COVID-19 EXPOSES ENDURING INEQUITIES FOR CHILDREN & FAMILIES

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The COVID-19 pandemic is an abrupt and chronic stressor that puts many children and adolescents at risk for developing mental and behavioral health disorders -- particularly those from disadvantaged backgrounds and marginalized communities. Before the COVID-19 pandemic, these children were already more likely to experience severe economic hardship, lack access to quality education and other resources critical for coping with adversities, and be at increased risk for maltreatment and exposure to home or community violence, all of which can result in increased risk for adverse health outcomes.^{1,2} These inequities are only magnified and perpetuated by the COVID-19 pandemic (Figure 1).

A “toxic stress” response occurs when the resources that support children during adversities become taxed or depleted. Caregivers play a central role in buffering stress early in life,^{3,4} and how caregivers respond to children’s stress and convey information about traumatic events has critical effects on children’s mental health following trauma.⁵ Sudden increases in stress due to the challenges of the COVID-19 pandemic may impair caregivers’ ability to provide nurturing, sensitive parenting to help children cope with abrupt lifestyle changes.

With major disruptions in daily life and widespread school closures, the COVID-19 pandemic is likely to be particularly stressful and compromise the buffering effects of caregiving for families in marginalized or disadvantaged communities. School closures mean that children’s support systems outside of the home are disrupted, with less support from teachers and peers, and possible disruptions in mental health services provided by schools. For the 22 million children who rely on schools for meals, food insecurity will increase. Job and housing insecurity will further impact disadvantaged families, and stress may be particularly acute for adolescents who work to support their families. Many caregivers from lower-income families are essential workers (e.g., grocery clerks, sanitation workers, public transportation drivers) whose jobs cannot be done remotely and/or do not offer paid sick leave. Such essential workers thus risk being infected at work or bringing the infection home. School and daycare closures mean that caregivers without the means and support for childcare may be forced to prioritize job security. Existing educational disparities will be amplified for disadvantaged children, who are more likely to lack resources essential to distance learning and have fewer familial resources to support learning at home. Further, material hardship and deprivation may hinder brain development that supports functions such as literacy, problem-solving, decision-making, and emotion regulation, which are important for developing resilience and coping with future stressors.⁶

In these ways, the COVID-19 pandemic will have disproportionately negative effects on the most vulnerable children and families, including those living in poverty or with prior trauma histories, which are strong predictors of risk for mental health disorders.⁷ Of particular concern is increased risk for maltreatment and exposure to family violence. Parenting stress, economic instability, and substance abuse are major risk factors for abuse and neglect,⁸ that are likely to be heightened during the pandemic. Unfortunately, detection of abuse and thus the potential to prevent it or intervene may be substantially impeded due to reduced contact with educators and healthcare providers, two primary sources of referrals to children’s services. Though estimates of maltreatment exposure and referrals are not yet available, media and agency reports have noted marked declines in referrals to child protection but increases in calls by minors to domestic violence and abuse hotlines.

Given the vast existing social and economic inequities across societies, it should come as no surprise that an abrupt stressor like COVID-19 has a disproportionate effect on disadvantaged and marginalized children. Pre-existing disadvantages that lead to increased viral exposure,

including lack of quality health care, childcare, and paid sick leave, also have downstream consequences that put all individuals at risk.⁹ This global crisis should be taken as a call to action -- not only to meet the immediate needs of disadvantaged children, but also to support long-term strategies to dismantle the policies and institutional structures that systematically oppress low-income families and people of color. Investment in interventions and adoption of policies that build on family strengths, including but not limited to early home visiting, school-based health centers, a living wage, paid family leave, and universal healthcare and childcare, are critical.

The health of a society depends on how well it invests in and cares for its most vulnerable. The COVID-19 pandemic highlights what we already know: we need to do better.

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All authors contributed equally in writing the manuscript. EC and AD designed the figure.

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