aguire et al reviewed 23 papers to investigate what patterns of bruising are diagnostic or suggestive of child abuse. The papers reviewed addressed patterns of bruising in non-abused children, bruising due to abuse and those that compared both. These were sifted from 1345 citations published from 1951 to 2004.

Their systematic review showed that in non-abused children:
- Prevalence, number and location of bruises were directly correlated with the child’s motor developmental stage;
- Bruising in a baby with no independent mobility is very uncommon (<1%);
- 17% of infants who are cruisers; 53% of walkers, majority of school-aged children have bruises;
- Bruises are small, sustained over bony prominences such as the knees and shin on the lower legs
- Bruises are usually on the front of the body with those to the head, usually on the forehead.
- Uncommon sites of accidental bruises are the back, buttocks, forearm, face, abdomen or hip, upper arm, posterior leg, or foot

On the other hand, patterns of bruising that are suggestive of physical child abuse include:
- Bruising in children who are not independently mobile
- Bruising in babies
- Bruises that are seen away from bony prominences
- Bruises to the face, back, abdomen, arms, buttocks, ears and hands
- Multiple bruises in clusters
  - Multiple bruises of uniform shape
  - Bruises that carry the imprint of implement used such as linear or tramline bruising due to being struck with a rod-like instrument or a ligature such as where the hand has been tied.
- Defensive injuries may include bruises on the upper arm, outside of the thigh, or on the trunk and adjacent extremity.

**IMPORTANT NOTE:** A bruise must never be interpreted in isolation and must always be assessed in the context of medical and social history, developmental stage, explanation given, full clinical examination, and relevant investigations.