

Serious child abuse injuries creep up, study shows

October 1 2012

A new Yale School of Medicine study shows that cases of serious physical abuse in children, such as head injuries, burns, and fractures, increased slightly by about 5% in the last 12 years. This is in sharp contrast to data from child protective services agencies, which show a 55% decrease in physical abuse cases from 1997 to 2009.

Published in the November issue of the journal *Pediatrics* (online October 1), the Yale study is the first to track the occurrence of serious injuries due to physical abuse in hospitalized children. The study raises concerns that results from the U.S. <u>child protective services</u> agencies may be due to changes in reporting of cases to agencies, rather than a true lessening in child abuse cases. One possible reason for the divergent results is that studies by the child protective services agencies included all cases of physical abuse regardless of age or severity. The Yale study focused only on serious <u>physical abuse</u>.

"These results highlight the challenges of helping parents do better by their children and the importance of effective prevention programs to reduce serious abusive injuries in young children," said John M. Leventhal, M.D., professor of pediatrics and nursing at Yale, and director of the Child Abuse Programs at Yale-New Haven Children's Hospital.

Leventhal and co-author Julie R. Gaither, graduate student in the Yale School of Public Health, studied data from the Kids' Inpatient Database (KID), a sample of discharges from hospitals in the United States. They



examined trends in serious injuries related to child abuse from 1997 to 2009. Cases of serious physical injury, such as head injuries, fractures, burns, and abdominal injuries, were identified using different injury codes. The KID also provides information on demographics, including a child's age, gender, race, and health insurance; whether the child died during hospitalization; and the length of hospital stay. Leventhal and Gaither found that the number of children hospitalized due to abuse-related injuries has increased by 4.9 percent over those 12 years.

Leventhal said the difference in results between the two studies highlights the challenge of using a single source of data to track a complex problem such as <u>child abuse</u>. "We also need to develop and fund effective <u>prevention programs</u>," said Leventhal.

More information: *Pediatrics* Vol. 130, No. 5, (November 2012)

Provided by Yale University

Citation: Serious child abuse injuries creep up, study shows (2012, October 1) retrieved 2 May 2024 from https://medicalxpress.com/news/2012-10-child-abuse-injuries.html

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