

# Only one in five seriously injured child abuse victims treated at major trauma centers

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Only one in five victims with serious injuries caused by suspected child abuse in England and Wales is treated at a designated major trauma centre, reveals research published online in *Emergency Medicine Journal*.

This is despite the fact that these children are nearly three times as likely to die of their injuries as those who have been injured unintentionally, the findings show.

Physical abuse is an important cause of major trauma for children, but has a different [injury](#) and age profile from unintentional injury. And the researchers wanted to find out if there were any differences in how these two groups of children are treated before and after reaching hospital.

They therefore examined the case information for children under 16 years of age supplied by hospitals to the Trauma Audit and Research Network (TARN) for England and Wales between April 2012 and June 2015.

Between 2012 and 2015, the details of 7825 children were entered into the database, 7344 (94%) of whom were classified as unintentional (accidental) injury, and 481 (6%) of whom were classified as suspected child abuse.

Children suspected of having been physically abused were much younger than those with unintentional injuries: three out of four were under the age of 1, with an average age of 4 months.

Their injuries were more severe and they were more likely to have a serious head injury.

They were also more likely to reach hospital by car rather than by emergency transport and to arrive some considerable time after being injured—averaging 8 hours compared with 1 hour for children involved in accidents.

But once they reached hospital, they were less likely to receive time critical, potentially life-saving procedures, with only one in five treated at a major trauma centre.

The researchers point out that organised trauma care networks rely on correct and prompt identification of patients with serious injury and emergency transport direct to a trauma care centre rather than the local [hospital](#).

Without the right trigger, delays are likely, and outcomes for these [children](#) are likely to be poorer, they say.

"This study shows that [trauma care](#) systems need to modify their conventional approach to activation to enable early recognition of these infants and swift escalation up to 'major [trauma](#) patient' status in order to minimise delays to delivery of definitive care," they write.

**More information:** Major trauma from suspected child abuse: a profile of the patient pathway, *Emergency Medicine Journal* (2017). [DOI: 10.1136/emmermed-2016-206296](https://doi.org/10.1136/emmermed-2016-206296)

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