



INTERDISCIPLINARY RESEARCH LEADERS

ISSUE BRIEF | November 2020

Children with Frequent ER Visits at Higher Risk of Maltreatment

WHY WE DID THIS STUDY

On a hot summer day in Fresno, California, a father left two young children swimming unattended in a bathtub. Upon his return, the father discovered one of the children had drowned. He did not know what to do, so he carried the child out to the courtyard of his housing complex and cried for help. When emergency services arrived, it was too late. No follow-up service was available for the family or the community that experienced the loss. Let's FACE (Fight Adverse Childhood Experiences) It Fresno was developed out of this unfortunate incident, which happened in a low-income housing community.

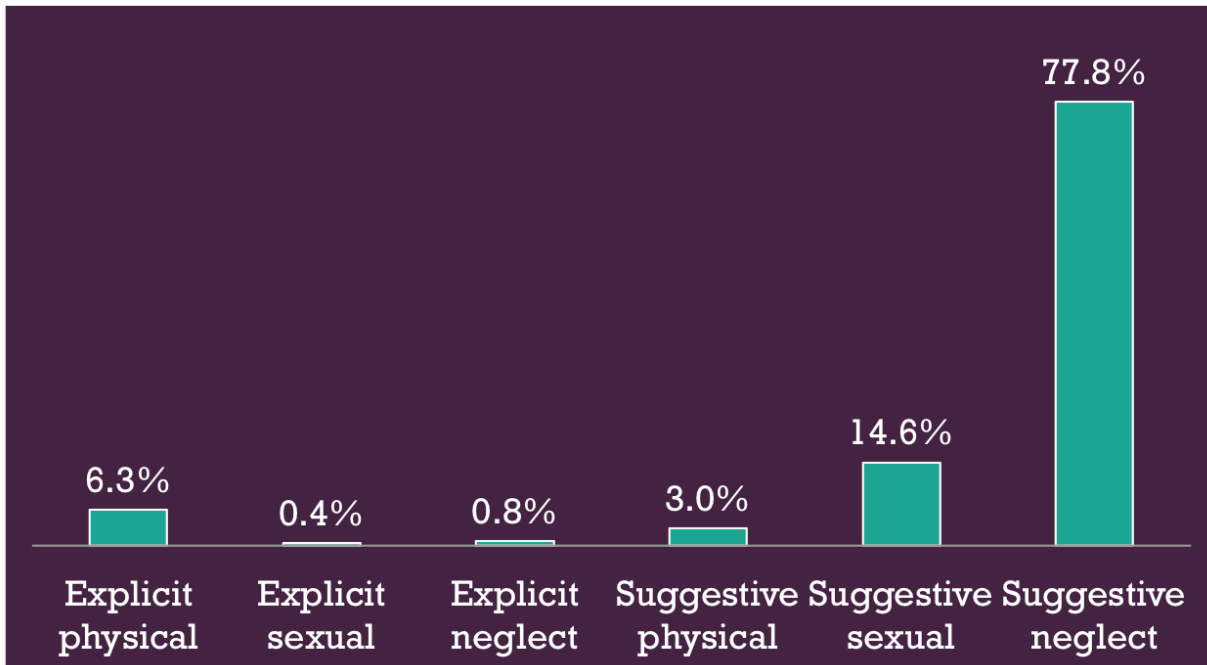
Child maltreatment is a major public health problem in the United States because childhood trauma can have life-long impacts on physical and mental health.¹ Among children who experience maltreatment severe enough to require medical attention, health care facilities and emergency departments are critical entry points in the health care system.² To address child maltreatment, Let's FACE It Fresno aims to promote a culture of health among child-serving agencies, community stakeholders, and parents in Fresno by raising awareness of the long-term consequences of adverse childhood experiences (ACEs), using a public health framework.³ To help inform the work of this program, our team conducted a study to analyze existing emergency room (ER) data from the California Office of Statewide Planning and Development to provide a baseline for understanding the magnitude and nature of cases of suspected child maltreatment presented at ERs in Fresno and neighboring counties in the South San Joaquin region. We also conducted focus groups with parents living in low-income housing communities to understand how they perceive child maltreatment, and to share information about ACEs.^{3,4}

WHAT WE FOUND

- Between 2009 and 2013, nearly 2,000 young children under the age of four living in the South San Joaquin region visited an emergency room with signs of child maltreatment.
- The most common type of child maltreatment was suggestive neglect; the top two diagnoses among children presenting signs of suggestive neglect were poisoning and burns.
- Children with multiple emergency room visits were more likely to receive maltreatment diagnoses than children with just one ER visit.⁵
- After learning about ACEs, 63 percent of parents in our focus groups found it helpful; 40 percent found it empowering.

Child maltreatment is significantly associated with a higher likelihood of injury, hospitalization, and death in emergency room settings among young children.² When we examined maltreatment-related emergency room visits in Fresno and its neighboring counties, we found that 78 percent of cases were attributed to suggestive neglect.

Child Maltreatment-Related Emergency Room Visits in Fresno, CA and Neighboring Counties for Children Age 0 to 3, by Type of Abuse.



Source: Based on authors' analysis of 2009–2013 Emergency Department and hospitalizations from the California Office of Statewide Planning and Development; children 0–3 years of age. Geographies included counties of Fresno, Kern, Kings, Madera and Tulare.

In our focus-groups, we found that harsh physical punishment, such as beating, is often accepted or justified in low-income communities because parents themselves experienced it while growing up. During our focus groups, we also discussed the physical and mental health consequences of ACEs with the parents we interviewed. We found that knowledge of the impact of ACEs on children empowered parents in our study to want to break the cycle of ACEs and seek resources to prevent ACEs.⁵

WHAT THESE FINDINGS MEAN

Our study findings highlight the need to better identify families at risk of child maltreatment. To date, study results have resulted in two new initiatives aimed at increasing the awareness of adverse childhood experiences (ACEs) and their impacts. One initiative is the Fresno County Trauma and Resiliency Network. This group of service providers meets monthly to share information on initiatives related to ACEs in the community. Presently, there are over 90 members in the network. The other initiative, which is being piloted in collaboration with the Network, is the distribution of Let's FACE It Fresno empowerment kits that include resources of families with children at risk of maltreatment. Both initiatives highlight opportunities to share best practices among service providers and educate vulnerable populations about the risks and long-term implications of ACEs.

“Parents need help. You help the parents, it’s gonna help the kids.”

–A Hmong Parent

MORE ABOUT THIS STUDY

To identify child maltreatment-related emergency room visits, we applied a comprehensive definition of maltreatment, which includes both explicit and suggestive maltreatment-based principals and other diagnoses (ICD9-CM and E codes)

that children received while visiting the emergency room. These definitions of explicit and suggestive maltreatment were originally developed by academic researchers and an advisory panel of child abuse and neglect experts.² Explicit diagnoses of abuse included physical child abuse (995.54), and shaken infant syndrome (995.55), while suggestive abuse included sexually transmitted diseases among young children, such as genital herpes (054.10-054.19). We expanded our analysis to the South San Joaquin region, including the neighboring counties of Fresno, as families also access medical facilities outside of Fresno county.

Our focus groups included 24 parents who belonged to diverse ethnic groups (Latino, African American, and Hmong) and lived in subsidized housing. To examine their perceptions of child maltreatment, we used a vignette approach that included characters with culturally representative names.

SOURCES

- ¹ Felitti VJ, Anda RF, Nordenberg D, et al. (1998). Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults. *American Journal of Preventive Medicine*, 14(4), 13.
- ² King AJ, Farst KJ, Jaeger MW, Onukwube JI, Robbins JM. (2015). Maltreatment-Related Emergency Department Visits Among Children 0 to 3 Years Old in the United States. *Child Maltreat*, 20(3), 151-161.
- ³ Barrera, I., S. Kelley & Y. Aratani. (2019). "I would say it's almost like a crime against, you know, the soul." *Housing Policy Debate*, 29(3), 440-451.
- ⁴ Thao, C., Barrera, I., & Nguyen, U. S. (2019). Let's Face Adverse Childhood Experiences (FACE) It: Parent education and empowerment. *Archives of Psychology*, 3(5), 107.
- ⁵ Kuang, X., Aratani, Y., & Li, G. (2018). Association between emergency department utilization and the risk of child maltreatment in young children. *Injury epidemiology*, 5(1), 46.

STUDY CONTACT INFORMATION:

Yumiko Aratani (ya61@caa.columbia.edu), Iran Barrera (irbarrera@mail.fresnostate.edu) and Sabrina Kelley (sabrina.kelley@wellsfargo.com). This research was conducted as part of their distinguished fellowship in the Robert Wood Johnson Foundation Interdisciplinary Research Leaders program from 2016 to 2019.