

LLR SCP Guidance recognition of Physical Abuse: Bruising, Marks and Injuries to Mobile Children

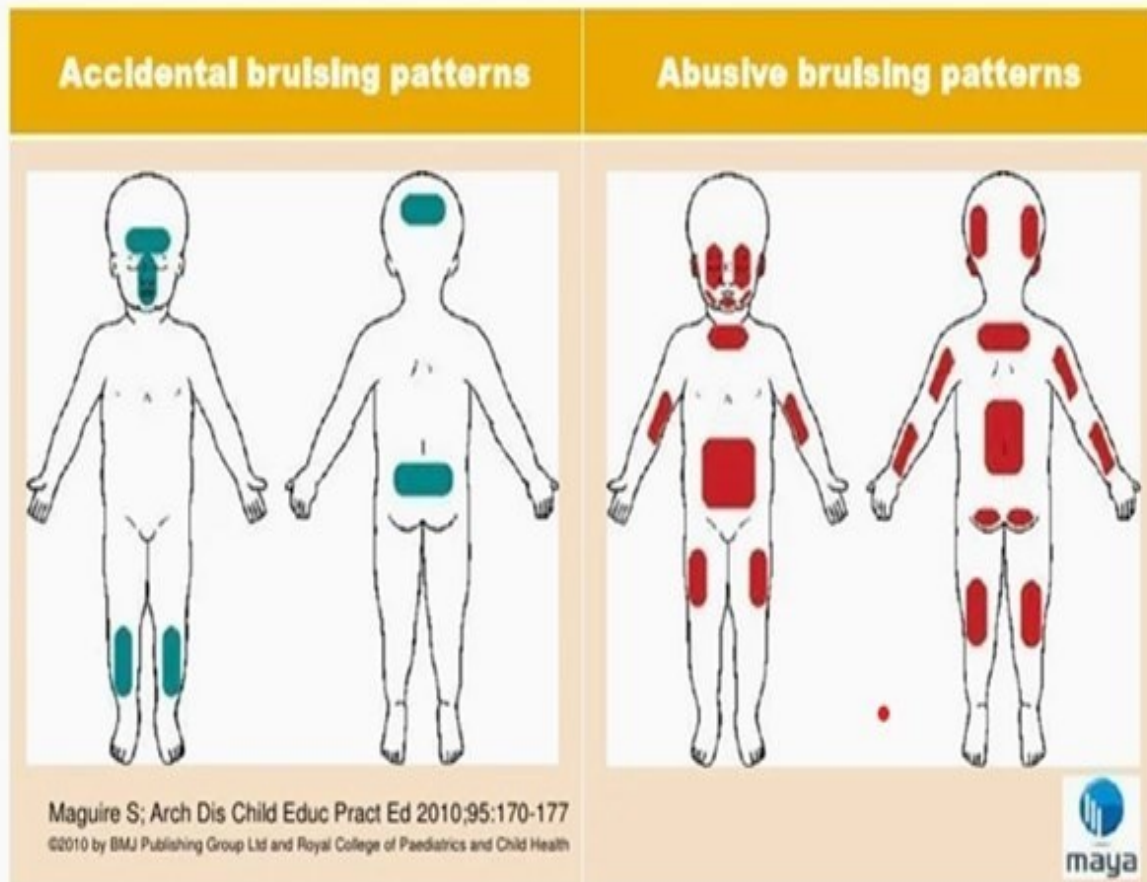
This guidance outlines patterns of bruising, marks or injury that could be indicative of physical abuse to any mobile and practitioner response to presentations suggestive of non-accidental injury.

Pre-mobile children Bruising in non-mobile babies and children is unusual and is highly suggestive of non-accidental injury.

See [Bruising, Marks, or Injury of Concern in Pre-Mobile Babies and Non-Independently Mobile Children](#)

In an emergency Call 999

Pattern of Bruising, Marks & Injuries



The body maps are a quick reference guide that show a comparison between accidental injury and typical features of non-accidental injuries that should prompt consideration of whether physical abuse is taking place.

If bruising, marks or injuries are seen on areas of a child's body that are suggestive of non-accidental injury, practitioners are required to undertake an assessment using the following 4 criteria and the information recorded.

1. Vulnerability Factors
2. Type of Injury
3. Child's developmental stage
4. Parental explanation

1. Vulnerability Factors in the Identification of Abuse

- Parent/carer delay in seeking medical advice;
- Was the bruise found incidentally during another contact or appointment (e.g. whilst giving immunisations);
- Inadequate explanation or unlikely
- Explanation inconsistent over time or confused.
- Inconsistent with the child's development stage
- Is the bruise unexplained ?
- Involving other children or animals
- Lack of parental supervision (including despite previous professional advice)
- Repeated episodes of presenting with bruises, marks and injuries
- Risk factors: domestic abuse, mental health, substance abuse.

Share information with lead practitioners who are currently working with the family, this includes Early Support /Early Help, Health Visitors, Midwives to triangulate the information to determine concern.

2. The Type of Injury

See Body Maps and further guidance below.

Suspect physical abuse if there is/are any of the following, and an explanation is absent or unsuitable:

Bruising:

- In the shape of a hand, ligature, stick, teeth mark, grip, or implement, **or**, in the absence of an underlying medical condition (for example, a coagulation disorder):
- Multiple or clustered and/or of a similar shape and size.
- On the ankles and wrists resembling ligature marks.
- On the neck resembling attempted strangulation.
- On any non-bony part of the body or face including the eyes, ears and buttocks.

Bites: if a human bite mark is unlikely to have been caused by a young child.

• **Lacerations, abrasions, or scars:**

- The injuries are multiple, especially with a symmetrical distribution.
- Affected areas are usually protected by clothing (for example, back, chest, abdomen, axilla, genital area).
- The eyes, ears and sides of face are affected.
- Injuries have occurred on the neck, ankles, and wrists that look like ligature marks.

- **Burn or scald injuries:**

- Injury is observed on any soft tissue area that would not be expected to come into contact with a hot object in an accident (for example, the backs of hands, soles of feet, buttocks, back).
- The burn is in the shape of an implement (for example, cigarette, iron).
- Forced immersion is suggested by scalds:
 - To buttocks, perineum and lower limbs.
 - To limbs in a glove or stocking distribution.
 - To limbs with symmetrical distribution.
 - With sharply delineated borders.

- **Fractures:** Where one or more fractures occur/have occurred in the absence of a medical condition that predisposes to fragile bones (for example, osteogenesis imperfecta, osteopenia of prematurity).

- **Eye trauma:** Where there are retinal haemorrhages or injury to the eye in the absence of major confirmed accidental trauma or a known medical explanation, including birth-related causes.

- **Poisoning** — if:

- There is a report of deliberate administration of inappropriate substances, including prescribed and non-prescribed drugs.
- There are unexpected blood levels of drugs not prescribed for the child.
- There is reported or biochemical evidence of ingestions of one or more toxic substances.
- The child was unable to access the substance independently.
- There have been repeated presentations of ingestions in the child or other children in the household.

- Note: *consider* child maltreatment in cases of hyponatraemia without a medical explanation.

- **Repeated apparent life-threatening events:** Where the onset is witnessed only by one parent or carer and a medical explanation has not been identified. *Consider* maltreatment if there is an apparent event with bleeding from the nose or mouth and a medical explanation has not been identified.

- **Submersion injury:** If a child has a non-fatal submersion incident (near-drowning) and the explanation is absent or unsuitable, or if the child's presentation is inconsistent with the account.

Additionally, *consider* physical abuse/maltreatment if there is/are any of the following:

- **Cold injuries:** For example, swollen, red hands or feet with no obvious medical explanation, and/or if a child presents with hypothermia and the explanation is unsuitable.
- **Oral injuries:** if the explanation is absent or unsuitable.
- **General injuries:** if the explanation for a serious or unusual injury is absent or unsuitable.

- **Pattern of the injury** e.g.- a shoe imprint on the shin is likely non accidental due to the pattern of the injury despite it is being on a site that is common site for accidental mechanism.
- **The child's behaviour towards their parent or carer shows any of the following, particularly if they are not observed in the child's other interactions:**
 - Dislike or lack of cooperation.
 - Lack of interest or low responsiveness.
 - High levels of anger or annoyance.
 - Passivity or withdrawal.

The younger the child, the greater the risk that bruising is non-accidental and the further potential risk.

3. The Developmental Stage of the child

The age and stage of development of the child are crucial considerations in forming a professional judgement. For example, there may be delay in the child's motor skills that does not fit with parental explanation of how the child sustained the bruise mark or injury.

4. The Parental Response

The Parent/carers explanation: Ask and record the parent/carers response about the history of the bruise, mark, or injury (ask open questions):		
a	When was it first noticed?	
b	How did it first look/appear?	
c	How did it happen?	
d	When did it happen?	
e	Where did the incident occur?	
f	If anyone saw it happen?	
g	What did they think about the bruise, mark, or injury, were they concerned?	
h	What action they took at the time?	
i	How the child responded?	

j	Was the child cared for by anyone else recently? - Record name of additional carers.	
k	Observe the child's demeanour and any interactions between the child and parent/carer.	
l	Where possible and practicable further examine the child.	

If practitioners are not satisfied with the assessment outcome and parental response or the mark, injury or bruise, no matter how small, continues to raise suspicion and concern, an immediate contact with Children's Social Care is required to discuss the information recorded and determine if further action is required.

This should include agreement on feedback to the family/carers.