Genital injuries and vaginal bleeding

Author: Jamie Carter / Ann White / Miki Lazner / Frankie Howsam
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See also: **child sexual abuse** / Skip straight to **management pathway**

Background and definitions

If the injury is witnessed or has a plausible explanation, management can be primarily medical, but **keep an open mind**.

In the absence of a witnessed injury or plausible explanation, especially in injuries to the penis, child sexual abuse or non-accidental injuries MUST be considered and concerns actioned.

- Genital injuries include bruising, laceration and abrasions to the penis, the vagina and the hymen.
- There may be medical causes for bleeding although child sexual abuse and non-accidental injury needs to be considered in all cases.
- Genital injuries can affect boys and girls – injuries to the penis in young boys is concerning and may be the result of abuse, physical or sexual, and requires a thorough assessment.
- **Straddle injuries are common accidental injuries with a witnessed and consistent history**. They are usually unilateral and not involving the hymen or vaginal walls.
- Bruising = non-blanching skin discoloration (varying colour) caused by blood leaking into surrounding tissues from damaged capillaries or larger blood vessels. Bruising cannot be aged.
- Genital abrasion = superficial injury involving the outer layers of the skin/mucous membranes that does not extend to the full thickness of the epidermis. Caused by contact with a rough surface or friction with sufficient force to cause trauma to epidermis.
- Genital laceration = injury made by blunt force trauma or shearing forces tearing through the skin or mucosa (laceration, acute transaction or tear), RCPCH 2015.

The differential diagnosis is extensive (see **table** on page 4) and **consideration to CSA should be given.**

Assessment is primarily and initially medical and may require surgical intervention.

Investigation and management should be tailored to the case history and presentation.

Genital Injuries or Vaginal Bleeding Management pathway

FGM to be referred to social care

Genital bruise in under 2 years – as per NAI policy

History: including detailed social & behavioural history.
- Must include details of mechanism of injury
- See causes of genital bleeding

Examination: ensure child is medically stable and no other injuries (especially penile / vulval bruises, supra-pubic / inner thigh region).

Non-acute or minor injury

Severe bleeding / injury
→ Call Consultant Paediatric Surgeon for review / treatment in theatre

If requires surgical treatment: document all injuries and genitalia examination findings, including the hymen (video / photo with consent)

Does history match the injury?
Have you spoken to child alone and is this documented?
May need to involve Consultant Paediatric Surgeon

Yes

Child must be able to pass urine prior to discharge.

If unsure whether requires further treatment or follow up, refer to Paediatric Surgery Registrar

If child has passed urine, no further treatment is required, and no ongoing safeguarding concerns → can discharge with analgesia

Ensure GP / HV and Safeguarding team at RACH are informed of presentation.

No

1. Information gathering
2. Consent & arrange clinical photography
   - In hours contact Clinical Media: 01273 696955 ext 64319
   - Out of hours use CED camera and email images to bsuh.clinical.photography@nhs.net
3. Refer to COW +/- admit to ward

If concerns about unexplained injuries or sexual abuse:
Refer to social care
Follow CSA pathway

Social care / Police / SARC will decide if forensic exam required

Disclosure of Acute Sexual Assault
- Do not wash the child
- Consider Early Evidence Kit (police supply)
- Refer to social care
- *Follow CSA pathway*

Advice available from SARC doctors daily 10.00 – 16.00 (01273-242288)

Social Care teams

Brighton & Hove: **frontdoorforfamilies@brighton-hove.gcsx.gov.uk** (01273 290400)
West Sussex: **MASH@westsussex.gcsx.gov.uk** (01403 229900 or OOH 0330 2226664)
East Sussex: **0-19.spoa@eastsussex.gcsx.gov.uk** (01323 464222)
Emergency Duty Team B&H & East Sussex (out of hours): 01273335905/6

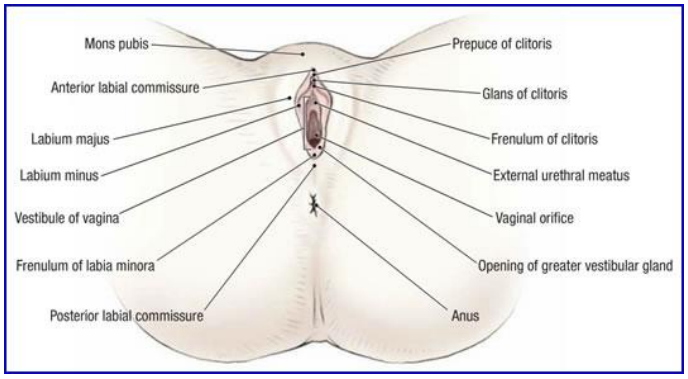
Assessment

Check A, B, C and decide if immediate treatment / stabilisation are needed.

Complete a thorough history and examination with a chaperone.
Clearly document all clinical findings on body map.
Photo-documentation may be required and requires consent from parents and child / young person.

Ensure the child is asked how the injury occurred and if there were any witnesses.

Ensure the background of the child and family are considered during the assessment and prior to discharge or further medical treatment (see below)



Information to be gathered at GP / CED / RACH:

1. Check if Child Sexual Abuse (CSA) disclosure or professional concerns:
    - Sexualised / challenging behaviour.
    - Ano-genital discharge (unexplained)
    - Other ano-genital symptoms / PR bleeding.
2. If any concerns regarding CSA, discuss with child's HV / school nurse and GP.
3. Discuss with CED Consultant who may wish to refer to Consultant of the Week (COW) and social care.

Examination

Should include full examination for other injuries - **bruising to the lower abdomen and upper / inner thigh region is concerning.**

May require a Consultant Paediatric Surgeon and / or Miss Heather Brown (Consultant Gynaecologist) to assess and comment on the genital findings.

Management (see pathway on page 2)

Any child with a genital injury / bleeding **must** be assessed by a Registrar or Consultant with a chaperone during CED visit. If there are any concerns regarding CSA, discuss with COW or Named Doctor for Child Protection (as soon as possible if out of hours).

If there is active bleeding, the child may need to be assessed and treated in theatre by Consultant Surgeon and / or Miss Heather Brown (Consultant Gynaecologist).

For accidental injuries, if you are unsure whether the child requires further treatment or follow up, refer to Paediatric Surgery Registrar.

Investigations

If there are concerns about STIs (significant or offensive genital discharge take a swab and discuss with the sexual health team based at the Claude Nichol Unit (01273 664718).
If swab is positive for a STI in a young child, discuss with COW / Named Doctor / SARC team and refer to social care.

Discharge and Outcome

If there are concerns about an unexplained injury or the child has disclosed sexual abuse a referral must be made to local social care team.

If there is no active bleeding, the child is able to pass urine, no further medical input is required, and no safeguarding concerns – patient can be discharged with appropriate follow-up.

Ensure the GP, HV or school nurse and the safeguarding team at RACH are informed of the presentation.

Causes of PV bleeding

Endometrial shedding from oestrogen withdrawal: • Endogenous e.g. Newborn • Exogenous – ingestion of OCP	**GI Tract:** • PR bleeding • IBD
Dermatoses: • Eczema • Lichen Sclerosis	**Congenital:** • Midline fusion defect
Vulvo-vaginitis: • Poor-hygiene • Non-STIs – shigella, Gp A Streptococcus	 • STIs • Foreign body
Trauma: • Accidental/unintentional • Inflicted/Non-accidental/CSA	**Systemic causes:** • Precocious puberty • Coagulopathy • Hypothyroidism
Urinary Tract: • Urethral prolapse • Ureterocele	**Tumours**

Notes

Evidence Base for Concerning Genital Injuries (*(RCPCH Physical Signs of Sexual Abuse, May 2015)* - CSA or non-accidental

Genital Abrasions

- *"When genital abrasions & bruises are seen sexual abuse should always be considered". RCPCH 2008*
- *Abrasion are a sign of trauma*
- *Other possible causes need to be considered*
- *Must consider CSA if no accidental explanation, consensual sexual activity or medical cause*

Genital Lacerations

- *Not reported in study of 195 pre-pubertal girls selected for non-abuse*
- *Hymen: lacerations are* not seen in girls selected for non-abuse. Seen in 33% prepubertal girls with P-V penetration, 5 studies of pubertal girls 3-19% alleging CSA
- *Non-Hymenal:*
- Posterior fourchette/Fossa Navicularis lacerations NOT seen in non-abused girls.
- Pubertal girls PF/FN 21-40% alleging PV penetration < 72 hours

Genital bruising:

- *Genital bruising reported in pre-pubertal girls, alleged vaginal penetration and some evidence of genital bruising is associated with CSA in pubertal girls.*
- Pre-pubertal: bruising not reported in non-abused girls
- Pubertal: 4 studies associated genital bruising and CSA in 5-53%

References

1. The Physical Signs of Child Sexual Abuse, RCPCH May 2015
2. Hobbs & Osman Arch Dis Child 2007; 97: 328-331