

REVISED PRACTICE GUIDANCE ON BRUISING IN BABIES

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BRUISING IN INFANTS AND CHILDREN

1.1 WHAT IS THIS GUIDANCE ABOUT?

Bruising is the commonest 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

- Understand the causes of bruising in infants, children and young people
- Understand the importance of bruising in infants (less than one year of age) as an indicator of physical abuse
- Clarify the arrangements between health and social care colleagues in relation to the investigation of bruising in children and young people

1.2 WHO IS THIS GUIDANCE FOR?

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

2. 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 explanation given.

2.1 RISK FACTORS FOR ABUSE

Look for known risk factors for abuse and neglect in the child (eg premature birth, disability, and unwanted pregnancy) and the adults

who care for the child (alcohol and drug use, domestic abuse, mental health and learning difficulties, poverty). Contrary to popular belief, boys do not sustain more bruises than girls

2.1 PRESENTATION

Consider **the presentation of the bruise**

- Was it delayed?
- Was it found incidentally during another contact or appointment (eg whilst giving immunisations)
- Was it described to a professional and is no longer visible

Is the **explanation for the bruise**:

- Inadequate (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)
- Inconsistent over time or confused such that the explanation that is difficult to understand or visualise

2.3 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.

- Once children are mobile they sustain bruises from everyday activities and accidents;
- 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';
- Only one in five infants who is starting to walk by holding on to the furniture has 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.

2.4 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 or face 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

3 WHEN TO REFER?

Hence, bruising in children who are not independently mobile including bruises in babies should raise concern about the possibility of physical child abuse and a bruise or suspicious mark in this group, however small, which does not have an adequate explanation of a significant event which fits with the child's developmental level, with appropriate parental/carer response should be referred to children's social care.

4. STRATEGY DISCUSSION

The social worker should then arrange a strategy discussion with police and a consultant paediatrician to discuss the need for section 47 enquiries. If the meeting concludes the threshold for section 47 is met, then a Child Protection medical should be considered. This will usually involve arranging a medical examination. If there are issues regarding how consent will be obtained, communication difficulties or other factors which may make the paediatric medical examination complex then consider the inclusion of the paediatrician in the initial strategy discussion.

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

5. 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.

WHAT WILL THE PAEDIATRIC MEDICAL EXAMINATION INVOLVE?

- An detailed history of the injury, medical, developmental, family and social history
- Examination of the child or young person with documentation of injuries on a body map and with photographs
- Medical investigations to look for medical causes of bruising (blood tests) and, in infants, for hidden injuries (x-rays, brain scan and eye examination)

WHAT SHOULD THE OUTCOME OF THE PAEDIATRIC MEDICAL EXAMINATION

- An opinion as to whether on balance the bruises are accidental or indicative of physical abuse and whether any medical treatment or further investigation is required
- A hand written report of the outcome of the medical examination
- A typed report to the social worker, GP and health visitor or school nurse within three working days

Key points to remember

Except in the rare circumstances where a infant or child requires urgent medical attention **referrals should be made to social care** who will hold a strategy discussion 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.

It is **not possible to age bruising** in children and young people by visual examination

The medical assessment of bruising in infants and children forms an important part of the initial assessment however it has its limitations and the decision to proceed with child protection enquiries and hold a case conference should be made in the light of all the available information about the wellbeing of the child or children.

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