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### What is a non-accidental injury? (NAI)

Non-accidental injury can be any abuse inflicted on a child by a caregiver that is not consistent with the account of its occurrence. This includes injuries that result from deliberate actions against a child or failure to prevent injury.

Data suggests that there has been an increase in non-accidental injuries during the coronavirus pandemic where families are under pressure and experiencing escalating tensions and anxiety in the home.



**Diogelu Gwent**  
**Gwent Safeguarding**

## 7 Minute Briefing for Non-Accidental Injuries (NAIs)

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### Bruising/Injuries

There are some patterns of bruising that may indicate that physical abuse has taken place. Abusive bruises often occur on soft parts of the body, such as the abdomen, back, and buttocks. The head is by far the commonest site of bruising in child abuse. Other common sites include the ear and neck.

Bruises that have petechiae (dots of blood under the skin) around them are found more commonly in children who have been abused than those injured accidentally. Bruising in non-independently mobile babies and children is rare and must always result in an immediate referral to children services.

[Bruises on children: Core info leaflet](#) | [NSPCC Learning](#)

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### Effective Practice (2)

- **Request a strategy meeting** to enable all agencies to share information in respect of the child and family. **Health professionals must attend** to ensure they are fully involved in multi-agency decision-making.
- Discuss the concerns within the MDT, particularly when there is a difference in clinical opinion. **Ensure all clinical perspectives are fully considered.**
- **Keep clear and accurate documentation of injuries**, explanations given by carer, how clinical decisions reached, with consideration given to analysis of strengths and risks. **Always document any discussions with partner agencies.**



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### Fractures

After bruising, fractures are the second most common type of non-accidental injury occurring in children. Professionals must look out for signs of abuse when they treat children who have broken bones, especially in a non-mobile infant or child.

**Consider if the parental explanation is consistent with the presented injuries.**

A fracture, like any other injury, should never be interpreted in isolation. It must always be assessed in the context of the child's medical and social history.

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### Effective Practice (1)

- Report suspicions or concerns to Children's Services (or SEWEDT if out of hours) **immediately** via telephone if there is a possibility of NAI. Ensure name of Social Worker spoken to, date & time are **documented clearly in records**, along with a summary of the discussion. **Parental consent is not required.**
- Complete and submit a Duty to Report ASAP with all relevant information, detailing risks and rationale for concern. **Ensure details of any other children within the household** are contained within the referral as they may also be at risk.

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### The Importance of Multi-Agency Discussion & Professional Challenge

Early sharing of information and active engagement in the multi-agency process ensures a good understanding of needs and risks with a clear action plan to improve the outcomes for children and families. A multi-agency discussion ensures a shared understanding of suspicious injuries and enables practitioners to work together and have a holistic, informed approach when looking at all aspects of the case.

Having different professional perspectives within child protection practice is a sign of a healthy and well-functioning partnership. Whatever your position or seniority, expect to be challenged and to challenge others; working together effectively depends on an open approach and honest relationships between agencies. (See [Multi Agency Protocol for Resolving Practitioner Differences Protocol - January 2023](#) ([gwentsafeguarding.org.uk](http://gwentsafeguarding.org.uk)) **'Don't be afraid to challenge!'**

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### Professional Curiosity

Reviews into child deaths repeatedly highlight the need for practitioners to be alert to the risk of fixed thinking and perceptual bias.

**'Request a Child Protection Register Check'**

A combination of looking, listening, asking direct questions, checking out and reflecting on information received. It means not taking a single source of information and accepting it at face value.

**'Triangulate all available information'.**