Bruising in Pre-mobile Babies, Non-mobile Children and Young People

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Amendments since last version
Clarification on the role/level of professional medical staff throughout in terms of assessment and child protection medicals
Role of Social Care in safeguarding when pre-mobile baby / non-mobile child is hospitalised
Clarity on the process when a baby/child presents in Emergency Department
Terminology used to clarify babies, children or young people captured under this procedure

Contents

1. Introduction

Bruising is the most common injury encountered when children have been physically abused, however, children sustain bruises in the course of normal childhood activities and play. There are some skin markings that can look similar to bruises and there are medical conditions that can cause bruising. This guidance aims to assist practitioners to:

- Understand the importance of bruising in babies and children as an indicator of physical abuse;
- Understand the importance of the context and parental explanation for the bruise/s
- Clarify the arrangements between health and social care colleagues in relation to the investigation of bruising in pre-mobile babies, non-mobile children and young people.

2. Recognition of Bruising

A bruise occurs when the blood comes out of the blood vessels into the soft tissues, producing a temporary discolouration of the skin, which is non blanching (i.e., does not fade when pressure is applied to the skin). The discolouration may be faint or small with or without other skin abrasions (scrape or graze to skin) or marks. The colour may vary and it is not possible to give any opinion on when an injury happened to cause a bruise from looking at its shape or colour.

It is sometimes difficult to distinguish between a bruise and another mark to the skin, such as a birthmark. Reviewing other sources of information (e.g., Parent Child Health Record (red book), asking the parents to look at earlier photos which show the mark) may make things clearer. Sometimes looking at whether the mark

changes over time is the only way to be clear about this – bruises will change and fade over days whereas a birthmark will usually stay the same size and colour during this period. Consideration should also be given regarding injuries potentially sustained during childbirth i.e. Forecep marks and where the placement of the bruising is. Where there is doubt as to the nature of a mark that may be a bruise, it is important that the baby is kept safe whilst further clarification is sought. In certain cases, this may involve a less experienced health care professional requesting advice / second opinion from a more experienced practitioner within their own clinical or safeguarding team.

3. Distinguishing Bruises Sustained from Physical Abuse

A bruise, as well as being sustained in the course of normal childhood activities and play, may be an external indicator that a baby or child is being abused. Information gathered as a result of an appropriate investigation may enable that baby or child to be safeguarded.

In contrast to older children, babies and young children are more vulnerable to injuries of equivalent force. The likelihood of a baby or young child having bruises is also closely linked to their level of independent mobility. A single mark or a bruise in a baby or young child may be an indicator of serious underlying injury. Research and serious case reviews (now known as Child Safeguarding Practice 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 of further injuries; a prompt multi-agency response including referral for both medical and social care investigation is needed to effectively protect a baby or young child.

Child Maltreatment: When to Suspect Maltreatment in Under 18s (NICE) and **RCPCH Child Protection Evidence Systematic Review on Bruising** set out a number of possible clinical findings suggestive of abuse. These include:

- Suspect child maltreatment if a child or young person has bruising in the shape of a hand, ligature, stick, teeth mark, grip or implement;
- Suspect child maltreatment if there is bruising or petechiae (tiny red or purple spots) that are not caused by a medical condition (for example, an underlying bleeding disorder) and if the explanation for the bruising is unsuitable. Examples include:
    - Bruising in a baby or child who is not independently mobile;
    - Multiple bruises or bruises in clusters;
    - Bruises of a similar shape and size;
    - Bruises on any non-bony part of the body or face including the eyes, ears and buttocks;

- Bruises on the neck that look like attempted strangulation;
- Bruises on the ankles and wrists that look like ligature marks.

A bruise should never be interpreted in isolation and must always be assessed in the context of the baby/child's medical and social history, developmental stage and the explanation given.

Vulnerabilities

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

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 professional and is no longer visible?

Is the **explanation for the bruise**:

- Not available/no explanation offered;
- Inadequate and unlikely (e.g., a bruise on the chest of a baby from rolling onto a dummy);
- Inconsistent with the baby/child's development stage (e.g., sustained when rolled off bed when baby not yet rolling);
- Inconsistent over time or confused.

Voice of the child, where appropriate

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

Age and stage of development of the baby/child

Bruising sustained in the course of normal activity and play is strongly related to mobility. The number of bruises a child sustains through normal activity increases as they get older and their level of independent mobility increases. Most children

who are able to walk independently sustain bruises. Bruises usually happen when children fall over or bump into objects in their way.

A pre-mobile baby, non-mobile child or young person, for the purposes of this guidance is a baby or child who is unable to move independently through crawling, bottom shuffling, pulling to stand, cruising or walking independently.

- Bruising sustained in the course of normal childhood activities and play in a pre-mobile baby, who has no independent mobility, is rare (prevalence 0.6-1.3%) (**RCPCH Child Protection Evidence Systematic review on Bruising**)- 'Those that don't cruise rarely bruise';
- Only one in five babies/children who are starting to walk by holding on to the furniture will sustain bruises;
- Even once babies/children are mobile, significant unexplained bruising is unusual and requires exploration.

4. When to Refer

Bruising sustained in the course of normal childhood activities and play is strongly related to mobility. Bruising in pre-mobile babies and non-mobile children/young people raises significant concern about the possibility of physical child abuse. A bruise or suspicious mark in this group, however small, which does not have a clear, consistent adequate explanation of a significant event, in keeping with the baby or child's development, and an appropriate parent/carer response, should be referred to children's social care who will take the lead on progressing the enquiries in accordance with the principles set out below.

Bruising in pre-mobile babies and non-mobile children/young people (Child Safeguarding Review Panel) recommends that in all cases of bruising in children who are not independently mobile there is:

- A review by a senior Paediatrician who is a Paediatric registrar (supervised by a Consultant) or a Consultant to assess the nature and presentation of the bruise, any associated injuries, and to appraise the circumstances of the presentation including the developmental stage of the baby/child, whether there is any evidence of a medical condition that could have caused or contributed to the bruising, or a plausible explanation for the bruising. Paediatric Senior House officers should not be approached to seek an opinion in these matters and if so, should escalate the concern to Paediatric registrars. Social workers involved in section 47 enquiries should therefore establish the status of the doctor providing a medical opinion if this has not been made clear.

Note: If the referral to Social Care is regarding a pre-mobile baby/non-mobile child or young person with a bruise from a Non-Paediatric doctor and they are asking for a Child Protection Medical, they this should be arranged through a Senior Paediatrician. However, if a baby/child is seen in the Emergency Department (ED) setting and a Senior ED doctor is satisfied with an accidental mechanism for the bruise, then the ED doctor should check with Children's Social Care the Child Protection information system to understand if the child is known, alongside exploring with Children's Social Care if they have any concerns linked to historical information.

- first and then discuss this with a Senior Paediatrician, then the ED doctor may decide on whether or not to ask for a Child Protection medical through Social Care.
- A multi-agency strategy discussion to consider any other information on the pre-mobile baby/non-mobile child/young person and family and any known risks, and to jointly decide whether any further assessment, investigation or action is needed to support the family or protect the baby/child. This multi-agency discussion should always include the health professional who reviewed the child.

The age and stage of development of the pre-mobile baby/ non-mobile child/young person are crucial considerations in forming a professional judgement as to whether a referral to social care and a strategy discussion is required.

Professionals within the strategy discussion will have a discussion considering the relevant factors such as presentation, explanation, the voice of the child and any known vulnerability factors to support further decision making and safety planning.

If a social care referral is deemed appropriate, it should be made immediately as per local procedures (see **Referrals Procedure**) and should include up to date contact details for the family and the referrer. This procedure should be followed for new cases and previously known babies/children.

The referrer should discuss an immediate safety plan for the pre-mobile baby/non-mobile child/young person ensuring that immediate contact details for the baby/child/young person and carer are shared. All discussions should be documented including the risks of not staying with the baby or child until a social worker arrives. If there are immediate concerns about safety, the police should be called.

If the pre-mobile baby/ non-mobile child/young person is in hospital a discussion should be raised with Social Care to consider the requirement of parental / carer supervision. If the cause of the bruising remains unknown or unexplained and parents have had care of the child during the timeline of the bruising, supervision by a third party needs to be put in place while the baby/child is with parent/s or carer/s. **Hospitals are not a place of safety and clinical practitioners cannot supervise parents / carers.** Third party supervision could be a family member or friend who is assessed by social care to understand the concerns and need for supervision or a foster carer or member of staff.

5. Strategy Discussion

The social worker/team manager should arrange a strategy discussion/meeting with police and health to discuss the need for section 47 enquiries. The strategy discussion/meeting should always include the health professional who reviewed the pre-mobile baby/non-mobile child/young person, with the expectation that the health professional will liaise and alert their own organisational safeguarding leads for support.

If the discussion/meeting 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 Consultant Paediatrician in the initial strategy discussion. The discussion should involve the development of an interim safety plan for the pre-mobile baby/non-mobile child/young person 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 Senior Paediatrician who is a Paediatric Registrar (supervised by a Consultant) or a Consultant. It cannot be undertaken by the family G.P. or Paediatric Senior House Officer.

For further information, please see the **Child Protection Enquiries Procedure, Strategy Discussion / Meeting** for guidance on strategy discussions.

6. Paediatric Medical Examination

Paediatric medical examinations for bruising/suspicious marks 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.

Note: In the absence of a parent or somebody with parental responsibility or written consent and the non-mobile child is not Gillick competent, Social Care do not hold parental responsibility unless they have a Court Order.

Consent (preferably written) should suffice on its own in case of a Gillick competent young person.

7. 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 local **DSCP Resolving Professional Differences Procedure** exists to guide practitioners on how to manage such disagreements or differences of opinion.

Pre-mobile babies and non-mobile children/young people are extremely vulnerable to a serious outcome from physical abuse by virtue of their immaturity, and so it is important to ensure the safety of the baby/child whilst a decision is reached.

Key points to remember

Except in the rare circumstances where an infant or child requires urgent medical attention, the child should not be sent to hospital but instead a **referral should be made to Social Care** who will hold a discussion and if appropriate arrange a Child Protection medical examination.

When investigating pre-mobile babies/non-mobile children/young people with unexplained bruising **do not offer to the family or other witnesses any options or suggestions as to how the baby, child or young person may have acquired the bruise**. Ask open ended questions and avoid leading or providing explanations.

The age and stage of development of the baby/child/young person are crucial considerations in forming a professional judgement as to whether a referral to Social Care and a strategy discussion is required. Bruising is strongly related to mobility, and as such injuries and bruising to a non-independently mobile child, i.e. a baby who is not yet crawling, bottom shuffling, cruising, or independently walking raises a significant concern

about the possibility of physical abuse. In this age group further investigations for hidden injuries are also likely to be undertaken.

It is **not possible to age bruising** in babies, children, and young people by looking at its shape or colour.

The Child Protection medical examination of bruising in pre-mobile babies and non-mobile children/young people forms an important part of the initial assessment, however it is only one part of the holistic assessment and the decision to proceed with Child Protection enquiries and hold a case conference should be made in the light of all the available multi agency information about the wellbeing of the baby, child or young person.

Further Information

Legislation, Statutory Guidance and Government Non-Statutory Guidance

Bruising in non-Mobile Infants (Child Safeguarding Review Panel)

Good Practice Guidance

Child Maltreatment: When to Suspect Maltreatment in Under 18s (NICE)

RCPCH Child Protection Evidence Systematic review on Bruising

NSPCC: Core - Info: Bruises on children

Not making a referral after bruising to non-mobile babies - Practice issues from serious case reviews – learning into practice (SCIE)