

No Surprise: The Rate of Fatal Child Abuse and Neglect Fatalities Is Related to Poverty

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In this issue of *Pediatrics*, Farrell et al¹ describe research linking poverty with child maltreatment fatalities. The American Academy of Pediatrics has addressed the overall issue of the effects of poverty in a recent policy statement.² An increasing number of reports linking ecology with outcomes for both adults and children have been published describing risk factors for overall health, brain health, and lifetime health trajectories.^{3,4} Given the sociologic, economic, medical, and myriad other challenges related to poverty, it is not surprising that the authors report a significant increase in fatal child maltreatment related specifically to socioeconomic status. What may be surprising is that although this fact is both intuitive and now statistically proven, given the significant percentage of children living in poverty, the United States has yet to develop a comprehensive plan to address the issue.

Toxic stress, allostatic load, and childhood adversities have all been explored during the last 15 to 20 years, usually concluding that childhood brain development, as well as childhood skill acquisition, social competence, hope, and empathy, are negatively affected by the challenges encountered by families living in poverty. Usually impoverished families live among other families grouped together in impoverished neighborhoods within geographical portions of a larger community. Consequently, the pediatrician in practice cannot address a single

family's economic issues without involvement of other programs aimed at reducing poverty in a community. Acknowledging a high rate of poverty, and educating community leaders to work together to address both the economic and child health and development challenges of poverty, could lead to a reduction in frustrations, drug use, family violence, and other negative factors influenced by the toxic stress of poverty.

It is important to note that although poverty is often a reflection of generations of impoverished parents and their children, poverty is sometimes the result of changes in the overall economies of the country, thrusting previously lower to middle-class families into an era of new challenges. Either way, the stresses related to poverty (eg, food insecurity, poor education, unsafe neighborhoods often involving gun violence, access to jobs) can create a frustration level for parents that results in fatal maltreatment of their children. "That's how I was raised," has been heard nationally after high-profile child maltreatment cases reached the press. Finding a way to provide parenting education to folks who are increasingly worried about rent payments, food, finding a job, recovering from addictions, suffering from a low level of education, and other challenges is a daunting task. Developing health plans, including contraception, and addressing the social determinates of health are more than a health system

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or individual physician responsibility. Unless the United States begins to emphasize the prevention of new poverty, and finds ways to create resiliency among both parents and children, our current situation will not change. Although we may find ways to significantly reduce poverty, the article by Farrell et al¹ is an important reminder of the significant consequences thrust upon

an overrepresented portion of our children.

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