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

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

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
- Symptons 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