N. (2016). Family profile of victims of child abuse and neglect in the Kingdom of Saudi Arabia. *Saudi Medical Journal*, *37*(8), 882–888. <https://doi.org/10.15537/smj.2016.8.14654>
- Barboza, G. E., Schiamburg, L. B., & Pacht, L. (2021). A spatiotemporal analysis of the impact of COVID-19 on child abuse and neglect in the city of Los Angeles, California. *Child Abuse and Neglect*, *116*, 1–15. <https://doi.org/10.1016/j.chiabu.2020.104740>
- Barboza-Salerno, G. E. (2020). Examining spatial regimes of child maltreatment allegations in a social vulnerability framework. *Child Maltreatment*, *25*(1), 70–84. <https://doi.org/10.1177/1077559519850340>
- Baron, E. J., Goldstein, E. G., & Wallace, C. T. (2020). Suffering in silence: How COVID-19 school closures inhibit the reporting of child maltreatment. *Journal of Public Economics*, *190*, 1–13. <https://doi.org/10.1016/j.jpubeco.2020.104258>
- Berger, L. M., & Waldfogel, J. (2011). Economic determinants and consequences of child maltreatment. In *OECD social, employment and migration working papers*. Berger, M., ten Berge, I., & Geurts, E. (2004). *Samenhangende hulp: Interventies voor mishandelde kinderen en hun ouders*. NIZW.
- Black, D. A., Heyman, R. E., & Slep, A. M. S. (2001). Risk factors for child physical abuse. *Aggression and Violent Behavior*, *6*, 121–188.
- Bradbury-Jones, C., & Isham, L. (2020). The pandemic paradox: The consequences of COVID-19 on domestic violence. *Journal of Clinical Nursing*, *29*(13–14), 2047–2049. <https://doi.org/10.1111/jocn.15296>
- Brown, J., Cohen, P., Johnson, J. G., & Salzinger, S. (1998). A longitudinal analysis of risk factors for child maltreatment: Findings of a 17-year prospective study of officially recorded and self-reported child abuse and neglect. *Child Abuse and Neglect*, *22*(11), 1065–1078. [https://doi.org/10.1016/S0145-2134\(98\)00087-8](https://doi.org/10.1016/S0145-2134(98)00087-8)
- Browne, K. D., & Herbert, M. (1999). *Preventing family violence*. Wiley.
- Brussels Instituut Voor Statistiek en Analyse. (2021, November). Leeftijdsstructuur. <https://bisa.brussels/themas/bevolking/leeftijdsstructuur>.
- Bryant, D. J., Oo, M., & Damian, A. J. (2020). The rise of adverse childhood experiences during the COVID-19 pandemic. *Psychological Trauma: Theory, Research, Practice, and Policy*, *12*, S193–S194. <https://doi.org/10.1037/tra0000711>
- Bullinger, L. R., Carr, J. B., & Packham, A. (2020). *COVID-19 and crime: Effects of stay-at-home orders on domestic violence (No. 27667; NBER)*.
- Bullinger, L. R., Raissian, K. M., Feely, M., & Schneider, W. (2020). *The neglected ones: Time at home during COVID-19 and child maltreatment*.
- Campbell, A. M. (2020). An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. *Forensic Science International: Reports*, *2*.
- Caron, F., Plancq, M. C., Tourneux, P., Gouron, R., & Klein, C. (2020). Was child abuse underdetected during the COVID-19 lockdown? *Archives de Pédiatrie*, *27*(7), 399–400. <https://doi.org/10.1016/j.arcped.2020.07.010>
- Centers for Disease Control and Prevention. (2020). *Risk and protective factors*. <https://doi.org/10.1177/000992280604500201>
- Cohen, J. (1988). *Statistical power analysis for the behavioral sciences*.
- Commissie ad hoc voor de evaluatie en Verdere Uitvoering van het Vlaamse Coronabeleid. (2020). *Verslag van de hoorzitting over de evaluatie en verdere uitvoering van het Vlaamse coronabeleid in het beleidsdomein Welzijn, Volksgezondheid en Gezin: jeugdhulp en kinderopvang*.
- Dapić, M. R., Flander, G. B., & Prijatelj, K. (2020). Children behind closed doors due to covid-19 isolation: Abuse, neglect and domestic violence. *Archives of Psychiatry Research*, *56*(2), 181–192. <https://doi.org/10.1020471/dec.2020.56.02.06>
- Desair, K., & Adriaenssens, P. (2011). Policy toward child abuse and neglect in Belgium: Shared responsibility, differentiated response. In N. Gilbert, N. Parton, & M. Skivenes (Eds.), *Child protection systems: International trends and orientations* (pp. 204–222). Oxford University Press.
- Desair, K., & Hermans, K. (2010). *Beslissen over verontrustende situaties: factoren en processen*.
- Desair, K., & Stroobants, T. (2020). *Corona en kindermishandeling*.
- Federale Overheidsdienst Volksgezondheid. (2020). Coronavirus: Fase 2 gehandhaafd, overgang naar de federale fase en bijkomende maatregelen. <https://www.info-coronavirus.be/nl/news/fase-2-gehandhaafd-overgang-naar-de-federale-fase-en-bijkomende-maatregelen/>.
- Groenendaal, J. H. A., & Van Yperen, T. A. (1994). Beschermende en bedreigende factoren. In J. Rispens, P. P. Goudena, & J. J. M. Groenendaal (Eds.), *Preventie van psychosociale problemen bij kinderen en jeugdigen* (pp. 90–117). Bohn Stafleu van Loghum.
- Hell, A., Kampf, L., Kaul, M., & Kohrs, C. (2020). Häusliche Gewalt in der Corona-Krise. Wenn das Kind verborgen bleibt. *Süddeutsche Zeitung*. <https://www.sueddeutsche.de/politik/coronavirus-haesliche-gewalt-jugendaemter-1.4899381>.
- Hindley, N., Ramchandani, P. G., & Jones, D. P. H. (2006). Risk factors for recurrence of maltreatment: A systematic review. *Archives of Disease in Childhood*, *91*(9), 744–752. <https://doi.org/10.1136/adc.2005.085639>
- Hulplijn 1712. (2020). “Bang om in uw kot te blijven ?” Nieuwe campagne over huiselijk geweld. Coronacrisis : verdubbeling aantal oproepen in april, hoogste aantal sinds oprichting 1712. <https://1712.be/campagnes/id/900/persbericht-bang-om-in-uw-kot-te-blijven-nieuwe-campagne-over-huiselijk-geweld#:~:text=Dubbelzoveeloproepen%2Choogsteaantal,demaandelijksgegemedeldenin2019.>
- Keynaert, I., & Vandeviver, C. (2020). *Relaties, stress en agressie in tijden van corona in België: Voornaamste bevindingen over de eerste vier weken van de coronamaatregelen*.
- De Kinderombudsman. (2020). Als je het ons vraagt? Een quickscan van de ervaringen van kinderen en jongeren ten tijde van corona. <https://www.dekinderombudsman.nl/publicaties/als-je-het-ons-vraagt-een-quickscan-van-de-ervaringen-van-kinderen-en-jongeren-ten-tijde-van-corona>.
- Kinderrechtencommissariaat, Kenniscentrum Kinderrechten, & Kinderrechtencoalitie Vlaanderen. (2020). Rapport - kinderrechtenperspectief in de coronacrisis #jongerenovercorona. <https://mediawijs.be/onderzoeken/jongerenovercorona-rapport-kinderrechtenperspectief-coronacrisis>.
- Kotrlík, J. W., Williams, H. A., & Jabor, M. K. (2011). Reporting and interpreting effect size in quantitative agricultural education research. *Journal of Agricultural Education*, *52*(1), 132–142. <https://doi.org/10.5032/jae.2011.01132>
- Lamela, D., & Figueiredo, B. (2015). A cumulative risk model of child physical maltreatment potential: Findings from a community-based study. *Journal of Interpersonal Violence*, *33*(8), 1287–1305. <https://doi.org/10.1177/0886260515615142>
- Lee, S. J., & Ward, K. P. (2020). Stress and parenting during the coronavirus pandemic. [https://www.parentingincontext.org/uploads/8/1/3/1/81318622/research\\_brief\\_stress\\_and\\_parenting\\_during\\_the\\_coronavirus\\_pandemic\\_final.pdf](https://www.parentingincontext.org/uploads/8/1/3/1/81318622/research_brief_stress_and_parenting_during_the_coronavirus_pandemic_final.pdf).

- Leslie, E., & Wilson, R. (2020). Sheltering in place and domestic violence: Evidence from calls for service during COVID-19. *Journal of Public Economics*, 189, 1–7. <https://doi.org/10.1016/j.jpubeco.2020.104241>
- Lowell, A., & Renk, K. (2017). Predictors of child maltreatment potential in a national sample of mothers of young children. *Journal of Aggression, Maltreatment and Trauma*, 26(4), 335–353. <https://doi.org/10.1080/10926771.2017.1299825>
- Mairhofer, A., Peucker, C., Pluto, L., Van Santen, E., Seckinger, M., & Gandlgruber, M. (2020). Kinder- und Jugendhilfe in Zeiten der Corona-Pandemie. DJI-Jugendhilfeb@rometer bei Jugendämtern. <https://www.berlin.de/sen/justva/presse/pressemitteilungen/2020/pressemitteilung.954934.php>.
- McCrory, J., & Sanga, S. (2021). The impact of the coronavirus lockdown on domestic violence. *American Law and Economics Review*, 1–27. <https://doi.org/10.1093/aler/ahab003>
- Merritt, D. H. (2009). Child abuse potential: Correlates with child maltreatment rates and structural measures of neighborhoods. *Children and Youth Services Review*, 31(8), 927–934. <https://doi.org/10.1016/j.childyouth.2009.04.009>
- Mühlmann, T., & Pothmann, J. (2020). *Werkstattbericht zur Zusatzerhebung der Gefährdungs- einschätzungen gemäß § 8a Abs. 1 SGB VIII anlässlich der SARS-CoV-2-Pandemie*.
- Opgroeien. (2020). Nieuwe richtlijnen voorzieningen en diensten Jeugdhulp. <https://www.opgroeien.be/index.php/nieuwe-richtlijnen-voorzieningen-en-diensten-jeugdhulp>.
- Panchal, N., Kamal, R., Cox, C., & Garfield, R. (2020). The implications of COVID-19 for mental health and substance use. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>.
- Patrick, S. W., Henkhaus, L. E., Zickafoose, J. S., Lovell, K., Halvorson, A., Loch, S., Letterie, M., & Davis, M. M. (2020). Well-being of parents and children during the COVID-19 pandemic: A national survey. *Pediatrics*, 146(4), 1–8. <https://doi.org/10.1542/peds.2020-016824>
- Patwardhan, L., Hurley, K. D., Thompson, R. W., Mason, W. A., & Ringle, J. L. (2017). Child maltreatment as a function of cumulative family risk: Findings from the intensive family preservation program. *Child Abuse and Neglect*, 70, 92–99. <https://doi.org/10.1016/j.chiabu.2017.06.010>
- Petrowski, N., Cappa, C., Pereira, A., Mason, H., & Daban, R. A. (2021). Violence against children during COVID-19: Assessing and understanding change in use of helplines. *Child Abuse & Neglect*, 116, 1–14. <https://doi.org/10.1016/j.chiabu.2020.104757>
- Quiroz, H. J., Parreco, J., Easwaran, L., Willobe, B., Ferrantella, A., Rattan, R., Thorson, C. M., Sola, J. E., & Perez, E. A. (2020). Identifying populations at risk for child abuse: A nationwide analysis. *Journal of Pediatric Surgery*, 55(1), 135–139. <https://doi.org/10.1016/j.jpedsurg.2019.09.069>
- Ragelienė, T. (2016). Links of adolescents identity development and relationship with peers: A systematic literature review. *Journal of the Canadian Academy of Child and Adolescent Psychiatry*, 25(2), 97–105.
- Raman, S., Harries, M., Nathawad, R., Kyeremateng, R., Seth, R., & Lonnie, B. (2020). Where do we go from here? A child rights-based response to COVID-19. *BMJ Paediatrics Open*, 4. <https://doi.org/10.1136/bmjpo-2020-000714>
- Schmidt, S., & Natanson, H. (2020, April 30). *With kids stuck at home, ER doctors see more severe cases of child abuse*. The Washington Post. <https://www.washingtonpost.com/education/2020/04/30/child-abuse-reports-coronavirus/>.
- Sidpra, J., Abomeli, D., Hameed, B., Baker, J., & Mankad, K. (2021). Rise in the incidence of abusive head trauma during the COVID-19 pandemic. *Archives of Disease in Childhood*, 106(3), 1. <https://doi.org/10.1136/archdischild-2020-319872>
- Tener, D., Marmor, A., Katz, C., Newman, A., Silovsky, J. F., Shields, J., & Taylor, E. (2021). How does COVID-19 impact intrafamilial child sexual abuse? Comparison analysis of reports by practitioners in Israel and the US. *Child Abuse and Neglect*, 116, 1–12. <https://doi.org/10.1016/j.chiabu.2020.104779>
- The Alliance for Child Protection in Humanitarian Action. (2020). *Technical note: Protection of children during the coronavirus pandemic (v.2)*.
- The Alliance for Child Protection in Humanitarian Action, End Violence Against Children, United Nations International Children's Emergency Fund, & World Health Organization. (2020). *COVID-19: Protecting children from violence, abuse, and neglect in the home v.1*.
- The National Hotline Consortium. (2020). Impacts of COVID-19 on crisis hotlines. <https://www.rainn.org/sites/default/files/HotlineConsortiumHOUSECC.pdf>.
- Vanderfaellie, J. (2010). Risicofactoren op kindermishandeling. In J. van der Ploeg, & R. de Groot (Eds.), *Kindermishandeling: een complex probleem* (pp. 47–66). Garant.
- Vertrouwenscentrum Kindermishandeling. (2021). Over het vertrouwenscentrum. <https://www.vertrouwenscentrum-kindermishandeling.be/over-het-vk/>.
- Vertrouwenscentrum Kindermishandeling. (2021). Wat is kindermishandeling?. <https://www.vertrouwenscentrum-kindermishandeling.be/over-kindermishandeling/wat-is-kindermishandeling/>.
- Vertrouwenscentrum Kindermishandeling Brussel, & Nupraatikerover.be. (2019). *Jaarverslag 2019*.
- Vinck, I., Christiaens, W., Jonckheer, P., Veereman, G., Kohn, L., Dekker, N., Peremans, L., Offermans, A.-M., Burzykowska, A., & Roland, M. (2016). *How can detection of child abuse be improved?*.
- Wagenaar-Fischer, M. M., Heerdink-Obenhuijsen, N., Kamphuis, M., & de Wilde, J. (2010). *JGZ-richtlijn secundaire preventie kindermishandeling*.
- Welch, M., & Haskins, R. (2020). What COVID-19 means for America's child welfare system. <https://www.brookings.edu/research/what-covid-19-means-for-americas-child-welfare-system/>.