

Bruising and Child Abuse

Bruises are common in young children and toddlers, especially in normal, active children. But normal bruises tend to be site specific—shins, knees, elbows, foreheads, chins, hands—at any bony prominence. These are indicative of an accidental injury.

Some children can have bruising due to physiological problems with his or her clotting mechanism such as hemophilia, anemia, or leukemia. While these conditions are rare, the nature of illness or injury can be diagnosed by physicians.

Bruising in *soft tissue* such as cheeks, buttocks, inner thighs, frontal thighs, genitalia, arms, or mid-torso may be abuse. This fact sheet will alert you to some of the signs of abuse in children as indicated by bruising.

Bruises Needing Attention:

- In or around the mouth
- Fingertip bruising on arms, chest or face, indicating tight gripping or shaking
- Unexplained, chronic, or repeated bruising
- Two simultaneous black eyes without bruising to the forehead
- Bruising or tears around the earlobes
- Bruising to the head
- Bruising to soft tissue areas of the body, especially buttocks
- Bruising showing distinctive marks of a belt, hairbrush bristles, hand, or implement
- Bruises of different colors indicating injuries of different ages (red/purple/blue bruise is fresh: 0-5 days; green-yellow is older: 5-10 days; and yellow-brown is still older: 10-14 days). Consider chronic injury or re-injury.

Other Bruising Facts:

- Children seldom bruise their buttocks in accidental falls.
- Bruises on the buttocks are in the primary target zone for non-accidental injury.
- One-month-old infants do not roll off the bed and become bruised.
- Bite marks leave a crescent shaped bruise.
- Any bruise on an infant's body—especially to the head, face, neck or buttocks—is cause for immediate concern and investigation by professionals.

The American Academy of Pediatrics (September 2002):

“Child abuse should be considered as the most likely explanation for inflicted skin injuries if they are non-accidental and there is any injury beyond temporary reddening of the skin. Minor forms of abuse may lead to severe abuse unless abusive skin injuries are identified and labeled as such and interventions are made.”

Sources:

Briere, J., Berliner, L., Bulkley, J., Carole, J., & Reid, T. (1996). *The APSAC handbook on child maltreatment*. Thousand Oaks, CA.: Sage.

The American Academy of Pediatrics. (2002). When inflicted injuries constitute child abuse. *Pediatrics*, 110(3). 644-645.