Bruising of children

Bruising is the most common manifestation of physical abuse, occurring in one study in 52% of abused children.

What do we know about bruising?

- Bruising is strongly related to mobility.
- Bruising in a baby who is not yet crawling, and therefore has no independent mobility, is very unusual.
- 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.
- Children have more bruises during the summer months.

Developmental Milestones

- 3-4 months rolling over
- 6 months sitting up
- 8-9 months crawling
- 9-12 months cruising
- 12 months crashing

Pattern of bruises may be suggestive of abuse:

Multiple bruises in various stages of Hand prints or oval finger marks healing, especially on the trunk



Loop pattern from cord, rope or wire that has been doubled up





Belt marks - long broad band ending with horseshoe shape or puncture from buckle



Petechiae (pinprick type)



Instrument pattern on buttocks from padding or severe spanking



Ears - especially pinch

marks involving both

sides of the ear

Colour of bruises is not reliable for dating, but doumentation of colours is important



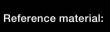
Non-accidential injuries

Black eyes,

especially if bilatera



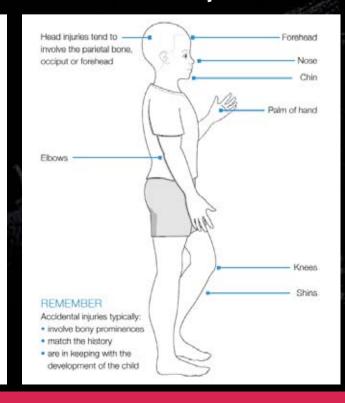
Accidential injuries



Maguire S Are there patterns of bruising in childhood which are diagnostic or suggestive of abuse? A systematic review. Arch Dis Child. 2005 Feb;90(2):182-6 & Sugar NF, Bruises in infants and toddlers Arch Pediatr Adolesc Med 1999;153(4):399] NSPCC (2012) Core info: Bruises on Children. London: NSPCC



Soft tissues of cheeks The "triangle of safety" (ears, side of face, and Intra-oral injuries neck, top of shoulders): accidental injuries in this area are unusual Forearms when raisec Inner aspects of arms to protect sell Chest and abdomer Back and side of trunk, except directly over the bony spine Any groin or genital injury REMEMBER Inner aspects of thighs Concerns are raised by: injuries to both sides of the body Injuries to soft tissue · injuries with particular patterns · any injury that doesn't fit the explanation delays in presentation untreated injuries



Implications for practice

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.

Any child who has unexplained signs of pain or illness should be seen promptly by a doctor. The head is by far the commonest site of bruising in child abuse. Other common sites include the ear and the neck.

If you have any concerns for a child contact your designated safeguarding lead or contact **Family Connect on 01952 385385**

Ligature pattern on neck, wrists or



Gag pattern on corners of the mouth



Any bruising in a non-ambulative baby