# Flowchart for health professionals when a child / young person presents with genital symptoms
## Final Sept 2017. Review date Sept 2020

**Disclosure from the child / young person or witnessed sexual assault**

**Yes**

Do not take further history or examine child unless requires urgent treatment

**Immediate referral to the Police (101) and Children's Social Care Duty Team for strategy discussion with Paediatric Consultant on call for CSA**

**Risk Factors which warrant referral to CSC**

- Sexualised behaviour inappropriate to stage of development including report of, or finding of, foreign body inserted into vagina or anus (this should never be accepted as a normal behaviour, even in a child with developmental disorder, without careful assessment)
- Unexplained vaginal bleeding – i.e absence of a plausible history of accidental trauma **with** associated bleeding point which is visualised on inspection of external genitalia (hymenal bleeding should be referred)
- Unexplained bruising inner thighs / buttocks
- Sexually transmitted infection, or pregnancy unless young person in a consensual, non-abusive relationship (even if warts thought to be vertical transmission warrants referral to CSC)
- Parent / carer concern regarding CSA where examination does not support a medical cause

**Discussion with social care to inform them of attendance and outcome**

- Child or household member on a child protection plan for sexual abuse (CSA) or previously found to be a perpetrator of CSA

**No**

In the absence of a disclosure genital symptoms or injury should be managed in the same way as any other injury or medical presentation. C&YP should be seen by a health professional competent in paediatric history taking and examination and should involve:

- A full medical history & social history from parent/carer **and child** (consider talking to child alone if appropriate)
- Observation of interactions of child and parent/carer
- Assessment of safeguarding risk factors including those of the adults. In ED the paediatric triage sheet can be used to facilitate this (see red risk factors)

**No red risk factors – Likely to be accidental or medical cause**

**Vulvovaginitis**

- Give parents advice about appropriate hygiene
- Offer vulvovaginitis information leaflet for parents www.BritSPAG.org
- Do not routinely swab
- Consider & treat UTI, threadworms, constipation
  **NB: Candida is rare outside of the neonatal period**
- Advise Vaseline or Yellow paraffin as barrier

**Injury**

- Ensure child able to pass urine
- If diagnosis and management is uncertain, discuss with the paediatric registrar on call. The gynaecology team should only be contacted if acute surgical intervention likely
- Paediatric liaison referral
- **Document assessment and actions in records**

- Shiny, smooth red skin ?lichen sclerosis
- Symptoms on-going despite appropriate hygiene advice & management of UTI, threadworms, constipation
- Labial adhesions
- New onset wetting / soiling in a previously dry child
- Change in behaviour / school performance

- GP to refer to Paediatric General or Community Outpatient service
- If seeing in ED ask GP to review to consider if referral necessary