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Impact of COVID-19 pandemic on child abuse and neglect: A cross-sectional study in a French Child Advocacy Center

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ABSTRACT

Objective: This study aimed to describe the impact of the first COVID-19 lockdown in France on the activity of a Child Advocacy Center.

Methods: This cross-sectional, observational study included all children involved in the activity of the CAC during the first lockdown, from March 16 to May 10, 2020 and the next 3 months and the corresponding periods in 2018 and 2019. Cases were considered severe when a hospitalization, social alert and/or judicial report to the prosecutor was decided.

Results: Data for 1583 children were analyzed. During the lockdown, the global center activity decreased with 26.4 consultations per 100,000 children in 2018, 46 in 2019 and 20.7 in 2020 (p < 0.001). Judicial activity decreased (forensic examinations and child forensic interview recordings), whereas assessment consultations increased. Cases were more severe during the lockdown than in 2019 and 2018 (12.3, 9.4 and 6.04/100,000 children, respectively, p < 0.0001). The global activity of the center increased in the 3 months after the lockdown as compared with during the lockdown (38.2/100,000 versus 20.7/100,000, respectively, p < 0.001) but did not differ from activity in 2018 and 2019. Severe cases were more frequent in the 3 months after the lockdown than the previous years (13.7/100,000 in 2020, 9.62 in 2019 and 8.17 in 2018, p = 0.0002).

Conclusion: The CAC activity decreased during the lockdown in France but the increase in incidence of severe abuse cases during the lockdown and the next 3 months confirm the need for optimal screening, care and support of child abuse and neglect victims even in the context of health crisis.

1. Introduction

As compared with adult epidemiologic information, the proportion of children infected by the SARS-CoV-2 virus has been lower since the beginning of the pandemic, with also very mild morbidity and quasi-null mortality (Sante Publique France, 2021). However, although initially underestimated, the psychosocial impact and negative effects on the mental and social health of the pediatric population, including adolescents, are now reported by many countries (Adams, 2020; Bryant, Oo, & Damian, 2020; Cluver et al., 2020;...
2. Patients and methods

2.1. Study design and setting

This single-center, observational, cross-sectional study was conducted at Nantes University Hospital and was based on the registry of the Child Advocacy Center (CAC), a pediatric hospital mobile team specialized in child abuse and neglect that has 2 missions: diagnostic and forensic support. These missions are accomplished by the following: 1) assessment consultations (i.e., medico-psychological consultations dedicated to early detection and diagnosis of child abuse and neglect after a referral by a healthcare or socio-educative professional or by the family); 2) forensic examinations (i.e., medical and psychological consultations requested by law enforcement) and 3) child forensic interview recordings (i.e., by judicial investigators in a dedicated room).

We included all consultations for a child ≤15 years old by the CAC team for weeks 12 to 33 in 2018, 2019 and 2020. When a consultation was dedicated to siblings, we considered each child as having an individual consultation. If the same patient was seen multiple times, every consultation was analyzed individually. Consultations were identified in the routine registry systematically completed after each consultation.

We analyzed the global activity of the CAC quantitatively (number of consultations by the CAC for children ≤15 years old between weeks 12–19 and 20–33 in 2020 and compared to 2018 and 2019) but also qualitatively by measuring the severity of cases of child abuse and neglect comparing weeks 12–19 and 20–33 in 2020 to those in 2018 and 2019. A case was considered “severe” if at least one of the three following criteria was met at the time of the consultation by the CAC: a hospitalization decision, a social alert to child protection services, or a judicial report to the prosecutor. We described these severity criteria quantitatively (incidence rate) and qualitatively (proportion of total consultations).

The following data were analyzed for all consultations: type of consultations, hospitalization, types of alerts (judicial reports to the prosecutor or social alerts to the district child protection services). For assessing consultations and forensic examinations (but not child interview forensic recordings), we also analyzed the child’s age at the time of the consultation, origin of the referral, type of violence suspected (psychological, physical, sexual, domestic, neglect), violence inside or outside the family, alleged perpetrator (age, status and relationship to the victim) and hospitalization. All these data are routinely available in the administrative database.

2.2. Statistical methods

Qualitative data are described with percentages. Percentages were compared by chi-square test or Fisher’s exact test. To analyze trends in incidence rates and proportions, we used the chi-square test and tested the departure from linearity trend. Quantitative data were compared by Student t-test or Mann Whitney test depending on the distribution. We approximated incidence rates and their trends for consultations, hospitalizations and severe cases per 100,000 children ≤15 years old per month (number of events during n weeks * 4 * 100,000/number of exposed children ≤15 years old during n weeks * n). For this estimation, we took into account the total number of children ≤15 years old in one administrative district (Loire-Atlantique) (https://atlas.loire-atlantique.fr/). The data for this population were available for the year 2017 (269,519 children ≤15 years old), with an estimated increase of 1.23% per year between 2013 and 2018. We then approximated the population of children ≤15 years old for 2018 (272,834), 2019 (276.190) and 2020 (279.587) and arbitrarily considered the population stable during the years. p < 0.05 was considered significant, but for post-hoc comparisons after global comparison for categorical variables with more than 2 classes, we reduced the p-value to <0.01. We used
2.4. Ethics

This study was approved by the local ethics committee (Groupe Nantais d’Ethique en Santé). Data were extracted from the epidemiologic database of the CAC and de-identified.

3. Results

3.1. Description of the population

A total of 1583 children were included in the study. Clinical features of the children seen in an assessment consultation or a forensic examination are summarized in Table 1. Data for weeks 20–33 in 2018 and 2019 are in Table S1.

3.1.1. Lockdown

The age classes of children seen during the lockdown did not differ from those for the same weeks in 2018 and 2019 (Table 1). The proportion of children seen in the CAC after an intra-hospital health caregiver request was higher during the lockdown as compared with the previous years ($p = 0.002$ vs 2018 and $p < 0.001$ vs 2019, post-hoc analysis) and forensic examination requests were lower ($p = 0.003$ vs 2018 and $p < 0.001$ vs 2019, post-hoc analysis). We also observed fewer sexual abuse cases in 2020 than 2019 (20% vs 38%, $p = 0.002$, post-hoc analysis); fewer violence cases were perpetrated outside the family as compared with 2018 and 2019 (5% vs 41%)

Table 1: Clinical features of pediatric patients seen in assessment consultations and forensic examinations in the Nantes Child Advocacy Center during weeks 12 to 19 in 2018, 2019 and 2020 and weeks 20 to 33 in 2020.

| Variable                                      | Weeks 12–19, 2018 (N = 100) | Weeks 12–19, 2019 (N = 173) | Weeks 12–19, 2020 (lockdown) (N = 101) | Weeks 20–33, 2020 (post-lockdown) (N = 257) |
|-----------------------------------------------|-----------------------------|-----------------------------|------------------------------------------|---------------------------------------------|
| Child age (years) Median [IQR]                | 8.6 [4.1–13.5]              | 8 [4–12.1]                  | 7 [3–11.9]                               | 9 [5.5–13]                                  |
| <2                                            | 13 (13)                     | 26 (15)                    | 19 (19)                                  | 22 (9)                                     |
| 2–11                                          | 47 (47)                     | 82 (47)                    | 51 (50)                                  | 137 (53)                                   |
| >11                                           | 40 (40)                     | 65 (38)                    | 31 (31)                                  | 98 (38)                                    |
| Origin of the referral                        |                             |                             |                                          |                                             |
| Forensic examinations                         | 70 (70)                     | 128 (74)                   | 50 (50)                                  | 174 (68)                                   |
| Intra-hospital health caregiver request       | 12 (12)                     | 20 (12)                    | 30 (30)                                  | 48 (19)                                    |
| Extra-hospital health caregiver request       | 10 (10)                     | 14 (8)                     | 13 (13)                                  | 27 (11)                                    |
| Family request                                | 8 (8)                       | 11 (6)                      | 8 (8)                                    | 8 (3)                                      |
| Type of child abuse and neglect               |                             |                             |                                          |                                             |
| Physical                                      | Yes                         | 57 (57)                    | 110 (64)                                 | 62 (61)                                    |
|                                    | No                          | 43 (43)                    | 63 (36)                                  | 38 (39)                                    |
| Sexual                                        | Yes                         | 31 (31)                    | 65 (38)                                  | 20 (20)                                    |
|                                    | No                          | 69 (69)                    | 108 (62)                                 | 81 (80)                                    |
| Psychological                                 | Yes                         | 28 (28)                    | 45 (26)                                  | 34 (34)                                    |
|                                    | No                          | 69 (69)                    | 108 (62)                                 | 81 (80)                                    |
| Severe neglect                                | Yes                         | 17 (17)                    | 24 (14)                                  | 26 (26)                                    |
|                                    | No                          | 80 (80)                    | 123 (71)                                 | 52 (51)                                    |
| Domestic violence                             | Yes                         | 26 (26)                    | 23 (13)                                  | 19 (19)                                    |
|                                    | No                          | 34 (34)                    | 20 (20)                                  | 12 (12)                                    |
| Nature of the abuse related to the family     |                             |                             |                                          |                                             |
| Inside family                                 | 56 (56)                     | 101 (58)                   | 91 (90)                                  | 202 (79)                                   |
|                                    | Outside family               | 41 (41)                    | 54 (31)                                  | 5 (5)                                      |
|                                    | Unknown                     | 3 (3)                      | 18 (10)                                  | 5 (5)                                      |
| Age of the abuse alleged perpetrator (years)  |                             |                             |                                          |                                             |
| ≥18                                           | 72 (72)                     | 137 (79)                   | 94 (93)                                  | 202 (79)                                   |
| <18                                           | 26 (26)                     | 34 (20)                    | 2 (2)                                    | 41 (16)                                    |
| Relationship with the victim                 |                             |                             |                                          |                                             |
| Father involved                               | Yes                         | 31 (31)                    | 67 (39)                                  | 68 (67)                                    |
|                                    | No                          | 69 (69)                    | 106 (61)                                 | 33 (33)                                    |
| Mother involved                               | Yes                         | 20 (20)                    | 50 (29)                                  | 49 (49)                                    |
|                                    | No                          | 80 (80)                    | 123 (71)                                 | 52 (51)                                    |

a calculated by chi-square or Fisher exact test, comparing weeks 12–19 in 2018, 2019 and 2020.

b calculated by chi-square or Fisher exact test, comparing weeks 12–19 (lockdown) with weeks 20–33 (post lockdown) in 2020.
and 31%, \( p < 0.001 \) for each post-hoc analysis) and the alleged perpetrator was more often an adult family member: the father (67% vs 31% and 39%, \( p < 0.001 \) for each post-hoc analysis) or the mother (49% vs 20% in 2018, \( p < 0.001 \), and 29% in 2019, \( p = 0.001 \)).

3.1.2. Post-lockdown

As compared with the lockdown period, in the post-lockdown period, the children seen were older (9 years [interquartile range 5.5–13] vs 7 years [3–11.9], \( p = 0.003 \)) and more often referred by forensic services (174/257 [68%] vs 50/101 [50%], \( p = 0.007 \)). The proportion of violence outside the family or perpetrated by minors was higher (Table 1).

As compared with 2018 and 2019, during the post-lockdown period, the children seen had similar clinical features except for 2: 1) more psychological abuse cases and 2) more violence perpetrated inside the family (Table S1).

3.2. Quantitative activity (incidence rates)

3.2.1. Lockdown

The analysis of the global activity of the CAC during the lockdown is described in Fig. 1. The CAC experienced globally less activity during the lockdown in terms of decreased number of forensic examination requests and child forensic interview recordings. The incidence of consultations was 26.4, 46 and 20.7 per 100,000 children ≤15 years old living in Loire-Atlantique and per month in 2018, 2019 and 2020, respectively (\( p < 0.001 \), chi-square test). However, the assessment consultations increased, with 5.5, 8.33 and 9.12 routine examinations per 100,000 children ≤15 years old living in Loire-Atlantique and per month in 2018, 2019 and 2020, respectively (\( p = 0.03 \), chi-square test for trend; no deviance from linear trend). The incidence of hospitalizations increased between 2018 and 2020, with 2.7, 5.1 and 6.8 hospitalizations in Nantes University Hospital per 100,000 children ≤15 years old and per month (\( p = 0.02 \), chi-square test for trend; no deviance from linear trend). The incidence of severe cases referred to the CAC increased, with 6.04, 9.4 and 12.3 cases per 100,000 children ≤15 years old living in Loire-Atlantique and per month (\( p = 0.006 \), chi-square test for trend; no deviance from linear trend) (Table S2).

3.2.2. Post-lockdown

In the post-lockdown period, the CAC global activity increased, with 38.2 per 100,000 children ≤15 years old living in Loire-Atlantique and per month as compared with 20.7 during the lockdown (\( p < 0.001 \)) (Table S1). However, no catch-up was

* \( p < 0.01 \) Chi2 for trend (significant increase from 2018 to 2020, weeks 12-19)
** \( p < 0.01 \) Chi2 (significant difference between 3 groups, weeks 12-19)
NS : \( p > 0.05 \) (non-significant difference between 3 groups weeks 12-19 or weeks 20-33)
# \( p < 0.01 \) chi2 (significant difference between post-lockdown to lockdown in 2020)
0 \( p > 0.05 \) chi2 (non-significant difference between post-lockdown to lockdown in 2020)

Fig. 1. Activity of the child advocacy center (CAC) expressed as number of events per 100,000 children ≤15 years old living in Loire-Atlantique per month during weeks 12 to 19 and 20 to 33 in 2018, 2019 and 2020. Severe case = hospitalization and/or social alert to child protective services and/or a judicial report to the prosecutor.

\(^* \ p < 0.01\), chi-square test for trend (significant increase from 2018 to 2020, weeks 12–19); \(^{**} p < 0.01\), chi-square test (significant difference between the 3 years, weeks 12–19); NS, \( p > 0.05 \) (non-significant difference between 3 groups for weeks 12–19 or weeks 20–33); #, \( p < 0.01 \), chi-square test (significant difference between post-lockdown to lockdown in 2020); 0, \( p > 0.05 \) chi-square test (non-significant difference between post-lockdown to lockdown in 2020).
observed, and the global activity post-lockdown did not differ from that observed during the same weeks in 2018 and 2019, with 33.9 and 39.9 consultations per 100,000 children ≤15 years old living in Loire-Atlantique, respectively (p = 0.08). We also observed a significant increase in severe cases, with 8.17, 9.62 and 13.7 children being victims of severe abuse per 100,000 children ≤15 years old living in Loire-Atlantique in 2018, 2019 and 2020, respectively (p = 0.0002; no deviance from linear trend).

3.3. Qualitative activity (distribution)

3.3.1. Lockdown

The analysis of the severity of the cases seen in assessment consultations and forensic examinations during the lockdown is summarized in Fig. 2. During the lockdown, we found relatively more hospitalization decisions in 2020 than 2018 and 2019 (38/101 [38%] vs 15/100 [15%] and 28/173 [16%], p = 0.003, chi-square test for trend; deviance from linear trend), more social alerts to child protective services (25/101 [25%] vs 13/100 [13%] and 24/173 [14%], p = 0.02, chi-square test for trend; no deviance from linear trends), more judicial reports to the prosecutor (33/101 [33%] vs 15/100 [15%] and 20/173 [12%], p = 0.00, chi-square test for trend; deviance from linear trend), and relatively more severe cases (69/101 [68%] vs 33/100 [33%] and 52/173 [30%], p < 0.000, chi-square test for trend; deviance from linear trend).

3.3.2. Post-lockdown

In the post-lockdown period, we observed relatively more hospitalization decisions in 2020 than 2018 and 2019 (61/257 [24%] vs 37/222 [17%] and 45/273 [16%]), p = 0.04, chi-square test for trend; no deviance from linear trend), more social alerts to child protective services (63/257 [25%] vs 34/222 [15%] and 50/273 [18%], p = 0.01, chi-square test for trend; no deviance from linear trends), and relatively more severe cases (134/257 [52%] vs 78/22 [35%] and 93/273 [34%], p = 0.0001, chi-square test for trend; deviance from linear trend). Among all consultations, the proportion of judicial reports to the prosecutor did not differ significantly in 2020 as compared with 2018 and 2019 (39/257 [15%] vs 29/222 [13%] and 33/273 [12%], p = 0.57, chi-square test) (Fig. 2).

As compared with the lockdown, in the post-lockdown period, the proportion of hospitalizations was reduced (38% vs 24%, p = 0.008) as were judicial reports to the prosecutor (33% vs 15%, p < 0.0001) and severe abuse (68% vs 52%, p = 0.0006) (Fig. 2).

4. Discussion

According to our clinical impression, the lockdown in France increased intra-familial violence and the severity of child abuse and neglect. Our hypothesis for the effect of the first lockdown on the activity of the CAC in Nantes University Hospital was confirmed and also reported in many countries (Barboza, Schiamberg, & Pachl, 2021; Kovler et al., 2021). Indeed, the global activity of the CAC decreased during the lockdown, mainly related to a decrease in judicial activity. However, the number of screening consultations increased, despite a sharp decline in visits to pediatric emergency departments, which suggests the central role of the pediatric hospital mobile teams specialized in child abuse and neglect. Indeed, we may have expected that the increase observed the previous year would have been slowed by the lockdown as it was for other pediatric consultations, but the increase was still in line with the previous year, as summarized in Fig. 2.

**Fig. 2.** Proportion of children with severe cases among the children cared for by the Child Advocacy Center team during the lockdown and post-lockdown period and the corresponding period (weeks 12–19 and 20–33) in 2018 and 2019.

Severe case = hospitalization and/or social alert to child protective services and/or a judicial report to the prosecutor.

* p < 0.05, chi-square test for trend (significant increase from 2018 to 2020, weeks 12–19); **p < 0.05, chi-square test (significant increase between from 2018 to 2020, weeks 20–23); NS, p > 0.05 (non-significant difference between the 3 years, weeks 20–33); #, p < 0.01, chi-square test (significant difference between post-lockdown to lockdown in 2020); 0, p > 0.05, chi-square test (non-significant difference between post-lockdown to lockdown in 202.
shown by a significant increase without deviation to linearity. We also found increased severity of abuse cases during the lockdown and the next 3 months (hospitalizations and judicial reports to the prosecutor). Here again the increase in incidence of hospitalizations or judicial reports was not deviant to a linear trend, but the increase in proportion was higher (deviant to a linear trend). This observation gave the impression that there were more severe cases due to the lockdown when in fact the increase in severe cases observed the previous year was just not slowed by the lockdown as was observed for the other reasons for consultation. Moreover, although hospitalisations and judicial reports did not significantly increase in the post-lockdown period as compared with the previous year, the number of social alerts to child protective services significantly increased in comparison to previous years and to the lockdown period. This finding could reflect a “catch-up” of the less severe cases not seen during the lockdown. A recent study based on a national administrative database did not show an absolute increase in hospitalizations related to child abuse, unlike in the present study, but the authors observed a relative increase, which is consistent with our results (Loiseau et al., 2021). We hypothesize that the identification of abused children by using ICD-10 codes may be less sensitive in an administrative database than in a database completed by clinicians of the CAC, with a consequent under-evaluation of the absolute number of hospitalizations.

The present study has several limitations. First it is a monocentric study, and results may not be generalized to other administrative districts in France. Nevertheless, if the incidence and detection of child abuse differs among areas, the changes in activity may be less susceptible to inter-regional variations because the whole French territory was under the same restrictions during the lockdown. Second, we were not able to assess the real incidence rates in Loire-Atlantique because we studied the consultations in only the Nantes CAC (without the other smaller center). Nevertheless, the population flow between centers did not change during the studied period; hence, the changes in incidence reflect the changes in activity, and the chi-square test results for trend are relevant. Moreover, the most severe cases requiring admission to intensive care units were all admitted to the CAC university hospital. Finally, we observed a significant increase in all factors, as assessed by the chi-square test for trend, but this trend was assessed at only 3 times (2018–2019 and 2020) and for most, the result did not deviate from the linear trend. Therefore, we cannot confirm that this increase was due to the COVID-19 crisis and not preexistent trends. Time-series analyses would be relevant to analyze more precisely the effect of the pandemic and could be conducted in light of this work.

Consequently, the COVID-19 healthcare crisis should continue to have a deleterious impact on child abuse and neglect screening, diagnosis and quality care. This study also shows that distressed and abusive families continued to visit the public hospital when few childcare professionals were available, as other professionals are able to recognise signs and symptoms that indicate child abuse and neglect (Caron et al., 2020; Martins-Filho et al., 2020). During the lockdown, pediatric emergency departments and hospitalization services continued to welcome all children and their families, especially children at risk, around the clock for diagnosis, care and protection. As recommended by the French Society of Medico-legal Paediatrics (Balencón, Avenard, Delacourt, Gras-Le Guen, & Hedouin, 2020), there is a need to consolidate and further develop pediatric hospital mobile teams specializing in child abuse and neglect throughout the country, in accordance with the national plan to improve the early detection and diagnosis of child violence (Ministère des solidarités et de la santé, 2019; Martinkevich et al., 2020).

5. Conclusion

This study points out that despite children’s health not being directly affected by the severity of the COVID-19 pandemic, the disease had a major indirect negative impact and emphasizes the importance of keeping care available for them (Tsur & Abu-Raiya, 2020). The upcoming sanitary measures must weigh benefits and risks for children’s health at a time when it is also important to keep their needs at the forefront (Bérubé et al., 2020). Children must have access to health and social services, daycare centers and schools. Some preventive and intervention targets should be implemented as soon as possible for families most at risk of violence (Brown, Doom, Lechuga-Pena, Watamura, & Koppels, 2020; Griffith, 2020; Herrenkohl, Scott, Higgins, Klika, & Lonne, 2021; Katz et al., 2021).

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Declaration of competing interest

The authors declare that they have no competing interest.

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