



REVIEW

Non-accidental injury in children—An update

Jacqueline Y.Q. Mok ^{a,b,*}

^a *Lead Paediatrician for Child Protection, Department of Community Child Health, Royal Hospital for Sick Children, Edinburgh; NHS Lothian University Hospitals Division, United Kingdom*

^b *Section of Child Life and Health, University of Edinburgh, United Kingdom*

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Harm;
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Summary The abuse of children is a universal problem. It affects children from all social classes, racial and religious groups. Child abuse involves acts of commission or omission which directly or indirectly result in harm to the child and prevent a normal development into healthy adulthood. Those responsible may be members of a family, a community or an institution. The prevalence of child abuse and neglect is difficult to measure since events tend to be unreported because they happen behind closed doors. The majority of children who have been physically abused present with soft tissue injuries, thermal injuries and fractures. This article is focused on the physical abuse of children with particular emphasis on fractures.

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* Correspondence address: 10 Chalmers Crescent, Edinburgh EH9 1TS, United Kingdom. Tel.: +44 0131 536 0467; fax: +44 0131 536 0570.

E-mail address: jacqui.mok@luht.scot.nhs.uk.

Introduction

The abuse of children is a global problem, affecting children from all social classes, racial and religious groups. Child abuse involves acts of commission or omission which directly or indirectly result in harm to the child and prevent a normal development into healthy adulthood. Those responsible may be members of a family, a community or an institution. The prevalence of child abuse and neglect is difficult to measure since events tend to be unreported because they happen behind closed doors and to vulnerable children, some of whom may have been coerced into "keeping secrets". It is almost impossible to compare prevalences across countries due to different cultural practices, laws and reporting mechanisms. There are also variations in a willingness to recognise the nature of the injury and the availability of an infra-structure to protect children.

In the United Kingdom, the threshold of "significant harm" is established by the courts, which result in compulsory intervention in family life. In reaching a decision, the following are considered:

- "Harm" – ill-treatment or the impairment of health or development, either directly as in physical abuse, or indirectly when a child witnesses domestic violence (emotional abuse).
- "Ill treatment" – involves all forms of abuse and neglect.
- "Development" – includes all aspects of development, i.e. physical, intellectual, emotional, social and behavioural.
- "Health" – means physical as well as mental health.

The question of whether harm suffered by a child is significant depends on the child's health and development. In this context, the child's health or development is compared with that which could reasonably be expected of a similar child.⁷

Categories of abuse

Physical abuse includes hitting, shaking, throwing, poisoning, burning or scalding, drowning and suffocating.⁹ It may also result from the fabrication or induction of illness in the child. Emotional abuse is the persistent ill treatment which causes severe and persistent adverse effects on the child's emotional development and may involve direct verbal denigration, imposition of age-inappropriate expectations or allowing a child to witness the maltreatment of another person. Sexual abuse involves engaging children in activities (contact and non-contact)

which are inappropriate for their age and maturity. Neglect is the persistent failure to meet a child's basic physical and/or psychological needs which jeopardises the child's safety, health and development. Neglect is the most prevalent form of child maltreatment in the United Kingdom and the United States.^{13,24}

This article will focus on the physical abuse of children with particular emphasis on fractures.

Recognition

The majority of children who have been physically abused present with soft tissue injuries, thermal injuries and fractures. Factors that should alert the clinician to suspect non-accidental injury are:

- history which is vague, inconsistent and discrepant with clinical findings or child's developmental stage,
- history is unexplained, event happened in the absence of witnesses, or a sibling is blamed for the injury,
- significant delay between injury and seeking medical attention, without credible explanation,
- evasive or aggressive responses from parent when details of injury are sought,
- presence of other injuries,
- evidence of frank neglect – e.g. non-organic failure to thrive, lack of hygiene and
- previous concerns regarding child or sibling(s) – e.g. lack of care, unusual injuries and repeated attendances at A&E.

Bruises

The commonest non-accidental injury to soft tissues is bruising. Any part of the body is vulnerable. A systematic review attempted to identify patterns of bruising which might be diagnostic of abuse.¹⁷ Seven studies of non-abusive bruising were evaluated, which showed that accidental bruises were related to increased mobility. Bruises were found in <1% babies who were not independently mobile, 17% of infants who were just mobile, 53% of walkers and the majority of school-aged children. Abusive bruises tended to be found away from bony prominences; were large, multiple and occurred in clusters. Commonly affected sites were the head and neck, buttocks, trunk and arms. Sometimes, a bruise may carry an imprint of the implement used.¹⁶ However, it is not possible to age a bruise accurately, from a description of its colour alone, either in vivo or from a photograph.^{17,19}

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