Socioeconomic and Cultural Influence on Child Abuse Rates During the COVID-19 Pandemic

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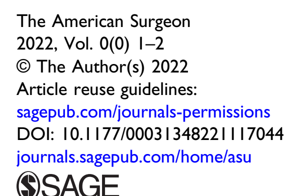

Dear Editor

We have read with great interest the article by Sethuraman et al regarding the epidemiology of pediatric trauma-related visits to an emergency department during the COVID-19 quarantine period.[1] This was a retrospective chart review comparing the types of visits of children at a pediatric hospital during the state-mandated "Stay at Home" (SHO) period to a similar period prior to the COVID-19 pandemic. The study found that despite an overall decrease in trauma-related visits during the SHO period, there were significant increases in visits related to child physical abuse, dog bites, and firearms in addition to increases in injury severity, critical care admissions, and deaths. In response to this article, we have the following comments:

The authors highlight how certain interventions to decrease transmission of the SARS-CoV-2 virus inadvertently impact the physical and mental health of children. This study helps bring awareness to how high rates of parental stress from financial instabilities and increased neglect due to the lack of structured child-care environments can precede physical abuse in the pediatric population.[1] A similar study conducted at another pediatric trauma center found no difference in suspected abuse or injury severity between the COVID-19 quarantine period and years prior. However, they noted most trauma-related visits were among white and privately insured children during quarantine.[2] They reasoned that families in lower socioeconomic groups that lost employment or insurance coverage were less likely to seek medical care to avoid having to pay for emergency room visits. Prior to the COVID-19 pandemic, childhood victimization rates were shown to be higher in areas of increasing levels of poverty, larger percentage of uninsured individuals, and more school absentees.[3] We suggest a future study focusing on socioeconomic status to analyze how different family income levels influence the effect of interventions implemented during the pandemic and the current trends in child abuse rates.

The COVID-19 pandemic has had a disproportionate impact on historically disadvantaged populations, who are more susceptible to food, shelter, and employment insecurities.[4] These families face greater social, psychological, and economic pressures during major public health crises. The stay-at-home interventions during the COVID-19 outbreak compromised the infrastructure for detecting child abuse, leaving children in at-risk home environments more vulnerable to potential abuse and neglect. Understanding how socioeconomic status, in the setting of additional constraints imposed by the COVID-19 pandemic, contributes to specific health disparities in the pediatric population will help direct policymaking and patient care measures. Furthermore, it will help aid pediatricians and educators in taking a more active role in identifying and decreasing home violence as the potential for future stay-at-home mandates remain during the ongoing COVID-19 pandemic.

In addition to socioeconomic status, we believe that the cultural backgrounds of pediatric patients and their families can help us better understand ways to improve child physical abuse rates. This study compares demographics based on race and found statistically significant data on race categorized as African America, Caucasian, other, and unknown. However, there was less emphasis on the results that minority groups had lower trauma visits in the SHO period as compared to the non-SHO period, while their Caucasian counterparts had higher trauma visits within the SHO period.[1] This may, in part, be due to the skepticism of minority groups toward the Western medical establishments, resulting in less visits to the hospital.[2] Future studies can further specify the "other" category because every culture has their own unique perspective on seeking medical care. If we can better understand specific racial groups and their motivations, we can create stronger systems to prevent children from physical abuse by creating early interventions for specific populations.

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