Liverpool Safeguarding Children Board - Practitioner Guidance

Responding to concerns about bruising in children who are not yet independently mobile.

Introduction

Bruising is the commonest presenting feature of physical abuse in children. The NICE guidelines When to suspect Child Maltreatment (Clinical Guideline 89, July 2009)[i] states that bruising in any child not independently mobile should prompt suspicion of maltreatment.

Recent serious case reviews and individual child protection cases across the UK, have indicated that clinical staff have sometimes underestimated or ignored the likelihood, for child abuse, of the presence of bruising in children who are not independently mobile. As a result there have been a number of cases where bruised children have suffered further significant abuse that might have been prevented if action had been taken at an earlier stage. The majority of children who are not independently mobile are babies, but it is important to also consider older children with a physical disability whom are also not independently mobile

Definitions

Not independently Mobile: a child who is not yet crawling, bottom shuffling, pulling to stand, cruising or walking independently. Includes all children under the age of 6 month.

Bruising: Bleeding into the soft tissues, producing a temporary, non-blanching discolouration of skin however faint or small with or without other skin abrasions or marks. Colouring may vary from yellow through green to brown or purple. The discolouration will not disappear when pressed. This includes petechiae, which are red or purple non blanching spots, less than two millimetres in diameter and often in clusters.

Research base

Although bruising is common in older, mobile children, it is rare in infants that are immobile, particularly those under the age of six months. Whilst up to 60% of older children who are walking have bruising, it is found in less than 1% of non - independently mobile infants. Moreover, the pattern, number and distribution of innocent bruising in non-abused children is different to that in those who have been abused. Innocent bruises are more commonly found over bony prominences and on the front of the body but rarely on the back, buttocks, abdomen, upper limbs or soft-tissue area such as cheeks, around the eyes, ears, palms or soles.[ii]

Patterns of bruising suggestive of physical child abuse include:

- Bruising in children who are not independently mobile
- Bruising in babies Bruises away from bony prominences
- Bruises to the face, back, abdomen, arms, buttocks, ears and hands
- Multiple or clustered bruising
- Imprinting and petechiae ,patterned bruises for example a slap mark or mark that indicates use of an implement
- Symmetrical bruising

A bruise must never be interpreted in isolation and must always be assessed in the context of medical and social history, the developmental stage of the child and careful consideration of the explanation given.

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

Scope of policy

This policy must be followed in all situations where an actual or suspected injury is noted in an infant who is not independently mobile.

This protocol relates only to bruising in children who are not yet independently mobile.

Bruising in children of any age.

Any bruising or what is believed to be bruising in a child or any age that is observed by or brought to the attention of a practitioner should be taken as a matter for inquiry. A satisfactory explanation should be sought the characteristics of the bruising should be assessed, the distribution carefully recorded. The bruising should be assessed in the context of personal, family and environmental history to ensure that it is consistent with an innocent explanation

Birth injury. Both normal births and instrumental delivery may lead to development of bruising and of minor bleeding into the eye. However practitioners should be alert to the possibility of physical abuse and follow this policy if there is any doubt about the features seen.

Birthmarks. Birthmarks may be present at birth and can also appear in the early weeks and months. Certain birthmarks, particularly Mongolian blue spots can mimic bruising.

Self-inflicted injury. It is rare for a non-mobile infant to injure themselves during normal activity. Any explanation that the injury has been self-inflicted should not be accepted without assessment by a paediatrician and a social worker

Injury from other children. Explanations that a sibling has caused the injury should still be referred for further assessment which must include a detailed history of the circumstances of the injury and consideration of the parent's ability to supervise their children

Immobility in older children should be taken into account as a risk factor, for example in disabled or very sick children. Disabled children have a higher incidence of abuse whether mobile or not.

It is not always easy to identify with certainty that a skin mark is a bruise. Practitioners should take action in line with this protocol if they believe that there is a possibility that the observed skin mark could be a bruise or could be the result of injury or trauma.

Children may be abused (including sustaining fractures, serious head injuries and intra-abdominal injuries with no evidence of bruising or external injury.

Actions to be taken

If the infant appears ill or seriously injured seek emergency treatment and notify Careline Children's Services of your concerns.

In all cases, record what was seen using body map or line drawing if appropriate to record any explanation or other comments by parents/carer make a referral to Careline Children's Services following usual processes. They will take responsibility for further multi agency investigation including paediatric assessment

The referral is the responsibility of the first professional to be made aware of or observe the bruising.

Referrals should be made to Careline Children's Services without delay: 0151 233 3700

This information should be followed up in writing using the Multi Agency referral form (MARF)

Following the referral the usual process for management of referrals will be followed
http://liverpoolscb.proceduresonline.com/index.htm

It is the responsibility of Children's Services and the paediatrician to decide whether bruising is compatible with an innocent cause or not.

Parents and carers should be included in the decision to refer provided this does not pose a further risk to the child. If the parent or carer is uncooperative or refuses to take the child for further assessment this should be reported to Children's Services.

Information should be shared with the child's GP and Health Visitor and the referral should be discussed with the professionals child protection lead.

Contemporaneous, comprehensive, accurate, dated timed records should be kept. In all cases mapping, description and recording of the size, colour characteristics, site pattern and number of bruises should be made on a body diagram.

A careful record of carers/parents description of events and explanation for the bruising should be made in the notes

iihttp://www.core-info.cf.ac.uk/bruising

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[i] NICE Clinical guideline 89, July 2009) http://publications.nice.org.uk/When-to-suspect-child-maltreatment-cg89

[ii] http://www.core-info.cf.ac.uk/bruising

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