GENITAL SYMPTOMS IN CHILDREN & YOUNG PEOPLE (C&YP) - Health Professional's Flowchart

Disclosure from child /young person, or Witnessed sexual assault /abuse?

No

Yes

Do not take further history or examine child unless urgent treatment required.

Refer **immediately** to Children's Social Care Duty Team. Social care will arrange a strategy discussion with on call Paediatric Safeguarding Consultant and Dorset Police.

Risk Factors warranting Children's Social Care referral:

- Sexualised behaviour inappropriate to developmental stage, including report of, or finding of, vaginal or anal foreign body (never accept this 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, visible on external genital inspection.
 Hymenal bleeding must be referred.
- Unexplained bruising inner thighs/buttocks
- Sexually transmitted infection or pregnancy, unless young person in a consensual, non-abusive relationship. Make Children's Social Care referral even when genital warts thought to be vertically transmitted.
- Parent/carer concern regarding Child Sexual Abuse where examination does not support a medical cause

Inform Children's Social Care of attendance and outcome, if either child or a household member:

- on a child protection plan for sexual abuse (CSA)
- previously found to be a perpetrator of CSA (http://eformsportal.xrbch.nhs.uk/eformsportal/)

In the absence of a disclosure, genital symptoms or injury should be managed in the same way as any other medical presentation or injury. 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 (where appropriate, talk to child alone)
- Observation of interactions of child and parent/carer
- Assessment of safeguarding risk factors (see Red Risk factors adjacent), including those of the adults. Use the e-referral form to facilitate (http://eformsportal.xrbch.nhs.uk/eformsportal/).

No red risk factors ⇒ accidental or medical cause most likely

Vulvovaginitis

- 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
- Give parents advice about appropriate hygiene and offer <u>www.BritSPAG.org</u>
 Vulvovaginitis information leaflet

Injury

- Ensure child is still able to pass urine
- Where diagnosis and management remains uncertain, discuss with on call Paediatric SpR (only involve gynaecology team when acute surgical intervention likely).
- Use the e-referral form to inform GP/HV/School Nurse.

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

Follow up:

i) GP: consider General Paediatric clinic referralii)ED: request subsequent GP review toconsider need for onward Paediatric referral

Abbreviations:

CSA: Child Sexual Abuse

C&YP: Children and Young People

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