

Data extraction & quality standard forms

Reviewer Checklists

Accidental Injury

Study First Author:	ID no:
Name of Reviewer:	

Please read the paper completely through before completing this checklist.

A: Study relevance			
1. What is the paper about? (Please tick as many as apply)	a) A primary study reporting on physical signs of accidental ano-genital injuries (including burns/scalds) in children (0-18 yrs)	YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
	b) A primary study reporting physical signs of abusive anogenital thermal injuries in children (0-18 yrs)	<input type="checkbox"/>	<input type="checkbox"/>
	c) A primary study in relation to the outcome of healing of accidental/abusive anogenital injuries (including thermal) in children (0-18 yrs)	<input type="checkbox"/>	<input type="checkbox"/>
	d) A primary study reporting pre-pubertal vaginal bleeding	<input type="checkbox"/>	<input type="checkbox"/>
<i>If you have answered NO to all of the above, please move on to section F.</i>			

B. Study group			
2. Which topic or anatomical area does this paper address? (Tick as many as apply)	<input type="checkbox"/> Female genital	<input type="checkbox"/> Anal	<input type="checkbox"/> Thermal injuries (abusive and/or accidental)
	<input type="checkbox"/> Male genital	<input type="checkbox"/> Pre-pubertal vaginal bleeding	<input type="checkbox"/> Healing
3. What physical signs are described? (Please list them all)	<input type="checkbox"/> Genital erythema/redness/inflammation	<input type="checkbox"/> Anal/perianal erythema	<input type="checkbox"/> Other injuries
	<input type="checkbox"/> Oedema <input type="checkbox"/> Genital bruising <input type="checkbox"/> Genital abrasions <input type="checkbox"/> Genital lacerations/tears <input type="checkbox"/> Penile injuries <input type="checkbox"/> Scrotal injuries <input type="checkbox"/> Vaginal bleeding in prepubertal	<input type="checkbox"/> Anal/perianal bruising <input type="checkbox"/> Anal fissures, lacerations, scars, tags <input type="checkbox"/> Anal bleeding <input type="checkbox"/> Genital burns <input type="checkbox"/> Perineal burns <input type="checkbox"/> Other anogenital burns <input type="checkbox"/> Healing/healed genital injuries	

	girls <input type="checkbox"/> % with abnormalities/ normal exam	<input type="checkbox"/> Healing patterns of injuries (abusive/ accidental) <input type="checkbox"/> Other
4. Age range covered		

C. Type of Abuse and security of diagnosis

5. Please tick which best describes how the diagnosis of CSA was confirmed in the study. A	<input type="checkbox"/> Not applicable to paper <input type="checkbox"/> CSA confirmed at case conference/ civil or criminal court proceedings or admitted by perpetrator (1) <input type="checkbox"/> CSA confirmed by stated criteria including multidisciplinary assessment (2) <input type="checkbox"/> CSA defined by stated criteria (3)	<input type="checkbox"/> CSA stated but criteria not given(4) <input type="checkbox"/> CSA suspected (5) <input type="checkbox"/> Can't tell (6) <input type="checkbox"/> Can't confidently include this paper but it has some merits (7)
---	--	--

D. Type of Accidental Injury and security of diagnosis

6. Please tick which best describes how the diagnosis of Accidental Injury (including burns/scalds) was confirmed in the study.	<input type="checkbox"/> Not applicable to paper <input type="checkbox"/> Accidental cause confirmed by consistent witness explanation, CSA actively excluded through forensic examination and multiagency assessment (1) <input type="checkbox"/> Explanation of accident consistent (does not vary on retelling) and CSA actively excluded by forensic exam (2a) <input type="checkbox"/> Accidental cause confirmed by consistent description by witness to the event, where the injury fits with the explanation given (2b)	<input type="checkbox"/> Explanation of accident consistent; no attempt to exclude CSA (3) <input type="checkbox"/> Accidental cause merely stated (4)
---	--	---

E Study Type and Quality (adapted from CASP checklists).

7. Please identify the type of study the paper reports	<input type="checkbox"/> Cohort / longitudinal study <input type="checkbox"/> Case-control study <input type="checkbox"/> Cross-sectional study <input type="checkbox"/> A case series	<input type="checkbox"/> Case Report <input type="checkbox"/> Other (please state): <input type="checkbox"/> I Can't tell
--	---	---

Screening questions

8. Did the study address a clearly focussed question?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Can't tell
---	--

9. Is the study design appropriate to the stated aims?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Can't tell Comments:
--	---

Selection of subjects, assessment and confounding	
10. Were the study participants recruited in an acceptable way?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Can't tell
11. Are cases and controls clearly differentiated?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Can't tell <input type="checkbox"/> Not Applicable
12. Has Accidental Injury been adequately excluded from the control group?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Can't tell <input type="checkbox"/> Not Applicable
13. Was Accidental Injury accurately measured to minimise bias?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Can't tell <input type="checkbox"/> Not Applicable
14. Was the physical sign accurately measured to minimise bias?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Can't tell <input type="checkbox"/> Not Applicable
15. Were the main potential confounders identified and taken into account adequately in the design and analysis?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Can't tell <input type="checkbox"/> Not Applicable
16. Was the follow-up of subjects complete and long enough?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Can't tell <input type="checkbox"/> Not Applicable

Results	
17. Do you think the conclusions of the paper have been drawn directly from the results?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Can't tell
18. Can the results be applied in the UK?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Can't tell

F: Your overall assessment	
Based on your reading of the paper and answers to the above questionnaires please tick the appropriate box.	<input type="checkbox"/> PAPER SHOULD BE INCLUDED <input type="checkbox"/> PAPER SHOULD BE EXCLUDED <input type="checkbox"/> I CANNOT CONFIDENTLY INCLUDE THIS PAPER but feel that it has some merits and adds value to the question posed
If EXCLUDE please give reasons	<input type="checkbox"/> Does not meet inclusion criteria in question 1 <input type="checkbox"/> Does not address one of the anatomical/ topic areas (Q.2) <input type="checkbox"/> No confidence in diagnosis of CSA (i.e. ticked option 5, 6 or 7 in Q.5) <input type="checkbox"/> No confidence in diagnosis of Accidental Injury (i.e. ticked option 4 in Q.6) <input type="checkbox"/> Other reason - Please state:

COMMENTS (relating particularly to the benefits and limitations of the study, and any comment that you feel is worth making):
--

CSA Update

Study First Author:	ID no:
Name of Reviewer:	

Please read the paper completely through before completing this checklist.

A: Study relevance										
1. What is the paper about? <i>(Please tick as many as apply)</i>	a) A primary study reporting physical signs or STI in CSA with data on children (0-18 yrs) b) A primary study addressing the diagnosis or exclusion of CSA with data on children (0-18 yrs) c) A primary study in relation to the outcome of healing of acute injuries related to CSA with data on children (0-18 yrs) <i>If you have answered NO to a, b and c, please answer question 2 and then continue from section E.</i>	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	YES	NO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
YES	NO									
<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>									
2. Does the paper include any of the following:	a) Purely addresses findings in a normal population that have not been abused?	<table border="1"> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>									

B. Study group		
3. Which topic or anatomical area does this paper address? <i>(Tick as many as apply)</i>	<input type="checkbox"/> Female genital <input type="checkbox"/> Oral <input type="checkbox"/> STIs <input type="checkbox"/> Male genital <input type="checkbox"/> Anal	
4. What physical signs are described? <i>(Please list them all)</i>	<input type="checkbox"/> Genital erythema/redness/inflammation <input type="checkbox"/> Odema <input type="checkbox"/> Genital bruising <input type="checkbox"/> Genital abrasions <input type="checkbox"/> Genital lacerations/tears <input type="checkbox"/> Healing/healed genital injuries <input type="checkbox"/> Clefts/notches <input type="checkbox"/> Hymenal bumps/mounds <input type="checkbox"/> Size of hymenal orifice <input type="checkbox"/> Hymenal width <input type="checkbox"/> Friability <input type="checkbox"/> Labial fusion <input type="checkbox"/> Vaginal discharge in prepubertal girls <input type="checkbox"/> Vaginal foreign bodies	<input type="checkbox"/> Anal/perianal erythema <input type="checkbox"/> Perianal venous congestion <input type="checkbox"/> Anal/perianal bruising <input type="checkbox"/> Anal fissures, lacerations, scars,tags <input type="checkbox"/> Reflex anal dilatation <input type="checkbox"/> Genital signs in boys <input type="checkbox"/> % with abnormalities/ normal exam
5. Which STI's does the paper report on? <i>(Please list them all)</i>	<input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Gonorrhoea <input type="checkbox"/> Chlamydia trachomatis	<input type="checkbox"/> Trichomonas vaginalis <input type="checkbox"/> Bacterial vaginosis <input type="checkbox"/> Genital mycoplasmas <input type="checkbox"/> Syphilis

	<input type="checkbox"/> Human papillomavirus <input type="checkbox"/> Herpes simplex virus	<input type="checkbox"/> HIV <input type="checkbox"/> Other (please state):
6. Age range covered		
7. Pubertal status	<input type="checkbox"/> Pre	<input type="checkbox"/> Post
	<input type="checkbox"/> Pre and Post	<input type="checkbox"/> Not Known

C. Type of Abuse and security of diagnosis		
8. Please tick, which best describes how the diagnosis of CSA was confirmed in the study.	<input type="checkbox"/> CSA confirmed at case conference/civil or criminal court proceedings or admitted by perpetrator (1) <input type="checkbox"/> CSA confirmed by stated criteria including multidisciplinary assessment (2) <input type="checkbox"/> CSA defined by stated criteria (3)	<input type="checkbox"/> CSA stated but criteria not given (4) <input type="checkbox"/> CSA suspected (5) <input type="checkbox"/> Can't tell (6) <input type="checkbox"/> Can't confidently include this paper but it has some merits (7)

D. Study Type and Quality (adapted from CASP checklists)		
9. Please identify the type of study the paper reports	<input type="checkbox"/> Cohort / longitudinal study <input type="checkbox"/> Case-control study <input type="checkbox"/> Cross-sectional study <input type="checkbox"/> A case series	<input type="checkbox"/> Case Report <input type="checkbox"/> Other (please state): <input type="checkbox"/> I Can't tell

Screening questions	
10. Did the study address a clearly focussed question?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Can't tell
11. Is the study design appropriate to the stated aims?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Can't tell Comments:

Selection of subjects, assessment and confounding	
12. Were the study participants recruited in an acceptable way?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Can't tell
13. Are cases and controls clearly differentiated?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Can't tell <input type="checkbox"/> Not Applicable
14. Has CSA been adequately excluded from the control group?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Can't tell <input type="checkbox"/> Not Applicable
15. Was CSA accurately measured to minimise bias?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Can't tell <input type="checkbox"/> Not Applicable
16. Was the physical sign accurately measured to minimise bias?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Can't tell <input type="checkbox"/> Not Applicable
17. Were the main potential confounders identified and taken into account adequately in the design and analysis?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Can't tell <input type="checkbox"/> Not Applicable
18. Was the follow-up of subjects complete and long enough?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Can't tell <input type="checkbox"/> Not Applicable

Results	
19. Do you think the conclusions of the paper have been drawn directly from the results?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Can't tell
20. Can the results be applied in the UK?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Can't tell

E: Your overall assessment	
Based on your reading of the paper and answers to the above questionnaires please tick the appropriate box.	<input type="checkbox"/> PAPER SHOULD BE INCLUDED <input type="checkbox"/> PAPER SHOULD BE EXCLUDED <input type="checkbox"/> I CANNOT CONFIDENTLY INCLUDE THIS PAPER but feel that it has some merits and adds value to the question posed
If EXCLUDE please give reasons	<input type="checkbox"/> Does not meet inclusion criteria in question 1 <input type="checkbox"/> No confidence in diagnosis of CSA (i.e. ticked option 5, 6 or 7 in question 8) <input type="checkbox"/> Does not address one of the anatomical topic areas (Qu. 3) <input type="checkbox"/> Other reason - Please state:

COMMENTS (relating particularly to the benefits and limitations of the study, and any comment that you feel is worth making):

Data extraction forms

Accidental Injury

First Author:	ID no:
Reviewer's Name:	Date:

Please read the paper completely through before completing this form.

1. Aim of study:		
2. Study population: <i>(Please include number of participants age range, gender and any other relevant information)</i>		
3. Study type:	<input type="checkbox"/> Cohort study/ longitudinal study <input type="checkbox"/> Case-control study <input type="checkbox"/> Cross-sectional study <input type="checkbox"/> Other (please state)	<input type="checkbox"/> Case series <input type="checkbox"/> Case report <input type="checkbox"/> I cannot tell
4. Time frame	Time period in years:	<input type="checkbox"/> Retrospective <input type="checkbox"/> Prospective
5. Country of origin	<input type="checkbox"/> UK <input type="checkbox"/> USA <input type="checkbox"/> Other (please state)	<input type="checkbox"/> South America <input type="checkbox"/> Europe (but not UK)
6. Security of diagnosis for accidental injury	<input type="checkbox"/> Accidental cause confirmed by consistent witness explanation, CSA actively excluded through forensic examination and multiagency assessment (1) <input type="checkbox"/> Explanation of accident consistent (does not vary on retelling) and CSA actively excluded by forensic exam (2a) <input type="checkbox"/> Accidental cause confirmed by consistent description by witness to the event, where the injury fits with the explanation given (2b) Comments:	<input type="checkbox"/> Explanation of accident consistent; no attempt to exclude CSA (3) <input type="checkbox"/> Accidental cause merely stated (4) <input type="checkbox"/> Not applicable

7. Security of diagnosis for CSA	<input type="checkbox"/> CSA confirmed at case conference/civil or criminal court proceedings or admitted by perpetrator (1) <input type="checkbox"/> CSA suspected (5)																																																																																
	<input type="checkbox"/> CSA confirmed by stated criteria including multidisciplinary assessment (2) <input type="checkbox"/> Cannot tell (6)																																																																																
	<input type="checkbox"/> CSA defined by stated criteria (3) <input type="checkbox"/> Cannot confidently include this paper but it has some merits (7)																																																																																
	<input type="checkbox"/> CSA stated but criteria not given (4) <input type="checkbox"/> Not applicable																																																																																
	Comments:																																																																																
8. Quality Criteria	<table border="1"> <tr> <td data-bbox="368 647 951 801">A) Was any diagnosis made?</td> <td data-bbox="951 647 1158 801"><input type="checkbox"/> Yes</td> <td data-bbox="1158 647 1350 801"><input type="checkbox"/> No</td> <td data-bbox="1350 647 1474 801"><input type="checkbox"/> Not applicable</td> </tr> <tr> <td colspan="4" data-bbox="368 801 1474 801">If Yes, please describe</td> </tr> <tr> <td data-bbox="368 801 951 987">B(i) Was there evidence that the genitalia had been examined?</td> <td data-bbox="951 801 1158 987"><input type="checkbox"/> Yes</td> <td data-bbox="1158 801 1350 987"><input type="checkbox"/> No</td> <td data-bbox="1350 801 1474 987"><input type="checkbox"/> Not applicable</td> </tr> <tr> <td colspan="4" data-bbox="368 987 1474 987">If Yes, please describe how (e.g. colposcope, naked eye, EUA) and by whom (e.g. gynaecologist, paediatrician, ED doctor)</td> </tr> <tr> <td data-bbox="368 987 951 1173">B(ii) Was there evidence that the anus had been examined?</td> <td data-bbox="951 987 1158 1173"><input type="checkbox"/> Yes</td> <td data-bbox="1158 987 1350 1173"><input type="checkbox"/> No</td> <td data-bbox="1350 987 1474 1173"><input type="checkbox"/> Not applicable</td> </tr> <tr> <td colspan="4" data-bbox="368 1173 1474 1173">If Yes, please describe how (e.g. colposcope, naked eye, EUA) and by whom (e.g. gynaecologist, paediatrician, ED doctor)</td> </tr> <tr> <td data-bbox="368 1173 951 1290">C(i) Was there a detailed description of the injury/injuries?</td> <td data-bbox="951 1173 1158 1290"><input type="checkbox"/> Yes</td> <td data-bbox="1158 1173 1350 1290"><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td colspan="4" data-bbox="368 1290 1474 1290">If Yes, please describe</td> </tr> <tr> <td data-bbox="368 1290 951 1406">C(ii) Was the type of injury/injuries described?</td> <td data-bbox="951 1290 1158 1406"><input type="checkbox"/> Yes</td> <td data-bbox="1158 1290 1350 1406"><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td colspan="4" data-bbox="368 1406 1474 1406">If Yes, please describe</td> </tr> <tr> <td data-bbox="368 1406 951 1523">C(iii) Was the extent of the injury /injuries described?</td> <td data-bbox="951 1406 1158 1523"><input type="checkbox"/> Yes</td> <td data-bbox="1158 1406 1350 1523"><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td colspan="4" data-bbox="368 1523 1474 1523">If Yes, please describe</td> </tr> <tr> <td data-bbox="368 1523 951 1639">C(iv) Was the site of the injury/injuries described?</td> <td data-bbox="951 1523 1158 1639"><input type="checkbox"/> Yes</td> <td data-bbox="1158 1523 1350 1639"><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td colspan="4" data-bbox="368 1639 1474 1639">If Yes, please describe</td> </tr> <tr> <td data-bbox="368 1639 951 1756">C(v) Was the age of the injury/injuries described?</td> <td data-bbox="951 1639 1158 1756"><input type="checkbox"/> Yes</td> <td data-bbox="1158 1639 1350 1756"><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td colspan="4" data-bbox="368 1756 1474 1756">If Yes, please describe</td> </tr> <tr> <td data-bbox="368 1756 951 1883">D Was the mechanism of the injury/injuries stated?</td> <td data-bbox="951 1756 1158 1883"><input type="checkbox"/> Yes</td> <td data-bbox="1158 1756 1350 1883"><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td colspan="4" data-bbox="368 1883 1474 1883">If Yes, please describe</td> </tr> <tr> <td data-bbox="368 1883 951 2038">E) Did the paper specify the timing of the examination in relation to the injury/injuries?</td> <td data-bbox="951 1883 1158 2038"><input type="checkbox"/> Yes</td> <td data-bbox="1158 1883 1350 2038"><input type="checkbox"/> No</td> <td></td> </tr> <tr> <td colspan="4" data-bbox="368 2038 1474 2038">If Yes, please describe</td> </tr> </table>	A) Was any diagnosis made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	If Yes, please describe				B(i) Was there evidence that the genitalia had been examined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	If Yes, please describe how (e.g. colposcope, naked eye, EUA) and by whom (e.g. gynaecologist, paediatrician, ED doctor)				B(ii) Was there evidence that the anus had been examined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	If Yes, please describe how (e.g. colposcope, naked eye, EUA) and by whom (e.g. gynaecologist, paediatrician, ED doctor)				C(i) Was there a detailed description of the injury/injuries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		If Yes, please describe				C(ii) Was the type of injury/injuries described?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		If Yes, please describe				C(iii) Was the extent of the injury /injuries described?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		If Yes, please describe				C(iv) Was the site of the injury/injuries described?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		If Yes, please describe				C(v) Was the age of the injury/injuries described?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		If Yes, please describe				D Was the mechanism of the injury/injuries stated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		If Yes, please describe				E) Did the paper specify the timing of the examination in relation to the injury/injuries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		If Yes, please describe			
A) Was any diagnosis made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable																																																																														
If Yes, please describe																																																																																	
B(i) Was there evidence that the genitalia had been examined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable																																																																														
If Yes, please describe how (e.g. colposcope, naked eye, EUA) and by whom (e.g. gynaecologist, paediatrician, ED doctor)																																																																																	
B(ii) Was there evidence that the anus had been examined?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable																																																																														
If Yes, please describe how (e.g. colposcope, naked eye, EUA) and by whom (e.g. gynaecologist, paediatrician, ED doctor)																																																																																	
C(i) Was there a detailed description of the injury/injuries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																																																															
If Yes, please describe																																																																																	
C(ii) Was the type of injury/injuries described?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																																																															
If Yes, please describe																																																																																	
C(iii) Was the extent of the injury /injuries described?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																																																															
If Yes, please describe																																																																																	
C(iv) Was the site of the injury/injuries described?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																																																															
If Yes, please describe																																																																																	
C(v) Was the age of the injury/injuries described?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																																																															
If Yes, please describe																																																																																	
D Was the mechanism of the injury/injuries stated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																																																															
If Yes, please describe																																																																																	
E) Did the paper specify the timing of the examination in relation to the injury/injuries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No																																																																															
If Yes, please describe																																																																																	

	F(i) Was there photographic documentation of the examination? If Yes, please describe	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	F(ii) Was there video documentation of the examination? If Yes, please describe	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	G) Were other checks made to exclude CSA? If Yes, what other checks were made? Comment:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Other health discipline contacted	<input type="checkbox"/> Multi-agency discussion
9. Follow up examination	Was a follow up examination conducted?				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	If Yes, state timing of this examination				
	If Yes, please describe this examination				
10. What physical signs are described? <i>(Please tick as many boxes as applicable)</i>	Boys	Girls			
	<input type="checkbox"/> No sign(s) described <input type="checkbox"/> Penile erythema/redness <input type="checkbox"/> Penile inflammation <input type="checkbox"/> Penile oedema <input type="checkbox"/> Penile bruising/ haematoma <input type="checkbox"/> Penile abrasion(s) <input type="checkbox"/> Penile laceration(s) <input type="checkbox"/> Penile tear(s) <input type="checkbox"/> Scrotal erythema/redness <input type="checkbox"/> Scrotal inflammation <input type="checkbox"/> Scrotal oedema <input type="checkbox"/> Scrotal bruising/ haematoma <input type="checkbox"/> Scrotal abrasion(s) <input type="checkbox"/> Scrotal laceration(s) <input type="checkbox"/> Scrotal tear(s) <input type="checkbox"/> Perineal erythema/redness <input type="checkbox"/> Perineal inflammation <input type="checkbox"/> Perineal oedema <input type="checkbox"/> Perineal bruising/haematoma <input type="checkbox"/> Perineal abrasion(s) <input type="checkbox"/> Perineal laceration(s) <input type="checkbox"/> Perineal tear(s) <input type="checkbox"/> Anal erythema/redness <input type="checkbox"/> Anal inflammation <input type="checkbox"/> Ana oedema <input type="checkbox"/> Anal bruising/haematoma <input type="checkbox"/> Anal abrasion(s) <input type="checkbox"/> Anal laceration(s)	<input type="checkbox"/> No sign(s) described <input type="checkbox"/> Vaginal erythema/redness <input type="checkbox"/> Vaginal inflammation <input type="checkbox"/> Vaginal oedema <input type="checkbox"/> Vaginal bruising/haematoma <input type="checkbox"/> Vaginal abrasion(s) <input type="checkbox"/> Vaginal laceration(s) <input type="checkbox"/> Vaginal tear(s) <input type="checkbox"/> Vaginal discharge <input type="checkbox"/> Vaginal bleeding <input type="checkbox"/> Vaginal discharge <input type="checkbox"/> Perineal erythema/redness <input type="checkbox"/> Perineal inflammation <input type="checkbox"/> Perineal oedema <input type="checkbox"/> Perineal bruising/haematoma <input type="checkbox"/> Perineal abrasion(s) <input type="checkbox"/> Perineal laceration(s) <input type="checkbox"/> Perineal tear(s) <input type="checkbox"/> Anal erythema/redness <input type="checkbox"/> Anal inflammation <input type="checkbox"/> Anal oedema <input type="checkbox"/> Anal bruising/haematoma <input type="checkbox"/> Anal abrasion(s) <input type="checkbox"/> Anal laceration(s) <input type="checkbox"/> Anal tear(s) <input type="checkbox"/> Anal bleeding <input type="checkbox"/> Peri-anal erythema/redness <input type="checkbox"/> Peri-anal inflammation			

16. Is this paper relevant to any other groups?
(tick as many as apply)

- | | | | |
|---|---|----------------------------------|-------------------------------|
| <input type="checkbox"/> Female genital | <input type="checkbox"/> Male genital | <input type="checkbox"/> Anal | <input type="checkbox"/> STIs |
| <input type="checkbox"/> Vaginal bleeding | <input type="checkbox"/> Thermal injury | <input type="checkbox"/> Healing | |

Vaginal Bleeding

First Author:	ID no:
Reviewer's Name:	Date:

Please read the paper completely through before completing this form.

1. Aim of study:		
2. Study population: (Please include number of participants, age range, gender and any other relevant information)		
3. Study type:	<input type="checkbox"/> Cohort study/ longitudinal study <input type="checkbox"/> Case-control study <input type="checkbox"/> Cross-sectional study <input type="checkbox"/> Other (please state)	<input type="checkbox"/> Case series <input type="checkbox"/> Case report <input type="checkbox"/> I cannot tell
4. Time frame	Time period in years:	<input type="checkbox"/> Retrospective <input type="checkbox"/> Prospective
5. Country of origin	<input type="checkbox"/> UK <input type="checkbox"/> USA <input type="checkbox"/> Other (please state)	<input type="checkbox"/> South America <input type="checkbox"/> Europe (but not UK)
6. Security of diagnosis for accidental injury	<input type="checkbox"/> Accidental cause confirmed by consistent witness explanation, CSA actively excluded through forensic examination and multiagency assessment (1) <input type="checkbox"/> Explanation of accident consistent (does not vary on retelling) and CSA actively excluded by forensic exam (2a) <input type="checkbox"/> Accidental cause confirmed by consistent description by witness to the event, where the injury fits with the explanation given (2b)	<input type="checkbox"/> Explanation of accident consistent; no attempt to exclude CSA (3) <input type="checkbox"/> Accidental cause merely stated (4) <input type="checkbox"/> Not applicable
7. Security of diagnosis for CSA	<input type="checkbox"/> CSA confirmed at case conference/civil or criminal court proceedings or admitted by perpetrator (1)	<input type="checkbox"/> CSA suspected (5)

	<input type="checkbox"/> CSA confirmed by stated criteria including multidisciplinary assessment (2)	<input type="checkbox"/> Cannot tell (6)
	<input type="checkbox"/> CSA defined by stated criteria (3)	<input type="checkbox"/> Cannot confidently include this paper but it has some merits (7)
	<input type="checkbox"/> CSA stated but criteria not given (4)	<input type="checkbox"/> Not applicable
	Comments:	
8. Quality Criteria	A) Was any diagnosis made?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	If Yes, please state the diagnosis	
	B(i) Was there evidence that the genitalia had been examined?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	If Yes, please describe how (e.g. colposcope, naked eye, EUA) and by whom (e.g. gynaecologist, paediatrician, ED doctor)	
	B(ii) Was there evidence that the anus had been examined?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	If Yes, please describe how (e.g. colposcope, naked eye, EUA) and by whom (e.g. gynaecologist, paediatrician, ED doctor)	
	C i) Was the cause of vaginal bleeding stated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please describe	
	C ii) If the bleeding did not result from trauma, was the anatomical source of the bleeding stated?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	If Yes, please describe	
	C(iii) If the cause of vaginal bleeding was due to trauma was there a detailed description of the mechanism of injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	If Yes, please describe	
	C(iv) If the cause of vaginal bleeding was due to trauma, was the type of injury sustained described?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	If Yes, please describe	
	C(v) If the cause of vaginal bleeding was due to trauma, was the extent of the injury described?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	If Yes, please describe	
	C(vi) If the cause of vaginal bleeding was due to trauma, was the site of injury sustained described?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	If Yes, please describe	
	C(vii) If the cause of vaginal bleeding was due to trauma , was the age of injury described?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
	If Yes, please describe	
	D) Was the mechanism of the vaginal bleeding stated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, please describe	

	E) Was the duration of the vaginal bleeding stated? If Yes, please describe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	F) Was the extent of the vaginal bleeding stated? If Yes, please describe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	G) Did the paper specify the timing of the examination in relation to the traumatic event? If Yes, please describe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable
	H(i) Was there photographic documentation of the examination? If Yes, please describe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	H(ii) Was there video documentation of the examination? If Yes, please describe	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	I) Were other checks made to exclude CSA? If Yes, what other checks were made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
		<input type="checkbox"/> Other health discipline contacted	<input type="checkbox"/> Multi-agency discussion	<input type="checkbox"/> Not stated
9. Follow up examination	Was a follow up examination conducted? If Yes, state timing of this examination If Yes, please describe this examination	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10. What physical signs are described? <i>(Please tick as many boxes as applicable)</i>	<input type="checkbox"/> No sign(s) described <input type="checkbox"/> Genital erythema or redness <input type="checkbox"/> Genital inflammation <input type="checkbox"/> Genital oedema <input type="checkbox"/> Genital abrasion(s) <input type="checkbox"/> Genital laceration(s) or tear(s)	<input type="checkbox"/> Vaginal foreign bodies <input type="checkbox"/> Bump(s) or mound(s) <input type="checkbox"/> Vaginal discharge in prepubertal girls <input type="checkbox"/> Vaginal bleeding in prepubertal girls <input type="checkbox"/> Other (please specify)		
11. Main Results <i>(Please include the numerical and statistical results if relevant)</i>				
12. Comments <i>(Please list strengths and potential confounders in the study)</i>				
13. Do you agree that this paper should be included?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Comments:

14. Which research question(s) does this study address? <i>(Please tick the one that applies)</i>	What are the physical signs that are specifically associated with accidental anogenital injury in children aged 0-18?	<input type="checkbox"/>
	Can the signs of accidental anogenital injury be distinguished from injuries (including burns and scalds) caused by child sexual abuse?	<input type="checkbox"/>
	What is the natural history of the healing process in anogenital injuries?	<input type="checkbox"/>
	What are the signs of healed anogenital injuries?	<input type="checkbox"/>
	What are the causes of vaginal bleeding in pre-pubertal girls?	<input type="checkbox"/>
15. Reference check (please insert the reference number, if not available please enter the authors and year)	Please identify any references from the paper that may relevant to the review.	
16. Is this paper relevant to any other groups? (tick as many as apply)	<input type="checkbox"/> Female genital <input type="checkbox"/> Male genital <input type="checkbox"/> Anal <input type="checkbox"/> STIs <input type="checkbox"/> Accidental injury <input type="checkbox"/> Thermal injury <input type="checkbox"/> Healing	

	The position and timing of examination (Related to responses from question 7i), 7 ii) and 7v)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Was a colposcopic or other objective recording undertaken? (Related to responses from question 7 iii) and 7 iv)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you agree that this paper should be included? (Consider the standards you will be applying).	<input type="checkbox"/> Yes <input type="checkbox"/> No					
15. Reference check (please insert the reference number, if not available please enter the authors and year)	Please identify any references from the paper that may be relevant to the review.					
16. Is this paper relevant to any other groups? (tick as many as apply)	<input type="checkbox"/> Female genital <input type="checkbox"/> Healing <input type="checkbox"/> Accidental injury <input type="checkbox"/> STIs <input type="checkbox"/> Vaginal bleeding <input type="checkbox"/> Thermal injury					

<p>9. What physical signs are described? (Please list them all. We will forward to relevant working group)</p>	<input type="checkbox"/> Genital erythema/redness/inflammation <input type="checkbox"/> Odema <input type="checkbox"/> Genital bruising <input type="checkbox"/> Genital abrasions <input type="checkbox"/> Genital lacerations/tears <input type="checkbox"/> Healing/healed genital injuries <input type="checkbox"/> Clefts/notches <input type="checkbox"/> Hymenal bumps/mounds	<input type="checkbox"/> Size of hymenal orifice <input type="checkbox"/> Hymenal width <input type="checkbox"/> Friability <input type="checkbox"/> Labial fusion <input type="checkbox"/> Vaginal discharge in prepubertal girls <input type="checkbox"/> Vaginal foreign bodies <input type="checkbox"/> Blood blisters <input type="checkbox"/> % with abnormalities/ normal exam	
<p>10. Examination method</p>	<p>Colposcope (or equivalent equipment) used?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
	<p>Photodocumentation obtained?</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
	<p>Examination position described?</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
	<p>- if Yes, supine - prone - other</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
	<p>Were photographs reviewed?</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
<p>11. For the following signs, have the quality standards been met? (Please leave blank if the sign is not being addressed by the paper)</p>	<p><u>Genital Bruising/ erythema/ oedema/ abrasions (girls)</u> Timing of examination stated</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>
	<p><u>Bumps/mounds</u> Clear definition Examined in supine (and preferably in knee chest) position using colposcope and/or photodocumentation; Data reported for prepubertal girls</p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
	<p><u>Clefts/notches</u> Data separately reported for prepubertal and pubertal girls; Clear definition</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
	<p><u>Size of hymenal orifice</u> Hymen examined in supine or knee chest prone position using labial traction and/or labial separation; Measurement technique specified.</p>	<p><input type="checkbox"/> <input type="checkbox"/></p>	<p><input type="checkbox"/> <input type="checkbox"/></p>
	<p><u>Hymenal Width</u> Examination method, position and measurements (incl measurement method) of the hymenal membrane or complete absence of hymnal tissue reported</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>

	<u>Vaginal discharge</u> Vaginal discharge at examination and not as history (not part of a medical condition such as vulvovaginitis, vulvitis, vaginitis); Child did not have a STI at time of examination; Prepubertal population only	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
12. Main Results <i>(Please include the numerical and statistical results if relevant)</i>			
13. Comments <i>(Please list strengths and potential confounders in the study)</i>			
14. Do you agree that this paper should be included? <i>(Please consider the standards you will be applying).</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
15. Reference check <i>(please insert the reference number, if not available please enter the authors and year)</i>	Please identify any references from the paper that may be relevant to the review.		
16. Is this paper relevant to any other groups? <i>(Please tick as many as apply)</i>	<input type="checkbox"/> Accidental injury <input type="checkbox"/> Male genital injury <input type="checkbox"/> Anal <input type="checkbox"/> STIs <input type="checkbox"/> Vaginal bleeding <input type="checkbox"/> Thermal injury <input type="checkbox"/> Healing		

Sexually Transmitted Infections

First Author:	ID no:
Reviewer's Name:	Date:

Please read the paper completely through before completing this form.

1. Aim of study:		
2. Study population: <i>Include no of participants, age range, gender etc:</i>		
2.1. Age group and pubertal stage	<input type="checkbox"/> Neonate (0-28dys) <input type="checkbox"/> Infant (> 28dys-1yr) <input type="checkbox"/> Child (>1yr -12yrs) <input type="checkbox"/> Other (please state) <input type="checkbox"/> Age not specified	Pubertal Stage: Tanner <input type="checkbox"/> I; <input type="checkbox"/> II; <input type="checkbox"/> III; <input type="checkbox"/> IV; <input type="checkbox"/> V <input type="checkbox"/> Pre-pubertal <input type="checkbox"/> Post-pubertal <input type="checkbox"/> Not stated
3. Study type:	<input type="checkbox"/> Cohort study/ longitudinal study <input type="checkbox"/> Case-control study <input type="checkbox"/> Cross-sectional study <input type="checkbox"/> Case series <input type="checkbox"/> Case Report	<input type="checkbox"/> Other (please state): <input type="checkbox"/> I Can't tell
4. Time frame	Time period in years:	<input type="checkbox"/> Retrospective <input type="checkbox"/> Prospective
5. Country of origin	<input type="checkbox"/> UK <input type="checkbox"/> USA <input type="checkbox"/> Africa	<input type="checkbox"/> South America <input type="checkbox"/> Europe (but not UK) <input type="checkbox"/> Other (please state):
6. Position and technique of examination of child (colposcope etc) (if relevant)		
7. Main study methods		
8. Security of diagnosis of CSA	<input type="checkbox"/> CSA confirmed at case conference/ civil or criminal court proceedings or admitted by perpetrator (1) <input type="checkbox"/> CSA confirmed by stated criteria including multidisciplinary assessment (2) <input type="checkbox"/> CSA defined by stated criteria (3)	<input type="checkbox"/> CSA stated but criteria not given (4) <input type="checkbox"/> CSA suspected (5) <input type="checkbox"/> Can't tell (6) <input type="checkbox"/> Can't confidently include this paper but it has some merits (7)
9. Exclusion of CSA from control/comparison group (if relevant)		

10. Main results:

Infection (please tick as many as apply)	Prevalence	Diagnostic test used	Quality scores	Serology	Site tested	Site(s) positive	Infection in mother			Non-sexual transmission		
							YES	NO	Not tested	Auto-innoculation	Formites	Household contact
<input type="checkbox"/> GC												
<input type="checkbox"/> CT												
<input type="checkbox"/> NSU												
<input type="checkbox"/> TV												
<input type="checkbox"/> Genital wart												
<input type="checkbox"/> Oral wart												
<input type="checkbox"/> HSV												
<input type="checkbox"/> BV												
<input type="checkbox"/> Mycoplasma genitalium												
<input type="checkbox"/> Mycoplasma Other												
<input type="checkbox"/> STS												
<input type="checkbox"/> HIV												
<input type="checkbox"/> HBV												
<input type="checkbox"/> HCV												
<input type="checkbox"/> Other;												
<input type="checkbox"/> Other:												

Quality score key:

CT	Good NAAT confirmed ; Culture Medium Confirmed EIA/IF (only + ve) ; Poor Negative EIA, , Culture, IF ;
GC	Good NAAT confirmed; Culture Poor Gram stain
TV	Good Culture / Wet prep; NAAT Poor A/Orange
NSU	Good NSU mentioned with diagnostic criteria of >10 per high power field Medium 5-10 per hp field Poor Nsu without mention of diagnostic criteria
HPV	Good Histology - in situ hybrid +/- HPV typing Medium Macroscopic diagnosis
HSV	Good Culture or PCR ; Medium HSV-2 Type specific serology ; Poor Macroscopic ,type1 serology
Prepubertal BV	Good Any mention for clue cells,mixed anaerobes Medium Gardnarella
Mycoplasma genitalia	Good PCRconfirmed /Culture; NAAT Medium unconfirmed pcr
Mycoplasma (Other)	Good PCRconfirmed/Culture; NAAT Medium unconfirmed pcr
Syphilis	Good full serology; NAAT Medium Dark ground microscopy VRDL alone/ELISA alone
HIV	Good Antibody testing Medium Rapid Testing unless fourth generation
Hep B	Good Serology +/- NAAT
Hep C	Good serology +/- NAAT

<p>11. Other relevant information from the results <i>Include the numerical and statistical results</i></p>	
<p>12. Comments <i>List strengths and potential confounders in the study</i></p>	
<p>13. Do you agree that this paper should be included? (Consider the standards you will be applying).</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>15. Reference check (please insert the reference number, if not available please enter the authors and year)</p>	<p>Please identify any references from the paper that may be relevant to the review.</p>
<p>16. Is this paper relevant to any other groups? (tick as many as apply)</p>	<p><input type="checkbox"/> Female genital <input type="checkbox"/> Male genital <input type="checkbox"/> Accidental injury <input type="checkbox"/> Anal <input type="checkbox"/> Vaginal bleeding <input type="checkbox"/> Thermal injury <input type="checkbox"/> Healing</p>