Derbyshire and Derby City PRACTICE GUIDANCE ON BRUISING IN BABIES AND CHILDREN

May 2021

Version Control

This document replaces all other previous published versions and should be read in conjunction with the Derby and Derbyshire Safeguarding Children Procedures					
Version	**Author/s**	**Updated by**	**Signed off by**	**Date**	**Review Date**
1.	Consultant Paediatricians Derby/Derbyshire & Lead Health Professionals	-	DSCB Policy and Procedures Group	November 2018	November 2021
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1. Introduction

Who is this guidance for?

All practitioners who work with children, young people families and carers.

Bruising is the most common 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 practitioners to:

- Understand the importance of bruising in infants as an indicator of physical abuse. **For non-mobile babies please refer to the flowchart 'For the assessment of bruising and any physical injury in a child who is not independently mobile' in Appendix 1 of this document.**
- Clarify the arrangements between Health and Social Care colleagues in relation to the investigation of bruising in children and young people

2. Why are we worried about bruises?

A bruise, as well as being accidental, may be an external marker that a child or young person is being abused. Information gathered as a result of an appropriate investigation may enable that child to be safeguarded.

In contrast to older children, babies and young children are more vulnerable to injuries of equivalent force. A single mark or bruise in a baby or young child may be an indicator of serious underlying injury. A single assault in this age group can result in death or serious and lasting harm, including brain injury. Research and Serious Case Reviews confirm that relatively minor bruising may be a warning that an adult is under stress and / or that a baby may be at serious risk: a lower threshold for referral for both medical and social investigation is needed to effectively protect a baby or young child.

3. What is a bruise?

- A bruise occurs when blood comes out of the blood vessels into the soft tissues, producing a temporary, non- blanching discolouration of skin. The discolouration maybe faint or small with or without other skin abrasions or marks. Colouring may vary from red or yellow through green to brown or purple. This includes petechiae, which are tiny red or purple non-blanching spots, less than two millimeters in diameter and often in clusters. It is not possible to determine the age of a bruise from its colour.

- Bruises have been described as red marks, ecchymoses, purpura, petechiae, lesions, rashes, contusions, injuries, vasculitic lesions and have also been confused with birth marks. When there is doubt as to the nature of a mark that may be a bruise, it is important that the child is kept safe whilst a definitive conclusion is reached.

4. 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 the explanation given.

4.1. Vulnerabilities

Look for factors that may make children more vulnerable to abuse and neglect. These may be present in the adults who care for the child (e.g. alcohol and drug use, domestic abuse, poor mental health, learning difficulties, and poverty) or in the child (e.g. premature birth, disability, and unplanned pregnancy). Contrary to popular belief, boys do not sustain more bruises than girls.

4.2. Presentation

Consider **the presentation of the bruise:**

- Was the presentation delayed?
- Was the bruise found incidentally during another contact or appointment (e.g. whilst giving immunisations)
- Was the bruise described to a practitioner and is no longer visible

Is the **explanation for the bruise**:

- Not available i.e. Is the bruise unexplained (especially in a baby or young child or with a significant injury)
- Inadequate and unlikely (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)
- Involving other children or animals
- Inconsistent over time or confused

4.3. Voice of the child

- Listen and record verbatim any explanation given by the child
- Observe the baby/child's demeanor and any interactions between the child and parent/carer

4.4. 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.

A non-independently mobile child: is a child who is not crawling, bottom shuffling, pulling to stand, cruising or walking independently. It includes any children with a disability who are not able to move independently.

- 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'
- Even once children are mobile significant unexplained bruising is unusual and requires exploration
- Only one in five infants who is starting to walk by holding on to the furniture will sustain **bruises**
- Most children who are able to walk independently sustain bruises
- Bruises usually happen when children fall over or bump into objects in their way.

4.5. 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 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
- Bruising that may be due to the misuse of equipment

5. When to refer

Bruising in children who are not independently mobile raises a concern about the possibility of physical child abuse and a bruise or suspicious mark in this group, however small should be referred to Children's Social Care.

The age and stage of development of the child are crucial considerations in forming a professional judgement as to whether a referral to social care and a strategy discussion is required. Accidental bruising is strongly related to mobility, and as such injuries and bruising to a non-independently mobile child, such as a baby who is not yet crawling, bottom shuffling or cruising, or child with a disability and who is not able to move independently, raises a concern about the possibility of child abuse.

For this reason, a strategy discussion should take place where injuries or bruising is observed in a non-independently mobile baby or child. Professionals within the strategy discussion will have an evidence-based discussion considering other relevant factors such as presentation, explanation, the voice of the child, and any other known vulnerability factors to support further decision making and safety planning.

In older, more mobile children, referrals should be made based on the index of suspicion that the injury may have been caused by abuse, using the information gathered as above. The threshold for referral should be lower in a younger child, even if the child is mobile. For non-mobile babies please refer to the flowchart 'For the assessment of bruising and any physical injury in a child who is not independently mobile' in Appendix 1 of this document.

- The referral to Social Care should be immediate and should include up to date contact details for the family and for the referrer
- If the child is open to social care, then the referral must take place through a conversation and be followed up in writing:
    - In Derbyshire, with the Social Worker or their manager, or alternatively via Starting Point
    - In the City with the Social Worker, Locality Duty Manager or alternatively

via City MASH

- If the child is not open to CSC referrals should be by telephone and followed up in writing via City MASH/Starting Point

Messages must not be left on voicemails or with reception staff.

- The referrer should discuss an immediate safety plan for the child ensuring that immediate contact details for the child and carer are shared.
- The referral will normally facilitate a paediatric assessment.

6. Strategy Discussion

The social worker/team manager should then arrange a strategy discussion with Police and Health colleagues to discuss the need for section 47 enquiries. This should be arranged in line with the Child Protection Section 47 Enquiries procedure. If the strategy discussion concludes the threshold for section 47 is met, then a Child Protection medical should be arranged. If there are issues regarding the decision to hold a medical, the obtaining of consent, communication difficulties or other factors which may make the paediatric medical examination complex then consider including a paediatrician in the initial strategy discussion/ meeting. The discussion should involve the development of an interim safety plan for the child and consideration of siblings.

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.

7. 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.

Further detail in regards to paediatric medical assessments can be found in Child Protection Section 47 Enquiries procedure and pathway guidance for CP medicals in the documents library.

8. Managing Differences of Opinion

There may be disagreement between different practitioners as to the most appropriate action to be taken at any stage in the process of assessment of a possible bruise. The Escalation Policy exists to guide practitioners on how to manage such disagreements or differences of opinion. Pre-mobile babies are extremely vulnerable to a serious outcome to physical abuse, by virtue of their immaturity, and so it is important to ensure the safety of the baby whilst a decision is reached and in most cases it will be appropriate to follow the flow chart below.

Key points to remember

Except in the rare circumstances where an infant or child requires urgent medical attention **referrals should be made to Social Care** who will hold a strategy discussion/meeting and arrange a timely child protection medical. This should also take place out of hours.

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. Any bruise in an infant who is not independently mobile (cruising or walking) should prompt referral to Childrens Social Care and a Child Protection Medical examination when investigations for other hidden injuries may be undertaken

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.

The age and stage of development of the child are crucial considerations in forming a professional judgement as to whether a referral to social care and a strategy discussion is required. Accidental bruising is strongly related to mobility, and as such injuries and bruising to a non-independently mobile child, such as a baby who is not yet crawling, bottom shuffling or cruising, or child with a disability and who is not able to move independently, raises a concern about the possibility of child abuse.

For this reason, a strategy discussion should take place where injuries or bruising is observed in a non-independently mobile baby or child. Professionals within the strategy discussion will have an evidence-based discussion considering other relevant factors such as presentation, explanation, the voice of the child, and any other known vulnerability factors to support further decision making and safety planning.

Follow the Escalation Policy if there is a difference of opinion about actions to be taken when a possible bruise is identified in a pre-mobile infant or child. The baby / child must be safeguarded until agreement or a final decision is reached

Appendix 1

Flowchart: For the assessment of bruising and any physical injury in a child who is NOT independently mobile

(This may include children with a disability)

Remember!
'Those that don't cruise rarely bruise'

Research shows it is very unusual for non-mobile babies to have any bruises

Minor bruising to non-mobile babies can be a pre-curser to serious or life-threatening injuries

Practitioner noting non-mobile baby/child with a bruise or suspicious mark

Child requires urgent medical attention

Well child

Arrange immediate transfer to hospital

If possible and seeking explanation will not cause delay in accessing medical attention

Seek explanation
Avoid leading questions, do not offer options or suggestions.

The explanation for the injury may or may not be plausible but given the vulnerability of a pre-mobile child, further assessment is always needed to ensure the child's safety.

- **Practitioner to make immediate referral to Children's Social Care via Derbyshire Starting Point or Derby City Initial Response Team as appropriate or Out of Hours/Careline**
- **Practitioner to inform parents of need to refer for further investigation/assessment**

Further actions for practitioners

- Clear and accurate record keeping, by all practitioners. Avoid ambiguous language.
- Record statements verbatim if appropriate
- Confirm any referral to social care in writing within 48 hours
- Share information as appropriate with other health practitioners involved
- S47 Strategy discussion to be considered with Police, Health and other relevant agencies to plan next steps and discuss the support and safety plan for the child
- This is likely to involve arranging a paediatric Child Protection Medical examination in most cases

Referral to Social Care via telephone call to:
County: Starting Point: 01629 533190
Derby City: Initial Response Team: 01332 641172, Careline 01332 956606

Derby and Derbyshire Safeguarding Partnership safeguarding children procedures are available at http://derbyshirescbs.proceduresonline.com/contents.html and provide full guidance on recognising abuse, including bruising in infants. This flowchart complements these procedures and reinforces the action to be taken by practitioners

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