ABSTRACT# 34

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Title: Child Maltreatment-related Children’s Emergency Department Visits Before and During the COVID-19 Pandemic in Connecticut
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Background: Increases in the incidence of child maltreatment have previously been associated with economic and natural disasters, suggesting that children may be at heightened risk of maltreatment during the COVID-19 pandemic. We aimed to characterize the impact of COVID-19 on child maltreatment-related emergency department (ED) visits at two level-1 pediatric trauma centers in Connecticut.

Methods: We conducted a retrospective cohort study of ED visits at Yale New Haven Children’s Hospital (YNHCH) and Connecticut Children’s Medical Center (CCMC) in children aged 0-17 years during the Pre-COVID (1/1/2019-3/15/2020) and COVID (3/16/2020-8/31/2020) periods. Maltreatment-related visits were identified using a search strategy including ICD-10-CM codes, keywords, chief complaints, and review of ED provider notes. Rates of maltreatment according to child demographic characteristics (e.g., race/ethnicity, age, sex) and maltreatment type (e.g., physical abuse, sexual abuse, neglect) were calculated and compared by period.

Results: We identified a total of 425 cases of child maltreatment at YNHCH and 819 at CCMC; Pre-COVID (n=339 at YNHCH; n=609 at CCMC), and during COVID (n=86; n=210). The study population was majority female (52%; 57%) and of Hispanic ethnicity (34%; 42%); the median age was 5 years at both sites. Physical abuse was the most prevalent form of maltreatment (60% at YNHCH; 68% at CCMC). When compared to the Pre-COVID period and restricting to the same calendar dates within each year (3/16-8/31), ED utilization during the COVID period decreased (51%; 49%) as the percentage of ED visits attributed to child maltreatment increased (27%, p<.08; 74%, p<.01).

Conclusion: We found an overall decrease in health seeking behaviors at the start of the COVID-19 pandemic, while the proportion of ED visits for child maltreatment increased. To improve patient care in future epidemics or pandemics, it will be imperative to maintain adequate services to evaluate children for abuse and neglect concerns in the emergent pediatric care setting. Future work will focus on combining the two datasets to improve the power of our study and assessing additional clinical measures such as severity of abuse.

Word Count: 329