

# 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 healing, especially on the trunk

Hand prints or oval finger marks

## 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**



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



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



Ligature pattern on neck, wrists or ankles



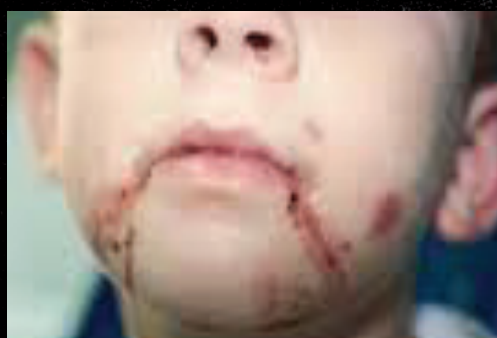
Gag pattern on corners of the mouth



Petechiae (pinprick type)



Instrument pattern on buttocks from padding or severe spanking



Any bruising in a non-ambulatory baby



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



**Non-accidental injuries**



**Accidental injuries**

## Reference material:

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

