

Guidance on bruising in children and young people

Bruising is the most common injury to a child who has been physically abused.

Bruising is strongly related to mobility, any bruising in a child who is not independently mobile is a concern, see [bruising protocol for pre-mobile babies/children](#).

These key messages should help you to know when to be concerned about bruising on children.

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 during normal childhood activities and play

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, equipment used and muscle tone

Can you age a bruise accurately?

The answer is no. Estimates of the age of a bruise are currently based on an assessment of the colour of the bruise with the naked eye.

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

When should you be concerned?

There are some patterns of bruising that are more suggestive of physical abuse:

- Bruising in babies and children who are not independently mobile, see [bruising protocol for pre-mobile babies/children](#)
- Bruises on soft parts of the body such as the abdomen, back and buttocks, are less likely to be caused accidentally
- The head is by far 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
- Abusive bruises can often carry the imprint of the implement used or the hand
- Non-accidental head injury or fractures can occur without bruising

- Severe bruising to the scalp, with swelling around the eyes and no skull fracture, may occur if the child has been “scalped” – i.e., 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 those injured accidentally
- 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 do not remember how a significant injury was caused or the child and parent/carer give differing accounts of how an injury was sustained

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.

The child and family’s medical history and background can help professionals distinguish non-accidental injuries from other medical conditions and can also be vital in spotting patterns which indicate child abuse and/or neglect. Checking with Children’s Social Care/MASH will provide any history of previous concern/risk.

Medical advice should be sought promptly for any child who has unexplained bruising, or signs of pain or illness.

If a child reveals abuse

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

- listen carefully to what they're saying
- let them know they've done the right thing by telling you
- tell them it's not their fault
- say you'll take them seriously
- explain what you'll do next
- do not discuss the matter directly with parents/carers if that will increase the risk to the child
- report what the child has told you to MASH, if a strategy meeting and Child Protection Medical are required these must take place within 24 hours

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 and medical cause, or a combination of these
- Be alert to patterns of injury and behaviour, as well as carefully following up any direct disclosure directly
- Don’t decide that a reported injury need not be investigated without checking with someone else
- When treating a child who may have sustained non-accidental injuries, always make enquiries about other children at home who may need protection

- Parent's/carers views should never replace a thorough examination of the child. When a parent/carer has very strong opinions, there is a risk that professionals are not listening to the child and other family members. Their views are critical in providing an holistic picture
- Health care practitioners should take clinical photos as near to the time of injury as possible to record the greatest detail, in line with their organisations procedure on taking and storing images, and include the photos in all formal child protection reports

If you have a concern about a child, please call MASH on **0345 050 7666** during office hours (8.30am – 5pm, Monday to Thursday, 8.30am – 4pm, Friday)

Outside office hours call the Emergency Duty Team on **0800 833 408**

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 \(SCIE\)](#)