

Derbyshire and Derby City PRACTICE GUIDANCE ON BRUISING IN BABIES AND CHILDREN

November 2018

Version Control

This document replaces all other previous published versions and should be read in conjunction with the Derby and Derbyshire Safeguarding Children Procedures					
Versio	Author/s	Updated by	Signed off by	Date	Review
1.	Consultant Paediatricians Derby/Derbyshire & Lead Health Professionals	-	DSCB Policy and Procedures Group	November 2018	November 2021

1. Introduction

Who is this guidance for?

All professionals who work with children, young people families and carers.

Bruising is the most common injury encountered when children have been physically abused, however, children will always sustain bruises as a consequence of simple accidents. There are some skin markings which can look similar to bruises and there are medical conditions which can cause bruising. This guidance aims to assist professionals to:

- Understand the importance of bruising in infants as an indicator of physical abuse. **For non-mobile babies please refer to the flowchart 'For the assessment of bruising and any physical injury in a child who is not independently mobile' in Appendix 1 of this document.**
- Clarify the arrangements between Health and Social Care colleagues in relation to the investigation of bruising in children and young people.

2. Why are we worried about bruises?

A bruise, as well as being accidental, may be an external marker that a child or young person is being abused. Information gathered as a result of an appropriate investigation may enable that child to be safeguarded.

In contrast to older children, babies and young children are more vulnerable to injuries of equivalent force. A single assault to a baby or young child can result in death or serious and lasting harm, including brain injury, Research and Serious Case Reviews confirm that relatively minor bruising may be a warning that an adult is under stress and / or that a baby may be at serious risk: a lower threshold for referral for both medical and social investigation is needed to effectively protect a baby or young child.

3. What is a bruise?

- A bruise occurs when blood comes out of the blood vessels into the soft tissues, producing a temporary, non-blanching discolouration of skin. The discolouration may be faint or small with or without other skin abrasions or marks. Colouring may vary from red or yellow through green to brown or purple. This includes petechiae, which are tiny red or purple non-blanching spots, less than two millimetres in diameter and often in clusters. It is not possible to determine the age of a bruise from its colour.
- Bruises have been described as red marks, ecchymoses, purpura, petechiae, lesions, rashes, contusions, injuries, vasculitic lesions and have also been confused with birth marks. When there is doubt as to the nature of a mark that may be a bruise, it is important that the child is kept safe whilst a definitive conclusion is reached.

4. What factors are important in distinguishing accidental bruises from physical abuse?

A bruise should never be interpreted in isolation and must always be assessed in the context of the child's medical and social history, developmental stage and the explanation given.

4.1. Vulnerabilities

Look for factors that may make children more vulnerable to abuse and neglect. These may be present in the adults who care for the child (e.g. alcohol and drug use, domestic abuse, poor mental health, learning difficulties, and poverty) or in the child (e.g. premature birth, disability, and unplanned pregnancy). Contrary to popular belief, boys do not sustain more bruises than girls.

4.2. Presentation

Consider **the presentation of the bruise**:

- Was the presentation delayed?
- Was the bruise found incidentally during another contact or appointment (e.g. whilst giving immunisations)
- Was the bruise described to a professional and is no longer visible

Is the **explanation for the bruise**:

- Not available i.e. Is the bruise unexplained (especially in a baby or young child or with a significant injury)
- Inadequate and unlikely (e.g. bruising on the chest from rolling onto a dummy)
- Inconsistent with the child's development stage (e.g. sustained when rolled off bed when child not yet rolling)
- Involving other children or animals
- Inconsistent over time or confused

4.3. Voice of the child

- Listen and record verbatim any explanation given by the child
- Observe the child's demeanor and any interactions between the child and parent/carer

4.4. Age and stage of development of the child

Accidental bruising is strongly related to mobility. This is reflected in both national evidence and the learning from local serious case reviews.

A non-independently mobile child: is a child who is not crawling, bottom shuffling, pulling to stand, cruising or walking independently. It includes any children with a disability who are not able to move independently.

- Bruising in a baby who is not yet crawling, and therefore has no independent mobility, is very unusual - 'Those that don't cruise rarely bruise'
- Even once children are mobile significant unexplained bruising is unusual and requires exploration
- Only one in five infants who is starting to walk by holding on to the furniture will sustain **bruises**
- Most children who are able to walk independently have bruises
- Bruises usually happen when children fall over or bump into objects in their way.

4.5. The location or pattern of bruising

In mobile children bruising that suggests the possibility of physical child abuse includes:

- Bruises on any non-bony part of the body including the face, back, abdomen, arms, hands, eyes, ears and buttocks
- Multiple bruises in clusters
- Multiple bruises of uniform shape
- Bruises in the shape of a hand, ligature, stick, teeth mark, grip or implement.
- Bruises with petechiae (dots of blood under the skin) around them
- Bruising that may be due to the misuse of equipment

5. When to refer

Bruising in children who are not independently mobile should raise concern about the possibility of physical child abuse and a bruise or suspicious mark in this group, however small should be referred to Children's Social Care.

In older, more mobile children, referrals should be made based on the index of suspicion that the injury may have been caused by abuse, using the information gathered as above. The threshold for referral should be lower in a younger child, even if the child is mobile. For non-mobile babies please refer to the flowchart 'For the assessment of bruising and any physical injury in a child who is not independently mobile' in Appendix 1 of this document.

- The referral to Social Care should be immediate and should include up to date contact details for the family and for the referrer
 - If the child is open to social care, then the referral must take place through a conversation;
 - In Derbyshire, with the Social Worker or their manager, or alternatively via Starting Point;
 - In the City with the Social Worker, Locality Duty Manager or alternatively via City Multi-Agency Safeguarding Hub (MASH).
- Messages must not be left on voicemails or with reception staff.**
- The referrer should discuss an immediate safety plan for the child, including whether the child can go home
 - The referral will normally facilitate a paediatric assessment.

6. Strategy Discussion

The social worker/team manager should then arrange a strategy discussion with Police and Health colleagues to discuss the need for section 47 enquiries. This should be arranged in line with the [Child Protection Section 47 Enquiries](#) procedure. If the strategy discussion concludes the threshold for section 47 is met, then a Child Protection medical should be arranged. If there are issues regarding the decision to hold a medical, the

obtaining of consent, communication difficulties or other factors which may make the paediatric medical examination complex then consider including a paediatrician in the initial strategy discussion/ meeting. The discussion should involve the development of an interim safety plan for the child and consideration of siblings.

The Child Protection Medical can only be carried out during a section 47 investigation and can only be undertaken by a paediatrician. It **cannot** be undertaken by the family G.P.

7. What is required to facilitate the paediatric medical examination

Paediatric medical examinations for bruising require informed consent from an individual with parental responsibility or, in the absence of this, a court order directing that a paediatric medical examination takes place. If the injury is thought to have been caused by an implement where practicable this should be brought to the medical examination or images of the implement made available to the examining paediatrician.

Further detail in regards to paediatric medical assessments can be found in [Child Protection Section 47 Enquiries](#) procedure and pathway guidance for CP medicals in the [documents library](#).

Key points to remember

Except in the rare circumstances where an infant or child requires urgent medical attention **referrals should be made to Social Care** who will hold a strategy discussion/meeting and arrange a child protection medical.

When investigating children with unexplained bruising **do not offer to the family or other witnesses any options or suggestions as to how the child or young person may have acquired the bruise**. Ask open ended questions and avoid leading or providing explanations.

Accidental bruises in infants who are not independently mobile are rare. Bruises in infants who are not independently mobile (cruising or walking) should prompt consideration of a medical examination and further investigations for other hidden injuries.

Accidental bruises in pre-school children who are mobile occur in characteristic locations on the body whereas non-accidental injuries have a very different distribution.

If there is a difference of opinion in the management of the case please follow the Escalation Policy in the [documents library](#)

Flowchart: For the assessment of bruising and any physical injury in a child who is **NOT** independently mobile

(This may include children with a disability)

Practitioner noting non-mobile baby/child with a bruise or suspicious mark

If child requires urgent medical attention arrange immediate transfer to hospital

Then refer to Childrens Social Care as soon as possible

County: Starting Point: 01629 533190
Derby City: First Contact Team: 01332 641172 or out of hours 01332 786968

Remember!

'Those that don't cruise rarely bruise'

Research shows it is very unusual for non-mobile babies to have any bruises

Minor bruising to non-mobile babies can be a pre-cursor to serious or life threatening injuries

Seek Explanation

Avoid leading questions do not offer any options or suggestions about how child could have sustained mark or bruises

Explanation for the injury may or may not be plausible but given a young child's vulnerability further assessment is always needed to ensure the child's safety.

Information from agencies including health, police and social care will need to be shared to assess risk in line with statutory procedures.

- Practitioner to make immediate referral to Children's Social Care via Starting Point or First Contact Team as appropriate
- Practitioner to inform parents of need to refer for further investigation/assessment

Further actions for practitioners

- Clear and accurate record keeping
- Confirm any referral to social care in writing within 48 hours
- Share information as appropriate with other health practitioners involved
- Strategy discussion to be considered with Police, Health and other relevant agencies to plan next steps and discuss the support and safety plan for the child
- This is likely to involve arranging a medical examination in most cases

Referral to Social Care via telephone call to:

County: Starting Point: 01629 533190

Derby City: First Contact Team: 01332 641172, out of hours 01332 786968

Derbyshire and Derby City Safeguarding Children Boards safeguarding children procedures are available at <http://derbyshirescbs.proceduresonline.com/contents.html> and provide full guidance on recognising abuse, including bruising in infants. This flowchart complements these procedures and reinforces the action to be taken by practitioners.