

# Do racial disparities play a role in child abuse detection?

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## What can we learn from this study?

Race as a risk factor for child abuse has been widely examined, though the research has yielded mixed results. These contradictory findings have underscored the need for a more nuanced understanding of how race, socioeconomic factors (such as family poverty), and related biases intersect in identifying and reporting child abuse. This study adds to existing research by examining child abuse identification patterns, using data from a national registry of injured pediatric patients to determine whether disproportionality and disparities in child abuse detection exist for certain races.

### Study details

- **Population:** 7,903 patients, 1 to 17 years old, identified as experiencing incidents of child abuse from a pool of 798,353 pediatric trauma incidents
- **Data sources:** National Trauma Data Bank (NTDB); ICD (International Classification of Disease) codes
- **Methodology:** Standardized data abstraction techniques; Chi-Square analysis and ANOVA
- **Dates:** 2010 to 2014; 2016 to 2017

## What are the critical findings?

Suspected child abuse (SCA) victims made up 1% of patients ages 1 to 17 in the National Trauma Data Bank, with a racial breakdown of 51% white, 33% Black, 2% American Indian/Alaska Native, 1% Asian American, 0.3% Native Hawaiian/Other Pacific Islander, and 12% Two or More races.

- Compared to the general population, **SCA children were younger**, with a median age of 2 years old versus 10 years old.
- On average, Black children **had longer hospital stays (1.5 days longer)** despite having less severe injuries than white children, who overall were more likely to have severe injuries.
- **Emergency department mortality was higher among Black SCA patients (3%)** compared to white patients (1%), while in-hospital mortality was higher for white SCA patients compared to Black SCA patients (9% to 6%, respectively).
- Even when accounting for socioeconomic status, Black children were **more likely to be identified in pediatric hospitals as victims of abuse** compared to their white counterparts.
- Black children were disproportionately represented among SCA victims **at a rate 2.5 times** their representation in the U.S. population.

## Why is this important to our work?

Early detection is vital in preventing long-term child abuse and identifying risk factors before they escalate. When driven by provider bias rather than objective verification, early detection can negatively impact the safety and well-being trajectories of children and families. This report highlights the racial disparities in pediatric and trauma centers, with Black children being overreported for child abuse and experiencing longer stays compared to white children, who overall have more serious or severe injuries. The consequences of this trend can strain an already overwhelmed child welfare system and direct resources to where they are less needed, potentially delaying detection of more serious cases until situations become critical. The findings emphasize the need for a standardized screening tool to more precisely identify children at risk of abuse and for reducing bias in early detection of children across racial groups.

To learn more, see: [What are jurisdictions learning and doing as they address racial disparities in child welfare?](#), [How are Ohio Children's Hospitals identifying sentinel injuries to reduce child fatalities?](#) and [How is Broward County, Fla., advancing racial justice for families involved with the child protection system?](#)

This summary synthesizes the findings from a single research study. For additional information, [access the article directly](#) or email: [KMResources@casey.org](mailto:KMResources@casey.org)