Notes on Non-Accidental Injury

**TYPES** – physical, emotional, neglect, sexual, Munchausen’s by proxy

- NEGLECT may be suggested by – failure to thrive (FTT), inadequate hygiene, poor emotional attachment to caregiver, delayed speech/language, poor school attendance
- EMOTIONAL ABUSE – rejection, criticism / threats, scapegoating

**MECHANISMS** - bruises, burns, fractures, lacerations, poisoning, internal injuries

**HIGH-RISK OF NAI** – child with disability, low birthweight, younger age, child with demanding personality, involvement of alcohol/drugs

NAI suggested by –
- History inconsistent with injury
- Delay in reporting the injury
- Inconsistent history from care-givers
- Inappropriate reaction of care-givers
- Recurrent injuries
- Injuries inconsistent with child’s developmental stage

Assessing probability that injury is non-accidental –
- History
- Age of child
- Mobility of child
- Child’s developmental stage

**Bruising**
Most common presentation NAI
Bruising to face, back and buttocks generally uncommon, therefore have high index of suspicion
Bruises may represent fingermarks, slap marks, objects

**Burns**
Accidental hot water burns –
- Are asymmetrical
- Spare flexures
- Have splash marks
- Are uncommon on the back
Cigarette burns may be round
NA immersion burns have sharply demarcated edges

**Fractures**
Wrenching injuries causes *metaphyseal fractures*
Crush injuries cause *posterior rib fractures*

**Miscellaneous**
Vigorous shaking may cause *subdural haemorrhages* and *retinal haemorrhages*
DIFFERENTIAL DIAGNOSIS NAI
- Coagulation disorders
- Osteogenesis imperfecta
- Copper deficiency → predisposition to fractures
- Bullous impetigo
- Scalded skin syndrome

MANAGEMENT NAI
Follow local child protection committee procedures, inform senior staff

- Full hx and exam
- Record injuries on topographical chart
- Photograph injuries with parental consent
- Record height, weight and head circumference
- Document the child's interaction with the parent/caregiver
- Treat immediate problems
- Bloods and XRs as needed

*Does child need immediate protection from further harm?* → admission
  → legal enforcement → foster place

MDT assessment
Child protection conference chaired by senior social services/NSPCC to decide -

- *Child Protection Register?*
- *Application to court?*
- *What follow-up is needed to protect the child?*

REFERENCE: