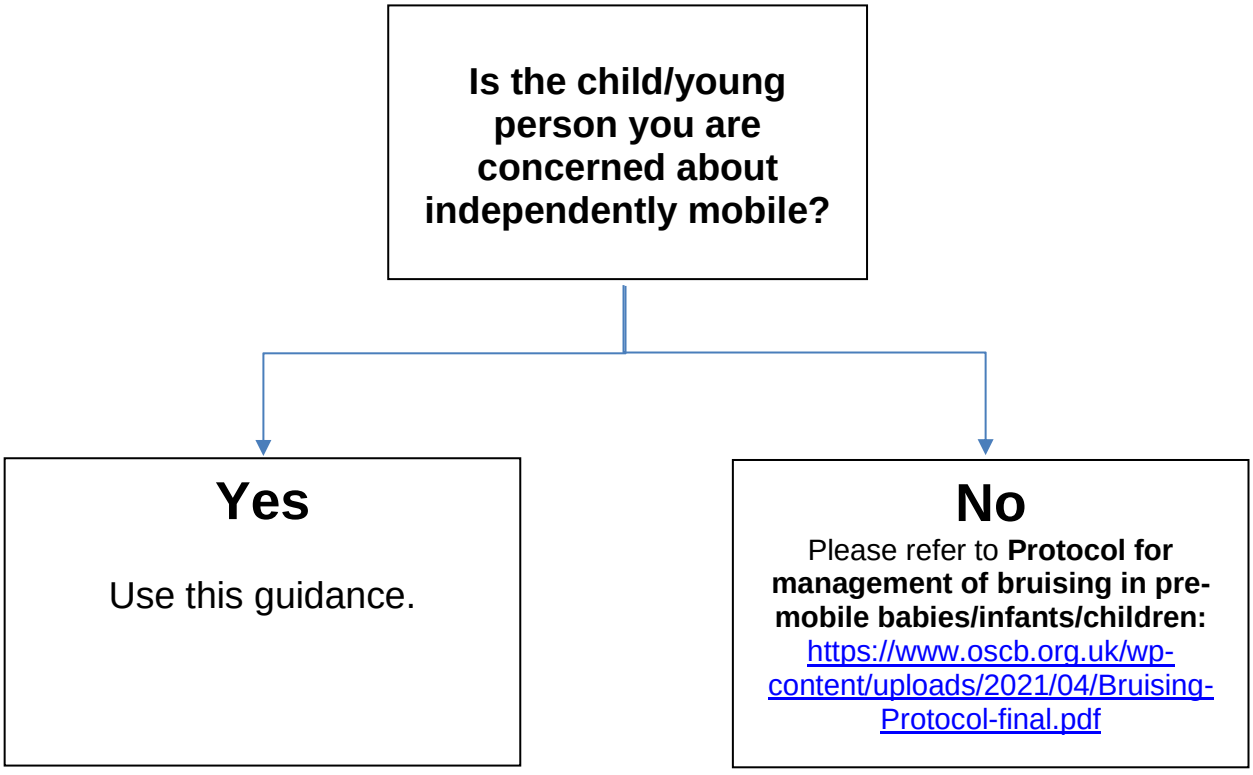
Guidance on bruising in independently mobile children and young people

Aims of protocol – to provide all professionals with a knowledge base and action plan for the assessment, management, and referral of children with bruising or otherwise concerning marks/injuries.

Target audience – all front-line staff who have contact with children:

- Primary care: GPs, practice nurses, health visitors, nursery nurses, community and district nurses, school health nurses and midwives.
- Allied healthcare professionals working in the community
- All clinicians working in out of hours services, walk in centres, minor injury units and emergency departments.
- All community and hospital based paediatric staff
- Ambulance staff
- Police
- Children's social care
- Third sector colleagues

Bruising is strongly related to level of mobility and any bruising in a child who is **not** independently mobile is a concern.



Bruising is also the most common physical sign in any child who has been physically abused. These key messages should help you to know when to be concerned about bruising on children/young people who are independently mobile.

1.What do we know about bruising?

- Once children are mobile, they can sustain bruises from everyday activities and accidents
- Most children able to walk independently will have bruises from time to time
- Bruises usually happen when children fall over or bump into objects in the course of normal childhood activities and play

2. Where would you expect to see bruising from an accidental injury?

- The shins and the knees are the most likely places where children who are walking, or starting to walk, get bruised
- Most accidental bruises are seen over bony parts of the body – such as the knees and elbows – and are often seen on the front of the body
- Accidental bruising in children with a disability is related to the child's level of mobility, any equipment used and muscle tone

3. Can you age a bruise accurately?

The answer is no. The evidence is that we cannot accurately age a bruise from an assessment of colour – from either a clinical assessment or a photograph. Practitioners should not offer a definitive estimate of the age of a bruise.

4. When should you be concerned?

The following features may be more suggestive of physical abuse:

- Bruising in babies and children who are not independently mobile. Please see this separate guidance: **Protocol for management of bruising in pre-mobile babies/infants/children**: https://www.oscb.org.uk/wp-content/uploads/2021/04/Bruising-Protocol-final.pdf
- Bruises on soft parts of the body such as the abdomen, back and buttocks, are less likely to be caused accidentally
- The head is often the most common site of bruising in child abuse. Other common sites include the ear and the neck
- As a result of defending themselves, abused children may have bruising on the forearm, upper arm, back of the leg, hands or feet
- Clusters of bruises may indicate physical abuse. These are often on the upper arm, outside of the thigh, or on the body. However, any clusters of bruises, even on less common sites, are a concern.
- Abusive bruises may carry the imprint of an implement used or the hand. There may be clearly demarcated linear marks or edges to a bruise suggesting use of a possible implement.
- Severe bruising to the scalp, with swelling around the eyes and no skull fracture, may occur if the child has been "scalped" – ie, had their hair pulled violently
- Bruises which have petechiae (dots of blood under the skin) around them are found more commonly in children who have been abused than in accidental injuries
- Repeat patterns of injury or a number of injuries over a short space of time, with vague or inconsistent explanations given, e.g., the child says they don't remember how a significant injury was caused or the child and parent/carer give differing accounts of how an injury was sustained.

5. If a child reveals abuse

A child who is being physically abused might not realise what's happening is wrong. And they might even blame themselves. If a child/young person talks to you about physical abuse it is important to:

- listen carefully to what they are saying and document fully what they have shared with you
- let them know they have done the right thing by telling you
- tell them it is not their fault
- say you will take them seriously
- explain what you will do next
- do not discuss the matter directly with parents/carers if that will increase the risk to the child/young person

5. What to do when concerned about bruising on a child

- Keep an open mind to the possible cause of a bruise, which can include, accidental injury, non-accidental injury, medical cause, or a combination of these
- A bruise should never be interpreted in isolation and must always be assessed in the context of the child's medical history, developmental stage and explanation given.
- Be alert to patterns of injury and behaviour, as well as carefully following up any direct disclosure directly
- The practitioner who first notices the bruise should describe exactly what is seen.
- Accurately document - size, colour, position, pattern, and shape of bruising
- Any explanation offered, and comments made by the parents/carers must be recorded. Document fully what has been said and by whom.
- Do not decide that a reported injury need not be investigated without checking with a senior supervisory team member
- When considering management of a child who may have sustained bruising or any other non-accidental injuries, always make enquiries about other children at home who may need protection
- Parent's/carers views should never replace referral for assessment of the child if you are concerned about the bruising. When a parent/carer has very strong opinions, there is a risk that professionals are not listening to the child and other family members. The child's views are critical in providing a holistic picture.

Senior supervisory team member advice should be sought promptly for any child who has bruising, signs of pain or illness, and you are concerned that the bruising or injury may possibly be related to abuse.

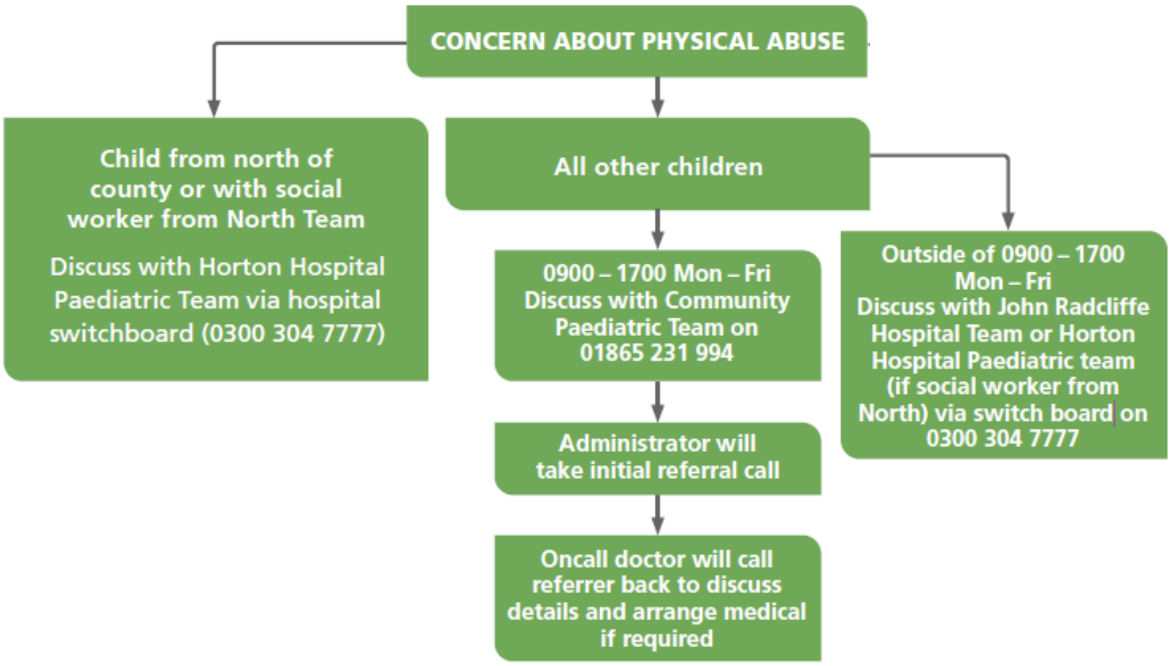
7. Action to be taken on identifying actual or suspected abusive bruising

If you have a concern about bruising related to possible physical abuse in a child/young person, it is the responsibility of the partner agency or professional raising the concern to refer to Children's Social Care. This is actioned by calling:

IN OFFICE HOURS (8.30am – 5pm, Monday to Thursday 8.30am to 5pm and Friday 8.30am – 4pm) **MULTIAGENCY SAFEGUARDING HUB (MASH)** **0345 050 7666**	**OUTSIDE OFFICE HOURS** **EMERGENCY DUTY TEAM** **0800 833 408**

To accompany the referral, you will also be asked to complete an online referral form.

8. Actions for MASH or Children's Social Care (if the child/young person is already known to a social care team):



Further information and resources

Local resources

- OSCB Body Map Guidance and Recording Templates
- Thematic Review Relating to Physical Abuse (2020)

Good practice guidance

- RCPCH: Child protection evidence systematic review on bruising
- Child maltreatment: when to suspect maltreatment in under 18's (NICE)
- NSPCC Paediatrics and accident & emergency: learning from case reviews - Summary of risk factors and learning for improved practice for the health sector

Guidance and learning on bruising in non-mobile babies and children

- Protocol for management of bruising in pre-mobile babies and children
- Bruising in non-mobile infants (Child Safeguarding Review Panel)
- Not making a referral after bruising to non-mobile babies: Practice issues from Serious Case Reviews (SCIE)