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Violence and abuse experiences and associated risk factors during the COVID-19 outbreak in a population-based sample of Norwegian adolescents

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ABSTRACT

Background: The lockdowns occurring across society because of the COVID-19 pandemic have had far-reaching consequences for children and adolescents. One immediate concern was what the impact of the comprehensive disease control measures on rates of violence and abuse against children and adolescents would be.

Objective: We aimed to establish rates of child abuse and degree of family conflict during the first COVID-19 lockdown spring 2020. Additionally, we aimed to investigate associations between preexisting and concurrent risk factors and abuse during these unique times.

Participants and setting: A total of 3545 Norwegian 13- to 16-year-olds participated in this study. A total of 1944 of these had provided data 1 year before the lockdown.

Methods: We used a web survey format to assess abuse exposure and associated risk factors. The survey was administered in schools during school hours in June 2020, shortly after the reopening of schools after the first lockdown.

Results: In this sample 8.2% reported psychological abuse during lockdown, 2.4% had experienced physical abuse and 1.4% sexual abuse. For online sexual abuse, the rate was 5.6% during this time period. Adolescents did not report an increase in family conflict. Concurrently perceived family affluence and family risk factors were most strongly associated with physical abuse during lockdown (OR = 11.01 (95% CI 5.32–22.84); OR = 5.36 (95% CI 2.69–10.67)), but also other types of child maltreatment. Analyses across assessment points suggested that prior victimization was the most accurate predictor of abuse experiences during lockdown (OR = 3.84 (95% CI 2.85–5.20)).

Conclusions: The negative consequences of the COVID-19 preventative measures struck the adolescent population unevenly. The findings underscore the need for targeted measures to mitigate the negative outcomes of health-related crises for adolescents in risk groups such as those with low family affluence and prior abuse experiences.

1. Introduction

Like most other countries worldwide, Norway was strongly affected by the COVID-19 pandemic. As of March 12, 2020, the
Norwegian government effectuated stringent preventative measures as an attempt to bring the spread of the virus under control. Home confinement, self-quarantine, and social distancing were encouraged, and the consequences were notable, leading to the largest unemployment rate registered in Norway in recent history. The measures changed peoples’ lives from 1 day to another. Children and adolescents were no exception, as schools across Norway closed down and arranged home-based distance learning, for which students, teachers and school administrations were not prepared. The measures were all implemented simultaneously and throughout the country regardless of the local and regional status of the spread of the Coronavirus at the time. In addition, important services for children, adolescents and their families were partly or entirely closed down. Shortly after the comprehensive measures were implemented, the rate of reports to child protective services dropped dramatically (Buftir, 2020), as did police reports on domestic violence (Buftir, 2020; Gjellan et al., 2020), and social pediatric units called for action as their lists of patients rapidly decreased (Gjellan & Aarseth, 2020). In tandem, help lines were seeing an upsurge in phone calls and chat consultations. These reported decreases were seen as warning signals that child abuse and neglect was going unaddressed, leaving children in unsafe homes where abuse could continue uninterrupted (Kofman & Garfin, 2020). However, the rates of child abuse are still not firmly established, and service interventions alone cannot serve as indicators of an increase in violence and abuse against adolescents (Humphreys et al., 2020).

Based on previous research on child abuse and neglect, researchers have expressed concern about the current situation and potential impact on children and adolescents living in an abusive family environment (Humphreys et al., 2020; Kofman & Garfin, 2020). For instance, parents and families may face new stressors due to the pandemic, such as being temporarily laid off or unemployed. The negative toll of unemployment and financial insecurity can also lead to psychological difficulties for caretakers, potentially negatively affecting the family environment and increasing the risk for violence and abuse (Golberstein et al., 2019; Sprang & Silman, 2013). In fact, children living in families with several stressors due to unemployment, financial hardship, single-parent households and mental health issues are overrepresented in numbers on violence and abuse against children (Patwardhan et al., 2017; van IJzendoorn et al., 2020). Together, these contextual factors lead to a vulnerability that can be exacerbated during times of crisis.

Research on child abuse and neglect during disasters, infectious outbreaks, and other stressful events impacting societies is scarce. The limited research, however, has indicated an increase in violence and abuse against children during this type of catastrophes or in the immediate aftermath (for a systematic review, see Seddighi et al., 2019). Only a few studies have systematically scrutinized this question since the onset of the COVID-19 pandemic. Registry studies indicate a decline in reported cases of child abuse and neglect to child protective services in several states in the USA (Barboza et al., 2020; Baron et al., 2020; Bhopal et al., 2021; Rapoport et al., 2020). A decline in children seeing emergency units in hospitals due to child abuse have also been reported in the USA (Kaiser et al., 2021). When it comes to family risk factors associated with child abuse, one cross-sectional study on family stress and child abuse has examined parental reports on parenting practices, and found associations between risk factors such as unemployment, financial hardship, and previous abusive parenting behaviors as risk factors for child abuse during the COVID-19 pandemic (Brown et al., 2020). Similarly, COVID-19 related job loss was identified as a risk factor for both psychological and physical abuse, as was parental psychiatric symptoms and previous psychological abusive parenting (Lawson et al., 2020). As child abuse and neglect have been deemed a major threat to public health, it is imperative to monitor maltreatment experiences during a pandemic strongly affecting the whole population. A greater understanding of how child abuse unfolds during a pandemic is crucial in order to detect and efficiently mitigate the adverse effects on adolescents, as this is one way through which resiliency can be built among younger generations. Nevertheless, few studies have systematically investigated reports on violence and abuse against adolescents.

1.1. The present study

The current study was part of an ongoing longitudinal study of Norwegian youth. In January 2019, we conducted a population-based survey on child abuse and neglect among a nationally representative sample of 9240 middle school adolescents (the UEVO-study; Hafstad et al., 2020). The present CopeYouth study (n = 3545) is a follow-up of the UEVO study; as we in June 2020 approached the originally included schools for a second wave of data collection. This data collection was conducted shortly after the reopening of Norwegian society after the first pandemic wave and lockdown. As such, the current study combines cross-sectional panel design and a design with repeated measures in a subsample of 1944 adolescents.

The present study aims to establish rates of child abuse and degree of family conflict during school closures and home confinement in the wake of the first wave of the COVID-19 pandemic in a sample of 13- to 16-year-old adolescents in Norway. Moreover, violence and abuse against children and adolescents is not randomly distributed but is systematically associated with socioeconomic and family risk factors. Thus, we further aim to assess associations between child abuse and known risk factors, both during and before the COVID-19 pandemic.

2. Methods

2.1. Participants

The participants represented middle school students throughout Norway. They were all students attending mainly public schools, although a few private schools were also included. A total of 3545 (50%, n = 1776, girls; 49%, n = 1736 boys; 0.9% n = 33 gender nonconforming) adolescents between 13 and 16 years of age (M = 14.5 years, SD = 0.95 years) participated in the present study. Adolescents were primarily born in Norway, but a portion of the study sample were also born abroad (n = 373, 10.5% of the total sample). The majority of adolescents were born to parents from Norway or other Nordic countries. Most adolescents reported that they were living with both parents and that their parents were employed; a minority of adolescents reported perceived family affluence
concerns. Additionally, when measuring family risk factors, a minority of the participating students had previously lived or were currently living with caregivers who had mental health problems, problems with alcohol or drug abuse, or who had been or were currently incarcerated. With few exceptions (e.g., family functioning), the current sample (T2) resembles the UEVO-study sample (T1), rendering the present sample representative of the Norwegian adolescent (13- to 16-year-olds) population attending school (Hafstad et al., 2020). For details on the family background variables, please see Table 1.

A T2 subsample was drawn presenting with data at two time points (n = 1944). These adolescents answered the UEVO-study survey January 2019 (T1) and completed the CopeYouth survey (T2) presented above. Matching participants and merging of datasets were done based on participants’ personal IDs. The mean age of the sample with data at both T1 and T2 was 15 years (SD = 0.71). Girls were somewhat overrepresented in the sample presenting with data at two time points compared to boys (50.3%, n = 977 girls vs. 44.3%, n = 862 boys, vs. 0.9% n = 18, gender non-confirming). The sample presenting with data at T1 and T2 is further described in Table 1.

2.2. Procedure

Schools included in the UEVO study (T1; Hafstad et al., 2020) were approached and asked to administer the web-based survey to their student body in 8th through 10th grade. Due to the extraordinary situation facing schools and society in general during the COVID-19 pandemic outbreak, only approximately 50% (n = 30) of the approached schools agreed to take part in this data collection (T2).

Participating schools administered the survey during school hours. The web-based survey took approximately 15 min to complete following a short animated video about the study and animated information about the ethical principles of voluntary participation, confidentiality, and the right to withdraw at any time during the study without having to give a reason. The web-based survey included questions relating to students’ background, worries about COVID-19, everyday life in the family during their home confinement, experiences with violence and abuse, mental and somatic health measures, daily functioning and emotion regulation strategies. Additionally, help seeking during home confinement and experiences with mental health care and social services, if applicable, were examined.

After data collection, data sets from UEVO (T1) and CopeYouth (T2) were merged to enable analyses across T1 and T2. Merging was done based on participants personal-ID number retrieved automatically when adolescents consented to participate in the study. The study was approved by the Regional committee for ethics in medical and health research in the Southeastern region of Norway (Case #2018/522). All participants provided informed written consent, no parental consent was required for the adolescents to participate.

Table 1
Background variables for total T2 sample and subsample presenting with data at two time points. a, b

| Variable                        | Total T2 sample (n = 3545) | Subsample with data from T1 (n = 1944) |
|---------------------------------|---------------------------|---------------------------------------|
| **Age (M, SD)**                 |                           |                                       |
| Girls                           | 14.5 years (0.95)         | 15.0 years (0.71)                     |
| Boys                            | 50.1% (n = 1776)          | 50.3% (n = 977)                       |
| Gender non-confirming           | 49% (n = 1736)           | 44.3% (n = 862)                       |
| **Child’s living arrangements** |                           |                                       |
| Living with both parents        | 69.6% (n = 2459)         | 72.4% (n = 1408)                      |
| Single-parent household         | 30.4% (n = 1073)         | 27.0% (n = 524)                       |
| **Family functioning**          |                           |                                       |
| Living with parents without mental health or drug abuse problems | 94.4% (n = 3010) | 84.5% (n = 1642) |
| Living with parents with mental health or drug abuse problems | 5.6% (n = 177) | 14.4% (n = 280) |
| **Job loss**                    |                           |                                       |
| Parents’ job loss due to Covid-19 | 20.6% (n = 637)     | –                                     |
| **Ethnicity**                   |                           |                                       |
| Norwegian or Nordic family origin | 75.3% (n = 2628) | 75.1% (n = 1459)                      |
| European family origin          | 2.8% (n = 308)           | 8.9% (n = 173)                       |
| Non-European family origin      | 4.9% (n = 541)           | 13.9% (n = 270)                      |
| **Perceived family affluence**  |                           |                                       |
| High perceived family affluence | 97.0% (n = 3373)        | 91.9% (n = 1787)                     |
| Low perceived family affluence  | 3.0% (n = 104)           | 2.9% (n = 53)                        |

a Missing n = 87.

b Missing n = 12.

c Missing n = 22.

d Missing n = 42.

e Missing n = 104.

f Family functioning refers to parental mental health problems or substance abuse problems.

Descriptive statistics from T1 for the sample presenting with data at both T1 and T2; T1 = UEVO-study cohort, T2 = CopeYouth study (see Hafstad et al., 2020 for a description of the cohort).
2.3. Measures

2.3.1. Background questions

Participants reported their age in years and gender as either boy, girl or non-binary. To assess parents’ country of origin participants were asked to indicate whether their mother and father, respectively, were born in Norway or a Nordic country (0), a European country (1) or a country outside Europe (2). Responses to these questions were combined into a composite variable on parents’ country of origin (both parents born either in Norway or the Nordic countries (0), at least one parent born in a European country other than a Nordic country (1), or at least one parent born in a country outside of Europe (2)). Perceived family affluence was reported as 1) whether the adolescent experienced the family as having sufficient economic means to buy necessary goods; and 2) whether the adolescent had to decline after-school activities due to family finances. The two items yielded a Spearman-Brown coefficient of 0.56. The first question was rated on a 4-point scale from 0 (completely agree) to 3 (completely disagree), and the latter was rated on a four-point scale from 0 (never) to 3 (often). A perceived family affluence dichotomized composite score was derived based on responses to these two questions; if 2 or 3 was indicated on either of the two questions, a “low perceived family affluence score” (1) was allocated to that individual. COVID-19-related unemployment was also assessed on a four-point scale, where 0 indicated no parental job loss due to COVID-19, 1 indicated one parent being laid off, and 2 indicated that both parents were laid off; if the adolescent did not know, this was covered by the last option (3).

2.3.2. Family risk factors

Parents’ problems related to mental health, alcohol and drug misuse and incarceration were measured on a three-point scale (0 – No, 1 – Yes, 2 – Unsure). In the present study, this variable was dichotomized, combining the “Yes” and “Unsure” scores, as adolescents indicating yes and unsure on this scale have proven to be quite similar in relation to other variables of risk and victimization (Hafstad & Augusti, 2019).

2.3.3. Family conflict

Family conflict was operationalized by asking one question about whether family conflict has increased or decreased during the period of the COVID-19 outbreak, school closing and home confinement. Answers were given on a five-point scale from “much less conflict than before” (0) to “much more conflict than before” (4).

2.3.4. Physical and psychological abuse

Three questions were applied to ask about physical abuse. These were partly inspired by the Parent-Child Conflict Tactics Scale (PCCTS; Straus et al., 1998) and adjusted to the present study population inspired by Nordic surveys on child abuse and neglect (Jernbro et al., 2012; Jernbro & Janson, 2017). In addition, a research expert panel was consulted before applying the present scales to a Norwegian youth population. One question assessed acts commonly termed corporal punishment (pinching, pulling hair, spanking) internationally; however, in the Nordic countries, these acts are prohibited by law and are defined as violence. The second question asked whether severe forms of violence, such as being beaten with a fist or an object, being beaten up, or being kicked. In addition, a third question asking whether they had been exposed to other forms of physical violence was posed. All questions were answered on a 3-point rating scale from never (0) to several times (2). Cronbach’s alpha for the full scale was 0.78. Whether the experience of physical violence took place at home was asked if they indicated a positive response to at least one of the three questions on physical violence. Psychological violence was measured using six questions also inspired by the PCCTS (Straus et al., 1998). Questions about being ridiculed, threatened, locked in a room, or locked out of the house were all categorized psychological abuse, yielding an alpha of 0.75. Whether they were subject to these types of violence before the COVID-19 pandemic outbreak and home confinement were also was assessed.

2.3.5. Witnessing domestic violence

Three items were administered asking about adolescents’ experiences with witnessing domestic violence. These questions were the same as those used in the Norwegian survey on child maltreatment among 18-year-old youth attending Norwegian high schools (Hafstad et al., 2020). Items covered witnessing psychological or physical violence against the child’s parent(s). Additionally, the child could indicate whether he/she had witnessed other types of violence against their parent. Items were rated on a 3-point scale from 0 (never) to 2 (several times). Witnessing violence against a sibling was assessed with the same 3-point scale. Whether the participants were subject to these types of violence before the COVID-19 pandemic outbreak and home confinement were also assessed.

2.3.6. Sexual abuse

Experiences of sexual abuse were assessed using four questions describing sexual transgressions involving being exposed to someone’s private parts, being touched on one’s own private parts or touching another person’s private parts, having intercourse with someone against one’s will, or other acts of a sexual nature. All questions were rated on a 3-point rating scale ranging from never (0) to several times (2), with an alpha of 0.87. Whether the abuse took place at home and if abuse had taken place before the COVID-19 pandemic and home confinement were asked if a positive response was indicated for at least one of the four questions on sexual abuse.
2.3.7. Online sexual abuse

Sexual abuse taking place online was assessed by 3-point rating scale ranging from never (0) to several times (2); asking four items about sexual interactions online, with an alpha of 0.65. If at least one such interaction was indicated, it was asked whether this was experienced as a coercive act or if they felt as if they had been fooled into performing the act. The second item included in the online sexual abuse measure inquired about whether the sexual material they had intentionally shared with someone (i.e., a photo or video), had been distributed by someone else online or on social media. At least one positive response to one of these two questions qualified as a yes response on the online sexual abuse measure.

2.4. Statistical analyses

Descriptive statistics are presented as percentages, means (M), and standard deviations (SD). Spearman’s rho is reported for the correlation between family conflict and experiences with violence and abuse. We conducted logistic regressions to assess associations between known risk factors for abuse from caregivers (e.g., single-parent household, low socioeconomic status, immigrant background, parents’ mental health problems, alcohol and drug misuse, child’s gender). Physical, psychological and online sexual abuse and witnessing domestic violence were entered as dichotomized outcome variables in the logistic regression analyses. In addition, dichotomized variables on risk factors reported 1 year before the COVID-19 outbreak were entered into another logistic regression to identify whether pre-existing risk factors are associated with violence and abuse experiences during the COVID-19 pandemic. All analyses were conducted in SPSS version 26 (IBM Corp, released 2019).

3. Results

3.1. Violence, abuse and family conflict during the first wave of the COVID-19 pandemic in Norway

As can be seen in Table 2, the prevalence of violence and abuse varied depending on the type of abuse reported. The most frequent experience was with psychological abuse, followed by witnessing domestic violence (both psychological and physical). The least frequent were experiences with physical abuse (ranging from actions such as slapping, pinching, and pulling hair, to being beaten or hit with an object) and sexual abuse. Importantly, for all types of abuse except online sexual abuse, the question concerned an adult perpetrator. The majority of the abused adolescents reported that psychological and physical abuse indeed took place at home (83.7% and 78%, respectively). For sexual abuse, another pattern was revealed. Although a significant proportion also experienced sexual abuse within their home (39.6%), most of the sexual abuse reported happened outside the adolescent’s home (60.4%). To map new incidents of violence and abuse during the enactment of the invasive COVID-19 preventative measures, abused adolescents were also asked whether they had experienced these transgressions before the COVID-19 epidemic hit Norway or if this was their first time experiencing such abuse. Most adolescents reported that this was not their first encounter with violence and abuse; however, a relatively small proportion reported that it was (11.3%–23.6%). In contrast, for online sexual abuse, approximately half of the adolescents having such experiences during the COVID-19 first lockdown (47.4%) reported having experienced this for the first time during the COVID-19 pandemic.

According to adolescents’ reports, family conflict levels did not increase notably during the lockdown period [M = 1.89, SD = 0.87, range 0–4]. Although statistically significant, perceived family conflict was only marginally associated with the experience of physical violence (Spearman’s r = 0.065, p < .001) and modestly associated with psychological abuse (Spearman’s r = 0.113, p < .001) and domestic violence (Spearman’s r = 0.122, p < .001). Sexual abuse experiences were not associated with changes in family conflict.

3.2. Associations between risk factors violence and abuse experiences

Four logistic regression analyses were run to assess risk factors associated with experiences with physical abuse, psychological abuse, online sexual abuse, and witnessing domestic violence. Several known risk factors associated with child abuse were present in

| Table 2 | Prevalence of violence and abuse during the COVID-19 outbreak. |
|---------|---------------------------------------------------------------|
|         | Total (n = 376) | Girls (n = 190) | Boys (n = 186) |
| Psychological abuse | 8.2% (n = 30) | 10.3% (n = 18) | 5.9% (n = 12) |
| Physical abuse | 2.8% (n = 101) | 3.2% (n = 57) | 2.4% (n = 44) |
| Witnessing domestic violence | 4.6% (n = 164) | 5.9% (n = 105) | 3.2% (n = 56) |
| Sexual abuse | 1.4% (n = 51) | 1.6% (n = 29) | 1.2% (n = 22) |
| Online sexual abuse | 5.2% (n = 185) | 7.7% (n = 136) | 2.5% (n = 44) |
| Any type of abuse during COVID-19 (T2) | 14.9% (n = 56) | 19.2% (n = 37) | 10.4% (n = 19) |
| Previously reported abuse experiences (T1) | 33.7% (n = 706) | 37.9% (n = 376) | 34.7% (n = 323) |

Note. The total sample included gender nonconforming adolescents.

- Including violence against siblings.
- Numbers based on subsample with data at T1 and T2.
this sample (see Table 3). Girls were significantly more exposed to all forms of abuse except physical abuse. Children living in families with financial hardship and in which parents were perceived as having mental health or alcohol misuse problems reported significantly higher rates of abuse than children not facing such adversities at home. When accounting for factors related to family stressors, few significant associations were observed between parents’ country of origin, and abuse experiences during the COVID-19 pandemic in spring 2020. Additionally, parental job loss related to COVID-19 was not associated with experience with violence or abuse when accounting for the other risk factors mentioned.

3.3. Associations between previously reported risk factors and violence and abuse exposure during the first wave of the COVID-19 pandemic

Given the fact that we had data from two time points for about two thirds of the sample, (n = 1944), we were able to test associations between previously reported risk factors and abuse experiences and experiences of violence and abuse during the first wave of the COVID-19 pandemic. The logistic regression analyses, with any type of abuse during the lockdown period as an outcome, tested whether previously reported risk factors were associated with abuse experiences during the lockdown (see Table 4). When controlling for several other known risk factors, prior victimization was the factor most strongly associated with COVID-19-related violence and abuse experiences. Although the other risk factors were also associated with abuse during the first wave of the COVID-19 pandemic and the period of home confinement, the associations were more marginal than the association with prior victimization.

4. Discussion

The present study is among the first to document self-reported exposure to violence and abuse experiences in a population-based sample of youths during the first wave of the COVID-19 pandemic, and the ensuing preventative measures enacted during spring 2020. The study design, involving assessment of a subsample at two time points pre-COVID-19 and during the first wave of the pandemic, allowed for the unique test of the associations between victimization reported both before and during the lockdown, as well as risk factors reported before the onset of the COVID-19 pandemic. Reports of violence and abuse exposure, as well as the risk factors thereof, were collected first from a lifetime perspective 1 year prior to the COVID-19 pandemic and then again shortly after school reopened during spring 2020.

Adolescents in this study did not report an increase in family conflict level beyond the level before the COVID-19 pandemic onset. However, there was a positive relationship between family conflict and experiences with violence, indicating that those who did see an increase in family conflict level also reported more abuse during the first COVID-19 pandemic home confinement period. Rates of violence and abuse during the period of home confinement were lower than both the yearly rate of self-reported child abuse and the lifetime prevalence reported in a nationally representative study on violence and abuse the year before (Hafstad et al., 2020; Hafstad & Augusti, 2019). This is not surprising, as the timeframe for reporting varies significantly, and the rates for violence and abuse during home confinement are related to a period of approximately 2 months. Moreover, although rates of violence and abuse were relatively low, they were not evenly distributed in the sample.

Importantly, perceived family affluence and parents’ mental health problems and/or alcohol abuse were strongly associated with experiences of maltreatment, exceeding previously reported associations between these risk factors and abuse experiences (Hafstad & Augusti, 2019; Patwardhan et al., 2017; van IJzendoorn et al., 2020). Previously known gender differences were exacerbated in the present sample, indicating an overall higher prevalence of abuse among girls than among boys. However, new patterns of gender

Table 3

| Risk Factor | Psychological abuse OR (CI) | Physical abuse OR (CI) | Witnessing domestic violence OR (CI) | Online sexual abuse OR (CI) |
|-------------|----------------------------|------------------------|-------------------------------------|-----------------------------|
| Gender      | 1.63 (1.20–2.22)           | 0.91 (0.54–1.653)      | 1.80 (1.21–2.69)*                   | 3.70 (2.42–5.66)**          |
| Perceived family affluence | 3.59 (1.88–6.85)**          | 11.01 (5.32–22.84)**   | 5.44 (2.72–10.87)**                 | 3.49 (1.64–7.47)**          |
| Parents’ country of origin (European) | 0.37 (0.25–0.57)**         | 0.59 (0.26–1.30)       | 0.55 (0.30–0.98)*                   | 0.71 (0.40–1.26)**          |
| Parents’ country of origin (outside Europe) | 0.55 (0.33–0.92)**         | 0.77 (0.30–1.99)       | 0.71 (0.35–1.44)                    | 0.63 (0.31–1.31)            |
| Single-parent household | 1.35 (0.98–1.88)           | 1.08 (0.61–1.94)       | 1.00 (0.64–1.56)                    | 0.92 (0.61–1.40)            |
| Family functioning (parents’ mental health problems, parents’ substance abuse) | 3.62 (2.26–5.78)**        | 5.36 (2.69–10.67)**   | 5.28 (3.06–9.11)**                 | 4.34 (2.50–7.56)**          |
| Parental unemployment related to COVID-19 | 1.18 (0.80–1.73)           | 1.23 (0.64–2.35)       | 0.95 (0.57–1.61)                    | 1.20 (0.76–1.90)            |

Note. Sexual abuse is not included in the analysis due to low n.

* = p > .05.

** = p > .001.
As argued by children (Brown et al., 2020; Lawson et al., 2020), however, one type of abuse—online child sexual abuse—was enabled on digital platforms, mimicking previously reported gender differences in the rate of offline sexual victimization. Although other risk factors were significantly associated with maltreatment during home confinement, the factor of revictimization (Aho, Gren-Landell, et al., 2016; Aho, Proczkowska-Bjorklund, et al., 2016; Finkelhor et al., 2007, Finkelhor et al., 2009). This resembles also findings from a cross-sectional study on child abuse during the COVID-19 pandemic (Brown et al., 2020). 

A few gender differences also emerged. Whereas girls in the majority of previous studies were most at risk of experiencing sexual abuse, the present study revealed no gender differences associated with sexual abuse. In contrast, girls were significantly more at risk than boys of experiencing online sexual abuse. This finding may perhaps indicate that during home confinement, when digital communication increased, sexual abuse was also enabled on digital platforms, mimicking previously reported gender differences in the rate of offline sexual victimization.

For the subsample presenting data from two time points, both before and during the first wave of the COVID-19 pandemic, the most significant risk factor for experiences with violence and abuse during home confinement was previously reported experience with abuse. This is an important finding, underscoring the strong association between current and prior abuse experiences, so-called revictimization (Aho, Gren-Landell, et al., 2016; Aho, Proczkowska-Bjorklund, et al., 2016; Finkelhor et al., 2007, Finkelhor et al., 2009). This resembles also findings from a cross-sectional study on child abuse during the COVID-19 pandemic (Brown et al., 2020). Although other risk factors were significantly associated with maltreatment during home confinement, the factor of revictimization outperformed them all.

Known risk factors were even more strongly associated with child maltreatment during COVID-19 and enactment of preventative measures than they were before the pandemic. This underscores the qualified concern for children living in families with severe risk factors present, particularly for children with prior maltreatment experiences. Thus, instances of new violence and abuse experiences during the first COVID-19 lockdown were fairly low in the present sample, but subsamples of children with existing vulnerabilities were even more at risk during this extraordinary time. This finding is in line with other research on Norwegian adolescents’ coping with COVID-19 and preventative measures during this first wave, showing that similar to other crises and catastrophes, the pandemic exacerbated existing inequalities in the various samples of Norwegian youths (Eriksen & Daven, 2020). This pattern was also documented in international cross-sectional studies on child abuse (Brown et al., 2020; Lawson et al., 2020). However, one type of abuse deviated from this pattern, namely, online sexual abuse, which, in half of the present cases, began only with the onset of the pandemic. As argued by children’s rights activists (ECPAT, 2020), the significant increase in digital communication may also have shifted the arena for child sexual abuse online. This concern has been validated by police reports documenting an increase in activity among online child sexual abuse networks across the globe during the early phases of pandemic (De Bolle, 2020).

The present study partly confirms the concerns raised by practitioners working with families with an increased risk for domestic violence and abuse. However, the findings are not directly comparable with reports by, for instance, Save the Children (Ritz & O’Hare, 2020) Thus, some consideration of characteristics of the present sample and context are needed to interpret the current findings. In comparison to Save the Children’s recent report, which represents a global approach to risk in the wake of the COVID-19 pandemic, the present study was conducted in a high-income country with several welfare measures also related to the management of the present crisis. Save the Children have investigated several risk factors across the globe, however, the numbers on high-income Western countries are underrepresented in these data, precluding a sound comparison with the present study. Both perspectives are important, however, and the shadows cast by the pandemic share one important feature across the globe: the pandemic has had far-reaching consequences for children and adolescents. Importantly, already marginalized and previously traumatized individuals seem at particularly high risk for a negative impact of this health-related crisis.

Although data in the present study was derived from a large sample of adolescents, some of which presenting with data from two time points, before and after the COVID-19-pandemic onset, some shortcomings merit consideration. In all, small inequities are found in Norway due to a very strong welfare state and relatively low rates of children living in poverty (OECD Family Database, 2019). Thus, the questions asked to examine perceived family affluence may not have been sensitive enough to fully capture socioeconomic status in the present study leaving us with a very small but marginalized group scoring low on this index. Second, the OR confidence intervals (CI) are very broad in the cross-sectional analyses, this might be due to the heterogeneous sample rendering this measure less precise in indicating risk for violence and abuse in the present sample. Also, violence and abuse rates are quite low at T2, which might have made it difficult to predict.

Findings related to parents’ ethnicity must be interpreted with caution as parents’ ethnicity was measured as a broad construct (Norwegian/Nordic, European, and non-European). This broad operationalization may occlude differences that can arise due to...
migration from low- versus high-income countries, which are associated with different sociodemographic profiles and associations with socioeconomic status, labor market marginalization and parents’ educational level.

Children presenting with data at both T1 and T2 reported relatively more experience with family dysfunction, compared to what was reported in the T2 sample. Schools with a less advantaged student body might have been reluctant to take part in the present study, due to a greater need for accommodations and care taking of students after a longer period of lock down, consuming capacity to attend to extra-curricular activities such as research participation. The reason for this discrepancy is uncertain, and our data does not allow for the careful inspection of the demographic characteristics of the participating schools’ entire student body at T2 compared to T1. Moreover, surveys like the present one do present with some shortcomings when it comes to include children living in out-of-home care, with disabilities, and those presenting with somatic or psychiatric conditions. Thus, adolescents more at risk for violence and abuse might have been underrepresented in the present sample.

Overall, the present study underscores the importance of targeting children and families at risk for violence and abuse when crises such as the COVID-19 pandemic strike and extensive preventative measures are enacted. Families with already known child abuse should be closely followed up with, and tailored preparedness plans for adolescents living with abusive parents should be of high priority, knowing their disproportionately high risk for revictimization. The same should be considered for low-income families, as adolescents in these families also present a heightened risk for all types of abuse, particularly physical abuse. Moreover, knowing the significant overlap between child maltreatment rates and low-income groups in society, the combined presence of prior abuse and family risk should be highly underscored in such preparedness efforts.

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The funding source did not have any involvement in the present study design, data collection, analysis or interpretation of the results.

Data availability

The dataset is administrated by the Norwegian Centre for Violence and Traumatic Stress Studies. Approval from a Norwegian regional committee for medical and health research ethics (https://helseforskning.etikkom.no) is a pre-requirement. Guidelines for access to the data are found at the longitudinal cohort website uervo.nkvts.no.

Ethical approval

The study protocol was approved by the Regional Committee for Ethics in Medical and Health Research in the Southeastern region of Norway (Case # 2018/522).

Informed consent

All participants provided informed written consent.

Declaration of competing interest

None.

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