

In America's poorest communities, a greater risk of child abuse deaths

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(HealthDay)—Growing up in a poor family is a well-known risk factor

for child abuse, but a new analysis suggests it may also raise a young child's chances of dying from that abuse.

More than 11,000 [children](#), from newborn to age 4, died of [physical abuse](#) in the United States during the 15-year study period.

In U.S. counties with the highest levels of poverty, rates of [child abuse](#) fatalities were more than three times greater than in counties with the lowest levels of poverty, the researchers found.

Infants accounted for 20 percent of children in the study, but 45 percent of child abuse deaths. In high-poverty counties, there were 9.6 infant deaths per 100,000.

The study also highlights racial disparities. It found that the fatality rate for black children in the lowest-poverty communities is higher than the rate for white children in counties with the highest levels of poverty.

"Child abuse fatalities truly remain a significant problem for especially young children in the United States," said study lead author Dr. Caitlin Farrell.

Farrell, a staff physician in pediatric emergency medicine at Boston Children's Hospital, said this study is the first nationwide analysis to show a link between community-level poverty and rates of child deaths due to physical abuse.

While the notion of community risk factors is relatively new, Farrell said researchers are examining such relationships across various health outcomes, such as the relationship between poor communities and child lead levels.

It's not clear why growing up amid poverty puts kids at greater risk of

death. The study authors did not examine why this is happening, and Farrell wouldn't speculate on potential causes.

"We really need further research to understand why this increased risk exists," she said.

The findings were published online April 24 in the journal *Pediatrics*.

Dr. Robert Block, a University of Oklahoma pediatrician, blames "stresses related to poverty," such as food insecurity, poor education, unsafe neighborhoods and little access to jobs. Parents' frustration can result in "fatal maltreatment of their children," he wrote in an editorial that accompanied the study.

Teasing out the impact of poverty-related factors on child abuse is "really a thorny issue," added Joshua Mersky, co-director of the Institute for Child and Family Well-Being at the University of Wisconsin-Milwaukee.

Any number of factors—from mental health and substance abuse problems to fractured families, domestic and community violence and incarceration—could play a role, said Mersky, who was not involved in the study.

Farrell and her colleagues examined child abuse deaths from 1999 to 2014 among young children in all 50 states and the District of Columbia.

Their study used federal data on child abuse deaths due to various means of assault, included assault by blunt object, drowning and bodily force; suffocation; and strangulation, Farrell said. The database did not include deaths due to child neglect, she noted.

The research team also used population and poverty data from the U.S.

Census Bureau to calculate "county poverty concentration," meaning the percentage of people living below the [federal poverty level](#).

The federal poverty threshold for a family of four was just over \$17,000 in 1999 and \$24,250 in 2014, the study authors noted.

Overall, there were 3.5 fatalities per 100,000 children, the study showed. Fatality rates varied from 1.3 per 100,000 in counties with the lowest levels of poverty to 4.5 per 100,000 in counties with the highest levels of [poverty](#).

Boys had higher fatality rates than girls—3.9 versus 3.1 per 100,000 children.

Black children had 8 deaths per 100,000, compared with 2.7 deaths per 100,000 for whites.

"This to me is calling out for policy solutions to address this problem," Mersky said.

He suggested that "home visiting" programs targeting at-risk parents and children may be one approach. These programs use nurses, social workers or other health practitioners to teach positive parenting practices and ensure that mothers' and babies' basic health needs are met, Mersky explained.

Farrell noted that the American Academy of Pediatrics and the U.S. Centers for Disease Control and Prevention have stepped up efforts to prevent [child abuse](#) injury and [death](#)—not just react to it.

More information: Caitlin Farrell, M.D., staff physician, pediatric emergency medicine, Boston Children's Hospital; Joshua Mersky, Ph.D., co-director, Institute for Child and Family Well-Being, and associate

professor, social work, University of Wisconsin-Milwaukee; April 24, 2017, *Pediatrics*, online

The U.S. Centers for Disease Control and Prevention has more on [child abuse prevention](#).

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